

Information Needed For Admission

Youth Home, Inc.

20400 Colonel Glenn Road - Little Rock, AR 72210-5323 -(501)821-5500 – FAX: (501)821-5582



What program are you interested in: **Intensive Residential**___ **Community Residential**___ **Day Treatment**___

Youth Information (The following information is needed about the youth.) DATE COMPLETED: _____

Name:		
FIRST	MIDDLE	LAST
SS#:	DOB:	Race: Sex: MALE / FEMALE
County:	School Enrolled In:	Grade:
Medicaid#:	Date Entered Foster Care:	
Primary Care Physician:	PCP Phone#:	
Is youth on probation? YES / NO	Next Court date:	FINS? YES / NO Next Court Date:

Information needed regarding probation officer, or FINS officer:

NAME	ADDRESS	PHONE#	COUNTY

List all previous counseling services related to mental health history and/or out of home placements (include correctional, inpatient treatment, outpatient treatment, relatives, foster home, etc.):

DATES	SPECIFIC AGENCY NAME / ADDRESS	CONTACT PERSON	PHONE#
<i>**Agency names must also be listed on Mandatory Attachment to Authorization</i>			

List all current meds, with dosages, frequency (example: am & pm, or 3x daily), and at least estimated start date:

MEDICATION	DOSAGE	FREQUENCY (TIMES TAKEN)	Start Date	Compliant	Side Effects
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No

Legal Guardian Information (The following information is needed regarding the youth's legal guardian.)

NAME & RELATIONSHIP	COMPLETE MAILING ADDRESS	PHONE#	EMAIL

How did you hear about Youth Home, Inc. / Referral Source? _____