

Confidential Application



AKCHILD & FAMILY

Date Completed: _____ Completed by: _____

Application for: Residential Services Treatment Foster Homes Home-based Services Teen Group Home (Charlie Elder)

Please direct questions and completed applications to the AK Child & Family Admissions Department at: 4600 Abbott Road, Anchorage AK 99507
Phone: (907) 346-2101 / Fax: (907) 348-9230
Referral e-mail: admissions@akchild.org

Referred Student: _____

Date of Birth: _____ SS #: _____

Ethnicity: _____ Male Female

Referred student's current placement (e.g. home, hospital, residential treatment, shelter, etc.)

Contact Name: _____

Contact Phone: _____

Most Current Psychiatric Diagnosis	Code
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Axis I:	_____
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Axis II:	_____
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Axis III:	_____
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Axis IV:	_____
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Axis V:	_____
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Date of Diagnosis: _____

Diagnosed By: _____

Insurance/Medicaid Information:

If Medicaid, include Resource Code

Insurance 1 Name/#: _____

Subscriber Name/SS#: _____

Group Name/#: _____

Insurance Phone: _____

Insurance 2 Name/#: _____

Subscriber Name/SS#: _____

Group Name/#: _____

Insurance Phone: _____

Mother's Name: _____

Phone: _____

Address: _____

City/State/Zip: _____

Father's Name: _____

Home Phone: _____

Address: _____

City/State/Zip: _____

Referral Source: _____

Agency (if applicable): _____

Contact Phone: _____

Is this person the legal guardian? Yes No

If no, name of legal guardian (or if not sole guardian, name of other guardian):

How did you hear about AK Child & Family?

We prefer to receive the following information with this application (if applicable):

- Release of Information Form(s) - *Required*
- Custody Document (must be legal document)
- Psychological and/or Psychiatric Evaluations
- Disposition Report (if applicable)
- Discharge Summaries from previous placements
- Copy of school records (to include IEP)
- Immunization records
- Physical (dated within 30 days of scheduled admission to residential program)
- Master Treatment Plan to include two most recent reviews