

Questionnaire: Temporary High Intensity Service for Residents of Appendix E

Temporary High Intensity Service for Residents of Appendix E

1. *Type of Service Requested:*

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Suicide prevention | <input type="checkbox"/> Homicide prevention | <input type="checkbox"/> Medical monitoring | <input type="checkbox"/> Flight prevention | <input type="checkbox"/> Sexual predation prevention |
| <input type="checkbox"/> Being taken advantage of prevention | <input type="checkbox"/> End of life care | <input type="checkbox"/> Other (please specify) | | |

If you answered "Other (please specify)" on question 1

1.9.1. *Please Explain:*

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2. *Staff qualifications (license type required)*

3. *Total # of hours/units each day*
Min/Max - 0/9999; No decimal places allowed

4. *Total # of days each week*
Min/Max - 0/7; No decimal places allowed

5. *Total days for a 30 day authorization*
Min/Max - 0/31; No decimal places allowed

6. *Justification for the request*
