

**FOUR COUNTY MENTAL HEALTH CENTER, INC.
AIMS CHILD ADMISSION FORM**

OFFICE USE ONLY	
CASE NUMBER:	
DATE:	

RESPONSIBLE COUNTY

PLEASE MARK THE MOST RECENT TYPE OF HOSPITALIZATION THE CHILD HAS RECEIVED

<input type="checkbox"/>	GENERAL HOSPITAL PSYCHIATRIC WARD	<input type="checkbox"/>	PRIVATE PSYCHIATRIC HOSPITAL
<input type="checkbox"/>	INPATIENT SUBSTANCE ABUSE (EXCLUDING DETOX, ETC.)	<input type="checkbox"/>	RESIDENTIAL MENTAL HEALTH TREATMENT WITHIN A STATE CORRECTIONAL FACILITY
<input type="checkbox"/>	NONE	<input type="checkbox"/>	STATE MENTAL HEALTH HOSPITAL
<input type="checkbox"/>	CRISIS DESTABILIZATION OUT OF HOME		

PLEASE MARK THE CUSTODY STATUS OF THIS CHILD

<input type="checkbox"/>	JJA CUSTODY (OUT OF HOME)	<input type="checkbox"/>	SRS CUSTODY AND LIVES AT HOME
<input type="checkbox"/>	JJA CUSTODY AND LIVES AT HOME	<input type="checkbox"/>	SRS SUPERVISION ONLY BUT NOT IN THEIR CUSTODY
<input type="checkbox"/>	JJA SUPERVISION ONLY BUT NOT IN THEIR CUSTODY	<input type="checkbox"/>	NO JJA OR SRS INVOLVEMENT
<input type="checkbox"/>	SRS CUSTODY (OUT OF HOME)		

WHAT TYPE OF RESIDENTIAL SETTING DOES THIS CHILD LIVE IN ?

<input type="checkbox"/>	CRISIS RESOLUTION / STABILIZATION UNIT	<input type="checkbox"/>	INPATIENT PSYCHIATRIC UNIT
<input type="checkbox"/>	DRUG / ALCOHOL TREATMENT CENTER	<input type="checkbox"/>	JAIL / DETENTION
<input type="checkbox"/>	EMERGENCY SHELTER	<input type="checkbox"/>	PERMANENT HOME (BIOLOGICAL, ADOPTIVE, OR LEGAL)
<input type="checkbox"/>	FOSTER HOME	<input type="checkbox"/>	RESIDENTIAL TREATMENT / LEVEL VI
<input type="checkbox"/>	GROUP HOME	<input type="checkbox"/>	STATE HOSPITAL
<input type="checkbox"/>	HOMELESS	<input type="checkbox"/>	TEMPORARILY LIVING WITH RELATIVE / FAMILY FRIEND
<input type="checkbox"/>	INDEPENDENT LIVING	<input type="checkbox"/>	THERAPEUTIC FOSTER CARE

LAW ENFORCEMENT INFORMATION

	TOTAL NUMBER OF ARRESTS		NUMBER OF ADJUDICATED FELONY CRIMES AGAINST PERSONS
	NUMBER OF ADJUDICATED FELONIES NOT AGAINST PROPERTY OR PERSON		NUMBER OF ADJUDICATED MISDEMEANORS
	NUMBER OF ADJUDICATED FELONY PROPERTY CRIMES		LAW ENFORCEMENT CONTACT WITH ACTUAL OR SURROGATE PARENT(S)

PLEASE MARK THE EDUCATIONAL STATUS / PLACEMENT OF THIS CHILD

<input type="checkbox"/>	ALTERNATIVE EDUCATION PLACEMENT WITH INTENSIVE PSYCHOSOCIAL	<input type="checkbox"/>	NOT IN SCHOOL – SUMMER BREAK
<input type="checkbox"/>	ENROLLED IN POST-SECONDARY EDUCATION (TECH SCHOOL, COLLEGE)	<input type="checkbox"/>	NOT IN SCHOOL (SUSPENDED FROM ATTENDING)
<input type="checkbox"/>	HOME-BASED INSTRUCTION FROM SCHOOL DISTRICT	<input type="checkbox"/>	OTHER
<input type="checkbox"/>	HOME SCHOOLING NOT PROVIDED BY SCHOOL DISTRICT	<input type="checkbox"/>	PARTIAL HOSPITAL / RESIDENTIAL SCHOOL
<input type="checkbox"/>	INSTITUTIONAL INSTRUCTION (PSYCH. HOSPITAL; DETENTION, ETC.)	<input type="checkbox"/>	PRESCHOOL (INCLUDING HEAD START)
<input type="checkbox"/>	NOT APPLICABLE (NOT IN K-12) (NOT LISTED BELOW)	<input type="checkbox"/>	REGULAR CLASSROOM (100% OF THE SCHOOL DAY / NO SPECIAL EDUCATION)
<input type="checkbox"/>	NOT IN SCHOOL (DROP OUT)	<input type="checkbox"/>	REGULAR CLASSROOM WITH SPECIAL EDUCATION SERVICE OR CONSULTATION
<input type="checkbox"/>	NOT IN SCHOOL (EXPELLED)	<input type="checkbox"/>	SPECIAL EDUCATION CLASSROOM
<input type="checkbox"/>	NOT IN SCHOOL (WORKING ON GED)	<input type="checkbox"/>	THERAPEUTIC SERVICES FOR PRESCHOOL CHILDREN
<input type="checkbox"/>	NOT IN SCHOOL (GRADUATED)	<input type="checkbox"/>	RESIDENTIAL SCHOOL

FOSTER CARE CONTRACTOR

<input type="checkbox"/>	NOT APPLICABLE	<input type="checkbox"/>	KVC
<input type="checkbox"/>	KCSL (FC)	<input type="checkbox"/>	ST FRANCIS
<input type="checkbox"/>	THE FARM	<input type="checkbox"/>	DCCCA
<input type="checkbox"/>	UMY	<input type="checkbox"/>	KCSL (ADOPTION)

ELIGIBILITY FOR SSI OR SSDI BENEFITS

	DETERMINATION DECISION ON APPEAL		ELIGIBLE BUT NOT RECEIVING PAYMENTS
	DETERMINED TO BE INELIGIBLE		NOT APPLICABLE
	ELIGIBLE AND RECEIVING PAYMENTS		POTENTIALLY ELIGIBLE