

## Admissions Application

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

Name: \_\_\_\_\_  
(Last, First, Middle)

Date of birth \_\_\_\_\_

Social Security Number (SSN) \_\_\_\_\_

Admitted by order of: \_\_\_\_\_ of \_\_\_\_\_  
on \_\_\_\_\_ (Social Worker, Probation Officer, Judge) (County)  
(Date)

### Educational needs:

Current school (if applicable): \_\_\_\_\_

Grade: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone \_\_\_\_\_

### Mental Health, Emotional & Psychological needs:

Have you ever been diagnosed with a mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is your primary diagnosis?

\_\_\_\_\_

What is your secondary diagnosis?

\_\_\_\_\_

Do you take medication for your mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list by name: \_\_\_\_\_

### Family History:

Custodial Parent(s) / Guardian(s):

Name: \_\_\_\_\_

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

Work # \_\_\_\_\_

Cell# \_\_\_\_\_

Home Address:

What is your relationship with your family?

Live with immediate family: \_\_\_\_\_ Visit family: \_\_\_\_\_ Phone Calls: \_\_\_\_\_

Live with extended family: \_\_\_\_\_ No contact: \_\_\_\_\_ Letters: \_\_\_\_\_

**Physical Health Needs: (Include Immunizations)**

Have you been hospitalized in the past year for a physical condition? Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is any follow-up needed: \_\_\_\_\_

Do you have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

List to what you are allergic \_\_\_\_\_

**Protection Needs:**

**Suitability:**

Indicate the level of assistance needed by circling the correct response:

1. Can do myself

2. I need to be reminded

3. I need help

Toileting 1 2 3

Household Chores 1 2 3

Laundry 1 2 3

Grooming 1 2 3

Taking Medications 1 2 3

Grocery Shopping 1 2 3

Dressing 1 2 3

Simple Meal Prep 1 2 3

Leisure Activities 1 2 3

Bathing 1 2 3

Manage My Money 1 2 3

Job Daily Activities 1 2 3

Transportation 1 2 3

Eating/Drinking 1 2 3

Other 1 2 3

If other, please explain: \_\_\_\_\_

Is there anything else we need to know? \_\_\_\_\_

What do you see as the applicant's greatest need at this time? \_\_\_\_\_

\_\_\_\_\_

**Behavioral Support Needs:**

[Empty box for Behavioral Support Needs]

**Social and Development History:**

Mother's Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Date of Birth: \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

Siblings (List names and ages)

\_\_\_\_\_

If adopted, name of adoptive family: \_\_\_\_\_

At what age was applicant adopted? \_\_\_\_\_

Is applicant aware of adoption? \_\_\_\_\_

With whom does applicant currently live? (Including relationship to applicant)

\_\_\_\_\_

Gestation: \_\_\_\_\_ Weeks

Pediatrician: \_\_\_\_\_

Please provide a summary of any significant information about the applicant's early childhood, relationship with siblings, and other persons. Include any problem areas. Attach pages if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Behavioral Functioning & Social Competence:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History of Previous Treatment for Mental Health, Intellectual Disability, Substance Abuse, and Behavior Problems:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

--

**Medication and Drug Use Profile:**

<b>History of Prescription Medication (6 months prior to admission):</b>	
<b>History of Non-Prescription Medication (6 months prior to admission):</b>	
<b>Illicit Drugs (6 months prior to admission):</b>	
<b>Drug Allergies:</b>	<b>Ineffective Medications:</b>
<b>Unusual/Other Adverse Drug Reactions:</b>	
<b>Other Information:</b>	

Staff/Provider Name \_\_\_\_\_

Signature \_\_\_\_\_

Date Completed \_\_\_\_\_