

BBC Residential Application Form

56-660 Kamehameha Highway, Kahuku, HI 96731
 (808)293-7555 Fax: (808)293-7196



To: Bobby Benson Center

ATTN: Karen Carlisle CSAC, Intake Counselor

Client: _____

SSN#: _____ - _____ - _____

Address: _____

Phone: _____

Gender (circle one) Male Female

Birthday: ____ - ____ - ____ Age: _____

Ethnicity: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Identifying Marks: _____

Referred By: _____

Phone: _____

Reason for Referral: _____

HOW WILL PLACEMENT BE FUNDED: _____

Mother: _____

Father: _____

Address: _____

Address: _____

Phone (Home): _____

Phone (Home): _____

Phone (Work): _____

Phone (Work): _____

Phone (Cell): _____

Phone (Cell): _____

Currently living with one of the above? If yes, which one, or if client is placed outside of home where?

Name: _____

Relationship: _____

Address: _____

Phone: _____

INSURANCE INFORMATION:

Type of coverage: _____

Plan or Group: _____

Member #: _____

Subscriber #: _____

DOH or Intensive Case Manager/Agency		Business No.	
DOH Care Coordinator		Business No.	
SPED Teacher		Business No.	
Drug Court/Probation Officer		Business No.	
Psychiatrist		Business No.	
		Business No.	

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		Business No.	
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Health / Medical

A physical examination is required within: 30 days prior to admission date

At admission all immunizations (including TB clearance) must be current with in one year.

Please list any current medical conditions (including allergies), past hospitalizations, and significant medical history.

List any current Prescribed Medications:

Medication	Dose/Frequency	Why Prescribed	Doctor Name	Phone #

School Life / Academics / Education:

CURRENT SCHOOL:

GRADE:

Has the child been evaluated for or placed in special education classes: [YES] or [NO]

If yes, what type of Special ED?

Describe School History (List Schools attended, activities, and problem areas) and current level of functioning.

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PAST TREATMENT: Include: Teencare, YMCA, Therapist, Residential treatment, Outpatient treatment, Juvenile Drug Court or any out of home placements(Fosterhome, Interim Home etc. Please include dates at program or in treatment.

Treatment	From Date	To Date	Completed Y/N

PROBLEM BEHAVIORS:

Describe any major problems that the family has experienced, (e.g. drug/alcohol use, suicides, mental health, violence, financial, legal, etc.) how the family responded, and how the child was affected (Include family strengths). Include the number of placements the child has had.