



**Milepost 18
Apartment Living Program**

GUARDIAN APPLICATION FOR ADMISSION

Client's Full Name _____
Last First Middle (Full)

Social Security Number _____ Date of Birth _____

Age ____ Sex ____ Race _____

Place of Birth (City, County, State) _____

Referred by _____

Address _____

Telephone _____ Emergency Number _____

E-mail _____ Fax Number _____

Legal Guardian (if not the same as above): _____

Address _____

Telephone _____ Emergency Number _____

Supervisor's Name _____ Phone _____

Type of Insurance _____

Policy Number _____

Current DSM IV Diagnosis (if applicable)

Reason for Referral
Include why the client is suitable for admission

Service Plan Permanency Planning Goal

Current Disposition

Include strengths and weakness, behavioral functioning and social competence.

Social History

Include developmental milestones, family history, previous placements, current family involvement, etc. (may attach separate document).

Physical Health Needs

* * For example, hearing aid, air purifier

Emotional and Psychological Needs

Include previous and current mental health needs

Protection Needs (of the client) and Any significant Risk (towards current clients and staff)

Educational information and Needs:

Include pertinent school history, any recent educational testing, current grade placement, and academic performance

Work History:

Include dates and times of any previous employment and volunteer work

Any other information that could be helpful in developing a service plan

Medical History:

Allergies (including medication):

Previous illnesses, hospitalizations, surgeries

Family Illnesses

Substance Abuse History:

Medication:

Include all prescription, non-prescription and illicit drugs taken over the past six months

Ineffective Medication:

Psychiatrist:

Address

Phone

Therapist:

Address

Phone

Primary Care Physician:

Address

Phone

Dentist:

Address

Phone

Other medical concerns or special needs:

Include any history of physical or sexual abuse

Legal Guardian/Authorized Representative

Date

Please submit your application to Janet Brown.

Location	Manager	Phone	Email
Richmond	Janet Brown	(804) 285-9839	janet@dominionyouthservices.com