

APPLICATION FOR CONSIDERATION OF ADMISSION

Date: _____ Referral Source: _____ Name _____

Agency Name, Address, Phone Number _____

Name of Applicant: _____

Present Address: _____ Phone: _____

DOB: _____ Race: _____ Sex: _____

Monthly Income: _____ Source of Income: _____

Medicaid No.: _____ Medicare No.: _____

Background: _____

1. DIAGNOSIS of serious mental illness: _____

2. Unable to function in a less restrictive environment, i.e., outpatient treatment only _____

3. Ambulatory _____

4. Have at least the very basic daily living skills _____

5. Is capable and willing to work _____

6. Must be capable of taking medications independently _____

7. Number of medications _____

8. Will agree with terms of contract _____

9. Will agree with rules of the group home _____

Small Group Therapy is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to age, religion, handicap, sex, race, color or national origin.

(Rev. July 2012)