



# Admission Application

Kids in Focus \_\_\_ Girls in Focus \_\_\_ Little Kids in Focus \_\_\_ Little Kids in Focus II \_\_\_ Kids in Focus II \_\_\_

**Instructions:** When completing the application please do not leave blanks. If the requested information is unavailable or unknown please indicate so on the application by writing “unknown” or “N/A”. It is essential that information provided on the application is accurate and current.

<b>Child’s Full Name:</b>	<b>Referral Date:</b>	<b>Child’s Social Security Number:</b>
<b>Address:</b>	<b>Date of Birth:</b>  <b>Age:</b>	<b>Place of Birth:</b>

<b>Referring Agency:</b> <b>Contact Name:</b>		<b>Supervisor Name:</b>	<b>Legal Guardian:</b>  <b>Emergency Contact:</b>	
<b>Address:</b> (Include Physical & Mailing)		<b>Telephone:</b>  <b>Fax:</b>  <b>Email:</b>	<b>Telephone:</b>  <b>Email:</b>	<b>Telephone:</b>

<b>REASON FOR ADMISSION / CURRENT PRESENTING CONCERNS</b> (within the last week)	
<p><b>Summarize the child’s current behaviors (within the past week).</b> <b>Examples:</b></p> <ul style="list-style-type: none"> <li>- Physical/ verbal aggression.</li> <li>- Truancy</li> <li>- Sexual activity</li> <li>- Fire setting</li> <li>- Peer/ family conflict</li> <li>- Drug use</li> <li>- Depression</li> <li>- Self harm (cutting, suicide attempt etc.)</li> </ul>	

**PRESENTING CONCERNS (by history)**

**Summarize the child's behaviors by history**

**Examples:**

- Physical/ verbal aggression.
- Truancy
- Sexual activity
- Fire setting
- Peer/ family conflict
- Drug use
- Depression
- Self harm (cutting, suicide attempt etc.)

**Describe the Behavior Support Needs of the Child:** *Please specify each problematic behavior of the child and provide information as indicated to assist him/her in self-managing*

**Identify positive behavior(s):**

**Identify problem behavior(s):**

**Identify triggers for problematic behavior(s):**

**Identify successful intervention strategies for problem behaviors:**

**What techniques has the child used to self-manage anger and anxiety:**

**Describe the protection needs of the child:** *Include any protective or restraining orders, prohibited contacts, etc.*

**ADDITIONAL REVELANT DETAILS: BEHAVIOR HISTORY SCREENING**

Yes	No	BEHAVIOR	IF YES, DESCRIBE BELOW
		Substance Abuse?	
		Runaway History?	
		Physical Aggression?	
		Fire Setting?	
		Self Harm?	
		Sexually Active?	
		Sexual Offenses Against Others?	
		Legal History/ Charges?	
			Probation officer: _____ Tel: _____

		Eating Problems/ Disorder?	
		Bedwetting?	
		Property Destruction?	
		Other	

<b>Client strengths and interests:</b>	
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<b>MENTAL HEALTH HISTORY</b>			
<b>List the previous services that have been used. Include timeframes &amp; name of agency or placement. Indicate whether intervention was effective or not.</b>	<b>Placement/ Service</b>	<b>Date</b>	<b>Successful Y/N</b>
<b>Additional Information:</b>			

<b>Current DSM IV Diagnosis</b>	<b>Axis I:</b>		<b>Test Date:</b>	
	<b>Axis II:</b>		<b>Evaluator:</b>	
	<b>Axis III:</b>		<b>Verbal I.Q:</b>	
	<b>Axis IV:</b>		<b>Performance I.Q:</b>	
	<b>Axis V:</b>		<b>Full Scale I.Q:</b>	

<b>Developmental History:</b>	
Describe child as an infant & toddler. Note any delays in reaching developmental milestones. Were there any complications at birth?	

## FAMILY INFORMATION

<b>Parents Names and Addresses</b>	<b>Mother:</b> _____
	<b>Address:</b> _____
	<b>Email Address:</b> _____
	<b>Telephone Number (Home)</b> _____ <b>(Work)</b> _____
	<b>(Cell)</b> _____ <b>(Pager)</b> _____
	<b>Father:</b> _____
	<b>Address:</b> _____
<b>Email Address:</b> _____	
<b>Telephone Number (Home)</b> _____ <b>(Work)</b> _____	
<b>(Cell)</b> _____ <b>(Pager)</b> _____	
<b>Parental Involvement:</b> <i>Who is involved? Describe the parent's level of involvement with the child.</i>	
<b>Relevant Family History:</b>	
<b>Who lives in the home?</b>	

## EDUCATIONAL INFORMATION

<b><u>EDUCATION:</u></b>
<b>Current/Most Recent School Placement:</b> _____ <b>County:</b> _____
<b>Telephone Number</b> _____ <b>Grade:</b> _____
<b>School Address :</b> _____ _____
<b>Special Education Needs: LD/ED/Other</b> _____
<b>Communication Problems:</b> _____

IEP Eligible: Yes \_\_\_\_\_ No \_\_\_\_\_

Last Date of IEP: \_\_\_\_\_ Responsible County for IEP: \_\_\_\_\_

History of Truancy: Yes \_\_\_\_\_ No \_\_\_\_\_

### MEDICAL HISTORY

Date of Last Physical Exam: \_\_\_\_\_ Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Dental Exam: \_\_\_\_\_ Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

TB Test Current: Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown: \_\_\_\_\_

Immunizations Current: Yes \_\_\_\_\_ No \_\_\_\_\_

Currently Pregnant: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Expected Due Date: \_\_\_\_\_

#### Current Medications

Medication Name	Start Date	Dosage & Frequency	Targeted Symptoms

#### Previous Medications

Medication Name	Stop Date	Dosage & Frequency	Targeted Symptoms

Medication Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Describe: \_\_\_\_\_

Food/Environmental Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Describe: \_\_\_\_\_

Corrective Lenses: Yes \_\_\_\_\_ No \_\_\_\_\_ Last Date of Eye Exam: \_\_\_\_\_

Significant Medical Conditions	Yes		No	If Yes, Provide detail below and explain any treatment needs:

**INSURANCE INFORMATION:**

***\*\*Please provide a copy of the front and back of the youth's insurance card(s)\*\****

**I. Youth's Primary Medical Insurance:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**II. Youth's Secondary Medical Insurance:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**If youth has Medicaid, it is an HMO, FAMIS, VA Premier, Optima or Straight?** \_\_\_\_\_

***\*\*Kids in Focus will not be responsible for payment of medication costs and any medical appointments or procedures (initial physical and dental appointments do not apply)\*\****

**Party Responsible for Co-Pays and unpaid bills?** \_\_\_\_\_

**CPS Reports: List any CPS reports that have been made involving the child. Include date of report, nature of allegation and outcome. (Attach paper if needed)**

**What are your expectations and goals for the child's placement at Kids in Focus?**

By signing below you verify that the information on this application is accurate.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of referring worker