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

Client: _____ **SSN#:**_____-_____-_____

Address: _____ **Phone:** _____

_____ **Gender:** _____

Birthday: ____-_____-____ **Age:** _____ **Ethnicity:** _____

Height: _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

Identifying Marks: _____

Referred By: _____ **Phone:** _____

Reason for Referral: _____

_____

HOW WILL PLACEMENT BE FUNDED: _____

Legal Guardian: _____ **Phone (Home):** _____

Address: _____ **Phone (Work):** _____

_____ **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.	
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Health / Medical

A physical examination is required within: 30 days prior to admission date

At admission all immunizations (including TB clearance) must be current with in one year.

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

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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.

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PAST TREATMENT: Include: Teencare, YMCA, Therapist, Residential treatment, Outpatient treatment, Juvenile Drug Court or any out of home placements (i.e.: Fosterhome, Interim Home etc.). Please include dates at program or in treatment.

Treatment	From Date	To Date	Completed Y/N

CHALLENGING BEHAVIORS:

Describe any major challenges that the family has experienced, (e.g. drug/alcohol use, suicides, mental health, violence, financial, legal, etc.) how the family responded, and how the child was affected (Include family strengths). Include any other pertinent information you feel we may need to know about the youth and/or family to better serve them.

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