

**FOUR COUNTY MENTAL HEALTH CENTER, INC.**

**AIMS ADMISSION FORM**

<b>Name:</b> _____	<b>MRN:</b> _____	<b>Date:</b> _____	<b>Responsible County:</b> _____
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**Child (17 and under)**

Please Mark the Most Recent Type of Hospitalization the Child has Received		What Type of Residential Setting Does this Child Live In?		Please Mark the Educational Status/Placement of Child			
<input type="checkbox"/>	General Hospital Psychiatric Ward	<input type="checkbox"/>	Crisis Resolution / Stabilization Unit	<input type="checkbox"/>	Inpatient Psychiatric Unit	<input type="checkbox"/>	Alternative education placement w/ intensive psychosocial
<input type="checkbox"/>	Inpatient Substance Abuse (excluding detox, etc.)	<input type="checkbox"/>	Drug / Alcohol Treatment Center	<input type="checkbox"/>	Jail / Detention	<input type="checkbox"/>	Enrolled in post secondary education (tech, college, professional)
<input type="checkbox"/>	None	<input type="checkbox"/>	Emergency Shelter	<input type="checkbox"/>	Permanent Home (Biological, Adoptive, or Legal)	<input type="checkbox"/>	Home schooling not provided by school district
<input type="checkbox"/>	Crisis Destabilization Out of Home	<input type="checkbox"/>	Foster Home	<input type="checkbox"/>	Residential Treatment / Level VI	<input type="checkbox"/>	Home-based instruction from school district
<input type="checkbox"/>	Private Psychiatric Hospital	<input type="checkbox"/>	Group Home	<input type="checkbox"/>	State Hospital	<input type="checkbox"/>	Institutional instruction (psych hosp, detention, etc.)
<input type="checkbox"/>	Residential Mental Health Treatment Within a State Correctional Facility	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Temporarily Living with Relative / Family Friend	<input type="checkbox"/>	Not applicable (not listed below)
<input type="checkbox"/>	State Mental Health Hospital	<b>Foster Care Contractor</b>				<input type="checkbox"/>	Not in school – Drop Out
<b>Eligibility for SSI or SSDI Benefits</b>		<input type="checkbox"/>	Not Applicable			<input type="checkbox"/>	Not in school – Expelled
<input type="checkbox"/>	Determination decision on appeal	<input type="checkbox"/>	KCSL (FC)			<input type="checkbox"/>	Not in school – Graduated
<input type="checkbox"/>	Determined to be ineligible	<input type="checkbox"/>	The Farm			<input type="checkbox"/>	Not in school – Suspended
<input type="checkbox"/>	Eligible and receiving payments	<input type="checkbox"/>	UMY			<input type="checkbox"/>	Not in school – Summer Break
<input type="checkbox"/>	Eligible but not receiving payments	<input type="checkbox"/>	KVC			<input type="checkbox"/>	Not in school – Working on GED
<input type="checkbox"/>	Not applicable	<input type="checkbox"/>	St. Francis			<input type="checkbox"/>	Other
<input type="checkbox"/>	Potentially eligible	<input type="checkbox"/>	DCCCA			<input type="checkbox"/>	Partial Hospital
<b>Please Mark the Custody Status of Child</b>		<input type="checkbox"/>	KCSL (Adoption)			<input type="checkbox"/>	Preschool
<input type="checkbox"/>	Child in JJA custody and lives at home	<b>Law Enforcement Information</b>				<input type="checkbox"/>	Regular classroom (100% of day w/no special education)
<input type="checkbox"/>	Child in JJA custody and out of home placement		Total number of arrests			<input type="checkbox"/>	Regular classroom w/special education services or consultation
<input type="checkbox"/>	Child in SRS custody and lives at home		Number of adjudicated felonies not against property or person			<input type="checkbox"/>	Residential school
<input type="checkbox"/>	Child in SRS custody and out of home placement		Number of adjudicated felony <u>property</u> crimes			<input type="checkbox"/>	Special education classroom
<input type="checkbox"/>	Child under SRS supervision but not in their custody		Number of adjudicated felony crimes against persons			<input type="checkbox"/>	Therapeutic services for preschool children
<input type="checkbox"/>	Child under JJA supervision but not in their custody		Number of adjudicated misdemeanors				
<input type="checkbox"/>	No JJA or SRS involvement		Law enforcement contact with actual or surrogate parent(s)				

**Adult (18+)**

Please Mark the Most Recent Type of Hospitalization you Have Received		Please Mark Your Current Education Status		Please Mark Your Current Vocational Status			
<input type="checkbox"/>	General Hospital Psychiatric Ward	<input type="checkbox"/>	Vocational / Educational Involvement	<input type="checkbox"/>	No Education Participation	<input type="checkbox"/>	Active Job Search
<input type="checkbox"/>	Inpatient Substance Abuse (excluding detox, etc.)	<input type="checkbox"/>	Attending College (1-6 hrs)	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Employed in Transitional Employment
<input type="checkbox"/>	None	<input type="checkbox"/>	Attending College (7+ hrs)	<input type="checkbox"/>	Pre-Educational Exploration	<input type="checkbox"/>	Job(s) requiring LESS than 30 hours per week
<input type="checkbox"/>	Crisis Destabilization Out of Home	<input type="checkbox"/>	Attending Vo-tech, Apprenticeship or high school	<input type="checkbox"/>	Working on English as a Second Language	<input type="checkbox"/>	Job(s) requiring MORE than 30 hours per week
<input type="checkbox"/>	Private Psychiatric Hospital	<input type="checkbox"/>	Basic Education Skills	<input type="checkbox"/>	Working on GED	<input type="checkbox"/>	No Vocational Activity
<input type="checkbox"/>	Residential Mental Health Treatment Within a State Correctional Facility	<b>Please Mark The Current Type of Residential Arrangement You Have</b>				<input type="checkbox"/>	Other:
<input type="checkbox"/>	State Mental Health Hospital	<input type="checkbox"/>	Adult Foster Care	<input type="checkbox"/>	Lives with Relatives (largely independent)	<input type="checkbox"/>	Participating in a Sheltered Work Program
<b>Eligibility for SSI or SSDI Benefits</b>		<input type="checkbox"/>	Boarding Home	<input type="checkbox"/>	Nursing Home or ICF-MH	<input type="checkbox"/>	Participating in Ongoing Volunteer Activity
<input type="checkbox"/>	Determination decision on appeal	<input type="checkbox"/>	Group Home	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Prevocational Activity
<input type="checkbox"/>	Determined to be ineligible	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Precariously Housed	<input type="checkbox"/>	Remains Home to Care for Children or Others
<input type="checkbox"/>	Eligible and receiving payments	<input type="checkbox"/>	Independent Living	<input type="checkbox"/>	Supervised Housing Program	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Eligible but not receiving payments	<input type="checkbox"/>	Lives with Relatives (largely dependent)			<input type="checkbox"/>	Screening and Evaluation of Vocational Interests
<input type="checkbox"/>	Not applicable						
<input type="checkbox"/>	Potentially eligible						