

PATHWAY, INC.
Enterprise, Alabama

REGIONAL ALLIANCE 4 CHILDREN PRE-ADMISSION CHECKLIST

Referral Name _____ JPO Name _____

County Agency _____ Contact Telephone # _____

Date(s) of file review _____ Fax # _____

Documents	NA	Received	Not Received	Comments
Biopsychosocial Assessment*				
Psychological Evaluation:*				
A. Psychometrics				
B. Personality				
Juvenile Court Order *				
Juvenile Court Summary *				
Risk and Needs Assessment				
Last Report Card				Need Copy Before Admission
History and Physical Examination**				
Proof of Custody				Need Copy Before Admission
Rights In Special Education/Consent				ONLY A PARENT Can Sign
Birth Certificate				Need Copy Before Admission
Social Security Card				Need Copy Before Admission
Copy Immunization Certificate				Need Copy Before Admission
Medicaid Card and Last EPSDT Screening				Need Original Before Admission
Medications – 2 Weeks' Worth of All Meds.				MUST HAVE at time of Admission
Healthcare Insurance Card				Need Copy Before Admission

OTHER:

* REQUIRED for consideration of admission

** The most recent physical health assessment completed on the client is REQUIRED for consideration of admission. In addition, a Medical History and Physical Examination must be completed within 30 DAYS prior to admission, with a copy of the report provided to Pathway no later than the day of admission.

PATHWAY, INC.
Enterprise, Alabama

BIOPSYCHOSOCIAL ASSESSMENT/APPLICATION FOR ADMISSION
Revised October, 2019

I. IDENTIFYING INFORMATION

Client _____ DOB ____ / ____ / ____ SS# ____ / ____ / ____

Age _____ Grade _____ Race _____ Sex _____ Height _____ Weight _____

Referral Source: _____ County Department of Human Resources Case # _____

Social Worker Name _____ Contact #s _____

Address: _____ CITY _____ ST _____ ZIP _____

_____ County Juvenile Court Services JPO Name: _____

Contact #s _____

Address: _____ CITY _____ ST _____ ZIP _____

OTHER (Agency or Name) _____ Contact #s _____

Address: _____ CITY _____ ST _____ ZIP _____

Parent(s):

Mother's Name _____ Contact #s _____

Mother's Address _____ CITY _____ ST _____ ZIP _____

Father's Name _____ Contact #s _____

Father's Address _____ CITY _____ ST _____ ZIP _____

Who/What agency has legal custody of this child? _____

Legal Guardian, *if not the parent.* Name: _____ Contact #s _____

Address: _____ CITY _____ ST _____ ZIP _____

Legal Guardian Email address: _____

Who will visit with this child during treatment? _____

II. DISCHARGE PLANNING

A. Where will the client be placed upon discharge from Pathway? Parents/Family Foster Parents Group Home
 Day Treatment Other _____

B. Plans include to: (check all that apply): Return to school Seek employment Comply with terms of probation
 Other _____

C. Which, if any, of the following agencies have been involved with the family?
(Check ALL that apply and circle "R" for recently and "P" for in the past.)

Department of Human Resources	R	P
Juvenile Court System	R	P
Community Mental Health	R	P
None of the above		

1. Explain the reason(s) for agency involvement (if not stated previously in this history.) _____

III. A. PRESENTING PROBLEMS / RESTORATION NEEDS

	<i>Age of onset</i>	<i>Supporting detail</i>
<input type="checkbox"/> Disrespect/Disobedience to authority figures	_____	_____
<input type="checkbox"/> Frequent arguments with parents	_____	_____
<input type="checkbox"/> Physical aggression with adults/parent(s)	_____	_____
<input type="checkbox"/> Physical aggression with peers	_____	_____
<input type="checkbox"/> Property destruction/vandalism	_____	_____
<input type="checkbox"/> Stealing/Burglary	_____	_____
<input type="checkbox"/> Frequent dishonesty/lying	_____	_____
<input type="checkbox"/> Excessive profanity	_____	_____
<input type="checkbox"/> Truant from school	_____	_____
<input type="checkbox"/> Poor academic performance/School failure	_____	_____
<input type="checkbox"/> Suspension from school	_____	_____
<input type="checkbox"/> Taking drugs to school	_____	_____
<input type="checkbox"/> *Taking a weapon to school	_____	_____
<input type="checkbox"/> *Cruelty to animals	_____	_____
<input type="checkbox"/> *Suicidal or homicidal ideations/verbal threats	_____	_____
<input type="checkbox"/> *Suicide or homicidal gestures/attempts	_____	_____
<input type="checkbox"/> *Self-mutilation/Self-injurious behavior	_____	_____
<input type="checkbox"/> *Inappropriate sexual behavior	_____	_____
<input type="checkbox"/> Alcohol and/or other substance use	_____	_____
<input type="checkbox"/> AWOL from other placement(s)	_____	_____
<input type="checkbox"/> Running away from home	_____	_____
<input type="checkbox"/> Gang involvement/friends in gangs	_____	_____
<input type="checkbox"/> Vehicle theft/Unauthorized use	_____	_____
<input type="checkbox"/> *Fire starting	_____	_____

