

## Placement Committee Minutes

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reason for Review: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

\_\_\_\_\_

General application information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavioural information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special considerations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Funding source/availability: \_\_\_\_\_

\_\_\_\_\_

Staffing availability: \_\_\_\_\_

\_\_\_\_\_

Coordinator caseload availability: \_\_\_\_\_

\_\_\_\_\_

Other areas for consideration: \_\_\_\_\_

\_\_\_\_\_

Binder(s):	Adult Services, Family Support Services					Page:	1 of 2
Section(s):	Entry/Exit	R/R	01-12-06	R	Mar 6/08	R/R	Sept 24/12
Program Area(s):	Adult Disability, Family Support Disability	R	Apr 4/18				

**Placement Committee Minutes Continued . . .**

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Decision/Recommendations: \_\_\_\_\_

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Action Plan	Who is Responsible	Timelines

Minutes Taken By: \_\_\_\_\_

Binder(s):	Adult Services, Family Support Services					Page:	2 of 2
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Program Area(s):	Adult Disability, Family Support Disability					R	Apr 4/18