



## Room Board and Watchful Oversight Application for Admission for Twin Cedars Youth & Family Services, Inc.

**Program applying for:**

- |   |  |
|---|--|
| <input type="checkbox"/> Bradfield Campus                   | <input type="checkbox"/> 2 <sup>nd</sup> Chance Homes                    |
| <input type="checkbox"/> Connections                        |  |
| <input type="checkbox"/> Anne Elizabeth Shepherd Home       | <input type="checkbox"/> Georgia Farm Bureau 2 <sup>nd</sup> Chance Home |
| <input type="checkbox"/> Reality House                      | <input type="checkbox"/> Weracoba 2 <sup>nd</sup> Chance Home            |
| <input type="checkbox"/> Owens Cottage                      |  |
| <input type="checkbox"/> Georgia Industrial Children's Home |  |
| <input type="checkbox"/> Annette Boyd Group Home            |  |
| <input type="checkbox"/> Frances Wood Wilson Youth Home     |  |
| <input type="checkbox"/> Therapeutic Foster Care            |  |

***Please note, our application has changed to meet the needs of Medicaid and state funding sources. Please complete the application as thoroughly as possible.***

**See attachment for other documentation required**

**Please complete and fax, along with the following items, to: 706.884.3859**

- Psychological evaluation
- Psychosexual (if applicable)
- Social History or FPBP Assessment
- LOC Authorization for Twin Cedars (if applicable) \_\_\_\_\_ ,
- Incident reports, police and/or court reports for last 90 days (if applicable)

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Last                      First                      Middle

APS ID#: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

**Applicant's Current Residence/Address:** \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
City                      County                      State                      Zip

**Payor / Funding**

- |                               |   |                                    |  |                                   |
|-------------------------------|---|------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> DJJ  | <input type="checkbox"/> Private Insurance      | <input type="checkbox"/> Peachcare | <input type="checkbox"/> Champus               | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> DFCS | <input type="checkbox"/> State Contracted Svcs. | <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Self Pay              | <input type="checkbox"/> MHDDAD   |
| <input type="checkbox"/> MAAC | <input type="checkbox"/> Medicaid waiver        | <input type="checkbox"/> CHAMPS    | <input type="checkbox"/> Other (explain) _____ |                                   |

If Private, Insurance Information – Company Name: \_\_\_\_\_

Group or ID # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Type of coverage (PPO, HMO, etc.) \_\_\_\_\_

**Ethnicity:**  White  African American  Hispanic  American Indian  
 Asian  Multi Racial (specify) \_\_\_\_\_

**English Proficiency:**  Proficient  Primary Language Spanish  
 Limited  Primary Language Other  
 (list) \_\_\_\_\_



**ALLERGIES: (List known allergies)**

Substance / Allergen	Known reaction

**Living Situation**

- Private Residence without Support   
  Jail / Correctional Facility   
  Group Home  
 Private Residence with Support   
  Foster Home   
  Nursing Home  
 At Risk of Homelessness   
  Residential Care   
  DFCS Home  
 Homeless / Shelter   
  Other (Specify): \_\_\_\_\_

**Unemployed but available for work?**  Yes     No

*If answered 'No' to C. above, please indicate why:*

- Home maker     Institutionalized     Retired     Inmate  
 Disabled     Student     Client choice    Date of last employment (Year) \_\_\_\_\_

**School**

- Regularly attends school (*missed only 2 days last month*)     Enrolled in an alternative school  
 Sporadic attendance in school (*missed 3 or more days last month*)     No longer in school

**Child and Adolescent**

Number of days absent from school in past month: \_\_\_\_\_

**Education**

Years of Education: What is the highest level of education that the client has completed? \_\_\_\_\_

**Legal Status**

**A. Legal Custody (Check any that apply.)**  DFCS Custody; Date child was placed in DFCS Custody \_\_\_\_\_  
 Other Court-Appointed     Parental custody

**B. Legal Involvement (Check any that apply.)**  
 DFCS     Juvenile Justice     Treatment Court (MH/AD)     Probate Court  
 Jail / Law Enforcement     Adult Criminal Court     Adult Probation     Parole

**C. Agency requiring client to obtain services: (Check any that apply.)**  
 DFCS     Juvenile Justice     Treatment Court (MH/AD)     Probate Court  
 Jail / Law Enforcement     Adult Criminal Court     Adult Probation     Parole

**D. Justice System Involvement:**  
 Has client been involved with criminal/juvenile justice system in the past year?  Yes     No  
 (*Includes arrests, probation, parole, commitments, adjudications, diversions, or awaiting sentencing*)

