



Pre-Admission Intake and Decision Tool

Date: _____

Time: _____

Agency/ Representative: _____ Title: _____

Address: _____

Contact #: _____ Contact#: _____

Resident Name: _____ DOB: _____ Sex: _____

Current Placement: _____

Current CCA: Y/N Level of Care: I/ II Medications: _____

Permanency Plan: _____

Summary of situation: _____

Medical Needs/ Concerns: _____



Current Emotional/ Behavioral Concerns: _____

Education: _____

Strengths: _____

Needs: _____

B&GH Staff Only

Received by: _____ **Date:** _____ **Time:** _____

Accepted: _____ **Denied:** _____ **Referred to TFC:** _____

Reason: _____

Assigned to Cottage: _____ **Room:** _____ **Bed:** _____

Case #: _____ **CLSW:** _____ **Clinician:** _____

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Signature and title