



Admissions Procedures

Once placement at AWIXA has been approved, the Admissions Office will notify you as to a date of entry. Please work with the Admissions Coordinator on scheduling an intake time. The following admissions requirements should be noted:

- The Admissions Packet containing all release forms *must* be completed and returned to the Admissions Office prior to admission.
- No resident will be admitted without a record of immunization on file. Please make certain that your child's physician signs and completes the immunization record you submit along with your Admissions packet. Any required booster inoculations should be administered prior to admission.
- It is strongly recommended that your child have a dental check-up and any necessary dental work performed prior to his/her admission. Awixa will ensure that your child receives all necessary dental treatment while in care. If possible, please indicate date of last dental appointment prior to intake on the application. If you should prefer that your child receive dental care from your family dentist, please notify your Awixa Case Manager, and please schedule dental examinations during school vacation and recess periods as indicated on the school calendar available at www.Brentwood.k12.ny.us
- If you carry any medical, hospitalization or prescription insurance, forms and billing numbers should be left with the Admissions Office in the event they are needed to provide medical services to your child.
- If your child is currently taking any medication, please plan to arrive with a 30 day supply of any such medication. Also required will be a note from the prescribing physician as to the correct dosage to be administered as well as a brief note as to why the medication is necessary. Medication will be monitored by our Psychiatric Nurse Practitioner and reviewed with the appropriate case management staff at bi-monthly Treatment Team Meetings. Any suggested changes will be discussed with the parents prior to either increasing or decreasing the current prescribed medications.
- Upon Admission, if possible we would like a picture of your child, so it can be put in the master file. Additionally, with parental consent Awixa will at times post pictures of events on our website: www.awixa.org
- It is our mission to make Awixa the most home like setting for your child while he/she is in our care. To that end your child will be permitted to bring in personal items. You should be aware, however, that Awixa assumes no responsibility for residents' belongings, i.e. clothing, jewelry, electronic equipment, etc. At no time will restitution be made for loss or damage.
- Upon discharge, it is the responsibility of the parent, guardian and/or agency to make sure all belongings are taken. Any belongings left behind after 30 days will be donated or discarded.

Your cooperation is appreciated and we look forward to providing all youth and families with the optimum service for which we are known.



Application for Admission

Referral Sources- Awixa currently receives referrals from:

Suffolk County Department of Social Services

Nassau County Department of Social Services

Broome County Department of Social Services

New York State Office of Children and Family Services

Albany Department for Children Youth & Families

Please see the following list of documentation necessary prior to admission:

- Birth Certificate/Adoption (copy is acceptable)
- Social Security Card (copy is acceptable)
- Most recent school records; IEP, if applicable
- Immunization Records
- Last physical
- Insurance card or Medicaid number
- Last Psychiatric Report/Clinical Assessment, if applicable
- Court Mandated Services/Placement paperwork
- Medication List (current) and medication supply
- LDSS-2999
- Completed Admissions packet
- Permission for Release/Exchange of Information
- Placement Letter



Application for Admission

Resident Information		
Name of Youth		
Last	First	Middle
Date of Birth	Place of Birth	Social Security Number
Legal Guardian Information		
Name of Guardian		
Last	First	Middle
Address	Telephone	Relationship
Clothing Needs		
Clothing Needed?	Clothing Allotment	Signature of Person Approving Reimbursement
Yes No		
Referral Information		
Reason for Referral		
Referred by		
Name	Telephone	Relationship/Agency
Identifying Information		
Identifying Information		
Gender	Height	Weight
Identifying Information		
Eye Color	Hair color	Race
Identifying Information		
Piercings	Tattoos	Scars
Language/Religious Information		
Language Spoken	Language Understood	Primary Language in the Home
Religious Affiliation	Citizenship	
Emergency Contact		
Name of Emergency Contact		
Last	First	Middle



Application for Admission

Address	Telephone	Relationship
Medical Insurance Information		
Name of Insurance Coverage	Name of Insured Last, First	Type of Plan, i.e. HMO, PPO
Address of Insurance Co.	Telephone	ID Number
Medicaid Number:	Medicaid Sequence Number	
Court Information		
Name of Court & Docket Number		Lawyer for the Child: Name & Number
Address of Court (Street and Number):		
Judge:	Placement Offense and/or Date	OCFS Expiration Date, if applicable:
Permanency Goal:	Next Court Date:	
Mental Health Diagnosis		
Axis I Clinical Disorders	Axis II Personality Disorders/Mental Retardation	Axis III General Medical Conditions
Axis IV Psychosocial/Environmental Problems	Axis V Global Assessment of Functioning	Date of Assessment
Medical Information		
Immunizations up-to-date	Medications	Allergies
Medical Issues or Concerns	Medical Issues or Concerns	Medical Issues or Concerns
Additional Information		



Consent for Emergency Treatment and/or Emergency Surgery

Consentimiento para el tratamiento de la emergencia y/o la cirugía de la emergencia

I, _____, parent/legal guardian of
_____, date of birth _____,

Do hereby authorize the Executive Director of AWIXA to act in my behalf in the event of any medical treatment, including physical as well as emotional needs, which may be required. I also guarantee to pay for any expenses incurred during this process, other than routine in-house medical treatment. I understand that it is the obligation of AWIXA to make every effort to contact me prior to the beginning of any process, or as soon as I can be reached.

