



PROGRAM (Please check program of interest): ___ CARES Psychiatric Residential Program Jackson or Gulf Coast ___ CARES School Day Program ___ Outpatient Counseling ___ Day Treatment	
IDENTIFYING INFORMATION: Person Completing Application: _____ Relationship: _____ Applicant's Name: _____ Age: _____ Date of Birth: ___/___/___ Height: _____ Weight: _____	
Birth Place: _____ Social Security #: _____ Medicaid #: _____ Other Insurance: _____ SSI Benefits: Yes ___ No ___	Last School Attended: _____ Current Grade in School: _____ Regular Ed ___ Special Ed ___ IEP (Y) (N) Special Education Ruling: _____ (If applicable)
Emergency Contact: Name: _____ Relationship to Child: _____ Home Phone: _____ Cell _____ Work Phone: _____ Fax: _____ Email: _____ Names of other people involved with child's case (Guardian ad litem, CASA Worker, etc.): _____ _____ _____ _____ _____	Legal Guardian/Parent (Please circle one): Name: _____ Home Phone: _____ Cell: _____ Work Phone: _____ Fax : _____ Relationship to Child: _____ Mailing Address for Legal Guardian: _____ _____ _____ _____ If DHS Custody County of Responsibility: _____ Date of Custody: ___/___/___

CHILD'S STRENGTHS:

Please describe the child's talents, abilities, and positive qualities: _____

GOALS:

List your goals for your child's stay: _____

HISTORY OF PRESENTING PROBLEMS/NEEDS:

Please describe the needs or problems that have resulted in seeking services: _____

ABUSE HISTORY:

Has applicant been the victim of emotional, physical, and/or sexual abuse? Yes____ No____

If yes, please describe (i.e. type of abuse, duration of abuse, etc.): _____

CURRENT HEALTH STATUS:

Current Medical/Physical Problems/Allergies: _____

SUBSTANCE ABUSE HISTORY:

Does the applicant have a history of substance abuse? Yes____ No____

If yes, please describe (i.e. types of substances abused, frequency of substance abuse, etc.): _____

LEGAL HISTORY:

Describe any legal problems applicant has experienced (Include any involvement with the youth court):

Describe applicant's current legal status (i.e., charges pending): _____

CULTURAL, ETHNIC, OR RELIGIOUS CONCERNS:

Describe any specific cultural/ethnic/religious needs of the applicant: _____

PLACEMENT HISTORY AND TREATMENT INTERVENTIONS:

Please list the applicant's previous /placements/treatment interventions, beginning with the most recent and including placements/treatment interventions for at least one full calendar year. Please include the reasons the applicant required each placement /treatment intervention (i.e., substance abuse, physical aggression, depression, running away, etc...). The placement history should include placements with relative, foster homes, group homes, detention, psychiatric hospitals, etc...)

Placement (Begin with most recent placement)	Start Date	End Date	Outcome (Please circle one)	
1.			Helped	Did not Help
2.			Helped	Did not Help
3.			Helped	Did not Help
4.			Helped	Did not Help
5.			Helped	Did not Help
6.			Helped	Did not Help

Signature of Person Completing Application: _____