

ADOLESCENT CONSUMER ADMISSION FORM

Date of Service: ___/___/___ Circle One: ALLIANCE SANDHILLS EASTPOINTE
 SANDHILLS IPRS (RAEFORD OFFICE ONLY, THERAPY ONLY)

PLEASE PRINT AND COMPLETE ALL FIELDS, DO NOT PUT N/A

First Name: _____ MI: _____ Last Name: _____

Maiden Name: (all females must answer) _____ Gender: Male or Female

Date of Birth: ___/___/___ SSN#: ___/___/___ English Proficient: Yes or No

Resident County (PLEASE DO NOT PUT THE COUNTRY YOU LIVE IN): _____

Patient Phone #: _____ - _____ - _____ Veteran: Yes or No Pregnant: Yes No or N/A

of people in household: _____

Annual Family Income (you must enter a value greater than 0) \$ _____ per year

******Foster parents and therapeutic foster parents are not considered legal guardians******

PLEASE PRINT Legal Guardian name: _____

Legal Guardian relation: _____ Legal Guardian Phone #: _____ - _____ - _____

Primary Language (circle one) English French German None Other Sign Language Spanish	Secondary Language (circle one) English French German None Other Sign Language Spanish	Race (circle one) Alaskan Native American Indian/Native American Asian Black/African American Multiracial Other Pacific Islander White
Ethnicity (circle one) Not Hispanic Origin Hispanic, Cuban Hispanic, other Hispanic, Mexican American Hispanic, Puerto Rican	Competency Status (circle one) Competent (adult) Incompetent (adult) Minor (child)	Employment Status (circle one) Employed full time Employed part time Not in work force, homemaker Not in work force, not available for work Not in work force, retired Not in work force, student Seasonal/Migrant worker Unemployed

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<p>Education Level (circle one)</p> <p>None (never attended school)</p> <p>Kindergarten</p> <p>First Grade Second Grade</p> <p>Third Grade Fourth Grade</p> <p>Fifth Grade Sixth Grade</p> <p>Seventh Grade Eighth Grade</p> <p>Ninth Grade Tenth Grade</p> <p>Eleventh Grade Twelfth Grade/HS Graduate</p> <p>GED Some College</p> <p>Special Education Technical School</p> <p>Post Bachelor's Degree Associate degree</p> <p>Baccalaureate Degree Post graduate school</p>	<p>Referral Source (circle one)</p> <p>Self or no referral</p> <p>family or friend</p> <p>non-residential treatment –habilitation</p> <p>private physician</p> <p>nursing home board and care</p> <p>school</p> <p>outpatient or residential facility</p> <p>state facility</p> <p>psychiatric service</p> <p>general hospital</p> <p>community agency</p> <p>court</p> <p>veteran's administration,</p> <p>other</p>
<p>Living Arrangement (circle one)</p> <p>Adult care home, 6 or fewer beds (family care home)</p> <p>Adult care home, 7 or more best (rest home)</p> <p>Community ICF- MR 70 or more beds</p> <p>Correctional facility(prison, jail, training school, detention center)</p> <p>Foster Family, alternative family living</p> <p>Guardian</p> <p>Homeless (street, vehicle, shelter)</p> <p>Institution (psychiatric hospital, mental retardation center, Wright, ADATC)</p> <p>Nursing Home (ICF, SNF)</p> <p>Other independent rooming house (dormitory, fraternity house, ship)</p> <p>Private Residence (house, apartment, mobile home, child living with family)</p> <p>Residential facility excluding nursing homes</p>	<p>Marital Status (circle one)</p> <p>Single (never married)</p> <p>Married</p> <p>Separated</p> <p>Divorced</p> <p>Annulled</p> <p>Domestic Partner</p> <p>Widow</p>

Stop here!

Provider ONLY must complete this section (circle one)

<p>CALOCUS FOR CHILDREN ONLY</p> <p>Level 0- basic services: prevention & health maintenance</p> <p>Level 1- Recovery maintenance & Health Management</p> <p>Level 2- Outpatient Services</p> <p>Level 3- Intensive Outpatient Services</p> <p>Level 4- Intensive Integrated Service w/o 24hr Psychiatric Monitoring</p> <p>Level 5- Non-secure, 24-hr, Services with Psychiatric Monitoring</p> <p>Level 6- Secure, 24-hr, Services with Psychiatric Management</p>	<p>1</p> <p>DIAGNOSIS: _____</p> <p>CLASS: (circle one)</p> <p>Principal</p> <p>Additional (dx not being treated by us)</p> <p>2</p> <p>DIAGNOSIS: _____</p> <p>CLASS: (circle one)</p> <p>Principal</p> <p>Additional (dx not being treated by us)</p> <p>Note to providers: only select additional if it's a dx that we are not treating. Thank you</p>
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For PROVIDERS
CALOCUS WORKSHEET

Rater Name _____ Date _____

Please check the applicable ratings within each dimension and record the score in the lower right hand corner. Total year score and determine the recommended level of care using either the Placement Grid or the Decision Tree.

