<u>Metanoia Manor Pre-Admission Assessment</u> – **Step 2** (7113, A, 2, 3)

This form is to be completed by the placing agency/individual as the <u>Pre-Admission Assessment</u> (before placement) and to be used by the Metanoia Intake Assessment Team for the <u>Pre-Admission Screening</u>

Today's Date_____

Childs's Name (First, Middle, Last) _____

Child's Date of Birth _____ Current Age_____ Sex _____

Name of person completing this assessment _____

Relationship to the child _____

Complete all of the following questions in detail.

___ Yes ___ No   Being a victim of human trafficking is the reason/criteria for admission to Metanoia Manor. Has the child been deemed **a victim of trafficking** by the <u>CPS Screening Tool for Child Sex Trafficking</u>? (Attach a copy of the screening tool to this assessment.)

___ Yes ___ No   If new in state's custody, has her 72-hour court hearing been conducted yet?

Whose legal custody is this child in? _____

_____ Provide proof of legal custody, or, individual placing agency agreement

Is this custody status **permanent or temporary**? _____

Where is the child **currently residing**? _____

___ Yes ___ No   Is this facility in Louisiana? If not, where is it? _____

How long has she been at this facility? _____

Why is other placement being sought? _____

_____

Name of assigned Case Worker/Manager? _____

Case Worker/Manager's telephone numbers? _____

_____

<u>Medical:</u>

What **type of medical insurance** does this child have? _____

___ **Yes** ___ **No**   Does this child have a **current** medical insurance card?

___ **Yes** ___ **No**   Does this child have a social security card?

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

If yes, explain _____

_____

___ **Yes** ___ **No**   Has the child been seen or needs to be scheduled for <u>drug screening/detox</u>?

When and with whom? _____

___ **Yes** ___ **No**   Does the child display any usage/dependency on **alcohol or tobacco**?

Which one, or both? _____

___ **Yes** ___ **No**   Does the child display any **mental health concerns or questions**?

Explain_____

_____

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

Explain_____

_____

___ **Yes** ___ **No**   Does the child **act age appropriate**?

If no, explain _____

___ **Yes** ___ **No**   Does the child display **volatile aggression and/or physical/verbal violent behavior outbursts**?

Describe _____

Known triggers _____

___ **Yes** ___ **No**   Has the child been seen or needs to be scheduled for a <u>mental health screening/counseling</u>?

When and with whom? _____

List OTC/prescribed medications _____

_____

List possible side-effects of these medications. _____

_____

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

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

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

_____

_____

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

Explain _____

_____

___ Yes ___ No Does the child have any **physical illnesses, chronic illnesses. diseases** or **physical disabilities** that needs medical attention?

Explain _____

_____

___ Yes ___ No Has the child been seen or needs to be scheduled for a <u>physical health screening/examination</u>?

When and with whom? _____

List OTC/prescribed medications _____

_____

List possible side-effects of these medications. _____

_____

___ Yes ___ No Are there any emergency medical problems with this child that need emergency medical attention?

If so, what are they and what is the plan to get the medical attention needed?

_____

_____

_____

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

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

_____

_____

_____

List possible side-effects of these medications. _____

_____

___ **Yes** ___ **No**   Is this child **pregnant**? If so, what is the baby's due date? _____

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

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

___ **Yes** ___ **No**   Does this child have **any other biological children**?

If yes, how many and where are they? _____

_____

Biological Family Information:

Parent(s) Name(s) _____

Town where they reside _____

___ **Yes** ___ **No**   Is the child allowed contact with them?

If so, what are the guidelines for contact? _____

_____

_____

Education:

___ **Yes** ___ **No**   Is this child currently enrolled in secondary school or adult education?

If so, what type of education program, what grade is she currently in and where is the educational facility located?

_____

___ **Yes** ___ **No**   Does she attend school regularly as required?

If no, why not _____

_____

General Information:

__ Yes ___ No   Is the child **cooperative with the authorities** at her current placement facility?

If no, explain _____

_____

___ Yes ___ No   Is the child **accepting of the circumstances** of why she is in this current facility?

If no, explain _____

_____

___ Yes ___ No   Does the child display a **willingness not to return to her trafficking circumstances and to move forward with positive plans for her life?**

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

Explain_____

_____

_____

What types of services would this child need if accepted at Metanoia Manor, and what are the preferences of the resident, also, these needs must verify that this child cannot be maintained in a less restrictive environment/facility within the community?

_____

_____

_____

_____

_____

_____

_____

_____

___ Yes ___ No Metanoia Manor is deemed by the child's legal guardian(s) to be the least restrictive possible placement facility for this child.

Why are you referring this child to Metanoia Manor for placement?

_____

_____

_____

_____

_____

Date and time that this referral assessment was reviewed by the Metanoia Intake Assessment Team

Date: _____ Time: _____ AM PM

Signatures of Metanoia Intake Assessment Team

_____

_____

_____

_____

_____

_____

Outcome of Assessment Team's review of this admission referral.

___ Yes ___ No   Is this child appropriate for admission into the Metanoia Manor program?

What are the plans for admitting the child into the facility?

_____

_____

_____

_____

_____

If this child is not appropriate for admission into the Metanoia Manor program, what are the reasons for rejection, and what recommendations does the admissions team make to the referring agency/individual for other placement and services?

_____

_____

_____

_____