

Client Name: _____



FAMILY SERVICE AND GUIDANCE CENTER OF TOPEKA, INC.
CLIENT ADMISSION INFORMATION
Child / Adolescent

The State of Kansas requires Community Mental Health Centers to collect the following information. Please complete each section per table instruction

CLIENT'S HIGHEST LEVEL OF EDUCATION ACHIEVED

(Please select (X) one)

10	None	24	High School Graduate (Not GED)
11	Preschool	25	One Year of College
12	Kindergarten	26	Two Years of College (Inc. Assoc Degree)
13	First Grade	27	Three Years of College
14	Second Grade	28	Bachelor Degree
15	Third Grade	29	Graduate Work (No Degree)
16	Fourth Grade	30	Master's Degree
17	Fifth Grade	31	Doctorate Degree
18	Sixth Grade	32	Special Education Un-graded Class
19	Seventh Grade	33	General Education Degree (GED)
20	Eighth Grade	34	Vocational Training Beyond High School
21	Ninth Grade	35	Unknown
22	Tenth Grade	36	Four Years of College (No Degree)
23	Eleventh Grade	37	MD
		38	JD (Attorney)

EDUCATIONAL PLACEMENT

(Please select (X) current educational placement)

1	Not applicable (not listed below)	13	Not in school (GED)
2	Institutional instruction: e.g. psych. Hospital, detention	14	Not in school (expelled)
3	Residential School	15	Not in school (drop-out)
4	Home-based instruction from school district	16	Preschool
6	Special Ed. Classroom	17	Other
7	Regular classroom with Special Ed. Services or Consultation	18	Alternative Education placement with Intensive Psychosocial
9	Regular classroom (100% of the day, no Special Ed.)	19	Not in School – Summer Break
10	Home Schooling not provided by the school district	20	Therapeutic Services for Preschool Children
11	Not in school (suspended)	21	Enrolled in Post Secondary Education (Technical School, College, Professional Development such as Cosmetology)
12	Not in school (graduated)		

Name of school attending: _____

Client Name: _____

RESIDENTIAL SETTING

(Please select the current residential setting by placing an "X" before the selection)

1	Jail / Detention	8	Emergency Shelter
2	State Hospital	9	Therapeutic Foster Care
3	Inpatient Psychiatric Unit	10	Foster Home
4	Crisis Resolution/Stabilization Unit	11	Temporarily living with a Relative or Family Friend
5	Drug/Alcohol Treatment Center	12	Home of Parent(s): Biological, Adoptive, or Legal
6	Residential Treatment/Level VI	13	Independent Living
7	Group Home (level III, IV, V)	14	Homeless

JUVENILE JUSTICE & LAW ENFORCEMENT

(Please report the number of each category based on the previous 30 days)

Total number of arrests	# of adjudicated misdemeanors
# of adjudicated felonies for property crimes	# of law enforcement contacts (face-to-face contact not resulting in arrest)
# of adjudicated felonies for crimes against persons	# of adjudicated felonies not property or persons
	Not Applicable

PREVIOUS TREATMENT HISTORY:

(Please select (X) all that apply)

1	No previous treatment	5	General Hospital Psychiatric Unit
2	State mental health hospital Enter the county where the client lived independently or with family for six continuous months prior to the latest admission to the State Hospital. _____	6	Inpatient Substance Abuse (excluding detox, etc.)
3	Private psychiatric hospital	7	Residential mental health treatment within a state correctional facility
4	Out of Home Crisis Stabilization		

ALLERGIES

(Please list all known allergies to medication, food, animals, etc.)
