

**EMS Supervised Transitional Living Facility**  
**1453 Almonderry Place**  
**Richmond, VA. 23231**  
**(804) 222-3166**  
**EMS\_Virginia@yahoo.com**

**Application for Admission**  
**(Include copy of birth certificate, copy of social security card, copy of photo id or photo)**

Referral Source: \_\_\_\_\_

Referral Source Telephone Number ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Funding Source \_\_\_\_\_

Billing Address \_\_\_\_\_

Anticipated Date to Initiate Residential Services \_\_\_\_\_

Prospective Participant Name \_\_\_\_\_  
last first middle

Date of Application \_\_\_\_\_  
mm/dd/yyyy

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_  
mm/dd/yyyy

Place of Birth \_\_\_\_\_  
city, state

Age \_\_\_\_\_ If applicable, # of biological children \_\_\_\_\_

If applicable, prospective participant cell phone # ( ) \_\_\_\_\_

Legal Guardian/Agency \_\_\_\_\_

Legal Guardian/Social Worker \_\_\_\_\_

Legal Guardian's Address \_\_\_\_\_

Legal Guardian's Mailing Address \_\_\_\_\_

Legal Guardian's Primary Contact Number ( ) \_\_\_\_\_

Legal Guardian's Fax Number ( ) \_\_\_\_\_

Legal Guardian's E-mail \_\_\_\_\_

Legal Guardian's Emergency Contact Number ( ) \_\_\_\_\_

Reason for Referral

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Placement Profile (list past six month placements and address-**list current placement as 1**)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Briefly Describe Reason for Removal from Most Recent Placement

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Length of Time in Child Welfare System \_\_\_\_\_ months/years

Reason for Entry into Child Welfare System

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Age at Entry into Child Welfare System \_\_\_\_\_

Current Permanency Goal \_\_\_\_\_

Briefly Describe Relationship with Biological Family (attach most recent social history)

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If applicable, Names and Ages of Siblings

1) _____	Age _____	Contact _____
2) _____	Age _____	Contact _____
3) _____	Age _____	Contact _____
4) _____	Age _____	Contact _____
5) _____	Age _____	Contact _____

If contact is permitted, name, relationship and address of biological family

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\_\_\_\_\_ relationship

Primary contact number ( ) \_\_\_\_\_

If contact is permitted, describe type and frequency of contact

\_\_\_\_\_

\_\_\_\_\_

List all persons contact is **NOT** permitted with prospective participant

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_

**Present Condition of Prospective Participant** (symptoms/behaviors)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Protection Needs of the Prospective Resident**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Behavior Support Needs of Prospective Resident**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Psychological Evaluation** (psychological tests and results) attach most recent psychological report

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Suitability of the Prospective Resident**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mental Health Profile (attach most recent mental health report)**

DSM-IV Diagnosis

Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Special Needs \_\_\_\_\_

Behavior Needs \_\_\_\_\_

Therapist Name \_\_\_\_\_

Therapist Address \_\_\_\_\_

Therapist Telephone Number ( ) \_\_\_\_\_

Frequency of Therapist Visits \_\_\_\_\_

**Medical Profile (attach most recent TB screening results indicating negative results, most recent physical report, most recent dental report, other recent medical results/needs, and copy medical insurance card)**

Physician Name \_\_\_\_\_

Physician Address \_\_\_\_\_

Physician Telephone Number ( ) \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Special Needs \_\_\_\_\_

Medical Insurance Type \_\_\_\_\_

Medical Insurance Policy Number \_\_\_\_\_

**Drug Profile**

Current Prescriptions

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Current non-Prescriptions

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Other

1) \_\_\_\_\_

2) \_\_\_\_\_

Special Comments

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Allergies

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Immunization Needs

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Academic Profile (attach current school year report cards, IEP, immunization/physical record, withdrawal form from previous school, copy of suspension forms if applicable)**

Highest Grade Completed \_\_\_\_\_  
Current Grade Level \_\_\_\_\_  
Current School/Academic Program \_\_\_\_\_  
Current School/Academic Program Address \_\_\_\_\_

Current School/Academic Program Telephone Number (    ) \_\_\_\_\_

IEP  Yes  No      Date of most recent IEP \_\_\_\_\_

Briefly Describe Favorite Academic Subjects/School Activities

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Special Needs

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**Legal Profile (attach court documents)**

Briefly describe any current or previous court involvement, include past convictions

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Currently on Probation  Yes  No    Jurisdiction \_\_\_\_\_

Probation Officer Name and Contact Number \_\_\_\_\_

Pending Court Date \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Restitution Owed \_\_\_\_ Yes \_\_\_\_ No

If yes, briefly discuss amount owed and frequency of payment, include jurisdiction

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**Employment Profile (attach current resume, work schedule, and etc.)**

Briefly describe past and present employment history

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Briefly describe employment/job readiness skills/ability

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Briefly describe current career interests

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**Bank Profile**

Checking Account \_\_\_\_ Yes \_\_\_\_ No

If yes, list bank and branch \_\_\_\_\_

Savings Account \_\_\_\_ Yes \_\_\_\_ No

If yes, list bank and branch \_\_\_\_\_

**Religious Preference** \_\_\_\_\_

**Additional Information**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Legal Guardian

**Office Use Only (Staff must initial each entry)**

Date Application Received \_\_\_\_\_

Date of Follow Up with Referral Source \_\_\_\_\_

Date Pre-placement Interview/Visit Scheduled \_\_\_\_\_

Date Pre-placement Interview/Visit Conducted \_\_\_\_\_

Administrator Present for Pre-placement Interview/Visit \_\_\_\_\_

Prospective Resident Deemed Suitable for Placement \_\_\_\_\_

Date of Post-Pre-placement Interview Follow-Up \_\_\_\_\_

All Application Documents Received From Referral Source \_\_\_\_\_ Yes \_\_\_\_\_ No

Prospective Participate Accepted \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, reason for denial \_\_\_\_\_

Anticipated Date of Placement \_\_\_\_\_