

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

Date of Referral: _____ Time: _____

Child's Name: _____ Gender: Male Female
Birthdate: _____ Age: _____ Grade: _____ Primary Language: _____
Race: Caucasian African American Asian American Indian Alaskan Native
 Pacific Islander Other Unknown
Ethnicity: Not Hispanic Hispanic
Tribal Affiliation: None Specify: _____ ICWA Status Confirmed: Yes No

Other Siblings Applying for Services: _____

Legal Guardian (Name, Agency): _____
Phone: _____ Email: _____
Address: _____

Services Requested: Residential Family Foster Care Therapeutic Foster Care
Support Services Requested: Outpatient Therapy Medication Management
Location: Avery Hendersonville Winston-Salem
Placement Funder: DSS Private Placement DJJ

Anticipated Length of Placement: _____

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

Reason for Change in Current Living Arrangement:

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

Visitation (Relationship): Unsupervised (_____) Supervised (_____) None (_____)
Current Visitation Schedule & Location:

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

Placement History

Number of Prior Placements: Family Foster Care: _____ Therapeutic Foster Care: _____ Kinship: _____
Group Home (non Tx): _____ Length of Most Recent Placement: _____
Additional Details: _____

Medical and Psychiatric History

Medical Concerns/Issues: _____
Current Medications: _____
We request to maintain current provider for Medical Dental Therapy Psychiatry

Application for Admission (Part 1): Intake Study

Mental Health Diagnosis and 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*

Trauma and Behavioral History

(describe behavior and frequency)

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.):

Drug/Alcohol Use: None W/in last 30 days W/in last 3 months Past Unknown

Substance: Marijuana Alcohol Opiates Methamphetamine Hallucinogens Other

Frequency: Daily Weekly Monthly Less Often

Describe: _____

Aggressive/Violent Behaviors: None W/in last 30 days Within last 3 months Past Unknown

Describe: _____

Sexually Aggressive Behaviors/Offenses: None W/in last 30 days Within last 3 months Past

Unknown Describe: _____

Self-Harm: None W/in last 30 days W/in last 3 months Past Unknown

Describe: _____

Suicidal Ideation/Threats/Actions: None W/in last 30 days W/in last 3 months Past

Unknown Describe: _____

Defiance/Verbal Aggression: None W/in last 30 days W/in last 3 months Past Unknown

Describe: _____

Runaway: None W/in last 30 days W/in last 3 months Past Unknown

Describe: _____

School Behaviors: None W/in last 30 days W/in last 3 months Past Unknown

Truancy Write Ups Suspensions Expulsion

Describe: _____

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

Submitted by: _____