POPLAR SPRINGS RESIDENTIAL SERVICES
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:

[ ] Initial Residential Application	[ ] Social History
[ ] Psychiatric Evaluation	[ ] Court Records
[ ] Psychological Testing	[ ] IEP/School Records/Transcript
[ ] Current CAFAS	[ ] Psychosexual Evaluation for Daybreak Applications Only
[ ] Copy of Insurance Card	
[ ] History & Physical	[ ] Certification of Need
[ ] Immunization History	[ ] 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

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POPLAR SPRINGS HOSPITAL
INITIAL RESIDENTIAL APPLICATION

Date: ____________Information provided by: ____________________________Phone # __________________

Relationship to Child ____________________Referral Source ______________________________________

Child's name: ____Sex: ______ Race: _____ Age: ______

Address: ____City__________________ Zip ____________

DOB: ________________ SSN________________ Payor/Insurance: _______________________________

Legal Guardian: ____Phone #'s____________________________

Where is child currently: __________________________________Phone #_______________________

Contact person: ____Phone # ________________________

Type of placement: __________________________How long _____________Urban___Rural___Sub___

Explanation for Requesting Residential Treatment:

Potential Discharge plan:

Goals for Treatment:

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

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 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

____

____

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

Name: ________________________________Agency: ________________________

Phone #_______________________________E-Mail _________________________

Fax # ________________________________Release of Information Signed: YES NO