FLORENCE CRITTENTON HOME & SERVICES

901 N Harris St

Helena, MT 59601

Phone: 406-442-6950

Fax: 406-442-6571

EQUAL HOUSING OPPORTUNITY

florencecrittenton

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 werehospitalized: _____

_____

_____

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 or your child has 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: _____