FLORENCE CRITTENTON HOME & SERVICES

901 N Harris St

Helena, MT 59601

Phone: 406-442-6950

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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

Do you consider yourself to be currently homeless? ❒ Yes ❒ No

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

Describe your current living situation:

_____

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: _____

Please fill out the attached releases for any outpatient mental health or chemical dependency providers.