



**Arkansas Department of Human Services**  
**Division of Children and Family Services**  
**OUT OF STATE PLACEMENT**

Name: \_\_\_\_\_ County: \_\_\_\_\_

Date: \_\_\_\_\_ Prepared by: \_\_\_\_\_

**This form must be completed prior to a youth being placed out of state.**

1. Has the juvenile been appropriately and accurately diagnosed?  Yes  No  
 Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does an appropriate facility exist within Arkansas?  Yes  No  
 If not, why are in-state facilities inappropriate for the juvenile?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is there an appropriate treatment facility in a border state? (Texas, Louisiana, Tennessee, Oklahoma, Mississippi, or Missouri)  Yes  No

\_\_\_\_\_

4. Is the facility being considered the most appropriate facility?  Yes  No

5. Does the program require the payment of room and board?  Yes  No  
 If so, at what rate?

\_\_\_\_\_

6. Does the total cost for treatment in the out-of-state facility exceed the cost for in-state treatment?

\_\_\_\_\_

7. Where do youth residing at the facility attend school?

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8. Is the school accredited?

Yes  No

9. What other conditions exist, in addition to the youth's emotional problems?

A) Other medical conditions:

B) Travel expenses:

C) Best interests of the youth:

D) Wishes of the youth:

E) Effect of out-of-state placement on the youth:

F) Proximity of the facility to the youth's family:

10. What needed treatment or services are not supplied by the program? Describe the plan that is in place which will furnish the services not provided by the program.

11. What type of professional staff is available at the facility?

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12. What alternatives exist to out-of-state placement? List the benefits and detriments of each alternative.

Completed by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ Date

Approved for out-of-state placement:  Yes  No

\_\_\_\_\_ Division Director

\_\_\_\_\_ Date

Approved for out-of-state placement:  Yes  No

\_\_\_\_\_ DHS Director

\_\_\_\_\_ Date