



## Application for Admission to CHRIS Kids

Program applying for:  Therapeutic Group Homes  Independent Living Program\*

Please complete and fax, along with the following items, to: 404.564.4719

Or email to [intake@chriskids.org](mailto:intake@chriskids.org)

- Psychological evaluation
- Social History or FPBP Assessment
- LOC Authorization for CHRIS Kids (if applicable)
- Incident reports, police and/or court reports for last 90 days, if applicable

Name:		SS #:	Date:
Age:	Level of Care:	Gender:	
DOB:	Ethnicity:		
Religious Background	<input type="checkbox"/> Baptist	<input type="checkbox"/> Catholic	<input type="checkbox"/> Jehovah Witness
<input type="checkbox"/> Jewish	<input type="checkbox"/> Methodist	<input type="checkbox"/> Muslim	<input type="checkbox"/> Non-Denominational Christian
<input type="checkbox"/> Pentecostal	<input type="checkbox"/> None	<input type="checkbox"/> Other:	_____
Insurance information - Company Name:			
Group or ID # _____		Type of Coverage: (PPO, Medicaid, HMO)	
Expiration date:			
Funding/Referring agency	<input type="checkbox"/> CHAMPS	<input type="checkbox"/> DFCS	<input type="checkbox"/> DJJ <input type="checkbox"/> LOC/DFCS
<input type="checkbox"/> LOC/MHDDAD	<input type="checkbox"/> MAAC	<input type="checkbox"/> Private Insurer	<input type="checkbox"/> Self-Pay (parents)
<input type="checkbox"/> Other (please explain): _____			
Custodial Agency/Custodian:			County:
Case Worker/Court Service Worker:	Title:	Agency:	
Address:			
Phone #:	Cell #:	Additional means of communicating w/custodian required: Fax:	
After Hours #:		Email:	
Supervisor's Name (required):		Phone:	
		Email :	

\*Applicants for ILP placements funded by LOC are required to request a waiver from the Treatment Services Unit office. Please call for the waiver before intake interview.

Principal Family Contact(s):		Relationship:	
Address:			
Phone: (home)		(work)	
Phone contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Who provides supervision?
Face-to-face?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Overnight visits permitted? Yes <input type="checkbox"/>
Supervision Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can participate in program? Yes <input type="checkbox"/>
Add'l Family Contact(s):		Relationship:	
Address:			
Phone: (home)		(work)	
Phone contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Who provides supervision?
Face-to-face?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Overnight visits permitted? Yes <input type="checkbox"/>
Supervision Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can participate in program? Yes <input type="checkbox"/>
Are family members available to participate in the program? Yes <input type="checkbox"/>			
No <input type="checkbox"/>			
If so, please list:	Name:	Relationship:	
	_____	_____	
	Name:	Relationship:	
	_____	_____	
Family Income: <input type="checkbox"/> 0-\$9,999 <input type="checkbox"/> \$10,000 – \$19,999 <input type="checkbox"/> \$20,000 - 29,000 <input type="checkbox"/> over \$30,000			
Reason for Change of Placement:			
Placement Prior to Admission:			
Total Number of Prior Placements:			
Last School Attended:		Grade:	
Legal Restrictions regarding family contact? Yes <input type="checkbox"/>			
No <input type="checkbox"/>			
If yes, please describe:			
Are there pending or recent charges? Yes <input type="checkbox"/>			
No <input type="checkbox"/>			
If yes, please describe:			

**PRESENTING AND HISTORICAL ISSUES**

History	Presenting		History	Presenting		History	Presenting	
		Alcohol			Fire Setting			Psych Hospitalization
		Animal Abuse			Gang/Cult			Runaway
		Enuresis/ Encopresis			Juvenile Court			Self Mutilation
		Depression			Medical/Illness			Sex Offense
		DFCS			Violence re peers			Sexual Abuse
		DJJ			Weapons			Sexual Acting Out
		Drugs			Medication			Suicidal
		Emotional Abuse			Neglect			Violence re: authority
		Family D/A			Physical Abuse			Other (explain below)

Most recent high risk incident: \_\_\_\_\_

\_\_\_\_\_

If incident reports regarding high risk behaviors (as requested on the first page) are not available, please describe any incident involving the following behaviors within the last 90 days – physical aggression, AWOL, substance/alcohol use, school suspension or expulsion, sexual acting out, self-harm or police involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Strengths and Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Positive behaviors the applicant seeks to practice: (examples: anger control, cessation from drug use)

\_\_\_\_\_

\_\_\_\_\_

Please document any need for special consideration of sexual, cultural, religious, national, racial or ethnic identity issues:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications    No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes' please list:	
<b>Medication Name</b>	<b>Purpose</b>
Active medical diagnosis?   No <input type="checkbox"/> Yes <input type="checkbox"/> If 'yes', please describe:	
<b>ALLERGIES:</b>	

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax this document to the Intake Team at 404.564.4719 when completed.**

Office Use Only File:    Operations Chart Blue Tab - Admission
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