

**MISSOURI GIRLS TOWN  
ADMISSION APPLICATION**

**A: IDENTIFYING INFORMATION:**

NAME:

DATE OF BIRTH:

SOCIAL SECURITY:

DCN:

BIOLOGICAL PARENTS:

RIGHTS TERMINATED:    Yes    No

LEGAL GUARDIAN:

MANAGING COUNTY/ FUNDING SOURCE

MANAGING CASEWORKER

EMERGENCY CONTACT:

RCST COORDINATOR:

DIAGNOSIS:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

DIAGNOSIS PROVIDED BY/DATE:

**B: THE EXTENT, NATURE, AND SEVERITY OF THE PRESENTING PROBLEM LEADING TO THE REFERRAL:**

**ASSESSMENT FOR BEHAVIORAL SUPPORT AND MANAGEMENT:**

Assaultive Potential:	Low	Moderate	High	None	Unknown
Elopement Risk:	Low	Moderate	High	None	Unknown
Self-Harming Behaviors:	Low	Moderate	High	None	Unknown
Sexual Offending:	Low	Moderate	High	None	Unknown
Other(s):	Low	Moderate	High	None	Unknown

Specify history of emergent safety risks (harm to self or others):

Completed by:

Date: