

**Western Highlands Network
Therapeutic Foster Care Crisis Bed Assessment/Admission Form**

Referral Agency _____ Name of Referring Staff _____
Telephone _____ Fax _____

Client Name _____ Client WHN Record Number _____
Date of Birth _____ Place of Birth _____ Preferred Name _____
SS Number _____ *Primary Language _____ *Gender Male Female
How many total placements has client had prior to current placement? _____
Current educational grade level of the client: _____
Current SSI status _____

Parent/Legal Guardian Name _____ Telephone _____

Address _____

Custody Status: Biological Parents Other _____
 Adoptive Parents DSS (County _____)
Case Worker _____
Telephone _____

Current Living Environment

Care Giver Name (if different from above) _____

Care Giver Address (if different from above) _____

Care Giver Telephone (if different from above) _____

Home Setting Two-Parent Family DSS Foster Home
 One-Parent Family Therapeutic Foster Home
 Relative Home

Is a "Voluntary Placement Agreement" in effect? (_____) If "yes," give expiration date: _____

Client's Biological/Adoptive Parent(s)

Father _____ Age _____

Address _____ Apt # _____

City _____ State _____ Zip _____ Phone _____

Race White African-American Hispanic American Indian Multiracial Other _____

Religious or Spiritual Orientation: _____

Mother _____ Age _____

Address _____ Apt # _____

City _____ State _____ Zip _____ Phone _____

Race White African-American Hispanic American Indian Multiracial Other _____

Religious or Spiritual Orientation: _____

History and Reason for Referral per Referral Source (Mark "hx" if issue(s) are historical (over 6 months) and C" if issue(s) are current); Indicate ALL that apply:

Abuse

__ Victim of Type:

- __ Physical
- __ Emotional
- __ Sexual
- __ Neglect

__ Perpetrator of Type:

- __ Physical
- __ Sexual

Anxiety

- __ Excessive Worry
- __ Restlessness
- __ Autonomic Hyperactivity
- __ Hypervigilance
- __ Specific Fear _____
- __ Sleep Disturbance
- __ Phobia _____
- __ Obsessive/Compulsive

Self Harmful

- __ Cutting
- __ Burning

Psychotic

- __ Hallucinations: __A __V
- __ Paranoid thinking
- __ Delusions

Attention Deficit/Hyperactivity

- __ Short Attention Span
- __ Inattentive
- __ Impulsive
- __ Easily Distracted
- __ Failure to Follow through
- __ Excessive Talking
- __ Negative Attention Seeking Behaviors
- __ Risk Taker
- __ Projecting Blame
- __ Low Self Esteem
- __ Poor Social Skills

__ Low Frustration Tolerance

- __ Enuresis
- __ Encopresis
- __ Hx of Failure to Thrive
- __ Fire Setting
- __ Fire Play
- __ Gang Association
- __ Manipulative/Lying
- __ Learning Disability

Post Traumatic Stress

- __ Decreased concentration
- __ "Flashbacks"
- __ Avoidance of Issue
- __ Vigilance
- __ Sleep Disturbances
- __ Recurrent nightmares

Eating Disorder

- __ Self-Induced Vomiting
- __ Use of Laxatives
- __ Refusal to Maintain Healthy Weight
- __ Preoccupation w/Body Image
- __ Irrational Fear of Becoming Overweight

Sexually Inappropriate Behavior

- __ Touching
- __ Exposing

Poor Verbal Skills

- __ Expressive
- __ Receptive

- __ Pregnancy
- __ Physical/Medical issues

Depression

- __ Sad/Flat Affect
- __ Irritability
- __ Isolative/Withdrawn
- __ Reduced Appetite
- __ Sleep Disturbances
- __ Unresolved Grief
- __ Feeling Hopeless
- __ Hygiene Problems
- __ Inactive/low motivation
- __ Suicidal Attempt
- __ Suicidal Ideation
- __ Suicidal Gestures

Mood Disruption

Oppositional Defiant

- __ Hostile Towards Adults
- __ Temper Tantrums
- __ Constant Arguing w/Adults
- __ Refusing to Comply
- __ Blaming Others
- __ Demanding
- __ Verbal Aggression/ swearing

Conduct Disorder

- __ Failure to Comply
- __ Fighting/Assaultive
- __ Homicidal
- __ Intimidation
- __ Harmful to Animals
- __ Stealing
- __ School Maladjustment/ Truancy
- __ Conflict with Authority
- __ Risk Taking
- __ Blaming Others
- __ Little/No Remorse
- __ Destruction of Property

Substance Abuse

- __ Drugs _____
- __ Alcohol _____

***Family Circumstances:**

- | | | | |
|--|--|-----------------------------------|---|
| __ Substance Use/Abuse | __ Financial Issues | __ Termination of Parental Rights | __ Unwanted Pregnancy |
| __ Child Custody Issues | __ Marital Issues | __ Transportation Issues | __ Ineffective Parenting Skills |
| __ Incarceration | __ Resistant to Treatment | __ Unemployment | __ Significant Medical Problems |
| __ Domestic Violence | __ Single Parent | __ Threatening Hostile Behaviors | __ Poor communication and/or interactions |
| __ Low Intellect of Caretaker | __ Non-English Speaking | __ Family history of abuse | __ Other _____ |
| __ Lack of parental control and/or supervision | __ Lack of knowledge of child development and behavior | __ Family history of neglect | |

Explanation/details of any items checked above:

Identify any relevant cultural preferences: _____

Previous types/levels of out of home placements:

Identify triggers know to precipitate a crisis for the client:

Diagnosis:

AXIS I _____

AXIS II _____

AXIS III _____

AXIS IV _____

AXIS V (Current GAF) _____

List ALL CURRENT Medications:

Medication: _____ Dosage/Frequency _____
Medication: _____ Dosage/Frequency _____
Medication: _____ Dosage/Frequency _____
Medication: _____ Dosage/Frequency _____
Medication: _____ Dosage/Frequency _____

Significant Medical Conditions: (Must include any allergies/diet restrictions or indicate "none known")

Begin Date: _____ End Date: _____ Severity: Mild Moderate Severe
Is this condition life threatening? Yes No Is special care needed? Yes No
Who currently provides the care? _____ Is this the Primary Caretaker? Yes No
Activity Restrictions: _____

Indicate any special care needed

***Handicaps/Disabilities:**

_____ Autistic	_____ Hearing Impaired	_____ Blind	_____ Intellectually Gifted
_____ Physically Impaired	_____ Deaf	_____ Language Impaired	_____ Speech Impaired
_____ Emotionally Disturbed	_____ Learning Disabilities	_____ Traumatic Brain Injury	_____ Function Delayed
_____ MR/Developmentally Delayed	_____ Visual	_____ Health Impaired	_____ Multi-Handicapped
_____ Other		_____ None	

Explain any items checked above:

Describe preliminary discharge plans below:

My signature below indicates the information contained in this form is accurate, to the best of my knowledge. Furthermore, my signature below indicates my understanding that I am required to participate in my child's or client's treatment during this crisis placement.

Parent/Legal Custodian/Authorized Representative

Date

Parent/Legal Custodian/Authorized Representative

Date

Referral Source

Date

Items listed below must be brought with the client to the admission:

- 1. Current Medicaid or Health Choice Card**
- 2. Current PCP indicating therapeutic foster care with all necessary signatures**
- 3. All current medications**
- 4. Completed and signed ITR**
- 5. Copy of current IPRS**