

# ADMISSION INQUIRY

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## ***SECTION ONE: REFERRAL INFORMATION***

Date: \_\_\_\_\_ Time of Referral: \_\_\_\_\_ CCH Staff: \_\_\_\_\_  
AM/PM Processing/Receiving Referral

Referral Social Worker: \_\_\_\_\_ Placement Authority: \_\_\_\_\_ DSS

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Juvenile Court Counselor: \_\_\_\_\_ Guardian Ad Litem: \_\_\_\_\_

Reason(s) for needing placement: \_\_\_\_\_

Requested Service Program: Emergency Care: \_\_\_\_\_ Medium/Moderate Care: \_\_\_\_\_

Requested Admission Date: \_\_\_\_\_ Anticipated Length of Care: \_\_\_\_\_

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## ***SECTION TWO: CHILD/FAMILY INFORMATION***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_ Race: \_\_\_\_ Sex: \_\_\_\_ IQ: \_\_\_\_ TPR: \_\_\_\_ Legal Custodian(s) at time of referral: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Number/Name(s) of Sibling(s): \_\_\_\_\_

Current Placement: \_\_\_\_\_ Length of Time at Current Placement: \_\_\_\_\_

Reason for leaving/discharge: \_\_\_\_\_

Additional Previous Placement History: \_\_\_\_\_

Social History: \_\_\_\_ Psychological: \_\_\_\_ Family Involvement: \_\_\_\_\_

Plan of Care: \_\_\_\_\_

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**SECTION THREE: MENTAL HEALTH/ MEDICAL**

Mental Health involvement: \_\_\_\_\_ Name of Agency (and contact info): \_\_\_\_\_

Therapist (and contact info): \_\_\_\_\_

Case Manager (and contact info): \_\_\_\_\_

Diagnosis(es): \_\_\_\_\_

Physician (and contact info): \_\_\_\_\_

Dentist (and contact info): \_\_\_\_\_

Medication(s): \_\_\_\_\_

Last Physical Exam: \_\_\_\_\_ Last Dental Exam: \_\_\_\_\_ Last Eye Exam: \_\_\_\_\_ Last TB Test: \_\_\_\_\_

Birth Control: \_\_\_\_\_ Type of Birth Control: \_\_\_\_\_ Last Prescription Refill/Shot: \_\_\_\_\_

Immunization Records: \_\_\_\_\_ Medicaid: \_\_\_\_\_ Private Insurance: \_\_\_\_\_

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**SECTION FOUR: ACADEMIC INFORMATION**

Last/Current School (and contact info): \_\_\_\_\_

Grade \_\_\_\_\_ School Attendance: \_\_\_\_\_ Exceptional Children's Program: \_\_\_\_\_ AIG: \_\_\_\_\_ Identified Areas: \_\_\_\_\_

Suspensions: \_\_\_\_\_ Reasons: \_\_\_\_\_

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**SECTION FIVE: BEHAVIORAL INFORMATION**

Cigarettes/Drug Use: \_\_\_\_\_ Last Drug Test: \_\_\_\_\_ Substance Abuse Counseling: \_\_\_\_\_

Sexually Active: \_\_\_\_\_ Last STD Screening: \_\_\_\_\_ Last Pregnancy Test: \_\_\_\_\_

Physically Aggressive: \_\_\_\_\_ Court Involvement: \_\_\_\_\_ Probation: \_\_\_\_\_

Petitions filed: \_\_\_\_\_

Describe the child's behavior: \_\_\_\_\_

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**SECTION SIX: TEAM DECISION**

CCH Social Work Staff: \_\_\_\_\_

\_\_\_\_\_ Acknowledgement (Date/Time AM/PM)

Pre-Admission Visit Date: \_\_\_\_\_

Team's recommendation:

\_\_\_\_ Accepted

\_\_\_\_\_ **Program & Cottage Assignment**

\_\_\_\_ Declined

\_\_\_\_\_ **Reason(s)**

Response Time of Decision and Notification: \_\_\_\_\_

Signature of Team Members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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**SECTION SEVEN: OUTCOME**

\_\_\_\_ Admitted      Date: \_\_\_\_\_ Program: \_\_\_\_\_ Cottage: \_\_\_\_\_ Social Worker: \_\_\_\_\_

\_\_\_\_ Pending      Anticipated Admission Date: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_ Withdrawn      Date: \_\_\_\_\_ Reason: \_\_\_\_\_