

Application for Adult Services – DCYF Transition Aged Youth

10. Applicant co-morbidities or co-occurring disorders

a. Does the applicant have any medical problems? Yes No

If yes, please describe:

b. Does the applicant have co-occurring substance use disorder? Yes No

c. Does the applicant have developmental or intellectual disabilities (I/DD)? Yes No

If yes, has an application been submitted for I/DD adult services? Yes No

d. Does the applicant have any medical problems? Yes No

If yes, please describe:

11. Hospitalization and residential treatment history.

If yes to either, please attach discharge summaries

a. Prior hospitalization? Yes No

If yes, within last 2 years? Yes No

b. Prior intensive residential treatment? Yes No

If yes, within last 2 years? Yes No

Are discharge summaries attached for prior hospitalizations or residential treatment? Yes No

12. Date of most recent psychiatric evaluation:

If yes, please attach evaluation, psychological assessments, and medication list as applicable.

Is the evaluation attached? Yes No

Is the medication profile with list attached? Yes No

Are psychological assessments including Yes No

Is a neuropsychological test, including full scale IQ, available? Yes No

13. DCYF Service History

Please check all that apply and describe program and location in text field.

Group home placement

Therapeutic settings

Intensive mental health services

Correctional and/or court related issues (legal involvement)

If yes to correctional and/or court related issues, please describe current and past charges

Is DCYF service history face sheet included? Yes No

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14. Does the applicant have any of the following deficits?

If yes to any, please attach psychosocial summaries including family information,
Vocational

Activities of daily living

Support network

15. Please provide a brief description of treatment needs (MH, SUD and/or co-occurring):

16. What treatment services or level of care is requested? *Check all that apply.*

Integrated Health Homes- IHH

Assertive Community Treatment- ACT

General Outpatient programs

Specialty Programs *please describe:*

Other *please describe:*

Mental Health Psychiatric Rehabilitative Residences-(MHPRR) Congregate Group

Homes and Supervised Apartments

If group home, please describe what other living arrangements have been explored prior to the referral here: