

BEHAVIORAL HEALTHCARE CORPORATION

.....lighting the way to new beginnings

APPLICATION PACKET

Date: _____

Please check which level of services you are requesting: (Application must be completed for each facility).

Consumer _____ Date of Birth _____

Age _____ Male _____ Female _____

Local Management Entity _____ Phone _____

Community Support Worker _____

Community Support Worker Phone Number _____

Community Support Company _____

Guardian _____ Phone _____

Type of Insurance _____
(Primary) (Secondary)

Current Placement _____ How Long _____

Please complete the following application and return to:

NOVA Behavioral Healthcare
ATTN: Admissions Outreach Coordinator
P.O. Box 2277
Kinston, NC 28502

Or fax to:

Attention: Admissions Outreach Coordinator
(252) 520-1842

or email to:

novainc919@bellsouth.net

Screening / Primary Assessment
Date: _____

Applicant: _____
DOB: _____
Gender: _____
Parent / Guardian: _____

CURRENT STATUS

1. What is the applicant's current DSM-IV-TR Diagnosis

Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____

2. What are the Applicant's current presenting problems and urgent needs (including suicide risk, risk taking behavior).

3. What services does the Applicant need that NOVA provides?

- Residential Treatment Level III
- Residential Treatment Level IV
- Child and Adolescent Day Treatment
- Outpatient Treatment Individual Group Family
- Psychiatric / Medication Management
- Medical / Nursing: Please specify what medical problems and conditions the Applicant requires treatment for _____

4. What are the Applicant's general strengths, needs, abilities, interests, and preferences (Please include any need for assistive technology)?

5. Please list the medications the Applicant is currently taking.

6. Are there any medications that are contraindicated or have been shown to be ineffective for the Applicant? If so, please describe _____

7. Where does the Applicant live, currently? _____

8. Who does the Applicant live with, currently? _____

9. Where does the Applicant go to school, currently? _____

10. What is the Applicants grade level, currently? _____

11. What services and treatment does the applicant receive, currently? _____

12. What resources / supports does the Applicant have currently (Parent, Guardian, GAL, Court Counselor, etc.)? _____

13. Does the Applicant have Home Visit resources? Yes No
If yes, please describe _____

14. Does the Applicant have Juvenile Justice involvement currently? Yes No
If yes, please describe _____

PERSONAL / DEVELOPMENT HISTORY

(Please mark with a U if information is UNKNOWN)

1. Applicant's mother's age at childbirth _____

2. Applicant's birth weight _____

3. Please check and explain all that apply:

premature birth, Explain: _____

postmature birth, Explain: _____

difficult pregnancy, Explain: _____

difficult delivery, Explain: _____

Applicant's condition / health status during delivery, Explain: _____

Mother's condition / health status during delivery, Explain: _____

Applicant's condition / health status after delivery, Explain: _____

Applicant was breast-fed

Applicant had breast feeding difficulties, Explain: _____

As an infant the Applicant was unusually active
 was usually quiet / passive
 cried excessively
 wanted to be held, excessively
 disliked being held

4. How old was the Applicant when he/she first sat alone ____, stood alone _____, took 3 or 4 steps independently ____, said 3 or more words (excluding "mama, dada") _____.

5. Was the Applicant slow or behind in any way? Yes No If yes, please explain _____

6. Were there any significant differences between the Applicant and his/her siblings related to #3 and #4, above? Yes No If yes, please explain _____

7. How old was the Applicant when he/she was toilet trained during awake / daytime hours? _____
During sleep / evening hours _____

8. Does the Applicant have a history of (please check all that apply)?
 chronic severe headaches chronic severe stomachaches allergies
 breathing problems (please explain) _____

