ACADEMY HOUSE
COMMUNITY RESIDENCE

APPLICATION FOR ADMISSION

Date: _____

Applicant:		Date of Birth:	
Social Security No.		Medicaid No.	
Parents/Guardian:		Other Insurance Co.	
Address:		City:	
County:		State:	
Phone:		E-mail:	
Parents/Legal Representative:		Phone:	
Has the Applicant ever lived in a group living situation?		☐ Yes ☐ No	
Is the Applicant compliant with his/her current medication regimen?		☐ Yes ☐ No	
Date of last physical exam?	Medical Condition ☐ diabetes ☐ gout ☐ epilepsy ☐ Other _____		
Date of last eye exam?	Previous Surgery ☐ N/A Type: _____		
Date of last dental exam?			

Referred by:	
Agency:	Phone:

Is there a Power of Attorney?	☐ Yes ☐ No	*Please provide all Power of Attorney documentation and contact information.*
Is there a Medical Power of Attorney?	☐ Yes ☐ No	
Is there a Financial Power of Attorney?	☐ Yes ☐ No	

PRESENTING PROBLEM(S):

HISTORY

Suicide Attempts? ☐ Yes ☐ No (*If yes, pls complete SBQ form)*		Date of last attempt?	
Current Risk			
Violence			
Sexual Promiscuity			
Self-destructive Behavior			
☐ N/A Felony ☐ Misdemeanor ☐	Explain:		

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SUBSTANCE & ALCOHOL ABUSE HISTORY:

Drug	Amount	Frequency	Last Used	Age Started

Check all that apply. For all items checked Current or History, provide explanation in the spaces provided below.

SYMPTOMS AND BEHAVIOR	*CURRENT	*HISTORY	NEVER	UNKNOWN
Homicidal Ideation/Attempts	☐	☐	☐	☐
Suicidal Ideation/ Attempts (Date of last attempt?)	☐	☐	☐	☐
Violent Behavior	☐	☐	☐	☐
Arson/Fire Setting	☐	☐	☐	☐
Hallucinations	☐	☐	☐	☐
Delusions	☐	☐	☐	☐
Self-Injurious Behavior	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Bizarre or Inappropriate Behavior	☐	☐	☐	☐
*Explanation of Current/History:				

DIAGNOSIS

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

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BEHAVIORS

Does the applicant have a history of any of the following?

☐ Yes ☐ No	Refusal to attend therapy	☐ Yes ☐ No	Stealing
☐ Yes ☐ No	Refusal of medications	☐ Yes ☐ No	Arson
☐ Yes ☐ No	Refusal of medical treatment	☐ Yes ☐ No	Destruction of Property
☐ Yes ☐ No	Refusal to bathe or wear clean clothes	☐ Yes ☐ No	Mood swings
☐ Yes ☐ No	Inappropriate sexual behavior	☐ Yes ☐ No	Verbal assaultiveness
☐ Yes ☐ No	Ingestions of toxic substances	☐ Yes ☐ No	Physical assaultiveness
☐ Yes ☐ No	Resistance to authority	☐ Yes ☐ No	Wandering
☐ Yes ☐ No	Paranoia	☐ Yes ☐ No	Disruptiveness
If Yes to any of the following, provide explanation:			

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 medically related issues requiring on-going treatment:

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

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

1)
2)
3)

Any special interests or skills of applicant?

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 the applicant.

Please attach all appropriate discharge material to the application and send via fax to 845.625.1512. This is a private fax that is received by the Administrator of Academy House Community Residence.