

WHIMSPIRE

Record of Admission

Instructions: The referral worker is to provide this completed form and attachments to Whimspire prior to placement of a youth in a Whimspire home. If this is an emergency placement, Section 1 and 2 are to be completed at time of placement. The DSS worker may forward the other materials within two weeks of placement. A copy of this Record of Admission is to be provided to the family care provider.

1. IDENTIFYING INFORMATION

- 1.1 Youth's name: _____
- 1.2 Nickname/Alias: _____
- 1.3 Date of birth: _____ 1.4 Place of birth: _____
- 1.5 Has date and place of birth been verified by a birth certificate? Yes _____; No _____
- 1.6 Social Security Number: _____ 1.7 State ID#: _____
- 1.8 Description:
- Height _____ Weight _____ Eye color _____
- Hair color: _____ Distinguishing features: _____
- 1.9 Medicaid Number: _____
- If Medicaid number is not available, person to authorize emergency medical services:
- Name: _____ Phone #: _____
- 1.10 Who has legal custody of this youth? _____
- If not DSS, phone number of custodian: _____
- 1.11 Caseworker: _____
- Caseworker phone #: _____ Caseworker fax: _____
- Caseworker email: _____ Emergency phone: _____
- 1.12 Name of caseworker supervisor: _____ Phone #: _____
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2. PLACEMENT INFORMATION

- 2.1 Date and time of placement: _____
- 2.2 Where was youth prior to this placement? _____
- 2.3 Who brought youth to foster home? _____
- 2.4 Is this an emergency placement? Yes _____ (please complete 2.4.1, 2.4.2, and 2.4.3); No _____
- 2.4.1 Are there any restrictions on contacts with birth family between placement and the first service team meeting? Yes _____; No _____
- If yes, what are the restrictions? _____
- 2.4.2 Is youth currently on medication? _____
- Name of health care provider _____ Phone #: _____
- Are medications and instructions for administration available? Yes _____; No _____
- 2.4.3 Does youth have a GAL? Yes _____; No _____
- Name of GAL: _____ Phone #: _____

3. BIRTH FAMILY

3.1 MOTHER: _____ ADDRESS: _____

PHONE #: _____

Can mother be invited to participate on the service team? Yes _____; No _____

If no, reasons:

3.2 FATHER: _____ ADDRESS: _____

PHONE #: _____

Can father be invited to participate on the service team? Yes _____; No _____

If no, reasons:

Which relatives do you want Whimspire to contact in case of a runaway, medical, or some other emergency (check as many as applicable): mother _____; father _____; other _____ (provide name, phone number, and relationship to youth).

3.3 SIBLINGS:

Name: _____ Age: _____ Sex: _____ Address _____

Name: _____ Age: _____ Sex: _____ Address _____

Name: _____ Age: _____ Sex: _____ Address _____

Name: _____ Age: _____ Sex: _____ Address _____

Name: _____ Age: _____ Sex: _____ Address _____

Name: _____ Age: _____ Sex: _____ Address _____

Are there any restrictions on contacts with siblings? Yes _____; No _____

If yes, what are the restrictions?

3.4 Indicate any other family members who are significant for this youth (attach additional pages if necessary):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

4. HEALTH

4.1 Has this youth had a physical examination in the last 12 months? Yes _____; No _____

If yes: Doctor _____

Address _____

Phone _____

4.2 Has this youth had a dental examination in the last 6 months? Yes _____; No _____

If yes: Dentist _____

Address _____

Phone _____

4.3 Has this youth had a comprehensive mental health assessment within the last 12 months?

Yes _____; No _____

If yes: Mental Health Center _____

Address _____

Phone _____

Date of assessment _____

4.4 Is youth currently on medication? Yes _____; No _____

If yes: What medication? _____

Who supervises medication program? _____

Address _____

Phone _____

4.5 Does this youth have any physical health, dental health, or mental health needs that require attention in the next three months? Yes _____; No _____

If yes, describe needs:

