

**Application for Admission: Intake Study & Referral
Form Crossnore Communities for Children**

Date of Referral: _____ Time: _____

Child's Name: _____ **Date of Birth:** _____

Gender: _____ **Age:** _____ **Grade:** _____ **Primary Language:** _____

Race/Ethnicity: _____ **ICWA Status Confirmed:** Yes No

Tribal Affiliation: None Specify: _____

Other Siblings Applying for Services: _____

Legal Guardian (Name, Agency): _____

Phone: _____ **Email:** _____

Address: _____

Services Requested: Residential Family Foster Care Therapeutic Foster Care YIL

Location: Avery Hendersonville Winston-Salem

Placement Funder: DSS Private Placement DJJ

Support Services Requested: Outpatient Therapy Medication Management

Requested Start Date: _____ **Anticipated Length of Placement:** _____

Describe the Child (strengths, hobbies, positive qualities, etc.)

If in DSS Custody, **why was the child removed from the home:**

Currently Living W/: Biological Parents Relative Foster Family Other: _____

Reason for Change in Current Living Arrangement:

Visitation (Relationship): Unsupervised (w/ _____) Supervised (w/ _____) None (w/ _____)

Current Visitation Schedule & Location:

Placement History

Date Placed in DSS Custody: _____ Length of Most Recent Placement: _____

Number of Prior Placements: Family FC: ____ Therapeutic FC: ____ Kinship: ____ Group Home (non-Tx): ____

Additional Details: _____

Medical and Psychiatric History

Medical Concerns/Issues: _____

Current Medications: _____

We request to maintain current provider for Medical Dental Therapy Psychiatry

Provider Name(s): _____

Mental Health Diagnosis and Current Treatments:

Psychiatric **Hospitalizations History** (dates and details): _____

Past Mental Health/Substance Use Treatments (w/in last year): Outpatient Day Treatment
 IHH/MST Therapeutic Foster Care Residential Tx PRTF

Is there a recent CCA/Psychiatric Evaluation/other Assessment? Yes No If yes, please attach

List ALL Prior Treatments Participated:

Trauma and Behavioral History (describe behavior and frequency)

	Never	W/in last 30 days	w/in last 3 months	Past	Unknown
Aggressive/Violent Behaviors					
Defiance/Verbal Aggression					
School Behaviors <input type="checkbox"/> Truancy <input type="checkbox"/> Write Ups <input type="checkbox"/> Suspensions <input type="checkbox"/> Expulsion					
Runaway					
Sexually Aggressive Behaviors/Offenses					
Self-Harm					
Suicidal Ideation/Threats/Actions					
Drug/Alcohol Use Substance(s) Used:					

Are there any concerns with placing this child with: **Younger Children?** ___ Yes ___ No **Animals?** ___ Yes ___ No

Describe ALL Concerns:

Application for Admission (Part 1): Intake Study

Trauma History: None Unknown Physical Abuse Sexual Abuse Domestic Violence
 Neglect Drug/Alcohol Use in Home Parent Incarceration/Abandonment Death

Describe Trauma History (who/when/etc.):

If any of the above are selected please attach additional documentation of the behavior, such as CCA, School Records, Medical Records

Submitted by: _____

Office Use Only:

Referral Outcome: Accepted Denied

If Accepted, required follow up from Legal Guardian w/timeframe(s):

If Accepted, Placement Recommendations to meet medical, clinical, other needs (*if any*):

Appointments Scheduled as of Intake Date:

- CCA:
- Initial POC/CFT: