

**APPENDIX I**  
**CHILDREN'S CERTIFICATION**  
**CHILDREN'S MENTAL HEALTH TARGETED CASE MANAGEMENT**

Child's Name \_\_\_\_\_

Is hereby certified to meet all the following children's mental health targeted case management criteria:

1. Is enrolled in a Department of Children and Families children's mental health target population;
2. Has a mental health disability (i.e., serious emotional disturbance or emotional disturbance) which requires advocacy for and coordination of services to maintain or improve level of functioning;
3. Requires services to assist him or her in attaining self sufficiency and satisfaction in the living, learning, work and social environments of his or her choice;
4. Lacks a natural support system with the ability to access needed medical and social environments of his or her choice;
5. Requires ongoing assistance to access or maintain needed care consistently within the service delivery system;
6. Has a mental health disability (i.e., serious emotional disturbance or emotional disturbance) duration that, based upon professional judgment, will last for a minimum of one year;
7. Is in out-of-home mental health placement or at documented risk of out-of-home mental health placement; and
8. Is not receiving duplicate case management services from another provider; or
9. Has relocated from a Department of Children and Families district or region where he or she was receiving mental health targeted case management services.

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's Supervisor

\_\_\_\_\_  
Date

***Form must be filed in the recipient's case record.***

AHCA-Med Serv Form 029, July 2006 (incorporated by reference in 59G-4.199, F.A.C.)