

**POPLAR PLACE / TERRACE
APPLICATION COVER LETTER**

**TO: POPLAR SPRINGS HOSPITAL
350 Poplar Drive
P.O. Box 3060
Petersburg, VA 23805
Attention: Quian Buford, Director of Patient Access
Phone: 804-733-6874
Fax: 804-862-6322**

From: _____

Relationship to Applicant: _____

E-Mail Address: _____

Phone: _____ **Fax:** _____ **Total # Pages:** _____

Check all items that are included in this packet:

- | | |
|---|--|
| <input type="checkbox"/> Initial Residential Application | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Court Records |
| <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> IEP/School Records/Transcript |
| <input type="checkbox"/> Current CAFAS | <input type="checkbox"/> Psychosexual Evaluation for
Daybreak Applications Only |
| <input type="checkbox"/> Copy of Insurance Card | |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Certification of Need |
| <input type="checkbox"/> Immunization History | <input type="checkbox"/> FAPT Service Plan |

I do hereby certify that I have the right to make application on behalf of this resident and that the information furnished is true and complete to the best of my knowledge.

Signature/Date _____

Confidentiality Notice

Documents accompanying this facsimile transmission contain confidential health information that is legally privileged under Federal Confidentiality Rules (42 CFR Part 2). This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been filed. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this facsimile message in error, please immediately notify us by telephone and either return the original message to us by the United States postal service or confirm to us that the original message has been destroyed. Thank you!

**POPLAR PLACE / TERRACE
INITIAL APPLICATION**

Date: _____ Referral Source _____ Who will participate in admission _____

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

Address: _____ City _____ Zip _____

DOB: _____ SSN: _____ Payor/Insurance: _____

Primary Language: _____ Requires Interpreter [] Yes [] No

Legal Guardian: _____ Phone #'s _____

Parents' 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 _____ Sub _____

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?

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? _____

Date of last physical exam? _____ Date of last dental exam? _____ Immunizations Current? _____
 (please provide if available) (please provide copy of current immunization history)

Medication:	Dosage	How long?	Why Taken?	Compliant? Yes/No

Protection needs of resident:

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

Educational Performance:

School _____ Grade _____ Highest Grade Completed _____

Verbal IQ _____ Performance IQ _____ Full Scale IQ _____

[] Difficulties Reading/Writing [] Special Ed Classes _____ LD _____ ED [] Failed a Grade _____

Identify subjects/classes child find interests in _____

Identify subjects/classes child has difficulty in _____

History of Legal Problems

Risk Assessment:

Does child have 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 history of self-mutilation [] NO [] YES, explain

Has the child recently physically hurt another person [] NO [] YES, explain

Does the child have history of aggression towards others [] NO [] YES, explain

Has child ever been detained due to aggression toward another [] NO [] YES, explain

Has child ever harmed an animal [] NO [] YES, explain

Has child recently destroyed property [] NO [] YES, explain

Does the child have history of destroying property [] NO [] YES, explain _____

History of fire setting [] NO [] YES, explain _____

Does child have history of hearing voices, delusions, paranoia, psychosis [] NO [] YES explain

Any history of sexually aggressive behavior [] NO [] YES, explain

Does child have history of running away [] NO [] YES, explain _____

Does child have history of substance abuse [] NO [] YES, explain

Family history of substance abuse _____

Precipitating Factors:

[] History of, or current physical abuse; sexual abuse or rape; neglect: _____

[] Family Conflict, describe: _____

[] Significant trauma or event: _____

[] Change of physical custody: _____

Who will need updates on progress of resident:

Name: _____ Agency: _____

Phone # _____ E-Mail _____

Fax # _____ Release of Information Signed: YES NO

Name: _____ Agency: _____

Phone # _____ E-Mail _____

Fax # _____ Release of Information Signed: YES NO

Name: _____ Agency: _____

Phone # _____ E-Mail _____

Fax # _____ Release of Information Signed: YES NO