A Village Called Home Inc.

Building Foundations. Restoring Hope. Creating Futures.

RESIDENT INTAKE & ADMISSION ASSESSMENT

Residential Group Home Intake Packet

FOR OFFICE USE ONLY

Intake Date: _____
Time: _____
Intake Completed By: _____
Position/Title: _____
Date Completed: _____
Room Assignment: _____

BASIC RESIDENT INFORMATION

Resident Full Name: _____
Preferred Name/Nickname: _____
Date of Birth: _____ Age: _____ Gender: ☐ Male ☐ Female ☐ Non-Binary
Social Security Number: _____
Race/Ethnicity: _____
Primary Language: _____ Religion/Spiritual Preference: _____
Current Grade Level: _____ School Currently Attending: _____
Referral Source:
☐ DFCS/CPS ☐ Juvenile Court ☐ Parent/Guardian ☐ Hospital
☐ Mental Health Provider ☐ School System ☐ Probation Officer ☐ Other: _____
Expected Admission Date: _____

LEGAL GUARDIAN / RESPONSIBLE PARTY

Parent/Guardian Name: _____
Relationship to Resident: _____
Address: _____
_____
Primary Phone: _____ Secondary Phone: _____
Email Address: _____
Emergency Contact Name: _____ Phone: _____
Custody Status:
☐ Biological Parent ☐ Foster Care ☐ State Custody ☐ Relative Placement
☐ Adoptive Parent ☐ Court Ordered Placement ☐ Other: _____
Legal Documents Received:
☐ Custody Order ☐ Placement Order ☐ Birth Certificate ☐ Social Security Card
☐ Insurance Card ☐ Immunization Record ☐ Psychological Evaluation
☐ IEP / 504 Plan ☐ Medication List ☐ Court Documents ☐ Other: _____

ADMISSION CRITERIA REVIEW

Reason for Placement: _____
_____
_____
Presenting Behaviors / Concerns (Check all that apply):
☐ Aggression ☐ Depression ☐ Anxiety ☐ PTSD / Trauma
☐ Running Away ☐ Defiance ☐ School Problems ☐ Self-Harm History
☐ Emotional Dysregulation ☐ Substance Use History ☐ Behavioral Challenges ☐ Sexualized Behaviors
☐ Fire Setting ☐ Stealing ☐ Other: _____
Has the resident ever been hospitalized for psychiatric reasons? ☐ Yes ☐ No
If yes, explain: _____
_____
Previous Placement History (Check all that apply):
☐ Foster Home ☐ Group Home ☐ Residential Treatment ☐ Psychiatric Hospital
☐ Relative Placement ☐ Shelter ☐ Detention / Juvenile Justice ☐ Other: _____
Explain prior placements and dates: _____

MEDICAL INFORMATION

Primary Care Physician: _____ Phone: _____
Medical Insurance Provider: _____ Policy Number: _____

KNOWN ALLERGIES
☐ None
☐ Food Allergies
☐ Medication Allergies
☐ Environmental Allergies
Explain: _____

CURRENT MEDICAL CONDITIONS
☐ Asthma ☐ ADHD
☐ Diabetes ☐ Developmental Disability
☐ Seizures ☐ Other: _____
☐ Heart Condition _____

MEDICATION BROUGHT AT INTAKE
☐ Yes ☐ No
Medication Count Verified:
☐ Yes ☐ No
Verified By (Initials): _____

CURRENT MEDICATIONS

MEDICATION NAME	DOSAGE	FREQUENCY	PRESCRIBING DOCTOR

5 MENTAL HEALTH & CLINICAL HISTORY

Diagnosed Mental Health Conditions (Check all that apply):
☐ ADHD ☐ Oppositional Defiant Disorder
☐ Depression ☐ Conduct Disorder
☐ Anxiety Disorder ☐ Autism Spectrum Disorder
☐ PTSD ☐ DMDD
☐ Bipolar Disorder ☐ Other: _____
Current Therapist: _____
Psychiatrist Name: _____
Date of Last Psychiatric Evaluation: _____
History of Self-Harm or Suicide Attempts? ☐ Yes ☐ No
If yes, explain: _____
_____
History of Aggressive Behavior? ☐ Yes ☐ No
If yes, explain: _____
_____
History of Elopement / Running Away? ☐ Yes ☐ No
If yes, explain: _____
_____

EDUCATIONAL INFORMATION

Current School Name: _____
School District: _____ Current Grade: _____
Special Education Services? ☐ Yes ☐ No
IEP or 504 Plan? ☐ Yes ☐ No
Behavioral Concerns at School:
_____
_____
Educational Goals:
_____
_____

DAILY LIVING & FUNCTIONAL SKILLS

SKILL AREA	INDEPENDENT	NEEDS ASSISTANCE	DEPENDENT
Bathing	☐	☐	☐
Grooming	☐	☐	☐
Dressing	☐	☐	☐
Medication Compliance	☐	☐	☐
Laundry	☐	☐	☐
Cleaning	☐	☐	☐
Social Skills	☐	☐	☐
Anger Management	☐	☐	☐
Communication Skills	☐	☐	☐

SAFETY & RISK ASSESSMENT

Resident Currently Presents Risk Of (Check all that apply):
☐ Self-Harm ☐ Harm to Others ☐ Elopement ☐ Property Destruction
☐ Sexual Acting Out ☐ Fire Setting ☐ Substance Use ☐ Gang Involvement
☐ None Observed
Contraband Check Completed: ☐ Yes ☐ No Items Removed: _____
Resident Orientation Completed:
☐ House Rules Reviewed ☐ Curfew Explained
☐ Emergency Procedures Reviewed ☐ Discipline Policy Explained
☐ Fire Evacuation Procedures Reviewed ☐ Visitation Policy Explained
☐ Medication Procedures Explained

PERSONAL PROPERTY INVENTORY

ITEM DESCRIPTION	QUANTITY	CONDITION

Resident Signature: _____ Date: _____
Staff Signature: _____ Date: _____

CONSENTS & AUTHORIZATIONS

AUTHORIZATION FOR TREATMENT
I authorize A Village Called Home Inc. to provide routine care, behavioral health services, transportation, educational coordination, supervision, and emergency services as deemed necessary during placement.
Guardian Signature: _____
Date: _____

MEDICATION AUTHORIZATION
I authorize staff to administer prescribed medications according to physician orders.
Guardian Signature: _____
Date: _____

TRANSPORTATION AUTHORIZATION
I authorize transportation for school, medical appointments, recreation, court appearances, and approved activities.
Guardian Signature: _____
Date: _____

PHOTO / MEDIA RELEASE
☐ YES – I authorize use of approved photographs for internal program activities.
☐ NO – I do not authorize photographs.
Guardian Signature: _____
Date: _____

11 STAFF COMPLETION & ADMISSION APPROVAL

Assigned Case Manager: _____
Assigned Therapist: _____
Initial Safety Level: ☐ Low ☐ Moderate ☐ High
Initial Observation Status:
☐ Routine ☐ Close Observation ☐ One-to-One Supervision

Additional Notes: _____
_____
_____
_____

ADMISSION APPROVAL
Approved for Admission: ☐ Yes ☐ No
Administrator Signature: _____
Date: _____