ADMISSION APPLICATION

Thank you for considering The Orion House. The Orion House provides treatment for males, ages 14-19, requiring an intermediate level of care. Please read through and complete all the information in this packet to make a referral to The Orion House. We will do everything possible to assist you in assessing needed services.

Date of Application: ___________________________

Child's Name: ____ Age: ________

ADMISSION POLICY:

It is the policy of The Orion House to carefully review all written material submitted for admission consideration of all potential residents. The material is reviewed by the Director, Milieu Counselor and Treatment Care Coordinator for determination of appropriate placement. The Orion House is committed to accepting referrals on a non-discriminatory basis of race, color, religion, gender, sexual orientation, national origin, age, physical disability, and mental disability. Individualized treatment planning enables admission acceptance of a wide range residents.

The following documents *must* be received prior to youth's consideration into a program. If unable to secure, please immediately contact the Director to discuss other possible options.

- Assessments (psychological, substance abuse, educational, etc)
- Psychiatric Evaluations
- Accurate and current list of all medications prescribed
- Medical History
- Placement History (Chronological list of all of the child's placements since the first out-of-home placement
- Treatment History documentation- Substance Use History
- Last two Treatment Plans (if appropriate)
- Discharge summaries from previous placements
- Up to date DCYF/JJS Case Plan (if appropriate)
- Educational Information to include: IEPs, educational testing/assessments
- Youth Information Sheet

The following original or copied documents are needed no later than the day of admission:

- ☐ Immunization Records
- ☐ Social Security Card
- ☐ Birth Certificate
- ☐ Health Insurance Card
- ☐ 30 Days of medication

REFERRING AGENCY INFORMATION: ***(PLEASE PRINT)***

CPSW/JPPO.: ______________________________________

Referring Agency: ____

Mailing Address: ____

City: _______________________________ State: _________ Zip Code: ___________________

Phone Number: ____________________________ Ext: __________ Cell Number: ______________________

Email Address: _______________________________ Fax Number: ___________________________________

Reason for referral: ____

YOUTH'S PERSONAL INFORMATION: ***(PLEASE PRINT)***

Name: ____________________________________ Social Security Number: ___________________________

Date of Birth: _______________________ Place of Birth: ______________ U.S. Citizen: YES or NO

Height: _______ Weight: ____________ Hair Color: ________________ Eye Color: __________

Race/Ethnicity: _____________________ Religious Preference: ______________________

Distinguishing Marks, Scars, Tattoos or Piercings (including ears): ______________________________________

____

Primary Address: __________________________________ City/State/Zip: ____________________________

Lived with whom: ____ Contact number: __________________

Current Grade Level: __________ Risk of substance use? Yes or No AWOL risk? YES or NO

INDIVIDUAL RESPONSIBLE FOR MEDICAL AUTHORIZATIONS: ***(PLEASE PRINT)***

Name: ____ Relation to Youth: _________________________

Contact Number: __________________________________

Agency Financially Responsible: _____________________ Name of Contact: __________________________

Contact Number: __________________________________ Email: _________________________________

LEGAL GUARDIAN/ GUARANTOR ***(PLEASE PRINT)***

Legal Guardian Name : _____________________________ Relation to Youth: ______________________

Address: __________________________________ City/State/Zip: ___________________________________

Phone Number: ____________________________ Cell Number: ____________________________

Guarantor Name: _______________________________ Relation to Youth _________________________

Address: __________________________________ City/State/Zip _________________________________

EMERGENCY CONTACT INFORMATION: ***(PLEASE PRINT)***

Emergency Contact Person: ________________________________ Relation to Youth: _________________

Address: __________________________________ City/State/Zip: ___________________________________

Phone Number: ____________________________ Cell Number: ____________________________

MEDICAL INFORMATION: ***(PLEASE PRINT)***

Date of last well-child visit: ____

Name and address Pediatrician:____

Name and address Dentist:____

Name and address Eye Doctor: ____

Name and address Specialist(s):____

Follow-up needs:____

Name and Address Prescribing Physician(s):____

Allergies (including food, meds, animals, environmental): ____

Medical conditions /physical ailment/disability: ____

BEHAVIORAL HEALTH INFORMATION:

Name and address Psychiatrist: ____

Name and address of Clinician:____

Follow-up needs:____

Current medications: ____

Name and Address Prescribing Physician(s):____

Diagnosis:____

COURT INFORMATION:

Current legal status: *(please check one)* ☐ None ☐ Probation ☐ Detention ☐ Awaiting Charge

History of legal charges: YES or NO If yes, check one: ☐ Status Offense ☐ Delinquency

Upcoming Court Date/Time: ______________________________ Charge: __________________________

Juvenile Court involvement (related to child abuse/neglect/dependency): ☐ Current ☐ Past

Name & Contact Number of Probation officer (if applicable):____

Name& Contact Number of GAL and/or CASA (if applicable): _______________________________________

EDUCATIONAL INFORMATION: ***(PLEASE PRINT)***

Last School Attended: ___________________________________ Current Grade Level: _________

Does child have an IEP? Yes or No

School Responsible ____

ADDITIONAL INFORMATION: ***(PLEASE PRINT)***

Circumstances leading to referral: -

____

Child's strengths:-

____

Family Involvment:-

____

What are the goals for this child while in treatment? ____

____

____

____

Permanency Plan & Projected Length of Stay:_____________________________________

____

Concurrent Plan: ____

Current Placement: ____

Any Additional Pertinent Information:____