

Date

From: **Name of Provider**
Address

To: LBHA/CSA Representative
Name of representative

RE: **Youth Name and DOB**

Parent: **Parent(s)/Caregiver(s) Name(s)**

Psychosocial Update (must be title of document- delete this note before finalizing)

Add background history about youth

A Psychosocial evaluation for **youth name** was completed on **date**. A copy has been attached.

Diagnosis as of **date**:

Medications as of **date**:

The identified youth is **currently** experiencing the following symptoms, which are currently affecting them across multiple life domains:

- **LIST (include examples... i.e anxiety - becomes angry and physically violent against parent/caregiver)**
- **Ensure you address the following domains with details specific to the indicated youth:**
 - **risk of harm**
 - **functional status**
 - **co-occurrence of conditions (developmental, medical, substance use, mental health)**
 - **environmental stress**
 - **environmental support**
 - **resiliency and/or response to services**

It is this reporter's recommendation that **youth's name** receive TCM Level III/1915i care coordination services to assist with their ability to remain in the home or to ensure a successful transition back into the community.

If you have any questions or concerns, I can be reached at **phone number**.

Sincerely,

Name, credentials

Provider Name

Provider Address