

# Application Information Checklist

Little Flower UFSD  
Little Flower Child and Family Services

<b>DATE:</b>		<b>Student ID Number</b>	
<b>Name:</b>		<b>Date of Birth:</b>	

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

Placement Consideration: \_\_\_\_\_ Day Placement \_\_\_\_\_ Residential Placement

**Reason for Referral: Presenting Problems/Issues**


**Pre Referral Strategies/Interventions:**


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**Supporting Documents: (\* Mandatory Prior to Admission)**

Document	Date of Document	Enclosed	Forthcoming (Date Expected)
* IEP (Current)			
* Immunization Records (Current)			
* Health/Medical Insurance (Current)			
* Psychological Evaluation (Within 2 years)			
* Psychiatric Evaluation (Within past year)			
* Psycho-Social History (Current)			
* School Records/Transcripts (Cumulative) An updated transcript including science laboratory hours and any hospitalizations are mandatory for all students entering grades 9-12			
If applied: copy of eligibility letter from OMRDD	Date Applied		
If Applied: copy of eligibility letter from OMH	Date Applied:		
Completed VESID application	Date Applied:		

On site visit by student, parent or guardian may be requested.

**Contact Information:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

<b>Little Flower UFSD and Little Flower Child and Family Services will not accept students who exhibit the following behaviors or conditions:</b>
Fire setting
Sexual Aggression
Gang Affiliation
Use of Weapons for Assault
Actively Psychotic with Audio-Visual Hallucinations: either untreated, not responding to treatment, or refusing treatment
Suicidal and Homicidal Behaviors
Active Substance Abuse

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### Little Flower Intake Committee Participants Present:

Position	Name
School Administrator	
School Psychologist	
R.T.C. Administrator	
Infirmery Support Staff	
Mental Health Support Staff	
Other:	
Other:	
Other:	
Other:	

### Check One:

<input type="checkbox"/>	<b>ACCEPTED</b>	<input type="checkbox"/>	<b>NOT ACCEPTED</b>
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### Discussion Notes:
