Date:

Name: Gender: DOB: Race:

Referred by: Agency: Phone and email:

Primary Insurance Carrier: (Only Accepting MA at this time) MA Number:

Parent/Guardians: Phone number(s):

Address:

Who has educational rights? Who has medical rights? Who has custody?

Language spoken by client: Language spoken by guardian(s):

Child’s current living situation (Foster Care, RTF, biological parents):

**Reason for seeking placement in Partial:**

History of physical aggression  Yes  No History of sexual offending  Yes  No

History of fire setting  Yes  No History of elopement/running away from home  Yes  No

History of suicidal ideation/self harm  Yes  No

Children and Youth Involvement  Yes  No JPO Involvement  Yes  No

**Treatment History (Check all that apply and provide timeframes/dates):**

Outpatient  No  Yes:

Inpatient  No  Yes:

CRISIS  No  Yes:

RTF  No  Yes:

FBMH  No  Yes:

MH-IDD/SAM  No  Yes:

**Mental Health Diagnoses:**

**Medical Needs/Limitations/Allergies:**

**Current Medications:**

**School: School contact person: Grade: Level: Current School Placement:**

**Home School District: Special Needs?:**

Does the child have an IEP  No  Yes

Does the child have a 504 plan  No  Yes