RESIDENT ADMISSION APPLICATION

Application Checklist

Prior to admission to Keystone Ridge by Keystone Care Network, it is important that the following documentation be received to complete the intake process.

- ☐ Completed Application
- ☐ Signed Consent Forms
- ☐ Full CCA (within 1 year)
- ☐ Updated CCA (within 30 days of admission recommending Level III)
- ☐ CALOCUS (indicating Level III recommendation)
- ☐ Updated PCP (in word format)
- ☐ Service Order with signatures (within 30 days of admission date)
- ☐ IEP/504 (if applicable)
- ☐ Current School Records
- ☐ Health Records/Immunizations
- ☐ Custody Order
- ☐ Court Orders (if applicable)
- ☐ Medicaid Card
- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Guardian ID
- ☐ 30-days of Prescriptions
  - ○ **Prescriptions sent to Pharmacy:** Address

Walgreens Pharmacy
2125 Cloverdale Ave NW
Winston-Salem, NC 27103
(336) 723-0561

Submit this form & supporting documents at www.keystonecn.org/admission
Partial submissions are accepted. You do not have to send everything at once.

SECTION 1: Client Information

Client's Name (First & Last): _____ Nickname: _____

SS#: _____ Age: _____ Date of Birth: _____

Gender Identity: _____ Race: _____ Medicaid ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone#: _____

MCO/LME: _____ Care Manager Name: _____

Phone#: _____ Email: _____

Reason for Referral:

_____

_____

Does the client know this application is being submitted? ☐Yes ☐ No

Client's Strengths:

_____

_____

Client's Weaknesses:

_____

_____

SECTION 2: Parent/Guardian Information

Is the client in DSS Custody? ☐Yes ☐ No County: _____

Parent/Guardian Name: _____

Address: _____

_____

Phone#: _____ Email: _____

Are you the emergency contact?: ☐Yes ☐ No If not who?: Name: _____

Phone#: _____ Email: _____

Does the client have a Guardian Ad Litem?: ☐Yes ☐ No

Name: _____ Phone#: _____

SECTION 3: Education History

Last School Attended:

_____

Name Location

Dates of Enrollment: From _____/_____/_____ To _____/_____/_____

Current grade enrolled at time of application: _____ Repeated grade(s)?: _____

Does Client have an IEP? ☐Yes ☐ No If yes, is the IEP current? ☐Yes ☐ No

Does Client have a 504 Plan? ☐Yes ☐ No If yes, is the 504 Plan current? ☐Yes ☐ No

Has Client ever been suspended?: ☐Yes ☐ No When?: _____

Please list any significant school behavioral concerns:

_____

_____

SECTION 4: Family History

Has Client been adopted? ☐Yes ☐ No

Adopted Parent Name: _____

Adopted Parent Name: _____

Are Parents: ☐Married ☐Separated ☐Divorced ☐Never Married ☐ Deceased Mother

☐Deceased Father ☐Unknown

Are Biological parent(s) involved: ☐Yes ☐ No Who?: ☐Mother ☐Father

Biological Mother's Name: _____ Rights Terminated: ☐Yes ☐ No

Biological Father's Name: _____ Rights Terminated: ☐Yes ☐ No

Can biological parents have contact with Client? ☐Yes ☐ No Supervised? ☐Yes ☐ No

Comments: _____

Does the client have any siblings?: ☐Yes ☐ No How many brothers?: _____ sisters: _____

Can siblings have contact with Client?: ☐Yes ☐ No

Comments: _____

SECTION 5: Trauma History

Has the Client experienced any of the following traumatic experiences?:

☐ Sexual Abuse	☐ Verbal Abuse	☐ Physical Abuse	☐ Neglect	☐ Sex Trafficking
☐ Emotional Abuse	☐ Food Insecurity	☐ Houselessness	☐ Witness of Substance Use	☐ Witness of Domestic Violence

Other/Comments: _____

SECTION 6: Out of Home placement History and Psychiatric Hospitalizations

(Use additional pages if needed or attach placement history)

1) Name of Facility: _____ Dates: from_____to_____

Type of Facility: _____ Phone#:_____

2) Name of Facility: _____ Dates: from_____to_____

Type of Facility: _____ Phone#:_____

3) Name of Facility: _____ Dates: from_____to_____

Type of Facility: _____ Phone#:_____

SECTION 7: Medical History

Check one:

☐ Client has no current medical conditions

☐ Client's current medical condition of _____ is able to be appropriately cared for in a residential treatment facility with the following treatment and follow-up care: _____

Any history of seizures: ☐Yes ☐ No

Type and frequency of seizures: _____

Neurologist: _____ Phone #: _____

Allergies and reactions:_____

Are Immunizations up to date?: ☐Yes ☐ No

Has the client had any medical hospitalizations: ☐Yes ☐ No

Name of hospital: _____ Dates: _____

Reason for admission:

Exam	Last Exam Date	Examiner	Phone
Physical			
Dental			
Eye			

List all significant medical history and/or concerns: _____

_____

_____

SECTION 8: Mental Health Diagnosis/Behaviors
DSM 5 Diagnosis with ICD-10 Codes:

Does the client have a Developmental Disability? ☐Yes ☐ No

Does the Client have a Psychotic Disorder? ☐Yes ☐ No

Auditory Hallucinations ☐Yes ☐ No Visual Hallucinations ☐Yes ☐ No Paranoia ☐Yes ☐ No

If the Client is in the following placements (Home, IAFT, TFC) is the Client presently receiving psychiatric services? ☐Yes ☐ No

Therapist/counselor name: _____ Phone: _____

Length of time in treatment? _____How often? _____

Current psychiatrist: _____ Phone: _____

Length of time in treatment? _____ How often? _____

Client's Behaviors

Does Client have any serious behavior problems? ☐Yes ☐ No

Please check below any emotional/behavioral concerns that apply to this client:

☐ Physical Aggression ☐ Damages Property ☐ Defiant Behaviors ☐ Temper Tantrums ☐ Runs Away ☐ Suicidal Ideations	☐ Sexualized Behaviors ☐ Hyperactive/Inattentive ☐ Stealing ☐ Lying ☐ Fire Setting ☐ Anxiety	☐ Bedwetting ☐ Alcohol/Drug Use ☐ Conduct/Oppositional Disorder ☐ Hygiene/Cleanliness Issues ☐ PTSD	☐ Impulsivity ☐ Eating Disorder ☐ Depression ☐ Verbal Aggression ☐ Social Immaturity ☐ Self Harming Behaviors

Comments: _____

_____

_____

SECTION 9: Psychiatric/Medical Medications

Current Psychotropic/Medical Medications (Attach medication list if needed):

Name	Dosage/Frequency	Prescribing Physician/Contact

MD MEDICATION ORDERS REQUIRED PRIOR TO ADMISSION

SECTION 10: Substance Use/Abuse History

Has the client used/abused alcohol?: ☐Yes ☐ No Drugs?: ☐Yes ☐ No

Type of Substance	Frequency	Last Use

SECTION 11: Criminal History

Does the client have a court record? ☐Yes ☐ No County? _____

List current and past offenses below:

Offense	Offense Date	Is Client on probation?
		☐Yes ☐ No
		☐Yes ☐ No
		☐Yes ☐ No

Court Counselor/Probation Officer: _____ Phone: _____

Is this Client appropriate for residential care per DJJ? ☐Yes ☐ No

Please attach a copy of any court orders mandating services and/or conditions.

SECTION 12: Additional Comments

Is there anything additional we should know about this Client?

_____

_____

_____

_____

_____

_____

By signing this application you contest that the information provided within this application is true and accurate to the best of your knowledge.

Printed name of person submitting application: _____

Relationship to client: _____

Company and Title: (if applicable) _____

Signature of person completing application: _____

Date: _____ Phone: _____

30 Day Probationary Notice

To ensure the safety and well being of all clients receiving treatment at Keystone Care Network, LLC all clients enter the program on a 30 day probationary period at time of admission. It is acknowledged and agreed that following such 30 day probationary period Keystone Care Network may, in its sole discretion, determine that such clients' needs cannot be therapeutically met at our facility and therefore such client may be discharged immediately notwithstanding the foregoing the following reasons, in Keystone Care Network's sole discretion may result in immediate discharge:

-Excessive physical aggression towards staff/peers
-Ongoing AWOL greater than 3 hours which is then reported to the State
-Ongoing destruction of group home property
-Consistent refusal to engage in therapy/therapeutic programming
-Consistent engagement in self-harming behaviors or suicidal attempts
-Multiple hospitalizations

These exhibiting behaviors warrant the need for a higher level of care that cannot be met within Level III placement. This decision will not be made lightly and the Parent/Guardian and other stakeholders will be notified immediately to coordinate discharge planning.

By signing below I acknowledge that this notice has been received and agreed to.

Client Name (First & Last): _____ DOB: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____