Thumb sucking nail biting other inappropriate habits (please explain)

problems sleeping (please explain) _____

problems eating (please explain) _____

problems toileting (please explain) _____

problems speaking / communicating (please explain) _____

paying attention / concentration (please explain) _____

- physical abuse victim sexual abuse victim
- physical assault of others sexual assault of others
- property destruction theft gang involvement
- victim of severe neglect suicidal gestures or attempts
- self-mutilation other form of self-abuse sexual promiscuity
- fire setting tobacco, alcohol or drug use / abuse
- witness to significant violent or traumatic events
- elopement inappropriate speech (cursing, threats, racial slurs etc.)
- out of home placement out of regular school placement

9. Does the Applicant have a history of Psychiatric Hospitalization? Yes No
If yes, please describe _____

10. Does the Applicant have a history of out-of-home residential placement?
 Yes No If yes, please describe _____

11. Does the Applicant have a history of school suspensions, expulsions or out-of-regular school educational placement? Yes No If yes, please describe _____

12. Does the Applicant have a history of Community-based mental health treatment?
 Yes No If yes, please describe _____

13. Does the Applicant have a history of hospitalizations or treatment for significant medical / health problems conditions? Yes No If yes, please describe _____

FAMILY HISTORY

(Please make a U if information is UNKNOWN)

1. What ages are the Applicant's biological parents? Father _____ Mother _____

2. What are the educational levels of the Applicant's biological parents?
Father _____ Mother _____

3. Has the Applicant's biological Father had significant medical / health problems or conditions? Yes No If yes, please describe _____

4. Has the Applicant's biological Mother had significant medical / health problems? Yes No If yes, please describe _____

5. Has the Applicant's biological Father had significant mental health and/or substance abuse problems? Yes No If yes, please describe _____

6. Has the Applicant's biological Mother had significant mental health and/or substance abuse problems? Yes No If yes, please describe _____

7. Has the Applicant's biological Father been actively and continuously involved in parenting the Applicant? Yes No If no, please explain _____

8. Has the Applicant's biological Mother been actively and continuously involved in parenting the Applicant? Yes No If no, please explain _____

9. Does the Applicant have siblings? Yes No If yes, please list first name(s), gender(s) and age(s) _____

10. Has the Applicant's siblings had significant medical / health problems or conditions? Yes No If yes, please describe _____

11. Has the Applicant's siblings had significant mental health and/or substance abuse problems? Yes No If yes, please describe _____

12. Has the Applicant been actively and continuously involved with his/her sibling(s)? Yes No If no, please explain _____

13. Have other family members or other adults been actively and continuously involved with the Applicant as supports and resources? Yes No If yes, please describe _____

STRENGTHS, PREFERENCES AND PERSONAL TRAITS

1. Please describe the Applicant's positive qualities. _____

2. What are the Applicant's favorite sports, activities, and hobbies? _____

3. Does the Applicant have close relationships with family, friends, or mentors? If so, please describe _____
4. What jobs, or responsibilities, has the Applicant held in the community and/or at home?

5. At a time of emotional need, to whom does the Applicant turn to for emotional support?

6. Are special approaches to service required based on the Applicant's unique personal characteristics including racial, ethnic, or cultural background? If so, please describe.

7. What are the Applicant's favorite foods? _____

8. What foods does the Applicant not like? _____

9. How does the Applicant like to socialize (i.e. one-on-one, small group, large group)?

10. How does the Applicant respond to being away from home for extended periods (up to 4 weeks)? _____

11. If the Applicant has experienced the loss of a loved one or traumatic events how did he/she respond? _____

12. How does the Applicant get along with peers? _____
13. Does the Applicant prefer to interact with younger peers, old peers, or peers of his/her own age? _____
14. Does the Applicant participate in individual or group activities? _____
15. Does the Applicant have to have his own way in activities? _____
16. Does the Applicant pick on others? _____

17. Does the Applicant belong to any organized Club or Group? _____
18. Is the Applicant usually happy, sad or flat emotionally? _____
19. How does the Applicant express his/her feelings? _____
20. Does the Applicant worry or get anxious excessively? If yes, please describe _____

