Request for a Local Care Team (LCT) Meeting

Please fax this form to the Attention of Robert Shipman 443-263-8760

Child's Name :				**Date:**			
Date of Birth:		**SSN:**		**Gender:**		**Race:**	
Address:							
State:	MD	**Zip code:**		**Phone:**			

☐ **Parent/Guardian**
Address:
Phone: _____

☐ **Parent/Guardian**
Address:
Phone: _____

☐ **Other**
Address: _____
Phone: _____

Who is requesting the LCT Meeting? Please provide contact information including phone number:	**What is your relationship with this individual?** **Do you have the individual's (ages 18-21) or guardian's permission to discuss this child?** Y or N
Please list those other individuals, including contact information, whom you would like to be invited to the LCT meeting (including the child's lawyer for DJS):	

Does your child receive Medical Assistance? Y or N	**Does your child receive SSI?** Y or N

Current school	
Please list any medical conditions	☐ Anemia-(low iron) ☐ Asthma ☐ Allergy ☐ Birth Defects ☐ Bleeding problems ☐ Cerebral Palsy ☐ Diabetes ☐ Ear Infections ☐ Food Allergy ☐ Genetic Disorder ☐ Head Aches ☐ Head Injuries ☐ Hearing Problems ☐ High Cholesterol ☐ High Blood Pressure ☐ Immune Disorder ☐ Kidney Disorder ☐ Lead Poisoning ☐ Seizures ☐ Speech Disorder ☐ Sexual Transmitted Disorder (STD) ☐ Thyroid Disorder ☐ Vision Problems ☐ Other: _____
Please list any behavioral concerns	☐ Argues or is verbally disrespectful ☐ Doesn't participate in activities that were previously enjoyable ☐ Gets into physical fights with peers or family members ☐ Steals or lies ☐ Is aggressive toward adults ☐ Has participated in self-harm (e.g. cutting or scratching self, attempted suicide) ☐ Appears sad or unhappy ☐ Has a negative or distrustful attitude toward friends, family members, or adults ☐ Threatens to or has run away from home ☐ Deliberately breaks rules, laws, or expectations ☐ Engages in inappropriate sexual behavior (e.g. sexually active, exhibits self, sexual abuse toward family members or others ☐ Is irritable ☐ Becomes angry enough to be threatening to others

	☐ Has difficulty concentrating, thinking clearly, or attending to tasks ☐ Seems to stir up trouble when bored ☐ Is unusually demanding ☐ Complains of nightmares, difficulty getting to sleep, oversleeping, or waking up from sleep too early ☐ Is overly anxious or nervous ☐ Has friends of whom I don't approve ☐ Doesn't have or keep friends ☐ Has difficulty waiting his/her turn in activities or conversations ☐ Other: _____
Please list any substance use	
Please list what services or agencies he/she has been involved in up to now	

Meeting Purpose
Please explain why you are requesting an LCT meeting:

This request will be reviewed by the LCT at our next scheduled weekly meeting. In general, the team meets on Tuesdays. We will respond to you by phone and/or mail. To leave a voice mail for the LCT call: Robert Shipman 443-263-8775