



Ramoth House Application for Program Admission

Date of Application: _____ Completed by: _____

Referring Agency: _____

Date Requesting admission to program: _____

Anticipated length of stay: _____

Case Worker: _____ Phone# _____

Case Supervisor: _____ Phone # _____

Client Information

Name: _____ Age: _____ D.O.B. _____

Pregnancy History

Due Date: _____

Complication with pregnancy: _____

Medical History

1. List Allergies: (medical, food, environmental) _____

2. List any significant medical\health problems (i.e. asthma, diabetes): _____

3. List Medications: _____

Substance Use (if applicable)

1. Describe smoking habits: _____

2. Describe history of substance abuse (drugs, alcohol, and prescription). State all substances by name, length of use, frequency of use, dates of usage & treatment

provided. _____

Mental Health Information

1. Describe history of self harm (e.g. suicide, cutting), if applicable

2. Describe any behavior management issues (e.g. anger, depression, violence, abuse behavior), if applicable

3. Does client have current or historical health issues? If so, what are they?

History with Society

1. Does the client have a history with the Society as a child? If so, summarize family history and clients childhood experiences:

2. Does the client have a history with Society as a parent? If so, please summarize the history including the following details: past parenting styles, previous risk assessments & summaries of past parenting capacity reports and psychological assessments.

3. Please explain details of current risk assessment and reason for referral, including the reason(s) why current living arrangements are not suitable.

Criminal History

1. Does the client have a criminal history? If so, explain reasons for charges and dates of charges.

2. Is the client currently on probation? If yes, include reason for probation and restrictions.

3. Are there any current cases pending? Yes\No

Location: _____ Date: _____

Financial Assistance

1. Is the client currently receiving financial assistance from?

Ontario Works: _____ O.D.S.P.: _____

2. In which county is the client currently receiving financial assistance from?

3. Is the client part of another persons benefit plan with O.W. or O.D.S.P.? Yes\No

Education

Grade level and year completed: _____

Name of last school attended: _____

Number of high school credits: _____

Infant Information

Name: _____ D.O.B.: _____

Location of Birth: _____

Birth Weight: _____ Length: _____ Apgar: _____

Weight at Hospital Discharge: _____

Birth marks: _____

Type of Delivery: _____

Complications in delivery or immediately following birth: _____

Method of Feeding: (Breast, Bottle, type of formula): _____

Health Concerns: _____

Attachment Concerns: _____

Information on Infant's Biological Father

Name: _____ Age: _____ D.O.B.: _____

Address: _____

Phone #: _____

1. Does the client have an active relationship with the infant's biological father? If yes, describe. _____

2. Does he have a history of drug or alcohol use? If yes, describe.

3. Does he have a criminal history? If yes, describe.

4. Does he have a history of violence? If yes, describe.

5. Does he have mental health issues? If yes, describe.

6. Does he have a history with the Society as a child or as a parent? If yes, describe.

7. Are there limits on his access to infant? If yes, explain

8. Additional Concerns: _____

****Please provide the same information on the client's current partner, if the parent is not the child's biological father.**

Current Service Providers

Please give the name and contact numbers for the current service providers.

Public Health Nurse: _____

Doctor: _____

Probation Officer: _____

Counselor: _____

Other: _____

Additional Information

1. Please attach copies of any current agreements between the Society and client (e.g. P.S.A., V.A., Service Plan).
2. Provide a copy of a letter to be given to the client outlining specific limitations relating to the client's activities with the child as established by the Society. (e.g. limited to property, length of time off property, limited to in-town visits with family, access to child)
3. Provide photographs of any persons for whom access to the child is restricted or are considered to be violent or a threat to a person's safety.

Family and Friends Contact Visitation List

Please list the people who may contact the client at RH. Indicate on the chart the approval level of access (e.g. in-town visit, overnight visit, supervised access only, no access, length of visits)

Name:	Approved for:
Relationship:	
Phone#:	
Name:	Approved for:
Relationship:	
Phone#:	
Name:	Approved for:
Relationship:	
Phone#:	
Name:	Approved for:
Relationship:	
Phone#:	
Name:	Approved for:
Relationship:	
Phone#:	
Name:	Approved for:
Relationship:	
Phone#:	