<p>I. Risk of Harm</p> <p><input type="checkbox"/> 1. Low Potential for Risk of Harm</p> <p><input type="checkbox"/> 2. Some Potential for Risk of Harm</p> <p><input type="checkbox"/> 3. Significant Potential for Risk of Harm</p> <p><input type="checkbox"/> 4. Serious Potential for Risk of Harm</p> <p><input type="checkbox"/> 5. Extreme Potential for Risk of Harm</p> <p style="text-align: right;">Score _____</p>	<p>IV-B. Recovery Environment - Level of Support</p> <p><input type="checkbox"/> 1. Highly Supportive Environment</p> <p><input type="checkbox"/> 2. Supportive Environment</p> <p><input type="checkbox"/> 3. Limited Support in Environment</p> <p><input type="checkbox"/> 4. Minimal Support in Environment</p> <p><input type="checkbox"/> 5. No Support in Environment</p> <p style="text-align: right;">Score _____</p>
<p>II. Functional Status</p> <p><input type="checkbox"/> 1. Minimal Impairment</p> <p><input type="checkbox"/> 2. Mild Impairment</p> <p><input type="checkbox"/> 3. Moderate Impairment</p> <p><input type="checkbox"/> 4. Serious Impairment</p> <p><input type="checkbox"/> 5. Severe Impairment</p> <p style="text-align: right;">Score _____</p>	<p>V. Resiliency and Treatment History</p> <p><input type="checkbox"/> 1. Full Response to Treatment</p> <p><input type="checkbox"/> 2. Significantly Resilient and/or Response to Treatment</p> <p><input type="checkbox"/> 3. Moderate or Equivocal Response to Treatment And Recovery Management</p> <p><input type="checkbox"/> 4. Poor Response to Treatment and Recovery Management</p> <p><input type="checkbox"/> 5. Negligible Response to Treatment</p> <p style="text-align: right;">Score _____</p>
<p>III. Co-Morbidity</p> <p><input type="checkbox"/> 1. No Co-Morbidity</p> <p><input type="checkbox"/> 2. Minor Co-Morbidity</p> <p><input type="checkbox"/> 3. Significant Co-Morbidity</p> <p><input type="checkbox"/> 4. Major Co-Morbidity</p> <p><input type="checkbox"/> 5. Severe Co-Morbidity</p> <p style="text-align: right;">Score _____</p>	<p>VI-A. Acceptance and Engagement - Child/Adolescent</p> <p><input type="checkbox"/> 1. Optimal</p> <p><input type="checkbox"/> 2. Constructive</p> <p><input type="checkbox"/> 3. Obstructive</p> <p><input type="checkbox"/> 4. Destructive</p> <p><input type="checkbox"/> 5. Inaccessible</p> <p style="text-align: right;">Score _____</p>
<p>IV-A. Recovery Environment - Level of Stress</p> <p><input type="checkbox"/> 1. Minimally Stressful Environment</p> <p><input type="checkbox"/> 2. Mildly Stressful Environment</p> <p><input type="checkbox"/> 3. Moderately Stressful Environment</p> <p><input type="checkbox"/> 4. Highly Stressful Environment</p> <p><input type="checkbox"/> 5. Extremely Stressful Environment</p> <p style="text-align: right;">Score _____</p>	<p>VI-B. Acceptance and Engagement - Parent/Primary Caretaker</p> <p><input type="checkbox"/> 1. Optimal</p> <p><input type="checkbox"/> 2. Constructive</p> <p><input type="checkbox"/> 3. Obstructive</p> <p><input type="checkbox"/> 4. Destructive</p> <p><input type="checkbox"/> 5. Inaccessible</p> <p style="text-align: right;">Score _____</p>
<p>Composite Score </p>	
<p>Level of Care Recommendation </p>	

SCORING SHEET
Child and Adolescent Level of Care Utilization System

- A. Clinical Level of Care Recommendation (Assign before using CALOCUS) _____
- B. Calculation of Composite CALOCUS Score _____

<u>Dimension</u>	<u>Dimension Rating</u> (circle score)					
1. Risk of Harm	1	2	3	4	5	_____
2. Functional Status	1	2	3	4*	5	_____
3. Co-Morbidity	1	2	3	4*	5	_____
4. Recovery Environment						
Environmental Stressors	1	2	3	4	5	_____
Environmental Support	1	2	3	4	5	_____
5. Resiliency and Treatment History	1	2	3	4	5	_____
6. Acceptance and Engagement						
Child/Adolescent	1	2	3	4	5	
Parent and/or primary care taker	1	2	3	4	5	_____

(Note: please record the higher of the two scores)

*Note: **Bold** indicates independent criteria-**requires automatic admission to a higher level of care regardless of combined score. A score of 4 results in placement at level 5 and a score of 5 results in placement at level six.***
** = independent criteria may be waived if sum of IV-A and IV-B scores equal 2.*

COMPOSITE CALOCUS SCORES (add right column) _____

C. CALOCUS Derived Level of Care Recommendation (Consult Grid and Decision Tree) _____

D. Actual (Disposition) Level of Care _____

Reason for Variance from CALOCUS Level of Care Recommendation

Patient/Family Name: _____

Date of Scoring: _____ Name of Scorer: _____