

BBC Residential Application Form

56-660 Kamehameha Highway, Kahuku, HI 96731
 (808)293-7555 Fax: (808)293-7196



To: Bobby Benson Center

ATTN: Intake Coordinator (updated: 2019)

Client: _____

SSN#: _____ - _____ - _____

Address: _____

Phone: _____

Gender: _____

Birthday: ____ - ____ - ____ Age: _____

Ethnicity: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Identifying Marks: _____

Referred By: _____

Phone: _____

Email: _____

FAX: _____

Reason for Referral: _____

HOW WILL PLACEMENT BE FUNDED: _____

Legal Guardian: _____

Phone (Home): _____

Address: _____

Phone (Work): _____

Email: _____

Phone (Cell): _____

Currently living with the above person listed? If client is placed outside of home, where is he/she located?

Name: _____

Relationship: _____

Address: _____ Phone: _____

INSURANCE INFORMATION:

Type of coverage: _____ Plan or Group: _____

Member #: _____ Subscriber #: _____

DOH or Intensive Case Manager/Agency		Business No.	
DOH Care Coordinator		Business No.	
SPED Teacher		Business No.	
Drug Court/Probation Officer		Business No.	
Psychiatrist		Business No.	
		Business No.	
		Business No.	
		Business No.	
		Business No.	

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Health / Medical

A Physical Examination and TB Clearance (specifically for Residential Treatment) is required. Results/Exam valid within one year to Intake date. To be submitted a minimum of one week prior to Intake date.

At admission all immunizations must be current.

Please list any current medical conditions (including allergies), past hospitalizations, and significant medical history.

List any current Prescribed Medications:

Medication	Dose/Frequency	Why Prescribed	Doctor Name	Phone #

School Life / Academics / Education:

CURRENT SCHOOL: _____

GRADE: _____

Has the child been evaluated for or placed in special education classes: [YES] or [NO]

If yes, what type of Special ED?

Describe School History (List Schools attended, activities, and problem areas) and current level of functioning.
