



APPLICATION FOR ADMISSION

***Name of Applicant** _____

DOB _____ Age _____

Current Placement _____

***Legal Guardian** _____

Relationship of Applicant _____

Address _____

Phone Number _____

***Referring Agency** _____

Contact Person _____ Phone # _____

Address _____

Please complete and attach all information:

Required Information	Supporting Information
<p>Physical Needs</p> <p>**Please attach immunization record**</p>	<p>Current Medications: _____</p> <p>Allergies: _____</p> <p>Glasses: Yes <input type="radio"/> No <input type="radio"/></p> <p>Dental /Orthodontic History: _____</p> <p>_____</p> <p>Handicapping Conditions/Medical Needs: _____</p>

<p>Educational Needs</p> <p>**Please attach current IEP or report card/transcript if not special education**</p>	<p>School System/LEA: _____</p> <p>Current Grade Placement: _____</p> <p>Special Education Status and Eligibility Status: _____</p> <p>Related Services: _____</p>
<p>Mental Health, Emotional & Psychological Needs</p> <p>**Please attach</p> <ul style="list-style-type: none"> - Social History Questionnaire - most recent Psychological testing - past treatment histories** 	<p>Current Psychiatric Diagnosis: _____</p> <p>Significant family dynamics: _____</p> <p>Has a family member or relative ever been or is currently being treated at Bridges? _____</p>
<p>Behavioral Management Needs</p>	<p>Protection Needs (self-injurious, running away, or sexually acting out behaviors): _____</p> <p>Developmental Needs: _____</p>
<p>Funding Information</p> <p>**Please attach current CANS, Certificate of Need and Rate Certification Sheet**</p> <p>**Medicaid Card and private insurance card must be provided on admission**</p>	<p>FAPT/CPMT Approval: YES <input type="radio"/> NO <input type="radio"/></p> <p>PENDING _____</p> <p>Medicaid Eligible: YES <input type="radio"/> NO <input type="radio"/></p> <p>PENDING _____</p> <p>Private Insurance: YES <input type="radio"/> NO <input type="radio"/></p> <p>Policy Holder's Name: _____ D.O.B.: _____</p>
<p>Suitability of Admission</p> <p>Date of Interview: _____</p> <p>_____</p> <p>Date of Admission: _____</p> <p>_____</p>	<p>Date of Interview: _____</p> <p>Date of Admission: _____</p> <p>Interview Team _____ Admit</p> <p>Milieu: _____ YES <input type="radio"/> NO <input type="radio"/></p> <p>Education: _____ YES <input type="radio"/> NO <input type="radio"/></p> <p>Therapist: _____ YES <input type="radio"/> NO <input type="radio"/></p> <p>Nurse: _____ YES <input type="radio"/> NO <input type="radio"/></p> <p>Comments: _____</p>

Please return with attachments to Pat Howard, Admissions Coordinator. pat.howard@centrahealth.com