

Adolescent Alternatives
Admission Assessment and Screening

Client Record # _____
Date Current Active in Mental Health System

Date admission to HRI/Other Treatment

Screening Date _____
Discharge Date _____

Name _____
Medicaid# _____
Insurance CO _____

Home Phone# _____
Other Phone# _____
Sex _____ **Race** _____ **DOB** _____
ED. Level _____ **SSN#** _____
Birth Place _____

Home Address _____

City _____
State _____ **Zip** _____

Emergency Contact Person _____
Phone # _____
Mother's Name _____
Father's Name _____

Next of Kin _____
Phone # _____
Address _____

City _____

State _____ **Zip** _____

CLIENT:

RECORD NO.

APPLICATION FOR SERVICE

To (Name of Agency): _____

From (person/agency making application) _____

This complete application, with supporting documentation, provides the information necessary to decide whether to admit the child. If the child is admitted, the documents relating specifically to admission will be required. If additional space is needed for any question, add an extra sheet or write on the back of the application; be sure to give question number for reference.

I. FAMILY INFORMATION

CHILD:

1. Name: _____ 2. Prefers to be called: _____
Last First MI
3. Date of Birth: _____ 4. Verified? Yes () No () 5. Sex: ____ 6. Race ____
7. Social Security No. _____ 8. Place of Birth: (City) _____
(County): _____ State or Country: _____
9. Currently living with: Biological Parent (s) _____ Relative _____ Foster Family _____
Other (Specify) _____

BIOLOGICAL PARENTS:

10. Father's Name: _____ 11. Social Security No. _____
Last First MI
12. Address: _____ 13. Phone No. _____
14. Date of Birth: _____ 15. Date of Death: _____ 16. Marital Status _____
17. Mother's Name: _____ 18. Social Security No. _____
Last First MI
19. Address: _____ 20. Phone No. _____
21. Date of Birth: _____ 22. Date of Death: _____ 23. Marital Status _____

CURRENT PARENTAL RELATIONSHIPS: (The persons, if other than biological parents, who will be working in a parental capacity with child while in care):

24. Father's Name: _____ 25. Social Security No. _____
Last First MI
Relationship to
26. Date of Birth: _____ 27. Child: Step () Adoptive () Other Specify _____
28. Address: _____ 29. Phone No. _____
30. Mother's Name: _____ 31. Social Security No. _____
Last First MI
Relationship to
32. Date of Birth _____ 33. Child: Step () Adoptive () Other Specify _____
34. Address: _____ 35. Phone No. _____
36. Have proceedings been initiated to terminate parental rights for this child's mother () father ()
If "yes", give the date of the final order
terminating parental rights: of the mother _____ of the father _____
37. Has this child been adopted? () If "yes" give date(s) of the final adoption order(s)
date(s) _____

38. **CHILD'S SIBLINGS** (include all half siblings, step siblings, adoptive siblings)

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Presently living with</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. CUSTODY

39. Name of
Legal Custodian: _____ 40. Phone No. _____
41. Address: _____
42. Name of Contact Person: _____ 43. Phone No. _____
44. Is a "Voluntary Placement Agreement" in effect? () If "yes" give expiration date: _____

III. PRELIMINARY MEDICAL INFORMATION

45. Check if there is any () physical, () medical, () developmental, () psychological
problem which will require special attention in caring for this child. Attach a description of
each problem checked.

46. Name any medications this child is not taking, and for what condition(s) _____

47. Name of child's physician: _____ 48. Phone No. _____

49. Address: _____

50. Name of child's dentist: _____ 51. Phone No. _____

52. Address: _____

IV. EDUCATIONAL INFORMATION

(If this form is completed between school terms, please give the information pertaining to the previous school year. If assistance is needed in completing the form, please consult the child's school).

