



**Check which service is being requested:**

Long-Term Treatment      Short-Term Treatment      45-Day Assessment      CIBS Program

Date of Referral: \_\_\_\_\_ Referral Source: \_\_\_\_\_

**YOUTH INFORMATION**

Youth's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Gender: \_\_\_\_\_ Nickname: \_\_\_\_\_

Race: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

Religion: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

# of Siblings: \_\_\_\_\_

Youth's Current Placement: \_\_\_\_\_

Previous Placements (location & dates): \_\_\_\_\_

Youth's Primary Reasons for Needing Placement: \_\_\_\_\_

Psychiatric Diagnosis: \_\_\_\_\_

Date of Last Diagnostic Assessment: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

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Family Doctor: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Last Known IQ: \_\_\_\_\_ IEP: Yes \_\_\_\_\_ NO \_\_\_\_\_

School District Name & Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Referring Agency Information**

Referral Agent: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **Family Information**

Father: \_\_\_\_\_ Level of Involvement: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_

Mother: \_\_\_\_\_ Level of Involvement: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_

**Funding Information**

Funding Agency:\_\_\_\_\_

Insurance:\_\_\_\_\_ PMAP:\_\_\_\_\_ MA:\_\_\_\_\_ MA number:\_\_\_\_\_

Name of Insurance Company:\_\_\_\_\_ Phone:\_\_\_\_\_

Group#:\_\_\_\_\_ ID:\_\_\_\_\_

Name &amp; DOB of Insured:\_\_\_\_\_

Relationship to Youth:\_\_\_\_\_

**Thank you for completing this admissions form. Please return this form along with the following documentation to Vada Dahl, Admissions Supervisor, at email: [vdahl@nexusgerard.org](mailto:vdahl@nexusgerard.org) or fax: (507) 433-7868.**

- o Diagnostic Assessment**
- o Psychological Evaluation (most recent if more than one)**
- o Psychiatric Evaluation (most recent if more than one)**
- o Developmental/Social History**
- o Discharge Summaries from previous placements (only most recent 3)**
- o Progress Reports (current placements)**
- o County Placement Agreement (if applicable)**
- o CASII**
- o Individual Education Plan (IEP)**
- o Most recent school evaluations**