



FLORENCE CRITTENTON HOME & SERVICES
901 NORTH HARRIS
HELENA, MT 59601
(406) 442-6950
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MATERNITY PROGRAM
APPLICATION AND AGREEMENT FOR ADMITTANCE

Checklist for admission to FCHS. The following items must be received prior to admission:

Birth certificate (copy)	_____	School Records	_____
Social Security Card (copy)	_____	Funding Verification	_____
Medicaid Card/ Insurance Information	_____	Immunization Record	_____
Social History	_____	Medical Records	_____
Psychological/Psychiatric Evaluation (if available)	_____	Court Documents	_____
DPHHS Common Application	_____	DPHHS Documents	_____

**FLORENCE CRITTENTON HOME AND SERVICES
APPLICATION AND AGREEMENT FOR ADMITTANCE**

The following information is required to determine appropriateness of placement, facilitate admittance, and provide appropriate services. Please provide accurate information since our ability to adequately meet your needs is dependent on the information we receive. This information is privileged and confidential, and will be released only if necessary for continuity of care, and as required by law.

Date _____

I. IDENTIFYING INFORMATION

Name _____ Social Security Number _____
 First Middle Last

Race (optional) _____ Age _____

Current Address _____ City _____

State _____ Zip Code _____ County _____

Telephone Number _____

Permanent Address (if different) _____ City _____

State _____ Zip Code _____ County _____

Telephone Number _____

Legal guardian / Relationship _____

II. REFERRAL INFORMATION

Were you referred to FCHS: _____?

If yes, who referred you:

Name: _____

Agency: _____

Address: _____

City/State: _____ Zip: _____

Phone #: _____ County: _____

Why were you referred? _____

How do you feel about coming to FCHS?

What are your goals for placement? _____

What are your plans after discharging from FCHS? _____

III. SOCIAL HISTORY

Please list family members and significant others:

Name	Relationship	Age/DOB	Name	Relationship	Age/DOB

What is the nature of the relationship with your:

Mother: _____

Father: _____

Siblings: _____

Peers: _____

Significant Others: _____

How do you think the following people would describe their relationship with you:

Mother: _____

Father: _____

Siblings: _____

Peers: _____

Significant Others: _____

If not raised by your biological parents, who raised you? _____

Give a brief description of your home atmosphere: _____

Please use your own words to describe yourself as seen by:

Your parents/care givers: _____

Your closest friend: _____

Someone you are in conflict with: _____

Yourself: _____

Please describe your current attitude toward life: _____

Please list three things you like about yourself and three things you dislike about yourself:

What are your plans/goals 1 year, 5 years, and 10 years from now: _____

If pregnant:

Was this a planned pregnancy? _____ How do you feel about being pregnant? _____

What have people who care about you said about your pregnancy? _____

What is your current plan for the baby? (parenting or adoption) _____

If parenting:

How many children do you have? _____

How old is your child/children? _____

Male/Female? _____

What is/are your child's/children's name(s)?

What is the hardest part about being a mother? _____

What do you enjoy most about being a mother? _____

Father of the baby (if known):

Name _____ Age _____

First

Middle

Last

Race (optional) _____ Tribal Affiliation _____

Current Address _____ City _____

State _____ Zip Code _____ County _____

Telephone Number _____

Has the father of your child/children been involved? _____

Does he know about the pregnancy? _____

If not, when are you planning to tell him? _____

If the father does know about the pregnancy, what was his reaction? _____

What does he want for:

The baby: _____

You: _____

Himself: _____

How long have you been involved with the father of your baby? _____

How would you describe your relationship with him? _____

How do you think he would describe his relationship with you? _____

IV. EDUCATIONAL HISTORY

(Please note that all clients who have not received a diploma or GED are required to pursue their education.)

Are you currently enrolled in/attending school? _____

If yes, please list school & grade: _____

If no, what is the highest grade you attended: _____

List your strengths and challenges in school: _____

Have you experienced any difficulties in school in relation to studies, teachers, peers, etc.?

If yes, please describe: _____

Do you receive any special programs through school (e.g., resource room, speech therapy, etc.)? _____ If yes, list: _____

Are you involved in any extracurricular activities (sports, clubs, music groups, etc.):

If yes, please list them:

V. GENERAL HEALTH HISTORY

Current (or most recent) Physician: _____

Address _____ City _____ State _____

Zip Code _____ County _____ Telephone Number _____

Date of most recent contact with a physician: _____

Reason: _____ Result: _____

Are you currently receiving treatment for any medical problems: _____

If yes, please describe: _____

Please list any medications you have taken in the past six months and/or are currently taking:

Medication	Dosage	Start/End Date	Reason for	Doctor
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Please list any serious illnesses, accidents, and/or surgeries you have had: _____

Please list any diagnosed/suspected health condition(s), including special or chronic conditions (e.g., diabetes, TB) for:

Yourself: _____

Family members: _____

What is your estimated due date? _____ Have you seen a doctor regularly for this pregnancy? _____ If yes, when did you first see your doctor? _____

Physician: _____ Phone: _____

Address: _____

How has your health been during this pregnancy? _____

Your diet? _____

Any illnesses during your pregnancy? _____ If yes, please list: _____

Have you taken drugs (prescribed, over-the-counter, and/or illegal) during your pregnancy? _____

If yes, please list them, including alcohol and cigarettes, when last taken and frequency: _____

Have you experienced any of the following: nausea, bleeding, swelling, high blood pressure,

convulsions, excessive weight gain, fainting, dizzy spells, or any symptoms with your pregnancy? _____ If yes, please list: _____

Is there a family history of difficult pregnancy (e.g., miscarriage, premature birth)? _____

If yes, please describe: _____

How old was your mother when you were born? _____ Your father? _____

VI. MENTAL HEALTH HISTORY

Current (or most recent) therapist: _____

Address: _____ City: _____ State: _____

Zip: _____ County: _____ Telephone #: _____

Date of most recent therapy appointment: _____

Current (or most recent) case manager: _____

Case Management Agency: _____ City: _____

Telephone #: _____

Date of most recent psychological assessment: _____

Psychological assessment completed by: _____

Please list current mental health diagnoses:

Axis I:

Primary: (code) _____ (narrative) _____

(code) _____ (narrative) _____

(code) _____ (narrative) _____

Axis II: (code) _____ (narrative) _____

(code) _____ (narrative) _____

Axis III : _____

Axis IV : _____

Axis V: current GAF _____ highest GAF past year _____

Have you received any other mental health services such as case management, inpatient, residential, or group home for either evaluation or treatment? If yes, please list provider(s), date(s), and outcome(s):

VI. AGENCY INVOLVEMENT

Have you been involved with the Department of Health and Human Services (DFS)? _____

If yes, please list date(s), reason(s), and outcome(s): _____

Have you been involved with the Dept. of Corrections (Youth Court/Probation)? _____

If yes, please list age(s), offense(s), and outcomes(s):

VII. SUBSTANCE ABUSE

List any past drug usage (alcohol, tobacco, marijuana, amphetamines, barbiturates, etc.);

When last taken; frequency (e.g., experimental, occasional, frequently, daily): _____

List any present drug usage; last taken; frequency: _____

IX. ADDITIONAL INFORMATION

Please share any additional information that you would like the staff at FCCHS to know about you:

Please list any hobbies, interests, volunteer experience, etc.: _____

Please indicate if you would like to attend church services while residing at Florence Crittenton.

_____ No _____ Yes Denomination _____

Applicant's Signature: _____ **Date:** _____

Legal Guardian's Signature: _____ **Date:** _____