



**NEW LEAF ADOLESCENT CARE INC**  
**PO Box 560291**  
**Charlotte, NC 28256-0291**  
**P: (704) 405.8890 F: (704) 405.8893**  
[www.newleafinc.info](http://www.newleafinc.info)

### **Screening/Admission Assessment**

The program requires a complete admission study to assure that any placement meets the needs and best interested of each applicant. Before acceptance to the program, it is required that an interview be held with the applicant and the parents, other legal guardian and/or referring agency representative. The following information is required for the admission study:

1. \_\_\_\_\_ Complete applicant form (including ALL requested signatures)
2. \_\_\_\_\_ Social history
3. \_\_\_\_\_ Psychological evaluation within past year (and other reports available)
4. \_\_\_\_\_ Pertinent records of last several placements
5. \_\_\_\_\_ History of court involvement
6. \_\_\_\_\_ Copy of Birth Certificate
7. \_\_\_\_\_ Copy of Court order if in custody of DSS or other guardian
8. \_\_\_\_\_ Physical examination (within 3 months prior to application)
9. \_\_\_\_\_ Social Security card.
10. \_\_\_\_\_ Current or last IEP, T/HP and School Records (if applicable)
11. \_\_\_\_\_ Medication Education Information (if on prescription Drugs)
12. \_\_\_\_\_ Copy of current treatment plan.
13. \_\_\_\_\_ Copy of immunization records, birth certificate
14. \_\_\_\_\_ Level of Eligibility, Current CAFAS, Form B
15. \_\_\_\_\_ Physician Standing Drs Orders for all meds

#### **Date of Application:**

A determination as to the most appropriate placement will be made based on this information; therefore it is important to know as much as possible about each applicant. Pre-placement visits to the program or program staff are a part of the admission procedure to help assure the most appropriate placement for each applicant.

#### ***Please forward all information to:***

***New Leaf Adolescent Care, Inc***  
***PO Box 560291***  
***Charlotte NC 28256-0291 or email to:***  
[\*\*\*mrivers@newleafinc.info\*\*\*](mailto:mrivers@newleafinc.info)

Please DO NOT remove any of these pages from the application. Application must be submitted with all pages.

If client is chosen, please have a copy of Service Authorizations, Drs Orders for service, and Treatment plan.

**Screening/Admission Assessment**

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

Record# \_\_\_\_\_

Reason for referral (include all presenting problems):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can we meet their needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Disposition, including referrals/recommendations:

\_\_\_\_\_  
\_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_



**The Following to be completed upon admission:**

Strengths:

\_\_\_\_\_  
\_\_\_\_\_

Needs:

\_\_\_\_\_  
\_\_\_\_\_

Admitting Diagnosis (addressing Axis I- V)

Axis	Code	B/P/R/	Description

**Screening/Admission Assessment**

Evaluations/Assessments needs (if yes, state when referral made):

Psychiatric \_\_\_\_\_

Vocational \_\_\_\_\_

Medical \_\_\_\_\_

Substance Abuse \_\_\_\_\_

Historical Information

A. Social:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Medical:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Legal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Treatment Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature/Title \_\_\_\_\_

Date: \_\_\_\_\_

**Consumer Information**

Record # \_\_\_\_\_

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

First

Middle

Last

Maiden

D.O.B: \_\_\_\_\_

SSN: \_\_\_\_\_

RACE: \_\_\_\_\_

GENDER: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

ADMISSION DATE: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Person to contact in case of emergency:

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

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

**Primary Physician**

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

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetnus Shot: \_\_\_\_\_

Seizures or other Medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW LEAF ADOLESCENT CARE INC

**Consumer Agreement**

Name of Client: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Record # \_\_\_\_\_

Date of Admission: \_\_\_\_\_

1. I (we) have received the Client/Parent Handbook for New Leaf, INC and understand the terms and conditions contained therein.
2. I (we) give consent for the above named client to be placed in New Leaf, INC and in doing so agree to abide by the terms as outlined in the Client/Parent Handbook.
3. I (we) acknowledge that this service is voluntary and that I (we) [circle one]: (may/may not due to court order) at any time removed the client from this placement.
4. I (we) agree to allow New Leaf, Inc's staff to implement regular and accepted methods of therapeutic interventions as indicated by the client's mutually agreed upon treatment goals/plan.

Name and phone # of individual to be notified (if not parent/guardian):

\_\_\_\_\_

5. I (we) have received a full explanation of the New Leaf, Inc "Search and Seizure" procedure. I (we) agree to the use of this procedure in accordance with the manner prescribed.
6. My (our) stated religious preference for this client is \_\_\_\_\_. I (we) understand that New Leaf, Inc will respect this religious preference, and that this client will be permitted to attend services of this preference, and that this client will be permitted to attend services of this preference whenever feasible.
7. I (we) consent to information exchanged between New Leaf, Inc and the agencies listed below, but only to the extent necessary for the planning and implementation of individualized services for this client. I (we) understand that this information will include historical, psychological, medical, social, vocational, educational and behavioral data. The Confidentiality/Exchange/Release of Information policy has been explained to me (us), and (we) understand that New Leaf, Inc has policies protecting the confidentiality of this client.

**Admission Agreement**

Name of Client: \_\_\_\_\_

Record# \_\_\_\_\_

**AGENCIES AUTHORIZED TO EXCHANGE INFORMATION WITH NEW LEAF INC:**

_____	_____
_____	_____
_____	_____
_____	_____

8. I (we) understand the exchange/release of information to agencies or individuals other than those listed above will require my (our) written authorizations, except under the following conditions which allow for confidential information to be disclosed without client/parent/legal guardian consent:

- a. For the purpose of reporting suspected abuse and/or neglect.
- b. Under orders of a court of competent jurisdiction.
- c. For the purpose of filing a petition for involuntary commitment when deemed in the best interest of the client.
- d. By a responsible professional when there is imminent danger to the health of safety of the client or of another individual, or there is a likelihood of the commission of a felony or violent misdemeanor.
- e. By a responsible professional to a physician or other health care provider who is providing emergency medical services to a client, but only to the extent necessary to meet the emergency.
- f. Whenever there is reason to believe the client may be eligible for financial benefits through a government agency, but only to the degree necessary to establish benefits.

9. I (we) grant permission for this client to participate in all New Leaf, Inc outing with the knowledge that such outings will require his being transported away from the New Leaf, INC facility. It is my (our) understanding that I (we) will notified in advance of the overnight or out-of-state outings. I (we) agree not to hold New Leaf, Inc liable in the event of an accident or injury.

10. I (we) authorize New Leaf, Inc. to provide first aid assistance in the facility or during an outing.

11. I (we) authorize New Leaf, Inc to transport this client to medical, dental and mental health appointments at the services listed below, and to obtain treatment there for this client. I (we) agree to be responsible for charges that may be incurred from this

Client's use of these services. Treatment may include medications, special diets, and special medical procedures.

_____	_____
_____	_____
_____	_____

12. I (we) understand that I (we) will be notified of any serious illness, any change in medical treatment or any medications administered to the resident as a result of contact with the services listed above.

**Admission Agreement**

Name of Client: \_\_\_\_\_

Record# \_\_\_\_\_

13. I (we) understand that prescription medication will be dispensed to this consumer only if our designated physician, \_\_\_\_\_ has ordered the said medication, provided staff with full instructions for administering the medication, and presented the medication to staff in a properly labeled prescription bottle.

14. I (we) agree to obtain a physical examination for this client to be performed by:

\_\_\_\_\_ (date), with the understanding that this shall be the financial responsibility of: \_\_\_\_\_.

15. I (we) agree to be responsible for purchasing and supplying New Leaf, Inc with any necessary medications for this client. I (we) agree to provide New Leaf, Inc with a written medication order signed by the prescribing physician for each medication supplied to the program.

16. I (we) agree to allow observations of this client by professionals and trainees in such areas as teaching, psychology and social work, as well as observations by groups that may tour the program, with the understanding that measures will be taken at all times to protect the client’s right to confidentiality. These measures will include, but not be limited to, an explanation of clients rights and confidentiality and a signed confidentiality agreement to be maintained in the program files.

17. I (we) agree to allow this client to be photographed and audio taped or videotaped but only for treatment of training/supervision purposes and only for use by New Leaf, Inc. Program Services staff and members of the client’s Treatment Team. I (we) understand that photographing and audio taping or videotaping of this client for any purpose or audience other than those defined about shall require my (our) additional written consent. Finally, I (we) understand that confidentiality will be guaranteed in use of this material.

18. I (we) agree to allow this client to receive visits and telephone calls at the program from relatives and friends. Exceptions to people allowed to visit or call this client are listed below: (If no exceptions, please write “none”)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. I (we) authorize New Leaf, Inc. to obtain emergency care for this client, if needed until such time that I (we) can be reached to authorize further care.

20. I (we) authorize New Leaf, Inc to provide accurate educational information to this client regarding human sexuality, abstinence, contraception and prevention of sexually transmitted diseases and to make condoms available to this client unless otherwise directed by the Treatment/Service Plan.

21. I (we) have been provided with a copy of the New Leaf, Inc. “Client Rights”, and I (we) understand that rights to which clients in New Leaf, Inc are entitled.

Any questions concerning the client’s rights should be addressed to the Executive Director at PO Box 560291 Charlotte, NC 28256-0291

**Admission Agreement**

Name of Client: \_\_\_\_\_

Record# \_\_\_\_\_

22. I (we) have been provided with a copy of the New Leaf, Inc. "Client Grievance Procedure", and I understand that the client and I may use the procedure to file a grievance if we are dissatisfied with the program services or feel that the client's rights have been violated. Any further questions regarding the Client Grievance Procedure should be addressed to the Program Director listed above.

23. Exceptions and additions to consents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. I (we) understand that the responsibility for conducting family work with the resident's parents will be specified in the Service Plan. These responsibilities will include specifications for: The responsible professional frequency of interventions, locations and documentation.

25. All fees and plan for payment are the responsibility of the placing agency and NOT the client or client's legal custodian unless otherwise specified by separate contract.

26. The projected length of stay, discharge date and after-care plan will be developed during the Service plan meetings and conferences will be held as follows: within sixty days of placement, ninety days after the first review and every six months thereafter.

27. Family contact, visitation and home visits must be developed and planned according to the individual needs, requirements, circumstances of the resident and placement authority. The client's service plan will specifically document the conditions for family time.

28. I agree to the use of Therapeutic Crises Intervention procedures as they have been explained to me.

29. I (we) agree that this document may be amended on an as-needed basis, and that any such amendment will require the signature of the client's parent/guardian, social worker/case manager, court officer, or court counselor.

30. This admission Agreement will expire six months after the date that it is signed. I (we) understand that on the expiration date, my (our) participation in the completion of a new Admission Agreement will be required.

31. I (we) understand that on this date a copy of the Admissions Agreement, the Client Rights and Special Protections, and the clients Grievance Procedure and Student Handbook will be made available to the client.

**Signature:**

Parent/Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_