

RTC APPLICATION FOR ADMISSION CHECKLIST

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Ref: \_\_\_\_\_

REC'D	NEEDED	REQUIRED FOR THE PRE-ADMISSION INTERVIEW
		Maryland Residential Treatment Center Application For Admission
		<b>Psychiatric Evaluation (date within 1 year)</b> including (1) psychiatric diagnosis; (2) medications/dosages; (3) mental functioning capability; (4) psychiatric prognosis; (5) <b>recommendation for residential treatment.</b>
		<b>Psychosocial History (dated within 1 year)</b> including (1) environment and home (2) religion; (3) childhood history; (4) financial status; (5) social peer group and environment setting; (6) individual's family circumstances (including constellation: current living situation; and social, ethical, cultural, and health factors, drug and alcohol use). <b>SIGNED AND DATED BY A LICENSED OR MASTERS LEVEL SOCIAL WORKER OR METNAL HEATLH PROFESSIONAL.</b>
		<b>IF AVAILABLE, Somatic Medical History (dated within 1 year)</b> including (1) somatic diagnoses; (2) summary of present medical findings; (3) medical history; and (4) somatic prognosis. <b>MUST BE SIGNED AND DATED BY PHYSICIAN (M.D.)</b>
		<b>Psychological Evaluation (dated within 3 years) with I.Q. Scores.</b> <b>MUST BE SIGNED AND DATED BY A PSYCHOLOGIST (Ph.D.)</b>
		LCC Approval Letter/Date:

**IF AVAILABLE, PLEASE SEND:**

		*CURRENT I.E.P. (within 1 year)
		* CURRENT EDUCATIONAL ASSESSMENT (within 1 year)
		CURRENT REPORT CARD with grades and grade level

**\*Only if Special Education**