



# Hardship Consideration (Calendar Year 2024)

## PERSONAL INFORMATION

---

CLIENT NAME:

CID #:

ADDRESS:

CITY/STATE:

ZIP:

PARENT/GUARDIAN/REPRESENTATIVE (if applicable):

ADDRESS (if different from above):

## SERVICES

---

Will the client be receiving **Substance Use Disorder Treatment** services?

Select the type of **SUD** service from the dropdown box:

Will the client be receiving **Gambling** services?

Will the client be receiving **Mental Health** services?

Select the type of **MH** service from the dropdown box:

**CYF** or **CARE**:

Number of units per month:

Duration of services:

## IMMINENT RISK OR EMERGENCY

---

Is there **imminent risk** of hospitalization, residential placement, or out of home placement? Is there potential for involvement/increased involvement of other systems (i.e., law enforcement, CPS, UJS, DOC)?

Is there an **emergency** (i.e., suicidal, acutely psychotic, demonstrates potential relapse or co-occurring disorder) that can be treated in a community setting?

I hereby attest that this information is true and correct.

Behavioral Health  
Representative: \_\_\_\_\_

Date: \_\_\_\_\_