

Carolina Residential Services

P.O. Box 286
Rutherford College, NC 28671
Phone (828) 572-2333 Fax (980) 225-0500

Residential Services Referral/Application for Admission

Applicant's Name: _____ Referral Date: _____

Address: _____ SS #: _____

_____ Medicaid #: _____

_____ Innovations: Yes No

Medicaid County of Residence: _____ Money Follows Person: Yes No

*Registered with Partners Registry of Unmet Needs Yes No NA Date Registered: _____

Date of Birth: _____ Age: _____

Gender: Female Male Race: _____

Legal Guardian: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Current Representative Payee: _____ Phone: _____

Address: _____

Person Referring Applicant: _____ Relation to Applicant: _____

Address: _____ Phone: _____

*Required



Reason for Referral:

Former Residential History

Place: _____
Address: _____
Phone: _____
Dates: _____
Reason for Leaving: _____

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Address: _____
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Dates: _____
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Income from all sources

Source of Income	Amount	How Often Received
Social Security		Monthly
SSDI	_____	Monthly
SSI	_____	Monthly
Other:	_____	
Other:	_____	_____
	_____	_____

Does Applicant Have Medicaid Coverage? Yes No Is Applicant Innovations Eligible? Yes No
If not, is Applicant Medicaid Eligible? Yes No If no, is Applicant on Waiting List? Yes No
Is Applicant Currently Receiving SA? Yes No

Current Diagnosis

Axis I _____
Axis II _____
Axis III _____
Axis IV _____
Axis V _____

Date of Last Psychological and/or Psychiatric Evaluation: _____

Most Recent Full Scale IQ Score: _____

Listed on Registry of Unmet Needs? Yes No MCO: _____

Male Staff Required? Yes No

Female Staff Required? Yes No

Special Licensed Nursing Needs? Yes No

Specify: _____

Special or Enhanced Personal Care Service Needs? Yes No

Specify: _____

Brief Medical History: _____

Current Medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Last Medical Exam: _____ TB Test: Yes No

Any Special Equipment Needs:

Has applicant ever exhibited any of the following behaviors within the family, institutional or community environments? Check and give dates.

<input type="checkbox"/> Stealing	_____	<input type="checkbox"/> Drug Use	_____
<input type="checkbox"/> Hyperactivity	_____	<input type="checkbox"/> Bed Wetting	_____
<input type="checkbox"/> Learning Disabilities	_____	<input type="checkbox"/> Runaway Episodes	_____
<input type="checkbox"/> Temper Tantrums	_____	<input type="checkbox"/> Truancy	_____
<input type="checkbox"/> Unusual Sexual Behavior	_____	<input type="checkbox"/> Violent/Disruptive Behavior	_____
<input type="checkbox"/> Alcohol Use	_____	<input type="checkbox"/> Setting Fires	_____
<input type="checkbox"/> Withdrawal/Depression	_____	<input type="checkbox"/> Suicide Attempts/Threats	_____
<input type="checkbox"/> Sexual Aggressiveness	_____	<input type="checkbox"/> Aggressive/Excessive	_____
<input type="checkbox"/> Problems w/Roommates	_____	<input type="checkbox"/> Other (Specify):	_____

Explain any checked answers on the back of this page, noting the extent and number of occurrences.

History of Abuse or Neglect?

Relationship with Family Members:

Does the applicant have a criminal history? Yes No If Yes, Explain Fully

Explain the individual's strengths, motivations and interests:

List Schools Attended by Applicant Including Dates and Levels of Achievement.

School	_____	Dates	_____	Achievement	_____
School	_____	Dates	_____	Achievement	_____
School	_____	Dates	_____	Achievement	_____
School	_____	Dates	_____	Achievement	_____

Work Experience *List Last Employer First*

Employer: _____ Dates: _____

Address: _____

Phone: _____

Duties: _____

Reason for Leaving: _____



Employer: _____ Dates: _____

Address: _____

Phone: _____

Duties: _____

Reason for Leaving: _____

****PLEASE LIST OTHER FORMER EMPLOYERS ON THE BACK OF THIS PAGE.***

Name of Person Completing Referral/Application

Agency

Signature

Date

Title

Phone

Attach Most Recent Psychological, Assessments, Person Centered Plan, ISP, copy of Medicaid Card and any additional pertinent information relating to the applicant that may affect residential living.

For Carolina Residential Services, Inc. Use Only

Disposition of Referral*

Findings
