

FRESH START ADMISSION APPLICATION

Referrals: 804.929.3409

PRINT NAME _____

DOB _____

SOC SEC NO _____

GUARDIAN / RELATIONSHIP _____

WORK PHONE _____

AFTER HOURS PHONE _____

FAX _____

E-MAIL _____

GUARDIAN ADDRESS _____

FUNDING SOURCE: _____

APPLICANT PLACE OF BIRTH: _____

CURRENT PLACEMENT: _____

ADMIT DATE: _____ DISCH 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 _____

MEDICATION NAME _____

STRENGTH _____

INSTRUCTIONS _____

MEDICATION NAME _____

STRENGTH _____

INSTRUCTIONS _____

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: _____

CURRENT OR MOST RECENT EDUCATIONAL PLACEMENT:

SCHOOL NAME, ADDRESS, TELEPHONE

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

_____ **Copy birth certificate**
 No Record Available
Comment: _____

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

_____ **Copy 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**
 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)**

_____ **Physical Exam Date:** _____

PERSON SUBMITTING APPLICATION:

Signature

Printed Name

Date of Application

Work Phone _____ Fax _____

Email _____

FRESH START ADMISSION APPLICATION: SIX-MONTH MEDICATION PROFILE

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