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Intake Application

Referral Contact Information

Contact information for individual submitting referral

Name:	Phone Number:	Email Address:
Job Title or Relationship to Youth:	Referring Agency, if applicable:	
County Referral Source, if applicable:	Funding Source:	

I. Screening Profile

Youth's Legal Name:		Preferred Name:	Other Known Aliases:	
Date of Birth:	Age:	Social Security Number:	Sex: ☐ F ☐ M	Gender Identification:

Race (check all that apply):

☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian

☐ Native Hawaiian or other Pacific Islander ☐ Other:_____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic	Primary Language:		Place of Birth (city, state, country):	
Religious Preference:	Country of Citizenship:	Height:	Weight: lbs.	Child's Person ID No:

1. Briefly describe your impressions of the youth, including present issues.

2. Briefly describe the youth's strengths.

3. Please list any of the youth's skills or special interests.

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II. Trafficking History

Has the youth been identified as a survivor of sex trafficking? ☐ Yes ☐ No
If yes, what person or organization identified the youth?
In what state of change do you believe the applicant to be? (See 6 Stages of Change) ☐ Precontemplation ☐ Contemplation ☐ Preparation ☐ Action ☐ Maintenance ☐ Relapse
In what type(s) of trafficking was the youth involved? ☐ Family ☐ Pimp/Boyfriend ☐ Self/Survival Sex ☐ Gang ☐ Modeling/Pornography ☐ Abduction/Kidnapping

Age of youth when trafficking began:	Length of trafficking (months, years):

Does the youth identify as a victim/survivor of sex trafficking? ☐ Yes ☐ No	
Is the youth open to talking about her trafficking experience? ☐ Yes ☐ No ☐ N/A	
Is the identity of the trafficker known? ☐ Yes ☐ No	Do they still have contact with the youth? ☐ Yes ☐ No
Please list any known information of the trafficker (ex. name, age, gender, race, relationship to the youth:)	
Is the location of the trafficker known? ☐ Yes ☐ No	If yes, where?

Is there an open court case against the trafficker? ☐ Yes ☐ No
Are there any known threats of violence or retaliation by their trafficker(s)/family/significant other? ☐ Yes ☐ No
If yes, explain:
Has she recruited others while "in the life" or has she shown interest in recruiting others? ☐ Yes ☐ No If yes, explain:
Please note all known information related to her trafficking:

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III. Location

Current Location:	Length of time at this location:
Is she stable and safe where she is located? Explain:	
In case we are unable to serve her promptly, how long can she stay at this location? Explain:	

IV. Special Needs, High Risk Behaviors

Is the youth considered a danger to self? ☐ Yes ☐ No	Is the youth considered a danger to others? ☐ Yes ☐ No	Number of runaways from home	Number of runaways from placement
Any history of setting fires? ☐ Yes ☐ No	Special Program Needs? ☐ Maternity ☐ Preparation for Adult Living ☐ Other (specify):		
Any history of animal cruelty? ☐ Yes ☐ No			
Other significant problems or behaviors:			
What are the youth's safety and security needs?			

V. Juvenile Justice History

Does the youth have a history of involvement with the juvenile justice system?..... ☐ Yes ☐ No ☐ Unknown

If yes:

Number of referrals to juvenile authorities:	Number of adjudications for delinquent acts:	Number of adjudications for CINS offenses:	Current Offense:
Is the youth currently on probation? ☐ Yes ☐ No ☐ Unknown			

VI. Placement History

Has the youth been placed away from home before?..... ☐ Yes ☐ No ☐ Unknown

If yes: Number of previous out-of-home placements: Date of discharge from most recent out-of-home placement:	Number of failed adoption placements:	LOC of current/most recent out of home placement:

Reason for Discharge:

VII. Substance Abuse History

Does the youth have a history of substance abuse?..... ☐ Yes ☐ No ☐ Unknown

If yes, indicate degree of substance abuse:

Alcohol ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe	MDMA/Ecstasy ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe
Marijuana ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe	Crack/Cocaine ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe
Methamphetamines/Crystal Meth ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe	Inhalants ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe
Other Drugs (Specify): ☐ Mild ☐ Moderate ☐ Severe	
Did drug use start before trafficking? ☐ Yes ☐ No ☐ Unknown	Did her trafficker use drugs as a form of control? ☐ Yes ☐ No ☐ Unknown
Is the youth currently addicted to drugs and in need of detoxification? ☐ Yes ☐ No ☐ Unknown	
If yes or unknown, please explain:	

VIII. History of Abuse and Neglect

Does the youth have a history of abuse and neglect?..... ☐ Yes ☐ No ☐ Unknown

If yes, indicate degree:

Physical ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe	Sexual ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe
Emotional ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe	Neglect ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe

Does the youth have a history abandonment?..... ☐ Yes ☐ No ☐ Unknown

IX. Birth/Neonatal History

Exposure to drugs in utero ☐ Yes ☐ No ☐ Unknown	Exposure to violence in utero ☐ Yes ☐ No ☐ Unknown	Premature birth ☐ Yes ☐ No ☐ Unknown
Complications during delivery ☐ Yes ☐ No ☐ Unknown	Born with substance addiction ☐ Yes ☐ No ☐ Unknown	Major health issues after birth ☐ Yes ☐ No ☐ Unknown

If answered yes to any of the above, please explain:

X. Developmental Level of Functioning

Please select the level of impairment for the following categories:

Physical: The physical body of the child ☐ None ☐ Slight ☐ Moderate ☐ Severe
Social: The ability to connect with others (peers, adults, family.) Includes personality development and self-awareness/knowledge. ☐ None ☐ Slight ☐ Moderate ☐ Severe
Cognitive: The construction of thought processes including memory, problem solving and decision making. Can include the ability to learn new skills, communication skills, functional academic skills, IQ, self-direction ☐ None ☐ Slight ☐ Moderate ☐ Severe

Please describe any other additional information about the youth's developmental level of functioning:

XI. Family/Parental Involvement

Managing Conservator ☐ Mother ☐ Father ☐ CPS ☐ Other	Mother's Parental Rights Terminated ☐ Yes ☐ No	Father's Parental Rights Terminated ☐ Yes ☐ No
Will the family/others participate in treatment or cooperate with others? ☐ Yes ☐ No	Can the youth return home? ☐ Yes-permanently ☐ No-Not at All ☐ For Visits Only ☐ Unknown	

Please describe where youth has resided from birth until now:

XII. Education

Highest Grade Completed	Currently Enrolled in School? ☐ Yes ☐ No	Educational Needs ☐ Regular Classes ☐ Vocational ☐ Resource ☐ On campus ☐ Special Education ☐ Other (specify):
History of Truancy? ☐ Yes ☐ No ☐ Unknown		
IQ Scores: Full Scale / Verbal / Performance ☐ Unknown		Date of Most recent IQ Test / Name of Test

XIII. Physical Health/Disabilities

Does the youth have a diagnosed or suspected health condition or disability?..... ☐ Yes ☐ No ☐ Unknown

If yes, describe the condition and treatment required, if any:

Condition ☐ Acute ☐ Chronic ☐ Unknown	Severity ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe	Requires Specialized Treatment ☐ Yes ☐ No ☐ Unknown
List Current Medications	List All Allergies	

XIV. Mental Health

Does the child have mental health needs requiring treatment?..... ☐ Yes ☐ No ☐ Unknown

Date of most recent psychological evaluation: Date of most recent psychiatric evaluation:

DSM-V Diagnosis:

Condition	Severity	Requires Specialized Treatment
☐ Acute ☐ Chronic ☐ Unknown	☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ Yes ☐ No ☐ Unknown
Psychotropic medications prescribed? If yes, specify: ☐ Yes ☐ No ☐ Unknown		

Please check all that apply to the youth's mental health history and current condition:

Suicidal Ideation.....	☐ Current	☐ History	☐ Both
Homicidal Ideation.....	☐ Current	☐ History	☐ Both
Self-Harm.....	☐ Current	☐ History	☐ Both
Eating Disorder(s).....	☐ Current	☐ History	☐ Both
Panic Attacks.....	☐ Current	☐ History	☐ Both
Aggressive Outbursts.....	☐ Current	☐ History	☐ Both
Anger Management Issues.....	☐ Current	☐ History	☐ Both
Psychosis.....	☐ Current	☐ History	☐ Both
Traumatic Brain Injury.....	☐ Current	☐ History	☐ Both

XV. Known Behavior Intervention

Please list the youth's treatment needs.
Please list treatment services or programmatic services the youth is currently receiving.

XVI. Referring Person/Agency Information

Referring Agency/Organization	Agency Contact Person	Date Completed
E-mail Address	Telephone Number (include area code)	
Address/Agency Address		

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Please answer the following if the youth you are referring is in the care of the Department of Family and Protective Services.

A. Recommended Level of Care……..

List the key elements, in order of importance, that led you to the recommended Level of Care:

1. **Most important:**

2. **Next most important:**

3. **Third most important:**

Other considerations or comments, if any:

B. Billing Level of Care……..

If the billing level of care is different from the recommended level of care, please explain:

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C. Referral/Admissions Packet

CONTENTS

SECTION 1 – Social and Developmental Assessment	SECTION 5 – Substance Abuse History	SECTION 9 - Education
SECTION 2 – Special Needs, Problems, and Behaviors	SECTION 6 – History of Abuse/Neglect	SECTION 10 – Physical Health/Disabilities
SECTION 3 – Juvenile Justice History	SECTION 7 – Family History	SECTION 11 – Mental Health
SECTION 4 – Placement History	SECTION 8 – Financial Information	SECTION 12 – Other Attachments

SECTION 1 - Social and Developmental Assessment

Describe the youth's general social and developmental history. Feel free to expand the description of your impressions of the child. Be sure to include all of the following:

A. A description of the circumstances that led to the youth's referral:

B. The immediate and long-range goals of placement:

C. A description of the youth's relationship with other significant adults and youth:

D. A description of the youth's behavior, including other appropriate and inappropriate behavior:

E. The youth's developmental history and current level of functioning:

SECTION 2 – Special Needs, Issues, and Behaviors

Describe in detail the special needs, problems or behaviors Identified in Section IV of the Screening Profile.

A. Suicide history. Describe in detail the youth's suicide attempts and suicidal gestures. Include the number of suicide attempts, and the date of the last known suicide attempt.

B. History of assaultive behavior.

C. Runaway History.

D. Other significant needs, issues and behaviors (including setting fires, maternity, animal cruelty).

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SECTION 3 – Juvenile Justice History

REFERRALS (list only one referral per date)				DISPOSITIONS				
Date	Offense	Level*	Penal Code	Type**	Date	Offense	Level* (list only if different from referral)	Penal Code (list only if different from referral)

***LEVEL OF OFFENSE CODES**

****TYPE OF DISPOSITION CODES:**

Total Number of Referrals: (Count only one per date)	**FL – Felony**	**CR – Counseled and Released**	**RD – Refused/Dismissed**
	MI – Misdemeanor	**IA – Informal Adjustment**	**AT – Adjudicated to TYC**
Total Number of Adjudications/ Certifications (AP, AT, PT, or CA): (Count only one per date)	**FC – Family Code**	**AP – Adjudicated to Probation**	**CA – Certified as Adult**
		PT – Proven by TYC Hearing	

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SECTION 3 – Juvenile Justice History, cont.

Briefly describe the youth's history of delinquency. Include a description of contributing factors, and any patterns of delinquency you detect. Indicate whether the child is a follower or a leader.

Describe the youth's most recent criminal episode, contributing factors, the youth's actions or role in the episode, and how this episode fits into the child's history of delinquency.

Does the youth have gang affiliation? ☐ Yes ☐ No If yes, gang name:

Does the youth admit to a gang affiliation? ☐ Yes ☐ No If yes, gang name:

Do any family members or relatives have gang affiliation? ☐ Yes ☐ No If yes, gang name:

TYC COMMITMENT ☐ Yes ☐ No

County	Commitment Date	Judge's Last Name	Court Name
Cause No.	Prosecuting Attorney's Name		Probation ID No.

TYPE OF COMMITMENT ☐ Direct Commitment ☐ Revocation of Probation

Probation Failure ☐ Yes ☐ No **If yes, describe the most serious offense for which on probation:**		**Offense Code**
Reason for Failure		
Description of Current Offense		**Offense Code**
Weapon Used ☐ Firearm ☐ Cutting Instrument ☐ Blunt Object ☐ Hands, Feet, etc. ☐ Other ☐ None ☐ Unknown	**Determinate Sentence** ☐ Yes ☐ No	**Time (yrs./mos.)**
OFFENSE LEVEL **Felony** ☐ **Capital** ☐ **1** ☐ **2** ☐ **3** **Misdemeanor** ☐ ☐ **B** ☐ **C** **Other** ☐ **Specify:**		
Gang Related ☐ Yes ☐ No ☐ Unknown	**Date of Prior TYC Commitment** **Description of Offense**	**Offense Code**

ATTACH ALL COURT ORDERS INVOLVING THE JUVENILE JUSTICE SYSTEM

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Section 4 – Placement History

Start with the youth's first out-of-home placement:

Date Placed	Name of Facility or Living Arrangement	License Type
Address	Contact Person	Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned	**Continued Contact of Youth with Placement Recommended** ☐ Yes ☐ No ☐ Unknown	

Date Placed	Name of Facility or Living Arrangement	License Type
Address	Contact Person	Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned	**Continued Contact of Youth with Placement Recommended** ☐ Yes ☐ No ☐ Unknown	

Date Placed	Name of Facility or Living Arrangement	License Type
Address	Contact Person	Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned	**Continued Contact of Youth with Placement Recommended** ☐ Yes ☐ No ☐ Unknown	

Date Placed	Name of Facility or Living Arrangement	License Type
Address	Contact Person	Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned	**Continued Contact of Youth with Placement Recommended** ☐ Yes ☐ No ☐ Unknown	

Date Placed	Name of Facility or Living Arrangement	License Type
Address	Contact Person	Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned	**Continued Contact of Youth with Placement Recommended** ☐ Yes ☐ No ☐ Unknown	

Date Placed	Name of Facility or Living Arrangement	License Type
Address	Contact Person	Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned	**Continued Contact of Youth with Placement Recommended** ☐ Yes ☐ No ☐ Unknown	

SECTION 5 – Substance Abuse History

A. Describe the youth's history of substance use, abuse, manufacture, possession, and/or delivery.

B. Describe the youth's family history of substance use, abuse, manufacture, possession, and/or delivery. Include not only parents and siblings, but also extended-family members (such as grandparents, aunts, uncles) even if they do not live in the same household as the youth.

C. Describe any treatment the youth has received for substance abuse and the success or failure of this treatment. Include the lengths and dates of treatment, whether the program was residential or outpatient, whether the youth completed the program, whether the family was included in the treatment, and so on.

SECTION 6 – History of Abuse and Neglect

A. Type of Abuse and Neglect (check all that apply):

Abandonment ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated	**Neglectful Supervision** ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated
Medical Neglect ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated	**Physical Neglect** ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated
Emotional Abuse ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated	**Physical Abuse** ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated
Sexual Abuse ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated	

B. What did the parent/perpetrator do? Summarize the role of each parent/perpetrator.

C. What happened to the child? Summarize the extent of harm (or substantial risk of harm) to the child.

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SECTION 7 – Family History

Home Address (Street, City, State, County, ZIP)	Telephone No. (incl. A/C)
Marital Status of Birth Parents ☐ Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	
Marital Status of Adoptive Parents ☐ Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	
Deaths in immediate family (list names, relationships, and the referred youth's age at the time of each death):	
If adopted, what does the youth know about his or her birth parents?	

Persons in Home

Father	Date of Birth*	Type of Parent ☐ Birth ☐ Adoptive ☐ Step	Social Security No.
Mother	Date of Birth*	Type of Parent ☐ Birth ☐ Adoptive ☐ Step	Social Security No.

BLOOD SIBLINGS	DATE OF BIRTH*

BLOOD SIBLINGS	DATE OF BIRTH*

OTHER CHILDREN	DATE OF BIRTH*

RELATIONSHIP/ROLE

OTHERS	DATE OF BIRTH*

RELATIONSHIP/ROLE

***Give approximate age if date of birth is unknown.**

SECTION 7 – Family History, cont.

Significant Persons Out of Home

Father	Date of Birth*	Type of Parent ☐ Birth ☐ Step ☐ Adoptive	Social Security No.
Address (Street, City, State, Country, ZIP)		Telephone No. (Inc. A/C)	Currently Involved with Child ☐ Yes ☐ No
Mother	Date of Birth*	Type of Parent ☐ Birth ☐ Step ☐ Adoptive	Social Security No.
Address (Street, City, State, Country, ZIP)		Telephone No. (Inc. A/C)	Currently Involved with Child ☐ Yes ☐ No

OTHERS	DATE OF BIRTH*	RELATIONSHIP/ROLE

***Give approximate age if date of birth is unknown.**

Characteristics of Individual Family Members with Whom the Youth Has Lived:	NO	YES	FAMILY MEMBER(S)
1. Violent Toward Family Members	☐	☐	
2. Suicide	☐	☐	
3. Substance Abuse Problems	☐	☐	
4. Criminal Behavior	☐	☐	
5. Involving a Child in Criminal Behavior	☐	☐	
6. Intellectual Disability or Limited Intellectual Ability	☐	☐	
7. Mental Illness or Disability	☐	☐	
8. Physical Illness or Disability	☐	☐	
9. Sexual Deviance	☐	☐	

Characteristics of the family as a Whole with Whom the Youth has Lived:	Not at All Like Family	Somewhat/ Sometimes Like Family	Very Much or Often Like Family		Not at All Like Family	Somewhat/ Sometimes Like Family	Very Much or Often Like Family
1. Chronic Poverty	☐	☐	☐	7. Difficult or Unacceptable to Express Emotions	☐	☐	☐
2. Chaotic Home Environment	☐	☐	☐	8. Frequent Family Moves or School Moves	☐	☐	☐
3. Rigid, Inflexible	☐	☐	☐	9. Child Moved from One Parent or Family Member to Another	☐	☐	☐
4. Smothering; Individualization of Members is Discouraged	☐	☐	☐	10. Concerns with Psychosomatic Complaints	☐	☐	☐
5. Enmeshed; Few Outside Involvements	☐	☐	☐	11. Social Isolation	☐	☐	☐
6. Discipline Skills Lacking	☐	☐	☐	12. Illiteracy	☐	☐	☐

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SECTION 7 – Family History, cont.

Briefly describe the youth's relationships with family members and significant others, both in and out of the home. Address both strengths and weaknesses.

Briefly describe the overall family situation, highlighting the positive and negative aspects of the child's family environment including all the "Family Characteristics" checked on the previous page.

Other significant information:

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SECTION 8 – Financial Information

Attach A Copy of the Youth's Medicaid or Insurance Card, If Any.

Name of Responsible Male	Disabled? ☐ Yes ☐ No	Occupation
Employer		Salary Per
Employer Address		
Other Income Source (1) Amount	Other Income Source (2) Amount	

Name of Responsible Female	Disabled? ☐ Yes ☐ No	Occupation
Employer		Salary Per
Employer Address		
Other Income Source (3) Amount	Other Income Source (4) Amount	

Is the family eligible for Medicaid?..... ☐ Yes ☐ No ☐ Unknown
Is the family currently receiving Medicaid?..... ☐ Yes ☐ No ☐ Unknown

Funds Applicable to the Youth:

VA – Amount	VA No.	Received By
Social Security – Amount	Social Security No.	Received By
CHAMPUS – Amount	CHAMPUS I.D. No	Received By
CVC – Amount	CVC No.	Received By
AFDC/SPFC – Amount	County Paid FC – Amount	Child Support – Amount Paid By County

Insurance Applicable to the Youth:

VA – Amount	Policy Holder	Policy No.
Social Security – Amount	Policy Holder	Policy No.
CHAMPUS – Amount	Policy Holder	Policy No.
Type of Insurance ☐ Basic Medical ☐ Hospitalization ☐ Basic Dental ☐ Orthodontic ☐ Mental Health		

Other resources available to the youth:

SECTION 9 – Education

ATTACH: A. Current IEP (Individualized Education Plan)
B. Most Recent ARD Committee report (if any)
C. Transcript
D. Adaptive Behavior Level Information (if any)

Name of Most Recent School Attended	School District
Address (fill in city and state at least, and street address if known)	

Describe any educational problems, needs, or behaviors not otherwise documented. Add any additional information you feel is important.

SECTION 10 – Physical Health/Disabilities

ATTACH: A. Medical Records
(1) Physical Examinations
(2) Immunization Records
B. Dental Records

Describe any physical health problems or disability not otherwise documented. Add any additional information you feel is important.

SECTION 11 – Mental Health

ATTACH: A. Psychological Report(s)
B. Psychiatric Report(s)

Describe any mental health problems not otherwise documented. Add any additional information you feel is important.

SECTION 12 - Other Attachments

A. Birth Certificate or Other Birth Verification
B. Legal Records (if any)
C. Authorization Forms

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APPLICATION ATTACHMENT CHECKLIST

Youth's Name	Date Completed

Birth Verification

Birth Certificate	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:

Legal Records

Commitment Order	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:
Other Court Orders	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:
Police Records	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:
Divorce Decree	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:
Custody Order	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:

Education

Individual Education Plan (IEP)	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:
Admission, Review, Dismissal (ARD) Report	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:
Transcript	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:
Adaptive Behavior Level	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:

Physical Health/Disabilities

Physical Examinations	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:
Immunization Record	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:
Dental Record	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:

Mental Health

Psychological Report(s)	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:
Psychiatric Report(s)	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:

Other

Medicaid Approval/Application	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:
Medicaid Card	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because:
Social Security Card	☐ Attached	☐ Forthcoming	☐ Not relevant	Not available because: