

**Admission Application**

**PLEASE PRINT**

Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Physical Description: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Religion: \_\_\_\_\_

Referral Source:  School  Parent  Agency/County - Name of Referral Source: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name & phone #: \_\_\_\_\_

County Social Worker/Case Manager: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Parent (s): \_\_\_\_\_ Address: \_\_\_\_\_

Parent Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent (s) involved? \_\_\_\_\_ Yes \_\_\_\_\_ No, Comments: \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Legal Guardian email address:** \_\_\_\_\_

**Legal Guardian Address:** \_\_\_\_\_

**Current Placement (Include Address & Phone #):** \_\_\_\_\_

Funding Eligibility: \_\_\_\_\_ Medicaid \_\_\_\_\_ Title IV-E \_\_\_\_\_ CSA \_\_\_\_\_ Adoption Subsidy \_\_\_\_\_ HMO

Medical Insurance #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Mental Health:**

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_ Axis III: \_\_\_\_\_ Axis IV: \_\_\_\_\_ Axis V: \_\_\_\_\_

Reason (s) for Referral: \_\_\_\_\_

Abuse: \_\_\_\_\_ Physical \_\_\_\_\_ Neglect \_\_\_\_\_ Sexual \_\_\_\_\_ Emotional \_\_\_\_\_

Clinical Assessments Requested: \_\_\_\_\_

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#### Education:

Current Grade Level: \_\_\_\_\_ VIQ: \_\_\_\_\_ PIQ: \_\_\_\_\_ FSIQ: \_\_\_\_\_

Current School/Address & Phone #: \_\_\_\_\_

Does the child have an IEP?  Y  N Date: \_\_\_\_\_ Any specialized services (i.e., Speech) \_\_\_\_\_

Educational Assessments Requested: \_\_\_\_\_

#### Health/Nutrition:

Special Needs: \_\_\_\_\_

Does the child have current immunizations? \_\_\_\_\_ Medical Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Nutrition / Special Diet: \_\_\_\_\_

Client's Current Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Client's Current Dentist: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_ Date of last appointment: \_\_\_\_\_

Other Physicians/Specialists: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

#### Child and Family:

Legal Involvement: \_\_\_\_\_

Does the family have reliable transportation to attend therapy, treatment team meetings and visits? \_\_\_\_\_

#### Significant Behaviors and date of most recent occurrence (check all that apply):

_____ Sexually Inappropriate	Date: _____	_____ Suicidal / Homicidal Ideations	Date: _____
_____ Fire Setting	Date: _____	_____ Runaway	Date: _____
_____ Temper Outbursts	Date: _____	_____ Self-Harming Behaviors	Date: _____
_____ Physical Aggression	Date: _____	_____ Cruelty to Animals	Date: _____
_____ Verbal Aggression	Date: _____	_____ Lying	Date: _____
_____ Stealing	Date: _____	_____ Property Destruction	Date: _____
_____ Enuresis	Date: _____	_____ Encopresis	Date: _____
_____ Nightmares	Date: _____	_____ Wanders at Night	Date: _____

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**Current Discharge Plans/ Estimated Length of Stay:** \_\_\_\_\_

**Additional Comments about Child (including other behaviors):** \_\_\_\_\_

**Strengths of Child:** \_\_\_\_\_

**Interests of Child:** \_\_\_\_\_

**Likes/Dislikes:** \_\_\_\_\_

**Indicators of Success at home or other placements:** \_\_\_\_\_

**Child has history of making false accusations:** \_\_\_\_\_

**Services & Placement History for Past Two Years  
 (Include service dates and provider)  
 (Required by Medicaid)**

Name of Service/Placement	Type of Service/Placement	Date Placed & Date Remove	Reason for Removal
Example: Family Preservation	Intensive in-home services	4/12/07-10/31/07	Funding dropped

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**This section to be completed by Childhelp Staff only**

Assessment by Childhelp Staff: \_\_\_\_\_ Appropriate for program \_\_\_\_\_ Inappropriate for Program

Will be placed in Cottage: \_\_\_\_\_ Therapist: \_\_\_\_\_

Placement Date and Time: \_\_\_\_\_ Classroom \_\_\_\_\_

Comments: \_\_\_\_\_



The Alice C. Tyler Village of Childhelp East  
23164 Dragoon Road / Lignum, VA 22726  
PH – 540-399-1926 Fax: 540-399-1052

Date of Referral \_\_\_\_\_

## **Admission Application**