

FLORENCE CRITTENTON HOME & SERVICES

901 N Harris St

Helena, MT 59601

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Checklist for admission to FCHS. The following items must be received prior to admission. If these items aren't received, the admission process will be delayed:

- Birth Certificate (Copy of yours and any child's)
- Social Security Card (Copy of yours and any child's)
- Medicaid/Insurance Card (Copy of yours and any child's)
- Immunization Records (Copy of yours and any child's)
- Medical Records (Your child(ren)'s)
- Current and Past Court Documents (If applicable)
- Documentation of Services child(ren) is/are enrolled in
- Verification of Pregnancy or Parenting Status
- Current Clinical/Psychological Evaluation
- Placement Agreement
- SNAP/TANF/WIC Documents (if applicable)

The following information is required to determine appropriateness of placement, facilitate admission, 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.

Identifying Information

Name: _____ Date: _____

First Last Maiden/Other

Social Security Number: _____ DOB: _____ Age: _____

Place of Birth: _____

State County

Race (optional): _____ Tribal Affiliation: _____

Current Address: _____

City State Zip Code

County: _____ Phone Number: _____ Email address: _____

Permanent Address (if different): _____

City State Zip Code

County: _____ Phone Number: _____

What type of identification do you currently have? Birth certificate Social security card
 State-issued photo I.D./driver's license Tribal I.D. Other: _____

Are currently covered by: Medicaid Yes No Private Insurance: Yes No

Current Living Situation

Are you currently homeless? Yes No

Are you currently in a potentially unsafe living situation? Yes No

Family Information

Marital Status: Single Married Separated Divorced Widowed Living with someone
If in a relationship, is significant other supportive?

Are you currently pregnant? Yes No

If yes, what is your due date: _____ If yes, what trimester are you in? _____

How many children do you have? _____ Are you the legal guardian of your child(ren)? Yes No

How many children do you have custody of at least 51% of the time? _____

How many children would be coming with you to Florence Crittenton? _____

Is the father of the child involved in parenting: Yes No

If yes, does the father of the child have any legal custody? _____

Please list the full name, gender, date of birth (DOB), age, and social security number(SSN) of each child:

Child #1: _____ Gender: _____ DOB: _____ Age: _____ SSN: _____

Child #2: _____ Gender: _____ DOB: _____ Age: _____ SSN: _____

Child #3: _____ Gender: _____ DOB: _____ Age: _____ SSN: _____

Child #4: _____ Gender: _____ DOB: _____ Age: _____ SSN: _____

Do any of your children have special needs? Yes No If yes, please explain:

Please list primary family members or significant others:

Person #1: _____ Relationship: _____

Person #2: _____ Relationship: _____

Person #3: _____ Relationship: _____

Person #4: _____ Relationship: _____

Educational and Employment History

Are you currently enrolled in school? Yes No

Do you currently or have you had an IEP? Yes No

Are you currently employed? Yes No

If yes, where? _____ How long? _____

Department of Family Services Information

Describe any current or past involvement with the Department of Family Services and the current legal status regarding your child/children (TLC, TIA, or termination of rights):

Do you have any current or past DFS involvement? Yes No

County #1: _____ Caseworker: _____ Phone: _____

County #2: _____ Caseworker: _____ Phone: _____

County #3: _____ Caseworker: _____ Phone: _____

Please list all years that DFS has been involved with your family: _____

Office of Public Assistance Information

Are you currently or have you ever received financial assistance? Yes No

If yes, which of the following are you receiving/have you received? Medicaid Food stamps

SSI SSDI TANF (Months used: ____)

Receive Child Support (amount per month): _____ Pay Child Support (amount per month): _____

Chemical Dependency Information

Have you recently had a chemical dependency assessment? Yes No

If yes, when and where? _____ What was your diagnosis? _____

What is your drug of choice? _____ What other drugs have you used? _____

What is your last date of use? _____ Which drug was it? _____

Are you currently in chemical dependency treatment? Yes No

If yes, where? _____

Please list contact information of current treatment facility:

Please list the following information about your treatment history:

Program #1: _____

Date: _____ Discharge Type: _____ Contact Person: _____ Phone: _____

Program #2: _____

Date: _____ Discharge Type: _____ Contact Person: _____ Phone: _____

Legal/Criminal History

Are you a violent and/or sexual offender? Yes No If yes, please list the details of the offense(s):

Are you currently on probation or parole? Yes No

Probation/Parole Officer's Name: _____ Phone: _____

Have you ever been on probation or parole? Yes No If yes, please list the years: _____

Probation/Parole Officer's Name: _____ Phone: _____

Explain the charges that led to current or past probation/parole and specify felony or misdemeanor:

What is the extent of your legal history/criminal charges?

Are you involved with a drug court? If so, where? _____

Mental Health Information

Have you ever been treated for mental health issues? Yes No

If yes, when and where? _____ What was your diagnosis? _____

Therapist's Name: _____ Phone Number: _____

Are you currently receiving mental health services? Yes No

If yes, list contact information for your provider: _____

Have you ever had a neuropsychological evaluation? Yes No

If yes, when was your evaluation? _____ Who completed your evaluation?

Name: _____ Phone Number: _____

Is there a history of mental illness in your family? Yes No If yes, please explain:

Medical History

Do you or your child/children have any major medical problems? Yes No

If yes, please explain: _____

Are you currently taking any prescribed or non-prescribed medications? Yes No

If yes, please provide the following information for prescribed medications:

Medication #1: _____ Dosage: _____ Prescribed For: _____

Prescribing Doctor: _____ Phone: _____

Medication #2: _____ Dosage: _____ Prescribed For: _____

Prescribing Doctor: _____ Phone: _____

Medication #3: _____ Dosage: _____ Prescribed For: _____

Prescribing Doctor: _____ Phone: _____

Medication #4: _____ Dosage: _____ Prescribed For: _____

Prescribing Doctor: _____ Phone: _____

Please list any other medications you are currently taking (names, dosages, reason for taking and whether prescribed or not): _____

Have you ever been hospitalized? Yes No

If yes, please list the year(s) and reason(s) you were hospitalized: _____

Please list diagnosed illnesses, health conditions or surgeries you have had (e.g., diabetes, TB, STI's, etc):

If you are pregnant do you see a doctor? Yes No Would you say your pregnancy has been:

poor ok good excellent

Do you have a primary doctor? Yes No

Name: _____ Phone: _____

Do you have a pediatrician for your child/children? Yes No

Name: _____ Phone: _____

History of Trauma and Loss

Have you ever been emotionally abused? Yes No If yes, when and by whom?

Have you ever been physically abused? Yes No If yes, when and by whom?

Have you ever been sexually abused? Yes No If yes, when and by whom?

If you were sexually abused in any way, what has been the ongoing impact of that experience? Please briefly describe: _____

Do you have a history of violent behavior? Yes No If yes, please explain:

Please describe any significant losses you have experienced: _____

List any additional information that may be beneficial for us to know: _____

Applicant's Signature: _____

Date: _____

Legal Guardian's Signature: _____

Date: _____