

Classification Over-Ride Checklist

Name: _____	OYDC Number _____	Sex: _____
DOB: _____	County: _____	Commitment: _____
Admission Date: _____	Committing Offense: _____	
Risk Level: _____		

OVER-RIDE FOR SPECIAL MANAGEMENT UNIT PLACEMENT

AMU

- DPI
- Protection from harm
- Safety alert
- Mental health crisis
- Medication evaluation
- Follow-up assessment

BMU

- BMU application and Treatment Team Meeting Form completed
- Direct admission per decision of facility administrator

Signature of Classification Coordinator

Date

Signature of QMHP

Date