



Application for Admission

ANSWER THE FOLLOWING AS COMPLETELY AS POSSIBLE TO HELP US ASSESS RESIDENT’S NEEDS AND SUITABILITY FOR PROGRAM. LEAVE NO BLANK SPACES.

USE UNKNOWN OR UNDETERMINED IF THE INFORMATION IS UNAVAILABLE.

General Information:

Youth’s Name: _____
First Middle Last

Date of Birth: _____ Age: _____ Sex: Female Male

Place of Birth: _____

Social Security #: _____

Medicaid or Other Insurance Information: _____

Description of Child’s Physical Appearance: _____

Referring Worker’s Name: _____

Legal Guardian: _____
(if D.S.S., How Long in Care): _____

Legal Guardian Address: _____

Office Phone: _____ Fax #: _____

E-Mail: _____

For DSS - What is Your After-hours Emergency Protocol, Telephone Number and Address: _____

Other Agencies Providing Services to This Child? Yes No. *If Yes, List:* _____

Anticipated Admission Date: _____

Length of Stay: 6mo 12mo Until 18th b-day Other

Please Explain Other Length of Stay: _____



Placement History:

Current Placement: _____ Length of Current Placement: _____

Reason for Leaving Current Placement: _____

Number of Previous Placements: _____

Former Placements:

Name _____ Dates _____ Reason for Discharge _____

Name _____ Dates _____ Reason for Discharge _____

Name _____ Dates _____ Reason for Discharge _____

History of Previous Treatment for Mental Health / Behavior Problems / Substance Abuse: _____

Family Information:

List the Name and Relationship of Any Person With Whom the Resident is Not Allowed Contact:

Name _____ Relationship _____ Name _____ Relationship _____

Mother's Name: _____ SS#: _____

Address: _____

Phone: _____ Stepfather's Name: _____

Father's Name: _____ SS#: _____

Address: _____

Phone: _____ Stepmother's Name: _____

Siblings/Siblings Names:

Name _____ Age _____ Sex _____ Address _____

Name _____ Age _____ Sex _____ Address _____

Name _____ Age _____ Sex _____ Address _____

Family Involvement: _____

Family History and Relationships:



Legal Information:

Is Youth Currently on Probation? Yes No. *If Yes, Date Probation Started:* _____

If Yes, Why Was Youth Placed on Probation? _____

Name / Address / Phone of Probation Officer: _____

Name / Address / Phone of Guardian-Ad-Litem: _____

Name / Address / Phone of CASA Worker: _____

Has the Youth Been Ordered Community Service or Restitution? Yes No

If Yes, Give Details: _____

Has the Youth Been Ordered to Participate in Any Type of Program or Service? Yes No

If Yes, Give Details: _____

Please List Any Scheduled Court Dates, FAPTs or Other Meetings Scheduled for This Youth and the Location of the Meeting:

Meeting	Date	Time	Location
Meeting	Date	Time	Location
Meeting	Date	Time	Location

Educational Information:

Current Grade: _____ Special Classes: Yes No IEP: Yes No

Name of Last School Attended: _____

Last School Address/Phone: _____

Has the Youth Been Suspended or Expelled From School? Yes No

If Yes, Give Details: _____

Youth's Education Needs: Routine Special

If Special, Please Explain: _____

Educational Needs:

Independent Living Skills? *(Check All That Apply)*

- Money Management/Consumer Awareness
- Food Management
- Personal Appearance and Hygiene
- Health
- Housekeeping
- Transportation
- Education
- Job Seeking Skills
- Job Maintenance Skills
- Emergency/Safety
- Community Resources
- Interpersonal Skills
- Legal Skills
- Housing

Employment Needs? Yes No

Please Explain Yes or No _____



Concerns and Protection Needs: *(Please List and Explain Any Protection Needs of Applicant Below)*

Risk to Self, Others or Program: _____

Protection for Resident: _____

Protection for Other Residents: _____

Protection for Staff: _____

Special Needs: _____

A.W.O.L. History: Yes No *If Yes, Give Details:* _____

Other Needs *(Please Specify):* _____

Social and Development History: _____

Current Behavioral Functioning and Social Competence: _____



Behavior Support Needs of the Youth:

What Type of Behavior(s) Has This Youth Exhibited in the Past? *(Please Check All That Apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Skipping Classes | <input type="checkbox"/> Non-Compliance | <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Physical Assault | <input type="checkbox"/> Lying | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> AWOL/Running Away | <input type="checkbox"/> Cutting | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Yelling | <input type="checkbox"/> Confrontational | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Gang Involvement | <input type="checkbox"/> Destruction of Property |
| <input type="checkbox"/> Not Eating | <input type="checkbox"/> Cursing | <input type="checkbox"/> Other: _____ |

What Triggers Have Been Identified for These Behaviors in This Youth? *(Please Check All That Apply)*

