

Admission Information Collection Form

Please return to Hephzibah upon completion at 478-474-6370 Att: Delrita
Call 478-477-3383 ext 108 with any questions or problems

PLEASE PRINT CLEARLY

Name _____ S.S.N. _____

Anticipated Admission Date _____ Date of Birth _____ M/F

Ethnic Group _____ Religion _____ School Grade _____

RBWO Status: _____ Or anticipated date of complete of RBWO: _____

Medicaid Number: _____

Name of Caseworker _____ Phone: _____

County: _____

Address: _____ e-mail: _____ Fax: _____

Supervisor Name & Phone: _____

Previous placements outside of the home? Y/N

Yes - How many times? _____ Dates of last placement _____

Type of facility _____

Reason for disruption of last placement: _____

Or reason for change in placement: _____

Placed in DFCS Custody due to: _____

Parent figures/family members in the home (mom, dad, step parents, parents, grandparents, etc.)

Address & Phone: _____

Number of parents in home _____ Parents deceased? Y/N Who: _____

Marital status of biological or adoptive parents _____

Siblings name & placement info: _____

Is the child involved with Juvenile Justice? Y/N Date of last contact _____

Is client on probation? Y/N Does client have current charges against him/her? Y/N

Dates of probation _____ Charged with _____

Hospitalized for Psychiatric or Substance use treatment? Y/N Date: _____

Counseling service recommendations: _____

Mental Health Information:

Diagnoses from DSMIV: _____ Date of Diagnosis: _____ Type of test: _____

Axis I: _____

Axis II: _____ Axis III: _____

Axis IV: _____ Axis V: _____

IQ Scores: V - _____ P - _____ FS - _____ Date of test: _____

Has the child been in trouble for substance use? Y/N Describe _____

Does the child have chronic medical illnesses? Y/N _____

If yes, type of illness: _____

Date of last physical to include CBC (blood test) and Urinalysis: _____

Is the child on psychiatric medication? Y/N Name of meds _____

Has or is the child suicidal or inflicted self-harm? Y/N Describe _____

School Information:

Does the child have a learning disability? Y/N describe: _____

Is child having difficulty in school? Y/N Disruptive in the classroom? Y/N

Receiving failing grades? Y/N How many _____ Current grade average _____

Has child been removed from or suspended from school? Y/N _____

Has child received detention? Y/N _____

Any unexcused absences? Y/N How many? _____

Does the child have an IEP: Y/N _____

Behavior Issues:

Is the child aggressive toward others? Y/N Describe _____

Has he/she gotten into fights or threatened others? Y/N Describe: _____

Has the child been abused? Y/N Type of abuse: _____

Is the child inappropriate with others sexually? Y/N Describe: _____

Has the child runaway from home? Y/N Frequency and duration _____

Strengths and weaknesses: _____

Other information that helps describe the child: _____

Needed information upon acceptance:

- | | | | |
|--------------------------|---|--------------------------|---------------------------------|
| <input type="checkbox"/> | Current Custody Papers | <input type="checkbox"/> | Birth Certificate |
| <input type="checkbox"/> | Social Summary | <input type="checkbox"/> | Intake Assessment |
| <input type="checkbox"/> | Copy of DFCS Case Plan | <input type="checkbox"/> | Last Dental Visit |
| <input type="checkbox"/> | Immunization Certificate – if possible on 3231 form | | |
| <input type="checkbox"/> | Annual Physical including CBC/UA | <input type="checkbox"/> | Psychological Evaluation |
| <input type="checkbox"/> | Ear/Eye/Dental form | <input type="checkbox"/> | Medicaid card |
| <input type="checkbox"/> | Social Security Card | <input type="checkbox"/> | IEP |
| <input type="checkbox"/> | Withdrawal Form from school | <input type="checkbox"/> | Last and/or Current Report Card |
| <input type="checkbox"/> | List of schools attended | | |