

# ADULT 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 #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<b>Primary Language (circle one)</b> English French German None Other Sign Language Spanish	<b>Secondary Language (circle one)</b> English French German None Other Sign Language Spanish	<b>Race (circle one)</b> Alaskan Native American Indian/Native American Asian Black/African American Multiracial Other Pacific Islander White
<b>Ethnicity (circle one)</b> Not Hispanic Origin Hispanic, Cuban Hispanic, other Hispanic, Mexican American Hispanic, Puerto Rican	<b>Competency Status (circle one)</b> Competent (adult) Incompetent (adult) Minor (child)	<b>Employment Status (circle one)</b> 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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<b>Education Level (circle one)</b> None (never attended school) Kindergarten First Grade                      Second Grade Third Grade                      Fourth Grade Fifth Grade                      Sixth Grade Seventh Grade                      Eighth Grade Ninth Grade                      Tenth Grade Eleventh Grade                      Twelfth Grade/HS Graduate GED                      Some College Special Education                      Technical School Post Bachelor's Degree                      Associate degree Baccalaureate Degree                      Post graduate school	<b>Referral Source (circle one)</b> Self or no referral family or friend non-residential treatment –habilitation private physician nursing home board and care school outpatient or residential facility state facility psychiatric service general hospital community agency court veteran's administration, other
<b>Living Arrangement (circle one)</b> Adult care home, 6 or fewer beds (family care home) Adult care home, 7 or more best (rest home) Community ICF- MR 70 or more beds Correctional facility(prison, jail, training school, detention center) Foster Family, alternative family living Guardian Homeless (street, vehicle, shelter) Institution (psychiatric hospital, mental retardation center, Wright, ADATC) Nursing Home (ICF, SNF) Other independent rooming house (dormitory, fraternity house, ship) Private Residence (house, apartment, mobile home, child living with family) Residential facility excluding nursing homes	<b>Marital Status (circle one)</b> Single (never married) Married Separated Divorced Annulled Domestic Partner Widow

**Stop here!**

**Provider ONLY must complete this section (circle one)**

<b>LOCUS FOR ADULTS ONLY</b> Level 0- basic services: prevention & health maintenance Level 1- Recovery maintenance & Health Management Level 2- Outpatient Services Level 3- Intensive Outpatient Services Level 4- Intensive Integrated Service w/o 24hr Psychiatric Monitoring Level 5- Non-secure, 24-hr, Services with Psychiatric Monitoring Level 6- Secure, 24-hr, Services with Psychiatric Management	<b>1</b> <b>DIAGNOSIS:</b> _____ <b>CLASS: (circle one)</b> Principal Additional (dx not being treated by us) <b>2</b> <b>DIAGNOSIS:</b> _____ <b>CLASS: (circle one)</b> Principal Additional (dx not being treated by us) <b>Note to providers: only select additional if it's a dx that we are not treating. Thank you</b>
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**FOR PROVIDER  
LOCUS WORKSHEET  
VERSION 2000**

Rater Name \_\_\_\_\_ Date \_\_\_\_\_

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

<p><b>I. Risk of Harm</b></p> <p><input type="checkbox"/> 1. Minimal Risk of Harm</p> <p><input type="checkbox"/> 2. Low Risk of Harm</p> <p><input type="checkbox"/> 3. Moderate Risk of Harm</p> <p><input type="checkbox"/> 4. Serious Risk of Harm</p> <p><input type="checkbox"/> 5. Extreme Risk of Harm</p> <p style="text-align: right;">Score _____</p>	<p><b>IV-B. Recovery Environment - Level of Support</b></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><b>II. Functional Status</b></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><b>V. Treatment and Recovery History</b></p> <p><input type="checkbox"/> 1. Full Response to Treatment and Recovery Management</p> <p><input type="checkbox"/> 2. Significant Response to Treatment and Recovery Management</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><b>III. Co-Morbidity</b></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><b>VI. Engagement</b></p> <p><input type="checkbox"/> 1. Optimal Engagement</p> <p><input type="checkbox"/> 2. Positive Engagement</p> <p><input type="checkbox"/> 3. Limited Engagement</p> <p><input type="checkbox"/> 4. Minimal Engagement</p> <p><input type="checkbox"/> 5. Unengaged</p> <p style="text-align: right;">Score _____</p>
<p><b>IV-A. Recovery Environment - Level of Stress</b></p> <p><input type="checkbox"/> 1. Low Stress 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>Composite Score <span style="float: right; border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></span></p> <p>Level of Care Recommendation <span style="float: right; border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></span></p>