53. Assigned School Grade (____). In which grade(s) has the child been retained?(_____)

54. Attach copy of the child's report card for the latest reporting period.

55. School performance this year is: (____)Better than; (____)Equal to; (____)Poorer than previous year.

56. Education setting: Regular Class (____); Special Education (____); Other (Specify:)

57. Has child been classified as "special needs" under PL 94-142? (____) If "yes" circle classification(s):
AU BEH C/B HI EMH TMH SPMH MU OI OHI SLD SLI VI

58. Child's appointed Surrogate Parent: Name _____

59. Phone No. _____ 60. Address: _____

61. Name of Current/last school attended: _____

62. Phone No. _____ 63. Address: _____

64. School Transcript: Attached: (____): Promised by date: _____

65. Latest Standardized Test:

Name of Test	Date of Test	Test Score
Achievement (CAT, etc.)	_____	_____
Mental Ability (WISC-R, etc)	_____	_____

66. Attendance record for school year:

Number of days in attendance: _____
Number of excused absences: _____

Number of unexcused absences (suspension, expulsion, truancy, etc.) _____

Explain: _____

67. Academic Strengths: _____

68. Academic weaknesses: _____

69. School behavioral strengths: _____

70. School behavioral weaknesses: _____

71. Attitude toward school (not included in above answers): _____

72. Recommended educational plan/program (IEP), etc: _____

73. Other special needs/talents, including extra-curricular activities and interests: _____

74. Additional school information pertinent to this application: _____

V. SOCIAL HISTORY

The following information will help agency staff understand the child's and family's needs and how best to meet these needs. If a written social history is available, it may be substituted for Section V (questions no 75-85). Answer any of the questions below which are not addressed in the social history).

75. Tell what is going on in the family at this time. Describe the significant events which effect this family and child: _____

76. Give a brief description of this family's

a. Strengths: _____

b. Weaknesses: _____

77. Give a brief description of the child's

a. Strengths: _____

b. Weaknesses: _____

78. What and/or who makes this child

- a. Glad? _____
- b. Sad? _____
- c. Mad? _____
- d. Fight? _____
- e. Run? _____

79. From what agencies/professionals has the family sought or been given help? Specify services and results: _____

80. What religious resources/support systems are available to this child and family?
(Name/phone of contact person) _____

81. Why must this child now live away from his/her parents? Attach description of previous out-of-home placement(s): _____

82. Why must this child now live away from his/her parents? Attach description of previous out-of-home placement(s): _____

VI. PLANNING

(This section requires equal attention to the family and the child in answering the questions.)

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86. What is the permanent plan for this child? _____

87. Is there a current need to revise the permanent plan? () If "yes", explain _____

88. State the goals toward which the family and child are working in order to achieve the permanent plan: _____

89. What specific services of the agency are being requested on behalf of this family and child: _____

90. How will the requested services help the family and child achieve their permanent plan? _____

91. Identify in the order of your priority all agencies to which this application is being made:

(1) _____ (3) _____

(2) _____ (4) _____

92. Give the name/role of other volunteers/professionals assigned to this child (Guardian ad Litem, Child Advocate, Court Counselor, etc.) _____

VII. ATTACHMENTS

93. For each agency being considered, refer to the respective page of the CFSA-NC Directory of Member Agencies to determine what additional documentation is required as supporting information to the application. The documents listed below are attached to this application as supporting information to assist in the planning for the named child and family:

- | | |
|----------|----------|
| a. _____ | e. _____ |
| b. _____ | f. _____ |
| c. _____ | g. _____ |
| d. _____ | h. _____ |

VIII. SIGNATURE (S)

I (we), the undersigned, hereby apply to the (Name of agency) for services named above on behalf of the named child for whom I (we) hold legal custody and/or placement authority. I (we) certify that the information contained in this application and the attachments is true and accurate to the best of my (our) knowledge. I (we) agree to share additional information pertinent to this application and requested by the agency. I (we) also agree to cooperate with the agency and to support the plan of service to which we mutually agree.