21. What things make the Applicant get upset or angry? _____

22. How long does the Applicant typically stay upset or angry? _____

23. Is there any particular thing or circumstance that the Applicant is afraid of? If yes, please describe _____

24. Does the Applicant enjoy going to school? _____

25. What subjects is the Applicant particularly interested in? _____

26. Does the Applicant consistently do class work assignments? Homework assignments?
 Yes No

PARENT / GUARDIAN INPUT

1. What are your main concerns about your child? _____

2. What changes would you like to see in your child? _____

3. What would you like to see your child accomplish while at NOVA? _____

4. What are your long range goals and plans for your child? _____

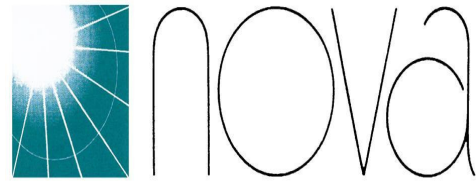
5. Is there anything that you can tell us about your child that may help NOVA better serve him/her? _____

6. Is there anything that you can tell us about you that will help NOVA better meet your needs and work as a team? _____

REQUIRED ADMISSIONS INFORMATION			
BUSINESS	HAVE	NEED	N/A
Contract for Room and Board (if Consumer is in DSS Custody)			
RAF (Residential Authorization Form)			
Service Order (must include Residential Level III or Level IV, Day Treatment, and Outpatient Therapy)			
Authorization for services through Value Options with copy of submitted ITR, EPSDT and supporting documents.			
QUALIFIED PROFESSIONAL			
Person Centered Plan (PCP)*			
Person Centered Plan update authorization pages, signed / dated by Physician or Licensed Psychologist, Stakeholder, guardian in accordance with NC Service Manual.			
Psychological Evaluations (within 3 years)			
Psychiatric Evaluations (within 3 years)			
Discharge Summaries			
Outpatient Summary			
Birth Certificate			
Social Security Card			
Documentation of Court Orders			
Copy of Legal Custody (if applicable)			
Social History			
NURSE			
Medicaid Card (denote whether or not it is Carolina Access)			
Private Insurance Information (Copy front and back of card)			
Immunization Records			
TB Skin Test			
Medical Treatment Release Form			
Physicians Order for Medications and Prescriptions			
Medical/Physical History			
Dental Records			
List of All Known Allergies			
Contact Information for Previous Medical Providers			
List of Previous Hospitalizations			
Release of Information for Medical History			

* Person Centered Plan (PCP) must be updated to include Residential Level III or Level IV; Outpatient Therapy and Day Treatment, if applicable. Must include NOVA's goals / strategies developed with NOVA's Treatment Team.

DAY SERVICES MANAGER	HAVE	NEED	N/A
Educational Services Release Agreement			
Current IEP (Individualized Education Program)			
Educational Evaluations (WISC, Woodcock-Johnson, etc.)			
Current Report Card			
Transcripts			
Cumulative Records; if available			
Hearing Screen Date: Pass/Fail:			
Vision Screen Date: Pass/Fail:			
Speech/Language Evaluations; if available			
Occupational Evaluations; if available			
Audiological Evaluations; if available			



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CONSUMER SCREENING INFORMATION SHEET

Name _____ DOB _____ Age _____ Grade _____
Guardian _____ Phone _____ On Probation _____
Case Manager _____ Phone _____ Criminal Charges _____
Pending Court Dates _____ Insurance Info _____
Allergies _____ Client Drug Usage _____
Drug / Mental Family History _____

Sexual Abuse _____ Sexual Abuser _____ Fire Setter _____ Gang Involvement _____
Diagnosis _____
Hospitalizations _____
Behavioral History _____

Current Medications _____ Compliant? _____

Past Meds _____
Reviewed _____ Prescreened _____ Present Placement _____
Comments _____

Questions to ask a Prescreening _____