



THREE SPRINGS

Residential Treatment Programs Application for Admission

INSTRUCTION: Please complete this form using either pen or typewriter. If additional space is required, please attach additional sheets. Submit this, along with the additional forms noted at the end of this application, to the program you would like the applicant to be considered for admission. Do not use initials.

Date _____

Full Name of Applicant _____
Last First Middle SS# _____

Address _____

City _____ State _____ Zip _____

DOB _____ Place of Birth _____

Religious Preference _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

General Health (indicate any current medication) _____

Current Medications _____

Last physical examination (date, doctor's name) _____

Findings _____

List any specific allergies to food, drugs, or other substances _____

Does the applicant have any history of epileptic or convulsive disorder? _____

If yes, please give details _____

Does the applicant have any medical problems or handicaps which might interfere with full participation in our program? _____

If yes, please give details _____

Has the applicant been involved with juvenile authorities? _____

If yes, give details and disposition _____

Male Guardian _____ Age _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Phone _____

Social Security# _____ Relationship to Applicant _____

Employer Name _____ Occupation _____

Business Address _____ Phone _____

City _____ State _____ Zip _____

Female Guardian _____ Age _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Phone _____

Social Security# _____ Relationship to Applicant _____

Employer Name _____ Occupation _____

Business Address _____ Phone _____

City _____ State _____ Zip _____

Marital Status of Parents/Guardians: _____

Other Significant Adults (i.e. stepparent, grandparent, etc.) _____ Age _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Phone _____

Social Security# _____ Relationship to Applicant _____

Employer Name _____ Occupation _____

Business Address _____ Phone _____

City _____ State _____ Zip _____

Was the applicant adopted? _____ **If so, at what age?** _____

List complete names, address and phone numbers of any individual involved with applicant and whose involvement will continue during placement. (e.g. siblings, counselors, therapists, etc.)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

List complete names, address and phone numbers of individuals who will have the right to receive verbal and written progress reports and other information regarding the applicant while in our program.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Parent or Legal Guardian must sign for approval for release of this information.

Date _____ Signature _____

In case of Emergency who should be contacted?

Day: _____

Night: _____

List all schools (public and private) applicant has attended starting with most recent.

1. School _____ Address _____

Dates of Attendance _____ Grade Level _____

2. School _____ Address _____

Dates of Attendance _____ Grade Level _____

3. School _____ Address _____

Dates of Attendance _____ Grade Level _____

Referred by _____ Agency _____

Address _____

City _____ State _____ Zip _____

Phone _____

Along with this application the following should be submitted:

- A Recent Diagnostic Evaluation (psychological/psychiatric)
- Hospital Admission/Discharge Reports
- Social Histories
- School Records
- Previous Treatment Reports

Prior to or at the time of admission the following information will be required:

- Recent Physical Exam report (required within 30 days of admission)
- Dental Exam Report (most recent required)
- Health History
- Current Immunization Report
- School Records
- Family History Form
- Custody Papers (if applicable)
- Guardian's Drivers License
- Copy of Resident's Birth Certificate
- Copy of Resident's Social Security Card
- Copy of Insurance Card (Front & Back)