XSignature of Parent(s) or Legal Custodian: _____ Date __/__/__

_____ Date __/__/__

Signature of Representative of Agency
Holding Voluntary Placement Agreement:

_____ Date __/__/__

Client's Name & Record Number _____

Adolescent Alternatives Admission Assessment and Screening

Client Record# _____
Full Name _____ Date _____
Date Of Birth _____
Interviewee _____
Therapist _____
Race/Ethnic Group _____

Current Assessment

Presenting Problems (Past & Present Behavior Problems at home, school, and within community) _____

Factors that contribute to presenting problems (culture, spiritual and ethnic factors, financial issues, background issues, family support, etc) _____

Legal Status (law enforcement contact; probation; court charges; destruction of property, stealing, truancy, running away from home, etc) _____

Home Environment (family issues of concern; strengths and resources) _____

Individual Strengths _____

Client's Name & Record Number _____

Community Supports

Initial Client Goal (Client's counseling goals, hobbies, interests, parent and or legal guardian expectation of treatment)

Family/ Social History

Family Dynamics (Parents, Grandparents, and siblings)

Critical Family Events (Death, Divorce, Accidents, Pregnancy, Trauma and Losses)

Family Medical Problems (Substance Abuse, Psychiatric Conditions)

Social Relationships (Family Relationships, Peer Relationships, Church, etc)

Physical, Emotional or Sexual Abuse History/Neglect/Family Violence

3
Client's Name & Record Number _____

School History

School Performance (Retained, Average Grades, Current and Past Testing)

Behavioral Problems Suspension/Expulsions

Special Classification (BEH, LD, BED, ADHD, EMH, AG)

History of Treatment

Name, Date, and Location of Previous Services

Hospitalizations (Psychiatric/Medical)
Reasons (When, Where, Diagnosis)

Medical History

Medical Problems _____

Physician _____

Client's Name & Record Number _____

Medications _____

Critical Medical History (Allergies, disabilities, surgeries, diseases etc).

Sleep: ☐ No change ☐ Increased ☐ Decreased ☐ Restless ☐ Nightmares ☐ Other _____
Appetite: ☐ No change ☐ Decreased ☐ Increased ☐ **Weight** (☐ loss ☐ gain) Other _____
Anxiety: ☐ None ☐ Increased Heart Rate ☐ SOB ☐ Palpitation
☐ Hyperventilation ☐ Chest Pain ☐ Other _____

Developmental History And Assessment
Prenatal History (Drug/Alcohol Abuse (Illegal Substances)

Complications

Postnatal History

Developmental Milestone Type/Level Developmental Disability/

Risk Assessment

Suicidal Risk? ☐ yes ☐ no
Risk Level Current Suicidal Ideation _____
Current Suicidal Intent _____
Access to means _____ Specify _____
Previous Attempts/Gestures _____
Specific Method and Medical Tx in past Attempts _____
Family History of Suicide _____
Current Deterrents to Suicide _____

Homicidal History (Dangers to others) ☐ yes ☐ no
Violent History ☐ Threats _____
Current Threat ☐ yes ☐ no Mean & Access to victim: Specify _____

Mental Status Check
Disorientation: ☐ person ☐ place ☐ time ☐ situation
Affect: ☐ Congruent ☐ Flat ☐ Inappropriate Affect ☐ Blunted ☐ Labile
☐ Full Range
Comments _____

Client's Name & Record Number _____

Mood : __ pleasant __ sad __ tearful __ depressed __ anxious __ irritable __ apathetic
__ Fearful __ hostile __ angry __ helpless __ hopeless __ Tense __ euphoric
Comments _____

Thought Content: __ Normal __ Auditory Hallucination __ Visual Hallucinations
__ Tactile Hallucinations __ Tangential __ Bizarre __ Paranoid __ Flashbacks
__ Preoccupations

Estimated Intellectual Functioning Level: __ Below Average __ Average __ Above
Average __ Superior __
Comments _____

Memory: Recent: __ Intact __ Impaired
Remote: __ Intact __ Impaired

Attention/Concentration: __ Confused __ Inattentive __ Distractible __ Variable
Comments _____

Impulse Control: __ Mild __ Moderate __ Severe
Comment: _____

Appearance: Hygiene __ Good __ Poor
Dress: __ Neat __ Casual __ Dirty __ Bizarre
Comments: _____

Visual : __ Normal __ Need Assistance Specify _____

Speech/Hearing Impaired: __ yes __ no
Comments _____

Vocational History _____

Diagnostic Impressions: DSM IV

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V GAF __ CAFAS _____

Initial Treatment Goals _____
