Bridgeway Residential Services, LLC.

5125 Bridgeside Drive N. Chesterfield, Virginia 23234 Telephone/Fax:804.562.1697/ 804.414.8642

APPLICATION FOR ADMISSION

APPLICANT INFORMATION		
Applicant's Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed	Religious Affiliation:	Payment Type (s): ☐ Social Security ☐ ID/DD Waiver ☐ Private Pay ☐ Other: _______________
NAME OF LEGAL GUARDIAN/AUTHORIZED REPRESENTATIVE/CONSERVATOR SUBSTITUTE DECISION MAKER/POWER OF ATTORNEY		
Name:		
Address:	Home Phone:	Cell/Work Phone:
City:	State:	ZIP Code:
EMERGENCY CONTACT		
Name of Emergency Contact Person:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship to the Applicant:		
INSURANCE COVERAGE INFORMATION		
Medicaid #:		
Medical Insurance:		Medical Insurance #:
Medicaid #:		
Medicare #:		☐ Part A ☐ Part B ☐ Part C
MEDICALINFORMATION		
Hospital Preference:		
Primary Diagnosis:		
Allergies:		
Advance Directive Information, If Applicable:		
Primary Care Physician:		
Address:		Phone:
City:	Zip Code:	Fax:
After Hours Emergency Phone:		
Dentist:		
Address:		Phone:

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City:	Zip Code:	Fax:
Psychiatrist:		
Address:		Phone:
City:	Zip Code:	Fax:
Ophthalmologist:		
Address:		Phone:
City:	Zip Code:	Fax:
Other Medical Specialist :		
Address:		Phone:
City:	Zip Code:	Fax:
Other Medical Specialist :		
Address:		Phone:
City:	Zip Code:	Fax:

LEGAL INVOLVEMENT

Past/Current Criminal Charges:

Parole/Probation Officer Name/Phone:

PSYCHIATRIC INVOLVEMENT

Psychiatric Hospitalizations or Special Behavior Unit: ☐None/Not Applicable

☐ None within the last two years (***List name and timeframe below***)

☐ Yes, within the past two years (***Attach most recent psychiatric discharge***)

LIST ALL PLACEMENTS

Program Name	Admission Date	Discharge Date

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SOCIAL HISTORY DATA

HISTORY OF PHYSICAL OR SEXUAL ABUSE, NEGLECT, OR OTHER TRAUMATIC EXPERIENCES, INCLUDING SIGNIFICANT LOSSES, DATES, ETC.; EXPLAIN: *(Attach additional documentation if needed)*:________________________

____

____

____

FAMILY HISTORY OF MENTAL HEALTH PROBLEMS AND/OR SUBSTANCE ABUSE ISSUES:

☐ **MENTAL ILLNESS/PSYCHIATRIC IMPAIRMENTS** ☐ **ALCOHOL/DRUG ABUSE** ☐ **NONE REPORTED**

EXPLAIN: ____

____

____

OTHER SIGNIFICANT FAMILY DYNAMICS WHICH MAY AFFECT CLIENT FUNCTIONING: ________________________

____

____

____

Client's social interests, recreational/leisure interests, and/or hobbies: ________________________________

____

____

____

EDUCATIONAL HISTORY:

☐ Some High School: _________ ☐ High School Diploma: ______________ ☐GED: ____________________

☐ Trade SchoolProgram (*specify*): ________________ ☐ Some College (*specify*): ___________________

☐ College Degree (*specify*): ______________________

EMPLOYMENT

Bridgeway Residential Services, LLC.

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Employer/Vocation	Location	Position	Dates of Employment

Attach additional pertinent employment information

ADDITIONAL DEMOGRAPHIC INFORMATION COLLECTED AT ADMISSION TO PROGRAM ONLY

Payee Representative: Name: ______ Address: ______ ______ Telephone: ______	**Next of Kin:** Name: ______ Address: ______ ______ Telephone: ______
Clergyman/Place of Worship, If Applicable: Name: ______ Address: ______ ______ Telephone: ______	**Next of Kin:** Name: ______ Address: ______ ______ Telephone: ______
Other Service Provider: Name: ______ Address: ______ ______ Telephone: ______	**Next of Kin/Friend:** Name: ______ Address: ______ ______ Telephone: ______
Other Service Provider: Name: ______ Address: ______ ______ Telephone: ______	**Next of Kin:** Name: ______ Address: ______ ______ Telephone: ______

ADDITIONAL DEMOGRAPHIC INFORMATION COLLECTED AT ADMISSION TO PROGRAM ONLY
(**Office Use Only**)

Referral Source:	**Reason for Referral**:
Veteran:	**Highest Grade Completed In School**:
Housing Status At Admission: ☐Group Home ☐Private Residence ☐Homeless ☐Own or Someone Else's Apt., Room, or House ☐Shelter ☐Hotel, SRO, Boarding House ☐Psychiatric Hospital ☐Jail ☐Other :______	**Reason For Referral:**

Bridgeway Residential Services, LLC.

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APPLICATION FOR ADMISSION

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Disposition:

Admission:

☐**Approved -**After review of the Applicant's application, physical, face to face interview, and other preadmission documents/perquisites, Bridgeway Residential Services, LLC.,has determined the agency has the appropriate license to meet the applicant's care needs at the time of admission.

Date of Admission: _______________

☐**Denied**

Reason for Admission Denial: _____________________

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Pre-Admission Items Received:

☐ Applicant Interviewed
☐ Site Tour
☐AAID SISS(SIS)
☐ Current Physical Examination
☐ Current TB Screening Result
☐ Psychological Report Received
☐ Social History
☐ Other: __________________________

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<td colspan="2">SIGNATURES</td>
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<tr>
<td colspan="2">I, ______________________________________, authorize the verification of the information provided is accurate on this form.</td>
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<tr>
<td>Signature of Applicant:</td>
<td>Date:</td>
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<tr>
<td>Signature of Guardian/Conservator:</td>
<td>Date:</td>
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