



Barber National Institute
Making dreams come true.

Children Acute Partial Hospitalization Program Application

Fax to Attn: INTAKE at (814) 833-0382
Please fill out as thoroughly as possible

Name of Applicant:				Date:	
County of Residence:	<input type="checkbox"/> Erie	<input type="checkbox"/> Other:	Age:		Gender:
Race:			Height/Weight:		
Date of Birth:			SSN:		
Address:			School:		
			Grade:		

GUARDIAN INFORMATION:			
Name:			
	<i>Last</i>	<i>First</i>	<i>Relationship</i>
Check if address is same as Applicant <input type="checkbox"/> If different please list below			
<i>Physical Address</i>	<i>City/State/Zip Code</i>	<i>Mailing Address</i>	<i>City/State/Zip Code</i>
Phone Numbers	Home Phone:		
	Cell Phone:		
	Work Phone:		

GUARDIAN INFORMATION:			
Name:			
	<i>Last</i>	<i>First</i>	<i>Relationship</i>
Check if address is same as Applicant <input type="checkbox"/> If different please list below			
<i>Physical Address</i>	<i>City/State/Zip Code</i>	<i>Mailing Address</i>	<i>City/State/Zip Code</i>
Phone Numbers	Home Phone:		
	Cell Phone:		
	Work Phone:		

Primary Insurance		Individual ID	
Name of Insured		Group ID	
Relationship to Applicant		Insured DOB	
Secondary Insurance		Individual ID	
Name of Insured		Group ID	

Does the child have a mental health diagnosis?

Yes

No

Please list:

Please attach a copy of the most recent psychological, psychiatric, or physician check-up indicating diagnosis if possible.

Please list any chronic medical concerns (asthma, diabetes, etc...)

Current Medications:
(include name, dosage, and prescriber)

Current and Previous Providers and Therapies

Medication Management

C P

Provider:

Behavior Services

C P

Provider:

FFT/MST

C P

Provider:

Children & Youth (OCY)

C P

Provider:

Juvenile Probation

C P

Provider:

Family Based (FBMH)

C P

Provider:

Blended Case Mgt (BCM)

C P

Provider:

Outpatient Therapy

C P

Provider:

Are any of the above therapies specialized (trauma, ASD, etc.)

Current Concerns

Suicidal Ideation

Describe (include any plans):

Suicidal Attempt

Describe:

Homicidal Ideation

Describe:

Self-harm/Self-destructive Behaviors

Describe:

