WOODSTOCK MANOR
COMMUNITY RESIDENCE

APPLICATION FOR ADMISSION

Please provide any and all relevant information for each subject area.

Completed by: _____ Date: _____

Applicant name:
Date of birth:
Social security number:
Medicaid number:
Medicare number:
Other insurance:
Phone:

Parent / Guardian name(s):
Street address:
City:
County:
State:
Phone:
Email:

Medical Information
Primary Care Physician: Contact information: Date of last physical exam:
Psychiatrist: Contact information: Date of last psychiatry session: Frequency of appointments:
Therapist / Mental Health Clinician: Contact information: Date of last therapy session: Frequency of appointments:
Date of last eye exam:
Date of last dental exam:
List all medical conditions and diagnoses:
For any medical conditions, please note required ongoing treatment:

Power of Attorney		
Does the Applicant have a Power of Attorney?	☐ Yes	☐ No
Does the Applicant have a Medical Power of Attorney?	☐ Yes	☐ No
Does the Applicant have a Financial Power of Attorney?	☐ Yes	☐ No
If 'Yes' to any of the above, please provide all Power of Attorney documentation and contact information.		

Presenting problem(s) / reason for seeking admission:

Has the Applicant ever lived in a group living situation?	☐ Yes	☐ No
Is the Applicant compliant with their current medication regimen?	☐ Yes	☐ No
Was the Applicant referred to our facility? If yes, list the referring party and attach referral information:	☐ Yes	☐ No

Mental Health History		
Does the Applicant have a history of suicide attempt(s)? If 'Yes', please note date of last attempt(s) and method(s):	☐ Yes	☐ No
Does the Applicant have a history of violent behavior(s)? If 'Yes', please explain:	☐ Yes	☐ No
Does the Applicant have a history of self-destructive behavior(s)?	☐ Yes	☐ No
Does the Applicant have a history of impulsive behavior(s)?	☐ Yes	☐ No
Does the Applicant have a history of sexual promiscuity?	☐ Yes	☐ No

Legal History		
Does the Applicant have a history of legal trouble? If 'Yes', please attach supporting documentation to elaborate.	☐ Yes	☐ No
Has the Applicant ever been charged with a Felony or Misdemeanor? If 'Yes', please attach supporting documentation to elaborate.	☐ Yes	☐ No
Is the Applicant involved in any lawsuits or other pending legal matters? If 'Yes', please attach supporting documentation to elaborate.	☐ Yes	☐ No
Does the Applicant have any future mandated court appearances? If 'Yes', please attach supporting documentation to elaborate.	☐ Yes	☐ No
Is the Applicant involved in court-ordered AOT (Assistant Outpatient Treatment)?	☐ Yes	☐ No

Substance & Alcohol Abuse History

Does the Applicant have a history of substance or alcohol abuse? ☐ Yes ☐ No

If 'Yes', please list:

	Drug	Frequency of Use	Amount	Date Last Used	Age Started
1.					
2.					
3.					
4.					
5.					

Has the Applicant ever received treatment for addiction? ☐ Yes ☐ No

If 'Yes', please detail:

Symptoms and Behavior

Check all that apply. If 'Current' or 'History' are checked, please provide details in the space below.

	*** CURRENT**	*** HISTORY**	NEVER	UNKNOWN
Suicidal Ideation	☐	☐	☐	☐
Suicidal Behavior(s) / Attempt(s)	☐	☐	☐	☐
Homicidal Ideation	☐	☐	☐	☐
Homicidal Behavior(s) / Attempt(s)	☐	☐	☐	☐
Violent Behavior	☐	☐	☐	☐
Arson / Fire setting	☐	☐	☐	☐
Hallucinations	☐	☐	☐	☐
Delusions	☐	☐	☐	☐
Self-harm / Self-injury	☐	☐	☐	☐
Manipulation / Attention-seeking	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Bizarre or Inappropriate Behavior	☐	☐	☐	☐

Details for items checked 'Current' or 'History' (attach additional pages if necessary):

List all DSM-IV and/or DSM 5 codes and/or diagnoses and approximate date of diagnosis:

	Diagnosis:	Approximate date of diagnosis:	Diagnosed by (psychiatrist, neurologist, etc.):
1.			
2.			
3.			
4.			
5.			
6.			

Behaviors
Does the Applicant have a history of any of the following?
If 'Yes', please detail in the space below.

Refusal to attend therapy	☐ Yes	☐ No		Stealing	☐ Yes	☐ No	
Refusal of medications	☐ Yes	☐ No		Arson	☐ Yes	☐ No	
Refusal of medical treatment	☐ Yes	☐ No		Destruction of Property	☐ Yes	☐ No	
Refusal to bathe / wear clean clothes	☐ Yes	☐ No		Mood swings	☐ Yes	☐ No	
Inappropriate sexual behavior	☐ Yes	☐ No		Verbal assault	☐ Yes	☐ No	
Ingestion of toxic substances	☐ Yes	☐ No		Physical assault	☐ Yes	☐ No	
Resistance to reasonable authority	☐ Yes	☐ No		Wandering	☐ Yes	☐ No	
Paranoia	☐ Yes	☐ No		Disruptiveness	☐ Yes	☐ No	

If 'Yes' to any of the above, please detail (attach additional pages if necessary):

Current Medications
List all prescribed medications, over-the-counter medications, and supplements.

Medication	Dosage	Frequency	Date Started

Applicant's current level of functioning
Please check the appropriate box to reflect the Applicant's current ability level in each area.

Ability to…	Strong	Satisfactory	Needs improvement	Does not achieve
Follow an approved daily schedule				
Comply with prescribed medication regimen				
Maintain healthy sleep patterns				
Abstain from illegal drug use				
Abstain from alcohol use				
Manage symptoms without disrupting others				
Articulate needs and feelings				
Handle anger appropriately				
Work cooperatively with peers				
Work cooperatively with staff				
Socialize				
Maintain personal hygiene				
Clean personal living area				
Contribute to house work and chores				
Drive a car				
Adapt to new situations				
Respect other individuals				
Live cooperatively with others				
Handle personal finances / money				
Travel to visit family and friends				
Engage in volunteer work				
Maintain a paid job				
Pursue educational goals				

List the top three primary goals that Woodstock Manor may support the Applicant in working towards.
1.
2.
3.

Does the Applicant have any specific interests, strengths, hobbies, or skills?
1.
2.
3.

Financially Responsible Party	Emergency Contact
Name:	Name:
Contact Information:	Contact Information:

We would appreciate any suggestions that may assist us in understanding and caring for the Applicant.

Please attach all appropriate documentation, including discharge paperwork, to this application.

Completed forms may be faxed to: (845) 625 – 1512.

For questions regarding this application, please contact:

Ben Howard at (845) 505 – 4961 / ben@theacademyhouse.com