

Moving Forward Pre-Admission Interview

Applicant Name: _____

Date: ____/____/____

General Information

1. Eligible under a Youth Service Agreement until age: _____18_____21
2. Does the applicant agree to be referred to and participate in Moving Forward?
3. Is the applicant identified as having complex mental health needs? If so please expand.
4. Is the applicant exhibiting risk behaviors which are either escalating or not being reduced? If so please expand.
5. Has the applicant exhausted support service options?
6. Is the applicant employed?
7. Is the applicant enrolled in school? If so please name school?
8. Is the applicant attending any other programs?

Professionals who are associated with the Applicant.

(Psychiatrist, social worker, youth worker, residential worker, probation officer etc.)

- 1.
- 2.
- 3.
- 4.
- 5.

Medical/Mental Health Information

1. Does the applicant have any Physical Health concerns? IF so please discuss
2. Does the applicant have any Mental Health concerns?
 - 1) Current Diagnosis?

2) Behaviors associated with each diagnosis and the support needs?

3. If no official diagnosis made are there concerns that may indicate a Mental Health Issue?

1) Describe the behavior(s) that indicates that the applicant may have a mental health issue.

Medication

Name of medication(s)

- 1.
- 2.
- 3.
- 4.

Compliance in taking medication?

Risk Behavior

1. Verbally/physically aggressive
2. History of substance use
3. Engaged in self-mutilation
4. Attempted suicide in the past
5. Sexual exploitation
6. Sexual Deviant Behaviors
7. Involved with the justice system

Support Information

Moving Forward offers support during days/evenings (Min 2 hours max 4 hours).

1. Is the applicant capable of independent living under these support provision hours?