NEUROBEHAVIORAL UNIT PROGRAMS

Application For Admission

Instructions

Thank you for your interest in our programs. To help us determine if our services may be appropriate for your child, please complete the following form and our team will review the information and contact you as soon as possible.

Please mail, fax, or scan and email the completed form to:

Terri Parsons, Intake Coordinator
The Kennedy Krieger Institute
707 North Broadway
Baltimore, Maryland 21205
Phone: 443-923-2798 Fax 443-923-9329
Email: ParsonsT@kennedykrieger.org

If you have any questions or concerns, please contact us at 443-923-2798 or write to the above address.

Kennedy Krieger Institute

Caregiver Information

Please provide us with your contact information Date Completed

Name	
Relationship to the child (Circle One)	Mother Father Legal Guardian Other:
Primary Phone Number	Type (e.g., Cell): Number: Best time to call: AM PM
Second Phone Number (If Applicable)	Type (e.g., Cell): Number: Best time to call: AM PM
Email Address	
Mailing Address	Street: City: State: Zip:

Referral Information

Who referred your child to our program? (Circle One)

Self Primary Doctor Other:

If not you, please provide us with their contact information

Name:
Phone Number:
Street Address:
City: State: Zip:

Insurance Information

Is your child covered by Medicaid? (Circle One) Yes No

If yes, please provide us with the following information:

State of the Medicaid Program	
Medicaid Program's Phone Number	
Medicaid Member ID Number	

Is your child covered by one or more private insurance plans? (Circle One) Yes No

If yes, please provide us with the following information for all private insurance plans that cover your child:

Insurance Company	Contact Number	Plan Holder	ID #	Group #

Insurance Information (Continued)

If your child is not covered by Medicaid or by a private insurance plan, how will the admission be funded?

Child's Information

Please provide us with some general information about your child

Name

Date of Birth

Gender Male Female

Mailing Address *(Skip if the same as your address)*

Circle One: Home Residential Facility Other:
Street:
City: State: Zip:
Contact Person (If not you):

Is the child currently in school? What type of classroom? (Circle One)

Not In School - Typical Classroom - Special Education Classroom - Special Eduction School
Other (Describe):

Has your child been seen at the Kennedy Krieger Institute previously? (Circle One)

Yes No

If yes:

Which program saw your child last?

What was the date of the last visit?

Problem Behavior

Please describe the problem behaviors that the child exhibits, from most to least concerning

Problem Behavior	Frequency (e.g., Hourly, Weekly)	Problems Caused (e.g., injuries, property damage)

Problem Behavior (Continued)

Please tell us about any prior treatments used to reduce the child's problem behavior

Has protective equipment or a restraint equipment procedure ever been used to treat your child's problem behavior (e.g., arm splints, padded mitts, helmet, arm guards)? If so, please describe the procedure(s). Were they effective?

Has a behavior modification procedure (e.g, token economies, response reduction) ever been used to treat your child's problem behavior? If so, please describe the procedure(s). Were they effective?

Has any other procedure (e.g., sensory intergration) ever been used to treat your child's problem behavior? If so, please describe the procedure(s). Were they effective?

Medical Information

Is your child taking any prescription or over-the-counter medications? Please list them here

Medical Information

What is the child's level of intellectual disability (ID)? (Circle One)

Normal/None Mild ID Moderate ID Severe ID Profound ID Unspecified ID

What psychiatric diagnoses, if any, does the child have? (e.g., Anxiety Disorder, Autism)

Does the child have any medical diagnoses? (e.g., GERD, Diabetes Insipidis)

Are there any medical procedures or equipment the child needs on a regular basis?
What are they? (e.g., CPAP, port-a-cath, wound care, O2 needs, tube feeds & pump)