4.6 Is youth currently in therapy? Yes _____; No _____

If yes: Therapist _____

Address _____

Phone _____

Date therapy began _____

5. LEGAL

5.1 GUARDIAN AD LITEM: _____ ADDRESS: _____

PHONE #: _____

5.2 Is youth currently on probation or parole? Yes _____; No _____

If yes: PROBATION OFFICER: _____ ADDRESS: _____

PHONE #: _____

5.3 YOUTH'S ATTORNEY: _____ ADDRESS: _____

PHONE #: _____

5.4 Are any protective orders currently in place? Yes _____; No _____

If yes, against whom? _____

5.5 Has this youth received offense specific treatment for sex offenses? Yes _____; No _____

If yes: Treatment by _____

Address _____

Phone _____

Dates of treatment: From _____ to _____

5.6 Is youth required to register as a sex offender? Yes _____; No _____

6. EDUCATION AND RELIGION

6.1 Last school attended: _____ Location: _____

Grade: _____ Curriculum: _____ Date of withdrawal: _____
(SPECIFY SPEC. ED, PRE-COLLEGE, ETC.)

Date of most recent IEP: _____

Describe problems and success in school: _____

6.2 Youth's religious affiliation: _____

Does youth participate in organized religious activities? Yes _____; No _____

If yes: Name of religious organization _____

Contact person _____

Address _____

Phone _____

7. REASONS FOR PLACEMENT

7.1 Please describe the presenting problem/reason for placement:

7.2 List below all previous placements including placement dates or attach TRAILS generated report of placement history.

7.3 What are the youth's strengths?

7.4 In what community groups or organizations does this youth participate (include extracurricular school groups)?

7.5 What is the present permanency plan?

7.6 Do you expect this youth to be served by a Whimspire home until the permanency plan is implemented? Yes_____; No_____; No information_____

7.7 Does this youth have a history of cruelty to animals? Yes_____; No_____; No information_____

7.8 In the last three years has this youth made any abuse (including sexual abuse) allegations that were not substantiated? Yes_____; No_____; No information_____

7.9 Does this youth engage in inappropriate sexual behavior? Yes_____; No_____; No information_____

7.10 Does this youth masturbate in the presence of other people? Yes_____; No_____; No information_____

7.11 Does this youth have a history of fire setting? Yes_____; No_____; No information_____

7.12 Does this youth have a history of illegal drug use? Yes_____; No_____; No information_____

7.13 Does this youth have a history of alcohol use? Yes_____; No_____; No information_____

7.14 Does this youth use tobacco? Yes_____; No_____; No information_____

7.15 Is this youth enuretic? Yes_____; No_____; No information_____

7.16 Is this youth encopretic? Yes_____; No_____; No information_____

7.17 Does this youth have a history of suicide threats? Yes_____; No_____; No information_____

7.18 Can this youth walk or take a bus to school? Yes_____; No_____; No information_____

7.19 Can this youth take public transportation for therapy and other appointments? Yes_____; No_____; No information_____

7.20 IF 16 OR OVER. Can this youth be employed part time if this does not interfere with school?

Yes_____; No_____

7.21 Describe the supervision needs of this youth (see Rules Regulating Family Foster Homes 7.708.31).

7.21.1 What is the maximum time this youth may be self-supervised? _____ hours

7.22 Behavior Summary

Please check yes, no, or no information available for each item.

SOCIAL/LEGAL PROBLEMS:

Offenses against property	Yes_____;	No_____;	No information_____
Offenses against persons	Yes_____;	No_____;	No information_____
Other offenses	Yes_____;	No_____;	No information_____
Disregards rules and regulations	Yes_____;	No_____;	No information_____
Runaway behavior	Yes_____;	No_____;	No information_____
Truant	Yes_____;	No_____;	No information_____
Suspension/expulsion	Yes_____;	No_____;	No information_____
Gang involvement	Yes_____;	No_____;	No information_____
Cult involvement	Yes_____;	No_____;	No information_____

