

ADMISSION APPLICATION
Referrals: 804.612.3344 Fax: 804.422.0207
(must be completed in its entirety, including attachments)

PRINT NAME _____ DOB _____ SOCIAL SECURITY NO. _____
GUARDIAN/RELATIONSHIP _____ WORK PHONE _____ AFTER HOURS PHONE _____
FAX _____ EMAIL _____

GUARDIAN ADDRESS _____

FUNDING SOURCE: _____

APPLICANT PLACE OF BIRTH: _____

CURRENT PLACEMENT: _____

ADMIT DATE: _____ DISCHARGE DATE: _____

IQ TEST DATE: _____ FULL SCALE: _____

DIAGNOSIS:

SPECIAL NEEDS:

Axis I	Physical
Axis II	Medical
Axis III	Emotional
Axis IV	Protective

GAF Score _____

CURRENT MEDICATION:

_____	_____	_____
MEDICATION NAME	STRENGTH	INSTRUCTIONS
_____	_____	_____
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_____	_____	_____
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_____	_____	_____
MEDICATION NAME	STRENGTH	INSTRUCTIONS

MEDICATION ALLERGIES: _____

ENVIRONMENTAL ALLERGIES: _____

SUBSTANCE ABUSE HISTORY? ()YES: SUBSTANCE: _____ ()NO

SIGNIFICANT CURRENT MEDICAL CONDITION: _____

VA MEDICAID RECIPIENT? ()YES: NUMBER: _____ ()NO

OTHER INSURANCE: _____

ALL INSURANCES MUST BE IDENTIFIED

REASON FOR PLACEMENT: _____

IDENTIFY LIST OF SERVICES REQUESTED FOR YOUTH: _____

CURRENT OR MOST RECENT EDUCATIONAL PLACEMENT:

SCHOOL NAME, ADDRESS, TELEPHONE NUMBER

GRADE: _____ ()REGULAR ED ()SPECIAL ED: REASON: _____

DATES OF ATTENDANCE: _____

LAST PUBLIC SCHOOL ATTENDED (IF DIFFERENT FROM ABOVE): _____

NOTIFICATION OF PERSONNEL IN APPLICANTS HOME SCHOOL DIVISION? ()YES ()NO

REQUIRED ATTACHMENTS

_____ Copy of FAPT service/treatment plan
* No Record Available
Comment: _____

_____ Copy of Birth Certificate
* No Record Available
Comment: _____

_____ Social History (Required for The Village)
* No Record Available
Comment: _____

_____ Copy of Social Security Card
* No Record Available
Comment: _____

_____ Psychological Evaluation
* No Record Available
Comment: _____

_____ Most Recent School Transcript
* No Record Available
Comment: _____

_____ Copy of Medicaid card or other Insurance
* No Record Available
Comment: _____

_____ Current IEP
* No Record Available
Comment: _____

_____ Immunization Record (Required for The Village)
* No Record Available
Comment: _____

_____ Educational Evaluation and Test Scores
* No Record Available
Comment: _____

_____ Therapist Recommendation if stepping down from higher level of care

_____ Letter of Program Completion, or Psychosexual, or Risk Assessment (Sex Offenders)

_____ Copy of Dental Exam

_____ Copy of PPD Exam

_____ Copy of Physical Exam (must be completed within 90 days prior to placement)

_____ Casey Life Skill Assessment (must be completed within 90 day prior to placement)

PERSON SUBMITTING APPLICATION:

Signature _____

Printed Name _____

Date of Application _____

Work Phone: _____ Fax: _____

ADMISSION APPLICATION: SIX-MONTH MEDICATION PROFILE
INTERCEPT & YOUTHQUEST

Applicant Name

Date of Completion of Form

1. Medication and illicit drugs taken in the past six months:

(Prescription and nonprescription)

2. History of adverse reactions and/or allergies to medications:

3. Ineffective pharmacology received:

Signature of Person Completing the Form