

Admission Form  
PERSONAL DATA

Name: \_\_\_\_\_ Record Number: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of admission: \_\_\_\_\_

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

Legal county of residence: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Physical Description

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

Financial Support: Social Security \_\_\_\_\_; Medicaid \_\_\_\_\_; VA \_\_\_\_\_; Other \_\_\_\_\_

Case Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents: Father's name: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Maiden name: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital status of parents: \_\_\_\_\_

Name of Siblings Address Phone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

REFERRAL DATA

Referral Source: \_\_\_\_\_

Name Of Agency (If applicable): \_\_\_\_\_

Address of Agency (If applicable): \_\_\_\_\_

Phone Number of Agency (If applicable): \_\_\_\_\_

Name Of Case Worker or Agency Contact: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person Completing Application: \_\_\_\_\_

Name Of Person Who Transported the Child and Agency: \_\_\_\_\_

\_\_\_\_\_

Name or GAL and Contact information (If applicable): \_\_\_\_\_

\_\_\_\_\_

Probation officer (If applicable): \_\_\_\_\_

\_\_\_\_\_

GUARDIANSHIP AND NEXT OF KIN INFORMATION

Type of guardianship: \_\_\_\_\_  
County of Adjudication: \_\_\_\_\_ Date of Adjudication: \_\_\_\_\_  
Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

CURRENT DIAGNOSES, DSM IV (Attach supporting documentation)

NAME NUMBER

AXIS I Diagnosis 1 \_\_\_\_\_

Diagnosis 2 \_\_\_\_\_

AXIS II Diagnosis 1 \_\_\_\_\_

Diagnosis 2 \_\_\_\_\_

AXIS III Diagnosis 1 \_\_\_\_\_

Diagnosis 2 \_\_\_\_\_

Date of Last Psychological Evaluation: \_\_\_\_\_ Measured IQ: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date of Adaptive Behavior Evaluation: \_\_\_\_\_ Results: \_\_\_\_\_

Examiner: \_\_\_\_\_

Level of Adaptive Functioning: \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe \_\_\_ Profound

INDEPENDENT LIVING ABILITIES (Check appropriate box)

Ambulation: \_\_\_ Walks well \_\_\_ With difficulty \_\_\_ Uses walker

\_\_\_ Does not walk \_\_\_ Uses a wheel chair

\_\_\_ Crutches \_\_\_ Cannot sit alone

Dressing Skills: \_\_\_ Completely dresses self

\_\_\_ Completely dresses self with verbal prompt

\_\_\_ Pulls off or puts on clothes with help \_\_\_ Must be dressed

Toileting Skills: \_\_\_ Never has accidents \_\_\_ Occasionally has accidents during day

\_\_\_ Occasionally has accidents during night

\_\_\_ Frequently has accidents during day \_\_\_ # day

\_\_\_ Is not toilet trained \_\_\_ Bedwetting \_\_\_ Frequency

Bathing Skills: \_\_\_ Prefers shower \_\_\_ Prefers tub \_\_\_ Bathes independently

\_\_\_ Needs supervision to bathe \_\_\_ Needs partial assistance bathing

\_\_\_ Needs total assistance bathing

Leisure Skills: \_\_\_ Entertains self \_\_\_ Needs direction from others

Likes: \_\_\_ TV \_\_\_ Music \_\_\_ Outdoor activities

\_\_\_ Privacy \_\_\_ Groups \_\_\_ Sports \_\_\_ Swimming

\_\_\_ Movies \_\_\_ Games \_\_\_ Other \_\_\_\_\_

SUPERVISION NEEDED

INDOORS: \_\_\_ Needs constant supervision \_\_\_ Can be left alone for up to \_\_\_\_\_

OUTDOORS: \_\_\_ Needs constant supervision \_\_\_ Can be left alone for up to \_\_\_\_\_

SOCIALIZATION

\_\_\_ Initiates interaction with people \_\_\_ Initiates interaction selectively

\_\_\_ Interacts with peers, staff, family \_\_\_ Interacts with staff, but not peers and

family

Never, or rarely interacts with staff, peers and family

#### EXPRESSIVE COMMUNICATION

Uses expressive language clearly  Initiates expressive language with difficulty

Uses expressive communication and gestures

Uses augmentative communication  Uses selective vocalizations

Uses ASL  Uses signs

#### RECEPTIVE COMMUNICATION

Comprehends most spoken language  Comprehends little spoken language

Responds to gestures or auditory cues  attends to gestures or auditory cues

Does not respond to communication stimuli

Alleghany County Group Homes, Inc.

#### APPLICATION FOR ADMISSION

forms\Admission Application

SKILLS CHECKLIST (If the applicant can perform these skills, fill in the corresponding

block with a "Y" for yes and a "S" for sometimes. Leave blank for no.)

