Confidential Application



Date Completed:	Completed by:	AKCHILD & FAMILY
Application for: Residential	Services Treatment Foster	Homes
Please direct questions and comp		& Family Admissions Department at: 4600 Abbott Road, Anchorage AK 99507 il: admissionsoffice@akchild.org Phone: (907) 346-2101 / Fax: (907) 348-9230
Referred Student:		Parent's Name:
	SS #:	
Identified Gender:		
Referred student's current placement (e.g. home, hospital, residential treatment, shelter, etc.)		Legal Custodian: Yes No
		Parent's Name:
		— Home Phone:
Contact Name:		Address:
Contact Phone:		City/State/Zip:
Most Current Psychiatric Diagnosis Code		Legal Custodian: Yes No
		Custodian (if not parent):
		Phone:
Insurance/Medicaid Information: If Medicaid, include Resource Code		Email:
		Address:
Insurance 1 Name/#:		School Contact:
Subscriber Name:		Phone:
Subscriber Mailing Address:		Email:
Date of Right	SS #:	How did you hear about AK Child & Family?
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		we prefer to receive the following information with this
Insurance Phone:		application (if applicable):
Insurance 2 Name/#:		Release of Information Form(s) - <i>Required</i> (e.g., school, psych/medical provider, mental health provider)
Subscriber Name:		Custody Document (must be <u>legal</u> document)
Subscriber Mailing Address:		Psychological and/or Psychiatric Evaluations
Subscriber Maining Address.		Disposition Report (if applicable)
		Discharge Summaries from previous placements
Date of Birth:	SS #:	Copy of school records (to include IEP)
Group Name/#:		Immunization records
Insurance Phone:		Most recent physical examMaster Treatment Plan to include two most recent reviews