



SFAC: Reason for Review Form

Bureau of Intensive Treatment Services (BITS)

Name: DOB: Age: Gender: TABS ID: Referral Date:

Outings/Furloughs/TRIPS/New or Revised Risk Management Plan (RMP)

Table with 2 columns: Type of Outing, Brief Overview (Additional details in attached documentation)

Residential Program Information (if move proposed)

Current Name/Address: (County: ) State-Operated Voluntary Other:

Proposed Name/Address: (County: ) State-Operated Voluntary Other:

Table with 6 columns: Residence, # of peers, Gender, Staff Ratio, Risk Factors and/or Vulnerabilities, Risk Mitigating Factors

Day/Vocational/Employment Program Information (if change proposed)

Current Name/Address: (County: ) State-Operated Voluntary Other:

Proposed Name/Address: (County: ) State-Operated Voluntary Other:

Table with 6 columns: Program, # of peers, Gender, Staff Ratio, Risk Factors and/or Vulnerabilities, Risk Mitigating Factors

Check if requesting REMOVAL from SFAC Review

1 Risk Factors and/or Vulnerabilities: Include notes on proximity to potential victims (e.g., where relevant, distance from past or potential future victims; distances from schools, parks, playgrounds, neighborhood children, non-consenting peers, etc.). Also include notes on any vulnerability to victimization (e.g., consent ability and/or other self-protective factors).

2 Risk Mitigating Factors: Include notes on structures, supports or services that mitigate any identified risk factors such as security measures (e.g., locks, alarms, delayed egress); environmental modifications (e.g., reduced visibility to child play areas); level of supervision (e.g., close, arms reach) or rights restrictions (e.g., media restrictions, kitchen access restrictions).