

**CRITERIA FOR COORDINATED CHILDREN’S SERVICES INITIATIVE**  
**(CCSI)**

For a child or youth to be eligible for CCSI, the following conditions must be met:

- 1) The child or youth lives in Chenango County
- 2) The child or youth is school age 5-21
- 3) The child or youth is at risk of residential placement, out of home placement or inpatient treatment (as defined below)
- 4) The child or youth has received services from two or more agencies

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A child or youth is at risk of residential placement if any one of these conditions is met:

- 1) There is a current mental health evaluation recommending residential placement
- 2) Committee on Special Education (CSE) has approved/is considering residential placement
- 3) There is a pending application for Residential Treatment Facility before the Preadmission Certification Committee (PACC)
- 4) Request for placement has been received by the Dept. of Social Service residential placement unit
- 5) There is a recommendation by Probation for residential placement

**OR**

A child or youth may be at risk of residential placement if any three of the following are present:

- 1) Multiple failed mental health outpatient attempts
- 2) Multiple probation reports
- 3) History of psychiatric hospitalizations
- 4) Previous failed foster care placement(s)
- 5) Multiple out-of-home placements (including drug & alcohol placement)
- 6) Diagnosis of emotional or behavioral problems
- 7) Designation of severely emotionally disturbed
- 8) History of abuse/neglect in family
- 9) Child or youth has experienced a previous residential placement
- 10) Multiple failed school placements
- 11) School problems, at risk for dropping out
- 12) CSE involvement
- 13) Juvenile Delinquency (JD)/Person In Need of Supervision (PINS) designation
- 14) Substance/alcohol abuse
- 15) Failed adoption
- 16) A sibling has had a residential placement
- 17) Previous child protective referrals
- 18) Previous legal history - Juvenile Delinquency (JD)/Person In Need of Supervision (PINS)
- 19) History of parental substance/alcohol abuse
- 20) Multi-stressed home environment
- 21) Other: (describe) \_\_\_\_\_

Name of Child/Children: \_\_\_\_\_

DOB(s): \_\_\_\_\_

Family Name/Address/Tele #: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Signature of Referral Source: \_\_\_\_\_

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Signature/Title

Printed Name

Date