INTERPERSONAL/INTERACTION PROBLEMS

Physically assaultive	Yes_____;	No_____;	No information_____
Verbally assaultive	Yes_____;	No_____;	No information_____
Lies/cheats	Yes_____;	No_____;	No information_____
Resistive	Yes_____;	No_____;	No information_____
Uses/cons others	Yes_____;	No_____;	No information_____
Overly compliant	Yes_____;	No_____;	No information_____
Overly dependent	Yes_____;	No_____;	No information_____
Passive-aggressive	Yes_____;	No_____;	No information_____
Conflict with parents	Yes_____;	No_____;	No information_____
Conflict with siblings	Yes_____;	No_____;	No information_____
Conflict with peers	Yes_____;	No_____;	No information_____
Conflict with employer/employees	Yes_____;	No_____;	No information_____
Conflict with teachers/school authorities	Yes_____;	No_____;	No information_____
Problems establishing relationships	Yes_____;	No_____;	No information_____
Problems maintaining relationships	Yes_____;	No_____;	No information_____
Uses physical/medical problems to manipulate others	Yes_____;	No_____;	No information_____
Inappropriate sexual behavior	Yes_____;	No_____;	No information_____

PERSONAL/EMOTIONAL PROBLEMS:

Worry/anxiety	Yes_____;	No_____;	No information_____
Fear/phobias	Yes_____;	No_____;	No information_____
Depressed	Yes_____;	No_____;	No information_____
Self-critical	Yes_____;	No_____;	No information_____
Nervous/tense	Yes_____;	No_____;	No information_____
Angry	Yes_____;	No_____;	No information_____
Lonely	Yes_____;	No_____;	No information_____
Mood swings	Yes_____;	No_____;	No information_____
Withdrawn	Yes_____;	No_____;	No information_____
Repetitive behavior	Yes_____;	No_____;	No information_____
Overactive	Yes_____;	No_____;	No information_____
Low frustration tolerance	Yes_____;	No_____;	No information_____
Sleeping problems	Yes_____;	No_____;	No information_____
Physical complaints without known cause	Yes_____;	No_____;	No information_____
Wetting/soiling	Yes_____;	No_____;	No information_____
Crying	Yes_____;	No_____;	No information_____

Sexual identity Yes _____; No _____; No information _____
Self abuse Yes _____; No _____; No information _____

SUBSTANCE USE PROBLEMS:
(more than experimental for over 12 years old)

Alcohol Yes _____; No _____; No information _____
Tobacco Yes _____; No _____; No information _____
Drugs Yes _____; No _____; No information _____
Huffing Yes _____; No _____; No information _____

THINKING PROBLEMS:

Memory problems Yes _____; No _____; No information _____
Deficiency in problem solving Yes _____; No _____; No information _____
Confused Yes _____; No _____; No information _____
Hallucinations Yes _____; No _____; No information _____
Grandiosity/delusions Yes _____; No _____; No information _____
Reality orientation problems Yes _____; No _____; No information _____

ROLE PERFORMANCE PROBLEMS:

Job absenteeism Yes _____; No _____; No information _____
Job performance problems Yes _____; No _____; No information _____
Academic achievement problems Yes _____; No _____; No information _____
Academic motivation problems Yes _____; No _____; No information _____
Inappropriate school behavior Yes _____; No _____; No information _____
Poor hygiene/appearance Yes _____; No _____; No information _____
Poor money management Yes _____; No _____; No information _____

7.23 What are your objectives for this placement?

8. ADDITIONAL DOCUMENTS

The following documents are to be forwarded with this form:

- 8.1 Family service plan (date _____)
- 8.2 Psychological, psychiatric, or mental health assessment (date _____)
- 8.3 Report from current (or most recent) therapist indicating diagnosis, therapeutic goals, and progress toward goals.
- 8.4 Court order (date _____)
- 8.5 Health passport
- 8.6 Signed Authorization to Provide Emergency Medical Care (Whimspire Form 200.07)
- 8.7 Signed Authorization to Exchange Information (Whimspire Form 200.08)
- 8.8 Rules of probation or parole (if youth is on probation or parole)

I certify that the information in this form and the requested documents is true and correct to the best of my knowledge.

Signature

Print Name

Agency

Phone Number

Date