#### SELF-HELP SKILLS

Uses knife and fork correctly  Table manners are acceptable  Can serve his/her own food

Can pour liquids  Can use knife for peeling/slicing  Can order own food

Combs hair when needed  Keeps self-clean  Shaves self

Shampoos hair  Cuts own nails without prompt  Chooses appropriate clothes

Changes underwear without prompt  Washes and dries clothing

Crosses road safely by self  Visits neighbors by self  Can care for minor injuries

Knows how to obtain help in emergency  Washes dishes, sets table

Cleans own room, picks up after self  Can cook simple things

#### COMMUNICATION SKILLS

Tells others about daily events  Can answer telephone  Can make own calls

Can tell time correctly  Can keep appointments  Can write own name

Can write a letter  Reads simple instructions  Reads menu, TV guide

Reads newspaper  Reads aloud to others  Can read price tag

#### SOCIAL SKILLS

Can read shopping list  Chooses own clothing  Can ask directions

Is friendly to others  Understands and uses stamps  Has good manners

Does not steal  Knocks on doors before entry  Shares possessions

Works cooperatively in group  Washes dishes, sets table  Follows directions willingly

Can cook simple things  Saves money consciously

#### COMMUNITY SKILLS

Can give change for a quarter  Can give change for dollar  Can use

vending machine

\_\_\_ Can make small purchases \_\_\_ Can buy things on shopping list \_\_\_ Knows own clothing size

\_\_\_ Purchases own clothing \_\_\_ Asks sales clerk for items \_\_\_ Saves money consciously

\_\_\_ Can ask for directions \_\_\_ Uses public transportation unassisted

VOCATIONAL SKILLS

\_\_\_ Has good manual dexterity \_\_\_ Works cooperatively in group \_\_\_ Follows directions well

\_\_\_ Enjoys outdoor activities \_\_\_ Has hobbies \_\_\_ Is on time by self

\_\_\_ Works with little supervision \_\_\_ Works well with few mistakes \_\_\_ Corrects own mistakes

\_\_\_ Realizes mistakes, stops work \_\_\_ Work done requires checking \_\_\_ Is usually on time

\_\_\_ Usually on time with reminders \_\_\_ Careful with tools and equipment \_\_\_ Careful when reminded

\_\_\_ Works well with little supervision, but makes no effort to find a new job

\_\_\_ Is able to carry out several simple tasks with persistence and without constant supervision

COMMENTS: \_\_\_\_\_

PHYSICAL HEALTH CARE NEEDS

Allergies: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Is Applicant currently under care of a doctor for any condition? \_\_\_ Yes \_\_\_ No

List illnesses or medical conditions: \_\_\_\_\_

Seizures: \_\_\_ Yes \_\_\_ No Type and Frequency \_\_\_\_\_

List any medications for seizures: \_\_\_\_\_

Diet or regimen required? \_\_\_ Yes \_\_\_ No (Attach Copy)

MEDICATIONS

Medications brought in at admission:

\_\_\_\_\_  
Name Dosage & Frequency Route Purpose

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

**SELF-ADMINISTRATION OF MEDICATIONS**

\_\_\_ Can take medications in right doses at right time \_\_\_ Can prepare and take medications with reminder

\_\_\_ Can take medications; needs help with preparation \_\_\_ Unable to take medication without assistance

Person responsible for assisting: \_\_\_\_\_ Relationship: \_\_\_\_\_

**VISION, HEARING AND DENTAL**

\_\_\_ Normal \_\_\_ Sees with difficulty \_\_\_ Sees with great difficulty \_\_\_ Legally blind

\_\_\_ Totally blind \_\_\_ Undetermined

Corrective Lenses? \_\_\_ Yes \_\_\_ No \_\_\_ Glasses \_\_\_ Contact lenses

Hearing: \_\_\_ Normal \_\_\_ Mild hearing loss \_\_\_ Moderate Hearing loss

\_\_\_ Severe hearing loss \_\_\_ Profound hearing loss \_\_\_ Undetermined

Hearing aid? \_\_\_ Yes \_\_\_ No

Dental Appliances? \_\_\_ Yes \_\_\_ No

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**BEHAVIORAL CONCERNS**

Does the applicant display any behaviors which are of concern to others? \_\_\_ Yes \_\_\_ No

If so, please rate all that apply as follows: 1 = severe; 2 = moderate; 3 = mild

\_\_\_ Self-stimulation \_\_\_ Assaultive behavior \_\_\_ Stealing

\_\_\_ Loses temper easily \_\_\_ Verbal threats \_\_\_ Self-injurious behavior

\_\_\_ Property damage \_\_\_ Excessive crying/screaming \_\_\_ Non-compliance

\_\_\_ Lying \_\_\_ Purposeful running away \_\_\_ Aimless wandering away

\_\_\_ Inappropriate sexual behavior \_\_\_ Eating of in-edibles

Please explain all above rated behaviors: \_\_\_\_\_

\_\_\_\_\_

Any other information that you would like us to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian or

Legally Responsible Person: \_\_\_\_\_ Date: \_\_\_\_\_

New Hope Behavioral Services Employee: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_