El guarda de I, _____, parent/legal de la fecha de nacimiento de _____, _____, autoriza por este medio a director ejecutivo de AWIXA a actuar en mi favor en el acontecimiento de cualquier tratamiento médico, incluyendo la comprobación tan bien como las necesidades emocionales, que pueden ser requeridas. También garantizo para pagar cualquier costo incurrido en durante este proceso, con excepción del tratamiento médico interno rutinario. Entiendo que es la obligación de AWIXA hacer cada esfuerzo de entrarme en contacto con antes del principio de cualquier proceso, o tan pronto como puedo ser alcanzado.

Signature (Parent/Legal Guardian) Date

Firma (Guarda De Parent/Legal) Fecha

Witness Date

Testigo Fecha



Permission for Release of Information

Child's Name

I _____ hereby authorize **Awixa Home of LI, Inc**

and _____ the Mental Health Provider _____ and

_____ NYS OCFS _____ to

Social Service Agency

Communicate and release information to each other regarding the mental health records, medical records and care for the child named above.

I understand that the information to be released is confidential and protected from disclosure.

I understand that I have the right to cancel this Permission for Release and Exchange of Information at any time before it is released.

I also understand that this Permission for Release and Exchange of Information will expire when my placement at Awixa Home of LI, Inc. has ended.

Signed: _____

Relationship: _____

Address: _____

Signature of Witness

Date



Consent for Dental Treatment

Consentimiento para el tratamiento dental

I, _____, parent/legal guardian of
_____, date of birth _____,

Do hereby authorize the Executive Director of AWIXA to act in my behalf in the event of any dental treatment, which may be required. I also guarantee to pay for any expenses incurred during this process. I understand that it is the obligation of AWIXA to make every effort to contact me prior to the beginning of any process, or as soon as I can be reached.

I, _____, padre/guarda legal del
_____, fecha de nacimiento el _____, Autorice por este medio al director ejecutivo de AWIXA a actuar en mi favor en caso de cualquier tratamiento dental, que pueda ser requerido. También garantizo para pagar cualquier costo contraído durante este proceso. Entiendo que es la obligación de AWIXA hacer todo lo posible para entrarme en contacto con antes del principio de cualquier proceso, o tan pronto como puedo ser alcanzado.

Signature (Parent/Legal Guardian)

Date

Firma (Guarda De Parent/Legal)

Fecha

Witness

Date

Testigo

Fecha



Consent for Psychotropic Medication

Consentimiento para la medicación psychotropic

I, _____, parent/legal guardian of
_____, date of birth _____,

Do hereby give consent for psychotropic medication to be administered to my child.

I am aware that this plan was developed in the IDT meeting as a part of my child’s treatment plan. AWIXA agrees to keep me informed as to developments of this plan.

El guarda de I, _____, parent/legal de la fecha de
nacimiento de _____, _____, da por este
medio el consentimiento para que la medicación psychotropic sea administrada a mi niño. Estoy enterado
que este plan fue desarrollado en la reunión de IDT como parte del plan del tratamiento de mi niño.
AWIXA acuerda mantenerme informado en cuanto a progresos de este plan.

Signature (Parent/Legal Guardian)

Date

Firma (Guarda De Parent/Legal)

Fecha

Witness

Date

Testigo

Fecha



General Permission Form

Forma general del permiso

Child's Name _____

Nombre del niño _____

1. The staff and administration at Awixa Home of LI, Inc. have permission to transport _____ for the purpose of community activities, recreational activities, shopping, doctor, and dentist appointments and any other necessary activities.
2. The staff and administration at Awixa Home of LI, Inc. have permission to obtain required psychological and educational testing; and required medical, dental, psychiatric care, substance abuse treatment, mental health counseling and care, and mentoring services for _____.

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1. *El personal y la administración en Awixa de LI, Inc. tienen permiso para transportar el _____ con el fin de actividades de comunidad, las actividades recreacionales, las compras, doctor, las citas del dentista y cualquier otra actividad necesaria.*
 2. *El personal y la administración en Awixa de LI, Inc. tienen permiso para obtener la prueba psicológica y educativa requerida; y cuidado médico, dental, psiquiátrico requerido, tratamiento del abuso de sustancia, asesoramiento mental y cuidado de la salud para _____.*

Name and relation to child (parent/guardian): _____

Nombre y relación al niño (padre/guarda):

Signature/Firma

Date/Fecha



Consent to Photograph, Film, or Videotape a Resident for Non-Profit Use

Resident Name: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Resident named above by Awixa Home of LI, Inc.

I also grant to Awixa the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Awixa Home of LI, Inc. its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Resident is under 18):

_____ Date: _____

Address of Parent/Guardian:

OR

Signature of Resident (if 18 or over): _____ Date: _____

Address of Resident:
