



Date Completed: _____ Completed By: _____

Application for (check one): Residential Services Family Treatment Homes Home-based Services Teen Group Homes (McAuley / Charlie Elder)

Please direct questions and completed application to the ACS Admission Department at: 4600 Abbott Rd Anchorage, AK 99507-4314 Phone: (907) 346-2101 Fax: (907) 348-9230 Referral Email: admissions@akchild.org

Referred Student: _____

DOB: _____ SS#: _____

Ethnicity: _____ Male Female

Referred Student Current Placement (e.g. home, hospital, residential treatment, shelter)

Contact Name: _____

Contact Phone #: _____

Most Current Psychiatric Diagnosis Code

Axis I: _____ (_____)

_____ (_____)

Axis II: _____ (_____)

Axis III: _____ (_____)

Axis IV: _____ (_____)

Axis V: _____ (_____)

Date of diagnosis: _____

Diagnosed by: _____

Insurance/Medicaid Information:

If Medicaid, include Resource Code

Insurance 1 Name/ #: _____

Subscriber Name/ SS#: _____

Group Name/ #: _____

Insurance Telephone #: _____

Insurance 2 Name/ #: _____

Subscriber Name/SS#: _____

Group Name/ #: _____

Insurance Telephone #: _____

Mother's Name: _____

Phone: _____

Address: _____

Father's Name: _____

Phone: _____

Address: _____

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 ACS? _____

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)
 Master TX Plan to include two most recent reviews