ARMY CHILD AND YOUTH SERVICES PROGRAM PLACEMENT CHECKLIST

For use of this form, see AR 608-75; the proponent agency is OTSG.

Part A - General Information

1. Child's name	2. Date of birth (YYYYMMDD)
3. Type of placement requested	4. Date of review (YYYYMMDD)

Part B - Medical Factors

1. Medications

Type _____

Dosage _____

Frequency _____

☐ None

2. Physical accommodations

☐ Facility accessibility assessment

☐ Assistive devices and/or technology

☐ Other (Explain) _____

3. Assistance with activities of daily living

☐ Dressing

☐ Eating

☐ Toileting/diapering

☐ Other (Explain) _____

4. Dietary restrictions

☐ Food allergies

☐ Special diet

☐ Other (Explain) _____

5. Routine or "as needed" medical procedures

☐ Glucose monitoring

☐ Use of hand held or powered nebulizers

☐ Catherization

☐ Gastrostomy tube feeding

☐ Other (Explain) _____

NOTE: Medical factors are one consideration in determining placement.

6. Potential for life threatening event (for example, allergic reaction, seizure, heat exhaustion)

7. Other

Part C - Staff Training

1. Type of training required

2. Trainer	3. Projected training date (YYYYMMDD)

4. Frequency

5. Location

Signature of Army Public Health Nurse

Date (YYYYMMDD)