

WHAT TO BRING TO AN INTAKE

Please bring copies of all of the following that you can obtain:

MEDICAL:

- Child's Current Medical Card—must copy BOTH sides **(MUST BRING)**
- **At least 10**, preferably 14 days worth of all medications child takes **(MUST BRING IN ORIGINAL PILL BOTTLES)**
- Child's Primary Care Doctor's, and Dentist's, names and phone numbers
- Child's Immunization Records
- Child's Psychiatrist's or Nurse Practitioner's name and phone number
- Knowledge of any allergies to medications, foods, insects **(VERY IMPORTANT)**
- Knowledge of any medical issues for child **(VERY IMPORTANT)**
- Birth Certificate (must be a certified copy)
- Documentation of child's recent well check (within 1 year prior to admission)
- Medical Consent for Program Activities (form to be filled out by child's physician)
- Documentation of child's recent dental check up (within 6 months prior to admission)
- Recent pictures of the child
- Child's Social Security Number

EDUCATIONAL:

- Knowledge of whether child has IEP, 504 Plan or any special school considerations
- Copy of IEP if child has one
- Names of schools child has attended over the past two years and special education contact person if one is assigned
- Knowledge of what grade the child is in (or will be in the Fall)

MENTAL HEALTH/TREATMENT DOCUMENTATION:

- Knowledge of all agency/provider names who have provided therapy to child/family complete with names and dates of service if at all possible
- Current psychological and/or psychiatric assessment (completed within previous 60 days)
- Any past treatment reports/notes that you have on file
- Plans for support after evaluation

FAMILY:

- Contact information, names and numbers for child's phone list
- Available time during the week to participate in the program (2-3 times per week)

DHS/CAF DOCUMENTAION: (This is to be provided by DHS/CAF worker)

- Completed BRS Initial Authorization Form, filled out (CF85A—2 pages—**MUST HAVE**)
- Copy of Wardship or Voluntary Agreement, whichever applies (**MUST HAVE**)
- Copy of 147A and all or most of the 147B's
- Copy of 147C if applies
- Any police reports pertaining to child's nuclear family with whom they lived
- Face Sheet
- Placement History from computer
- Parent(s) psychological(s) (if you can provide and if applicable)

PROGRAM FORMS: (To be completed and brought to the intake)

- **Basic Information Forms & Authorizations**
 - Child and Family Intake Information
 - Emergency Information Contact Information Sheet
 - Phone Contact Sheet
 - School Enrollment
 - Authorization and Release to Participate
 - Informed Consent for Treatment
 - Release(s) of Information
 - Privacy Practices Acknowledgement
 - Release for Use of Non-Secure Modes of Communication
- **Medical Information Forms and Releases**
 - Medical History Questionnaire
 - Medical Release
 - Medical Consent for Program Activities
 - McKenzie Pediatrics Patient Information
 - Medical Resources Summary
 - BHS Pharmacy Form
 - Statement of Identity