

CLARK QUALITY CARE, LLC

ADMISSION APPLICATION (DBHDS COMPLIANT – SHORT FORM)

SECTION 1: INDIVIDUAL IDENTIFICATION

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____ Age: _____

Place of Birth (City/State): _____

Gender: _____

Medicaid ID #: _____

SSN (Last 4): _____

SECTION 2: REFERRAL / INITIAL CONTACT

Date of Referral: _____

Referred By (Name/Agency): _____

County/City (DSS/FAPT): _____

Person Who Contacted Provider: _____

Reason for Placement / Presenting Needs: _____

SECTION 3: CLINICAL INFORMATION

Primary Diagnosis: _____

Secondary Diagnosis: _____

Current Medications: Yes / No

Allergies: _____

Risk Factors: Aggression / Elopement / Self-Harm / Substance Use / None

SECTION 4: FUNCTIONAL STATUS (ADLs)

Area	Independent	Needs Assistance
Hygiene		
Dressing		
Eating		
Mobility		

SECTION 5: FUNDING / WAIVER

Funding Source: Medicaid / CSA-FAPT / Private / Other

Waiver Status: Yes / No / Pending

SECTION 6: REQUIRED DOCUMENTS

ID, Insurance Card, Physical, TB Screening, Assessment, Med List, ISP

SECTION 7: CONSENT

I consent to screening and services per DBHDS and 12VAC35 regulations.

Signature: _____ Date: _____

SECTION 8: PROVIDER USE ONLY

Screening Completed By: _____

Admission Status: Accepted / Denied / Pending