

Admission Checklist

Name: _____

DOB: _____

Gender:	Male	Female	Berryville, VA	Cold Springs, MN
	Non Binary	Gender not Listed Here	Richmond, VA	Winchester, VA

Contacts

Referring Agency: _____	Yes	No	N/A
Legal Guardian: _____	Yes	No	N/A
LEA/School Contact: _____	Yes	No	N/A
DSS/DHHR Contact: _____	Yes	No	N/A
CSB Contact: _____	Yes	No	N/A
Probation: _____	Yes	No	N/A
CSA Coordinator: _____	Yes	No	N/A
IACCT Contact: _____	Yes	No	N/A

Referral Documents

If Available

<ul style="list-style-type: none"> Current (Individualized Education Plan / (ISP) Individual Service Plan / (CSP) Consumer Support Plan or IP / 504 Plan Special Education Eligibility Date Current Related Services <ul style="list-style-type: none"> Speech Therapy Occupational Therapy 1:1 Staffing Individual Therapy ABA Assessment ABA Therapy ABA Family Therapy Education Evaluation Speech/Language Evaluation (if applicable) 	<ul style="list-style-type: none"> Occupational Therapy Evaluation (if applicable) Physical Therapy Evaluation (if applicable) Social History/ Socio-cultural Evaluation Discharge Information (previous placements/hospitalizations) Neurological Evaluation (if applicable) Psychiatric Evaluation Psychological Evaluation Psychosexual Evaluation (if applicable)
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Medical Documentation

Physical Exam	Date:
Dental Exam	Date:
COVID-PCR	Date:
Immunizations	Date:
Vision Exam	Date:
Diagnostic Assessment - Minnesota only	Date:

Identification Information

Please attach a copy of the following documents, along with this completed form, to the Admissions@Grafton.org.

Birth Certificate (Copy)
Social Security Card (Copy)
Medicaid Card (Copy)
Insurance Card (Copy)
 Private
Pharmacy Card (Copy)

Submission

Your completed form, along with the identification information, should be emailed to Admissions@Grafton.org.

Once you make a referral, a Grafton case manager will get back to you as quickly as possible, typically within 24 - 48 hours. Thank you!