

Metanoia Manor Admission Assessment #2

Date: _____

Individual completing form: Name: _____

Agency: _____

Telephone: _____

Email: _____

Relationship to child: _____

Child's legal guardian: Name: _____

Agency: _____

Telephone: _____

Email: _____

Relationship to child: _____

Category criteria met on Metanoia Assessment #1: Identified/Confirmed _____

High-Risk _____

At-Risk _____

Child's Name: _____

Child's Date of Birth: _____ Child's Social Security: _____

Is child a US Citizen? ___ Yes ___ No, _____

Where is child currently residing? _____

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Does the child have valid medical insurance? ___ Yes ___ No

Medical insurance carrier _____

Policy number: _____

Does the child display symptoms of ongoing drug usage/dependency? ___ Yes ___ No

If yes, explain _____

Date and location of latest drug screening? _____

Results of drug screen? _____

Does the child display dependency on alcohol or nicotine? ___ Yes ___ No

If yes, explain _____

Describe mental health concerns displayed?

Does the child have any diagnosed mental health illnesses? ___ Yes ___ No

If yes, explain _____

Does the child display physical/verbal aggressive behavior? ___ Yes ___ No

Describe _____

Date and location of latest mental health screening: _____

List OTC/prescribed medications _____

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Does the child see a mental health therapist on an on-going basis? ___ Yes ___ No

If so, with whom, where, for what, how often and the next scheduled appointment?

Does the child participate in any other therapies or on-going treatments? ___ Yes ___ No

If so, with whom, where, for what, how often and the next scheduled appointment?

Does the child display any physical injury that needs medical attention? ___ Yes ___ No

Explain _____

Does the child have chronic illnesses or physical disabilities that need medical attention? ___ Yes ___ No

Explain _____

Date and location of latest physical health examination _____

Date and location of latest OB/GYN examination _____

Date and location of latest dental examination _____

Date and location of latest vision examination _____

Does this child have any known allergies? ___ Yes ___ No

If so, what are they and list medications taken for these allergies.

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Is the Applicant pregnant? ___ Yes ___ No Baby's due date? _____

Is she seeing a doctor for prenatal care? ___ Yes ___ No

If so, who and when is the next scheduled appointment? _____

Is the suspected trafficker the unborn's biological father? ___ Yes ___ No

Does applicant have biological children? ___ Yes ___ No

If yes, is applicant legal guardian? ___ Yes ___ No

Will the child be admitted with the mother? ___ Yes ___ No

Applicant's Biological Family Information:

Applicant's Mother's Name(s) _____

Deceased _____ Incarcerated _____ Whereabouts unknown _____

Town where she resides _____

Is the child allowed contact with her? ___ Yes ___ No

If so, what are the guidelines for contact? _____

Applicant's Father's Name(s) _____

Deceased _____ Incarcerated _____ Whereabouts unknown _____

Town where he resides _____

Is the child allowed contact with him? ___ Yes ___ No

If so, what are the guidelines for contact? _____

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Applicant's Education:

Is the child enrolled in an education program? ___ Yes ___ No

If so, what type of education program? _____

Name and location of school? _____

Last grade level completed: _____

Applicant's General Information:

Does the child have criminal charges? ___ Yes ___ No

If yes, explain _____

Date and location of next court hearing: _____

Is the child cooperative with authority figures? ___ Yes ___ No

If no, explain _____

Does the child acknowledge the negative behaviors she demonstrates? ___ Yes ___ No

Does the child wish to continue in the life? ___ Yes ___ No

Does the child acknowledge the need for treatment? ___ Yes ___ No

Is the child accepting of help? ___ Yes ___ No

Explain _____

Is there anything Metanoia needs to know about this child that is not listed on this assessment?