



Group Homes for Positive Change

Admission Checklist

Applicant Name: _____ Referral Source: _____

- Completed RISEUP, LLC Application
- CON (Certificate of Need)
- CANS (CSA Residents)
- Placement Agreement
- Affirmation of Legal Guardianship
- Completed Acknowledgement of Privacy Act Info
- Signed Releases of Information for current/previous providers
- Copy of Insurance Card
- Copy of Birth Certificate
- All Academic Info (IEP if applicable)
- Last Physical Exam and Immunization Records
- Last Psychiatric Evaluation
- Psychosocial History (i.e., psych. evals, psychosexual, current treatment plans, etc.)
- Foster Care Assessment/Review Plans, Court Documentation
- Physician Order from prior placement for any meds currently prescribed
- Discharge Summary for prior placement
- Completed Authorized Contact List

**The Program Director or the Program Manager will contact you if additional paperwork is required.

Denise Turner, CAO • Tashia Brewer, Program Director • Venice Winfield, Manager • Rashelle Thrower, Manager
RISEUP, LLC • 2009 Cadillac Trail • Chesterfield, Virginia 23236 • Phone: 804.745.7411 • Fax: 804.745.7611
RISEUP, LLC • 950 Arch Hill dr. • Chesterfield, Virginia 23236 • Phone: 804.276.0150 • Fax: 804.276.0672



Group Homes for Positive Change

RISEUP, LLC Initial Application

Date: _____

Referral Source: _____ Who will participate in admission: _____

Child's name: _____ Sex: _____ Race: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

DOB: _____ SSN: _____ Payor/Insurance: _____

Primary Language: _____ Requires Interpreter () Yes () No

Legal Guardian: _____ Phone Number: _____

Parent's Names:

Mother: _____ Location _____ Phone: _____ Contact: Y N

Father: _____ Location _____ Phone: _____ Contact: Y N

Where is child currently: _____ Contact name: _____ Phone#: _____

Type of placement: _____ How long _____ Urban ___ Rural ___ Suburbs _____

Explanation for Requesting Group Home Placement:

Potential Discharge Plan:

Goals for Placement:

Short term: _____

Long term: _____

Previous Treatment History:

Psychiatric Inpatient Treatment (begin with most recent to past)

Facility Treatment Dates Physician Reason for Admission

Name of Alternative Placements	Dates	Successful Y/N and Why

Outpatient (begin with most recent to past)

Physician/Therapist	Treatment Dates	Frequency	Last Visit	Treatment Focus

Medical History

Medical doctor: _____ Phone _____ Known Allergies _____

Are there any current or past medical issues that may influence treatment or placement? Y N, if so please explain: _____

Date of last physical exam _____ Date of last dental exam _____ Immunizations Current: Y N

Medication: Dosage How long? Why Taken? Compliant? Y or N

Protection needs of Resident:

Behavioral Support Needs of Resident: (What has or has not worked in the past to assist with behaviors)

Educational Performance:

School _____ Grade _____ Highest Grade completed _____

Verbal IQ _____ Performance IQ _____ Full Scale IQ _____

() Difficulties with Reading/Writing () special Ed Classes _____ LD _____ ED _____ () Failed a Grade

Identify subjects/classes child finds interest in: _____

Identify subjects/classes child has difficulty in _____

History of Legal Problems

Risk Assessment:

Does the child have a history of suicidal thoughts () NO () YES () UNKNOWN

History of past suicide attempts (triggers, method, intervention, date)

Family/friends history of suicide attempts/thoughts:

Does the child have a history of self-mutilation () NO () YES, if yes please explain

Has the child recently physically hurt another person () NO () Yes, if yes please explain

Does the child have a history of being verbally or physically aggressive towards others () NO () YES

Has the child ever been detained due to aggression towards another () NO () YES, please explain

Has the child recent harmed an animal or has a history of harming animals () NO () YES

Has the child recently destroyed property () NO () YES

Does the child have a history of destroying property () NO () YES

History of fire setting () NO () YES, if yes please explain

Does child have a history of hearing voices, delusions, paranoia, psychosis () NO () YES, please explain

Any history of sexually aggressive behaviors () NO () YES, please explain

Does the child have a history of running away () NO () Yes, please explain

Does the child have a history of substance abuse () NO () YES, please explain

Family history of Substance Abuse () NO () YES, please explain

Precipitating Factors:

() History of or current physical abuse; sexual abuse or rape; neglect: () NO () YES, please explain

() Family Conflicts: () NO () YES, please explain

() Significant trauma or events: () NO () YES, please explain

() Change in psychical custody: () NO () YES, please explain

Sexual Orientation

() Heterosexual () Homosexual () Bisexual () Pansexual () Transgender

Who will need updates on the progress of the child:

Name: _____ Agency: _____
Phone#: _____ E-Mail: _____
Fax#: _____ Release of Information Signed: () NO () YES

Name: _____ Agency: _____
Phone#: _____ E-Mail: _____
Fax#: _____ Release of Information Signed: () NO () YES

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Phone#: _____ E-Mail: _____
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