**E. Arrests:** Number of arrests, regardless of nature of offense or outcome, in the past 30 days: \_\_\_\_\_

**Addiction / Substance Abuse:**

Type of Substance(s) Used:  None     Alcohol     Drugs     Both

	Primary	Secondary	Tertiary
<b>Name of Substance Used:</b>			
<b>Route of Administration:</b>	<input type="checkbox"/> Oral <input type="checkbox"/> Injection <input type="checkbox"/> Smoking <input type="checkbox"/> Other <input type="checkbox"/> Inhalation <input type="checkbox"/> Unknown	<input type="checkbox"/> Oral <input type="checkbox"/> Injection <input type="checkbox"/> Smoking <input type="checkbox"/> Other <input type="checkbox"/> Inhalation <input type="checkbox"/> Unknown	<input type="checkbox"/> Oral <input type="checkbox"/> Injection <input type="checkbox"/> Smoking <input type="checkbox"/> Other <input type="checkbox"/> Inhalation <input type="checkbox"/> Unknown
<b>Frequency of Use:</b>	<input type="checkbox"/> Daily <input type="checkbox"/> 1-2 times in the past week <input type="checkbox"/> 3-6 times in the past week <input type="checkbox"/> 1-3 times in the past month <input type="checkbox"/> No use in the past month	<input type="checkbox"/> Daily <input type="checkbox"/> 1-2 times in the past week <input type="checkbox"/> 3-6 times in the past week <input type="checkbox"/> 1-3 times in the past month <input type="checkbox"/> No use in the past month	<input type="checkbox"/> Daily <input type="checkbox"/> 1-2 times in the past week <input type="checkbox"/> 3-6 times in the past week <input type="checkbox"/> 1-3 times in the past month <input type="checkbox"/> No use in the past month
<b>Age at First Use:</b>			

**Prior Treatment Episodes** How many previous treatment episodes has the client received in any drug or alcohol program?

**Custodial Agency/Custodian:** \_\_\_\_\_ **County:** \_\_\_\_\_

Case Worker/Court Service Worker: \_\_\_\_\_ **Title:** \_\_\_\_\_

Address: \_\_\_\_\_ **Agency telephone #:** \_\_\_\_\_

\_\_\_\_\_ **Agency fax #:** \_\_\_\_\_

Case Manager's Direct Line: \_\_\_\_\_ **Case Manager's Cell:** \_\_\_\_\_

Case Manager's E-mail: \_\_\_\_\_ **Case Manager's fax:** \_\_\_\_\_

Supervisor's Name (Required): \_\_\_\_\_ **Supervisor's Direct Line:** \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ **Supervisor's E-mail:** \_\_\_\_\_

**Principal Family Contact(s):**

Name: \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Phone #:** \_\_\_\_\_

Name: \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Phone #:** \_\_\_\_\_

Name: \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Phone #:** \_\_\_\_\_

Name: \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Phone #:** \_\_\_\_\_

Are family members available to participate in the program?  Yes  No (If so, please list):

Name: \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Name: \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Name: \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Reason for Change of Placement:**

Placement Prior to Admission: \_\_\_\_\_

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

Total Number of Prior Placements: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

Legal Restrictions regarding family contact?  Yes  No (If yes, please describe):

Are there pending or recent charges? ?  Yes  No (If yes, please describe):

Is there a history of family drug/alcohol abuse? ?  Yes  No (If yes, please describe):

**Presenting and Historical Issues:**

History	Presenting	Issue	History	Presenting	Issue	History	Presenting	Issue
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Family D/A	<input type="checkbox"/>	<input type="checkbox"/>	Physical Abuse
<input type="checkbox"/>	<input type="checkbox"/>	Animal Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Fire setting	<input type="checkbox"/>	<input type="checkbox"/>	Psych Hospitalization
<input type="checkbox"/>	<input type="checkbox"/>	Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	Gang / Cult	<input type="checkbox"/>	<input type="checkbox"/>	Runaway
<input type="checkbox"/>	<input type="checkbox"/>	Encopresis	<input type="checkbox"/>	<input type="checkbox"/>	Juvenile Court	<input type="checkbox"/>	<input type="checkbox"/>	Self Mutilation
<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Medical Illness	<input type="checkbox"/>	<input type="checkbox"/>	Sex Offense
<input type="checkbox"/>	<input type="checkbox"/>	DFCS	<input type="checkbox"/>	<input type="checkbox"/>	Violence re Peers	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Abuse
<input type="checkbox"/>	<input type="checkbox"/>	DJJ	<input type="checkbox"/>	<input type="checkbox"/>	Weapons	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Acting Out
<input type="checkbox"/>	<input type="checkbox"/>	Drugs	<input type="checkbox"/>	<input type="checkbox"/>	Medication	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal
<input type="checkbox"/>	<input type="checkbox"/>	Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Neglect	<input type="checkbox"/>	<input type="checkbox"/>	Violence re: Authority
<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify):						
<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify):						

Comments regarding Presenting and Historical Issues:

Most recent high risk incident:

Strengths and Skills:

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

Additional comments:

Name: (Please print) \_\_\_\_\_

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