- | | |
|---|--|
| <input type="checkbox"/> Returning From Therapy Session | <input type="checkbox"/> Not Getting What the Youth Wanted |
| <input type="checkbox"/> A Call from Home | <input type="checkbox"/> Not Hearing From Family |
| <input type="checkbox"/> Returning From Home Time | <input type="checkbox"/> Court |
| <input type="checkbox"/> Loss of Relationships | <input type="checkbox"/> Other People's Behavior |
| <input type="checkbox"/> Program Expectations (Specify) _____ | |
| <input type="checkbox"/> Other _____ | |

What Type of Feelings Has This Youth Verbalized Concerning These Behaviors? *(Please Check All That Apply)*

- | | | | | |
|---------------------------------------|---------------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Defiant | <input type="checkbox"/> Unsuccessful | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Homicidal | <input type="checkbox"/> Isolated |
| <input type="checkbox"/> Inattentive | <input type="checkbox"/> Angry | <input type="checkbox"/> Lonely | <input type="checkbox"/> Jealous | <input type="checkbox"/> Provoked |
| <input type="checkbox"/> Oppositional | <input type="checkbox"/> Anxious | <input type="checkbox"/> Homesick | <input type="checkbox"/> Agitated | <input type="checkbox"/> Disrespected |
| <input type="checkbox"/> Unfocused | <input type="checkbox"/> Depressed | <input type="checkbox"/> Suicidal | <input type="checkbox"/> Controlled | <input type="checkbox"/> Misunderstood |
| <input type="checkbox"/> Confined | <input type="checkbox"/> Forgotten | <input type="checkbox"/> Abandoned | <input type="checkbox"/> Unloved | <input type="checkbox"/> Unsupported |
| <input type="checkbox"/> Neglected | <input type="checkbox"/> Dependent | <input type="checkbox"/> Abused | <input type="checkbox"/> Upset | |
| <input type="checkbox"/> Other: _____ | | | | |

What Are the Anger and Anxiety Management Options for Calming This Youth? _____

What Types of Intervention Strategies Have Been Effective When Dealing With the Behaviors You Have Identified Above? *(Please Check All That Apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Ignoring | <input type="checkbox"/> Contract | <input type="checkbox"/> Privilege Loss |
| <input type="checkbox"/> Verbal Limit Setting | <input type="checkbox"/> Identifying Choices/Options | <input type="checkbox"/> Separation From the Group |
| <input type="checkbox"/> Reassuring | <input type="checkbox"/> Reporting to Therapist | <input type="checkbox"/> Restraint |
| <input type="checkbox"/> Time Out | <input type="checkbox"/> Reporting to Social Worker | <input type="checkbox"/> Police Involvement |
| <input type="checkbox"/> Consequences | <input type="checkbox"/> Reporting to Probation Officer | |
| <input type="checkbox"/> Other: _____ | | |

What Types of Techniques has the Youth Utilized for Self-Management of their Behaviors? *(Please Check All That Apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Journaling | <input type="checkbox"/> Walking | <input type="checkbox"/> Focusing on a Positive Event |
| <input type="checkbox"/> Breathing Exercises | <input type="checkbox"/> Self-Imposed Time Out | <input type="checkbox"/> Ignoring |
| <input type="checkbox"/> Counting | <input type="checkbox"/> Talking to Someone | <input type="checkbox"/> Deciding to be the Bigger Person |
| <input type="checkbox"/> Other: _____ | | |

Additional Behavior Support Information Concerning This Youth: _____



Medical Information:

Name / Address / Phone of Current Physician: _____

Date of Last Complete Physical: _____

Date of Last Medical Appointment: _____

Name / Address / Phone of Current Dentist: _____

Date of Last Dental Appointment: _____

Name / Address / Phone of Current Psychiatrist: _____

Date of Last Psychiatric Appointment: _____

Name / Address / Phone of Psychologist: _____

Date of Last Psychological Evaluation (Attach Copy, If Available): _____

Current Diagnosis and Date of Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Medical Needs:

Emotional, Psychological & Psychiatric Needs: _____

Physical Health Needs? None (*Or List Concerns*) _____

Other Medical Concerns? None (*Or List Concerns*) _____

Immunization Records Attached? Yes No *If No, How Can They be Obtained?* _____

Does the Child Appear to be Free From Communicable Disease? Yes No

If No, Give Details: _____

Name / Address / Phone of Contact to Verify Last TB Test: _____

Date of Last TB Test: _____



Medication and Drug Use Profile:

Current List of Medications and Reason for Taking Each Medication:

Medication	Dosage	Medical Need
Medication	Dosage	Medical Need
Medication	Dosage	Medical Need
Medication	Dosage	Medical Need
Medication	Dosage	Medical Need
Medication	Dosage	Medical Need

History of Alcohol Use? Yes No

History of Prescription, Non-Prescription or Illicit Drugs During the Last 6 Months? Yes No

If Yes, Give Details: _____

Food/Environmental Allergies, Drug Allergies, Unusual or Other Adverse Drug Reactions, and Ineffective Medication: _____

Information Necessary to Develop an ISP and Behavior Support Plan: _____

Suitability for Program:

Additional Information:

Please List Any Additional Information for This Youth Necessary to Develop an Individualized Service Plan:

Signature

Date