



**Pathways Youth Services, LLC
Admission Application**

Applicant: _____ **S.S.#:** _____

D.O.B: _____ **Birth Place:** _____

Guardian Address: _____

Work Phone: _____ **Alternative Number:** _____

Funding Source: _____

VA Medicaid Recipient? Yes No **If yes, Medicaid Type:** _____

Medicaid Number: _____

Other Insurance Policy Holder & Number: _____

DSM IV: Axis I: _____ **Axis II:** _____

Axis III: _____ **Axis IV:** _____

Axis V: _____ **GAF:** _____

IQ Test Date: _____ **Verbal:** _____ **Performance:** _____ **Full Scale:** _____

Reason for Placement:

Corrective Lenses? Yes No

Military Dependent? Yes No

Educational History

Current or Most Recent Educational Placement: _____

Grade: _____ Regular Ed Special Ed **Classification:** _____

Dates of Attendance: _____

Applicant Name: _____

YES	NO	Performance	Grade(s)
		Does Applicant still attend school? If Yes, enter current grade. If No, enter the last grade.	
		Has Applicant been in Special Education or Resource Classes? If Yes, enter grade.	
		Has Applicant ever repeated a grade? If Yes, enter grade repeated.	
		Has Applicant ever skipped a grade? If Yes, enter grade skipped.	
		Has Applicant ever been suspended or expelled? If yes, enter grade.	

Applicant's BEHAVIORAL & EMOTIONAL HISTORY

Yes	No		If YES, DESCRIBE
		Has Applicant ever demonstrated violent behavior?	
		Has Applicant ever has any involvement with the legal system?	
		Has Applicant ever tried to commit suicide, or talked about suicide?	
		Has Applicant ever had any changes in behavior and/or mood (anxious, sad, withdrawn, angry, overly happy, etc.)? If yes, include approximate dates in description.	

Applicant's SUBSTANCE ABUSE HISTORY

Yes	No		Current Frequency of Use	Age Usage Began
		To your knowledge, is Applicant currently using drugs or alcohol? IF yes, note date discovered And indicate all substances below:		
		Tobacco		
		Wine		
		Beer		
		Hard liquor (tequila, vodka, etc.)		
		Marijuana		
		Hallucinogens (LSD, PCP, etc.)		
		Stimulants (uppers, cocaine, crack, etc.)		
		Depressants (sedatives, barbiturates, etc.)		
		Opiates (meth, heroin, etc.)		
		Inhalants (glue, gasoline, spray paint, etc.)		
		Other:		

Applicant's SEXUAL HISTORY

Yes	No		If YES, Describe
		To your knowledge, has the applicant been sexually active?	
		To your knowledge, has Applicant had any sexual problems?	
		Has Applicant exhibited any inappropriate sexual behaviors (e.g., acting out?)	
		To your knowledge, has the Applicant ever been sexually abused?	

Applicant Name: _____

Applicant's MEDICAL HISTORY

Please check items listed below which the applicant has experienced difficulty with:

- Asthma Frequent Ear Infections Infectious Mononucleosis Mumps Skin Disorder
- Bronchitis German Measles Kidney Disease Pneumonia Tonsillitis
- Chicken pox Hay Fever Whooping Cough Rheumatic Fever Measles
- Diphtheria Heart Disease Meningitis Scarlet Fever Backaches
- Colds Constipation Convulsions Cough Diarrhea
- Fainting Headaches Hearing Difficulties Indigestion Insomnia
- Joint Pains Nose Bleeds Poor Appetite Sinus Infections Skin Eruptions
- Vomiting Sore Throat Other: _____

Applicant's Other Medical History: Provide Applicants other medical concerns below. If YES, provide age and details.

Yes	No	Illness	Age	Details
		Allergies (list):		Provide symptoms:
		Surgeries (list):		Explain and provide date performed:
		Accidents (list):		Explain and provide date occurred:
		Other hospitalizations (list):		Explain and provide date occurred:

Applicant's FAMILY MEDICAL HISTORY

Code: 1-Mother 2-Father 3-Sister 4-Brother 5-Grandparents

Ailment	Code	Details
Asthma		
Cancer		
Meningitis		
Rheumatic Fever		
Hemmorherigic Disease		
Heart Disease		
Epilepsy		
Influenza		
Allergies		
Mental Illness		
Other:		



Pathways Youth Services, LLC

Services Provided

- ❖ **Individualized Service Plan:** Designed to help formulate goals and objectives that are attainable for resident
- ❖ **Social Skills:** To aid residents in enhancing their interactions and conduct with people of all ages, express their feelings appropriately and respect themselves and others.
- ❖ **Life Skills:** To teach, model, practice and learn responsibility and basic skills necessary to live independently.
- ❖ **Money Management:** To teach basic budgeting and financial survival skills.
- ❖ **Vocational/Job/Career Development:** To help identify interest, employment and establish positive work ethics (i.e., connect residents with local businesses for apprenticeships.)
- ❖ **Educational Enhancement:** To provide necessary help for the achievement of educational goals (i.e., tutorial, homework assistance, school applications, etc.)
- ❖ **Case Management:** To aid in planning, seeking and monitoring services provided to residents.
- ❖ **Recreational Activities:** To provide exposure, physical exercise and leisure play for residents.
- ❖ **Group Therapy:** To help residents recognize their positive attributes and build upon them while learning to accept support from their peers.
- ❖ **Individual Therapy:** To assist youth in developing effective coping strategies that will promote a positive lifestyle and process internal feelings.
- ❖ **24 hours 7 days per week Staff Supervision:** To ensure the health, safety, guidance and nurturance of all residents entrusted in the care of Pathways Youth Services, LLC.
- ❖ **Discharge/Transitional Planning:** To help resident make a timely and healthy adjustment from care within the facility to alternative sources of care or to self-care when the need for service has passed.

Additional services provided include:

- Personal Appearance & Hygiene Training
- Emergency & Safety Skills
- Transportation

Admission Application

- 1. What is the reason for requesting placement at *Pathways Youth Services*?**
- 2. What is the objective for placement at *Pathways Youth Services*?**
- 3. What is the residents' proposed goal following completion of *Pathways Youth Service*?**
- 4. Will resident's family (parents, foster parents, extended family) be available to participate in ongoing counseling programs and planning?**
- 5. Does the resident have a history of violent, noncompliant, or self-injurious behavior? Yes or No (if yes explain).**
- 6. Have resident been in a previous group or residential home? (If yes where and how many times?)**
- 7. Would placement cause any risk to staff or other residents?**
- 8. Does the resident exhibit sexual problems that he needs to be discussed or counseled with during placement?**
- 9. Please list outside services you feel are needed for a successful placement at *Pathways Youth Services* (medical, educational, mental health, etc.)**
- 10. Has the resident had any previous psychological testing or counseling? Yes or No (if yes please enclose summaries or reports)**
- 11. What is the plan if the resident fails to complete the program or is dismissed for an inability to follow rules and instructions of the program?**
- 12. Is this resident currently (or in the past) involved in outside activities in the school or community that may serve as a support for our counseling program?**
- 13. Does the client have any physical disabilities or illnesses that would present his participation in a strenuous outdoor program?**
- 14. Is the client currently on any medication(s)? Yes or No (if yes, list)**
- 15. When can you arrange for pre-placement visit with client and family (if applicable)?**

****Please return this as soon as possible along with appropriate background information on the client (testing results, psychological school records, social history and etc.)**

Legal Guardian _____

Date _____

Placing Agency _____

Date _____

Facility Signature _____

Date _____