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
- ❒ Placement Agreement
- ❒ SNAP/TANF/WIC Documents (if applicable)
- ❒ Current Clinical/Psychological Evaluation
- ❒ Chemical Dependency Evaluation

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: ____________________________

____

____

If you've been the victim of a crime, you may be eligible for compensation that can be used toward medical costs, including mental health services, that aren't or haven't been covered some other way. If you'd like a form or more information, please let us know.

Applicant's Signature: ____

Date: ______________

Legal Guardian's Signature: ____

Date: ______________