**Admissions Application**

**GTS Program:** Independent Living Mommy & Me **Application Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Youth’s Name |  | Date of Birth |  |
| SS# |  | Sex/Race |  |
| Anticipated Date of Admission |  | Anticipated Length of Stay |  |
| Name/Contact Information of Current Placement |  | | |

**Parent’s Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Mother’s Name |  | Address |  |
| Telephone Number |  | Involvement? | Yes No |
| Father’s Name |  | Address |  |
| Telephone Number |  | Involvement? | Yes No |
| Details of parental family involvement in youth’s services and treatment planning |  | | |
| Relevant family history (including mental health and substance abuse) |  | | |

**Guardianship Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| DSS Agency |  | Family Service Worker Name |  |
| Address |  | Work/Cell/Fax |  |

**Insurance Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Medicaid # |  | | |
| Other Medical Insurance Name |  | Other Medical Insurance # |  |

**Tell us more about the youth:**

|  |  |  |  |
| --- | --- | --- | --- |
| Permanency Planning Goal |  | Date of planned Achievement |  |
| Number of Previous Placements |  | Names of Programs |  |
| Reason for Discharge from last Placement? |  | | |
| Reason why GTS placement is requested? |  | | |
| Does Youth have IEP  (if yes, please provide) |  | Current Educational School/Program (include grade) |  |
| Educational Goals |  | | |
| Youth’s current health status/needs |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Youth’s Mental, Emotional, Psychological Needs (include Diagnoses) |  | | |
| History of Substance Abuse (if any) |  | Does Youth have a Physical Disability?(if so, describe) |  |
| Current Medications (names, dosage, frequency, reason for taking) |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Past and Pending Criminal Charges (include court dates and outcomes) |  | | |
| Allergies? |  | Does Youth have Aggressive Behaviors? |  |
| What goals/  Objectives/service requests do you have planned for the youth? | 1.  2.  3. | | |
| Behaviors in previous living situation? | 1.  2.  3. | | |
| Youth’s strengths, skills, interest, and talents |  | | |