Connuential A	ppication		A II MY
Date Completed:	Completed by:		<b>AK</b> CHILD & FAMILY
Application for: O Residential Se	ervices 🔿 Treatment Foster Hor	mes 🔿 Home-based Services 🤇	)Teen Group Home (Charlie Elder)
Please direct questions and complet	ted applications to the AK Child & Fa		0 Abbott Road, Anchorage AK 99507 (907) 346-2101 / Fax: (907) 348-9230 erral e-mail: admissions@akchild.org
Referred Student:		Mother's Name:	
Date of Birth:			
Ethnicity: O Male O Female Referred student's current placement (e.g. home, hospital, residential treatment, shelter, etc.)			
		City/State/Zip:	
		Father's Name:	
Contact Name:			
Contact Phone:			
Most Current Psychiatric Diag	gnosis Code		
Axis I:		Referral Source:	
		Agency (if applicable):	
Axis II:		Contact Phone:	
		Is this person the legal guardian?	? 🔿 Yes 🔿 No
Axis IV:		If no, name of legal guardian (or if not sole guardian, name of other guardian):	
Date of Diagnosis:			
Diagnosed By:		How did you hear about AK Chi	ld & Family?
Insurance/Medicaid Informat If Medicaid, include Resource Code	ion:	We prefer to receive the follo application (if applicable):	owing information with this
Insurance 1 Name/#:		$\square Release of Information Fe$	orm(s) - <i>Required</i>
Subscriber Name/SS#:		Custody Document (mus	st be <u>legal</u> document)
Group Name/#:		Psychological and/or Psy	chiatric Evaluations
		Disposition Report (if app	
Insurance 2 Name/#:		Discharge Summaries fro	
		Copy of school records (t	:o include IEP)
Subscriber Name/SS#:		Physical (dated within 30	) days of scheduled admission to
		residential program)	o include two most recent reviews
Insurance Phone:			menude two most recent reviews

## **Confidential Application**

