



ACADEMY HOUSE

COMMUNITY RESIDENCE

APPLICATION FOR ADMISSION

Date: _____

Applicant:		Date of Birth:	
Social Security No.		Medicaid No.	
Parents/Guardian:			
Address:		City:	
County:		State:	
Home Phone:		E-mail:	
Has the Applicant ever lived in a group living situation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Applicant compliant with his/her medication regimen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is there a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Please provide all Power of Attorney documentation and contact information.</i>
Is there a Medical Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a Financial Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Referred by:		
Agency:		Phone:

Presenting Problems: _____

HISTORY

Suicide Attempts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last attempt?	
Current Risk			
Violence			
Sexual Promiscuity			
Self-destructive Behavior			
Felony <input type="checkbox"/>	Misdemeanor <input type="checkbox"/>	<input type="checkbox"/> N/A	<i>Explain:</i>

SUBSTANCE & ALCOHOL ABUSE HISTORY:

Drug	Amount	Frequency	Last Used	Age Started



CURRENT MEDICATIONS

Drug	Dosage	Frequency	Date Started

Please list all non-prescription and over-the-counter medication that you take on a daily basis.

Please note any physical problems and list all on-going treatment: _____

DIAGNOSIS

	Diagnosis	GAF:
Axis I		Date:
Axis II		
Axis III		
Axis IV		
Axis V		

IDENTIFICATION & ASSESSMENT OF APPLICANT'S CURRENT STRENGTHS & PROBLEM AREAS:

ABILITY...	Satisfactory	Problem Area	Requires Work
to follow an approved daily plan			
to accept medication as prescribed			
to maintain acceptable sleep patterns			
to abstain from illegal drug use			
to refrain from alcohol use except with therapist permission			
to limit personal difficulties to a point of not disturbing the house			
to articulate needs and feelings			
to handle anger appropriately			
to work cooperatively with peers			
to work cooperatively with staff			
to socialize			
to care for personal hygiene			



<i>to care for private room</i>			
<i>to share in the work of the house</i>			
<i>to drive a car</i>			
<i>to adapt to a group living situation</i>			
<i>to handle money</i>			
<i>to make home visits</i>			
<i>to do volunteer work</i>			
<i>to handle a paying job</i>			
<i>to continue educational goals</i>			

List the primary goals Academy House should aim toward in working with the applicant.

1)
2)
3)

Any special interests or skills?

1)
2)
3)

Financial Responsible Party:		Person to be notified in case of emergency:	
Contact Information:		Contact Information:	

We would appreciate any suggestions that would aid in understanding and caring for applicant.