***If checked above, MUST provide explanation/circumstances**

Explanation of any items asterisked: _____

Describe how the behavioral problems changed with age and how this has affected the family: _____

B. SPECIAL TREATMENT NEEDS

1. Has client's behavior escalated to the point that restraint or seclusion was required to manage behavior? Yes No

If yes, EXPLAIN _____

2. Are there any techniques, methods or tools which could be utilized by staff to avoid such a type of behavior management intervention? **Check all that apply:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Positive self-talk | <input type="checkbox"/> Getting involved in activities | <input type="checkbox"/> A change of scenery |
| <input type="checkbox"/> Being alone/taking space (self time out) | <input type="checkbox"/> Thinking of the consequences | <input type="checkbox"/> Physical exercises |
| <input type="checkbox"/> Deep-breathing exercises | <input type="checkbox"/> Thinking of something pleasant | <input type="checkbox"/> Going for a walk |
| <input type="checkbox"/> Talking to staff to solve problems | <input type="checkbox"/> Relaxation exercises | <input type="checkbox"/> Counting to 10, etc. |
| <input type="checkbox"/> Focusing on other things | <input type="checkbox"/> Other _____ | |

3. Does client have any pre-existing medical conditions, physical disabilities or abuse issues which would place the client at greater risk during the implementation of a restraint, hold or seclusion? Yes No If yes, explain.
- _____
- _____

IV. PSYCHIATRIC TREATMENT/PLACEMENT HISTORY

Please list previous placements and treatment programs, beginning with the most recent.

1. Placement _____ From _____ To _____
Type of placement: Hospital Residential Relative Placement Foster Home
Reason for placement _____
2. Placement _____ From _____ To _____
Type of placement: Hospital Residential Relative Placement Foster Home
Reason for placement _____
3. Placement _____ From _____ To _____
Type of placement: Hospital Residential Relative Placement Foster Home
Reason for placement _____
4. Placement _____ From _____ To _____
Type of placement: Hospital Residential Relative Placement Foster Home
Reason for placement _____

V. FAMILY HISTORY

A. NUCLEAR FAMILY

1. The parents are the client's Birth Parents Adoptive Parents If adopted, when? _____
2. Parents: Are currently married Never married Are separated Are divorced
If married, for how long? _____ If separated or divorced, for how long? _____
How many times has father been married? _____ How many times has mother been married? _____
3. What type(s) of discipline are most frequently used by the parent(s) _____
Who is the primary disciplinarian? _____
4. Is there an immediate family history of suicide or suicide attempts? Yes No If yes, please explain:

5. **FATHER** Living or Deceased
Name _____ Age _____ Is he employed? Yes No
If yes, where, and what does he do? _____
Does (did) he have, or has he ever had serious (Describe):
psychiatric problems? _____
physical health problems? _____ drug/alcohol problems? _____
abuse problems? (physical, emotional, sexual) _____
Has (was) he ever been arrested or spent time in jail? Yes No If yes, for what reason(s)? _____

Has (was) this or any other child ever been removed from his custody? Yes No
If yes, describe the reason(s) _____

Describe the father-child relationship _____

If deceased: Cause of death _____

6. **MOTHER** Living **or** Deceased

Name _____ Age _____ Is she employed? Yes No

If yes, where, and what does she do? _____

Does (did) she have, or has he ever had serious (Describe):

psychiatric problems? _____

physical health problems? _____ drug/alcohol problems? _____

abuse problems? (physical, emotional, sexual) _____

Has (was) she ever been arrested or spent time in jail? Yes No If yes, for what reason(s)? _____

Has (was) this or any other child ever been removed from her custody? Yes No

If yes, describe the reason(s) _____

Describe the mother-child relationship _____

If deceased: Cause of death _____

7. **STEP-MOTHER** Has **or** Has NOT adopted this child

Name _____ Age _____ Length of marriage to father _____

Is she employed? Yes No If yes, where and what does she do? _____

Does she have, or has she ever had serious (Describe):

psychiatric problems? _____

physical health problems? _____ drug/alcohol problems? _____

abuse problems? (physical, emotional, sexual) _____

Has she ever been arrested or spent time in jail? Yes No If yes, for what reason(s)? _____

Describe her relationship with her step-child _____

8. **STEP-FATHER** Has **or** Has NOT adopted this child

Name _____ Age _____ Length of marriage to mother _____

Is he employed? Yes No If yes, where and what does he do? _____

Does he have, or has he ever had serious (Describe):

psychiatric problems? _____

physical health problems? _____ drug/alcohol problems? _____

abuse problems? (physical, emotional, sexual) _____

STEP-FATHER (continued)

Has he ever been arrested or spent time in jail? Yes No If yes, for what reason(s)? _____

Describe the relationship with his step-child _____

9. **SIBLINGS**

Have any siblings been removed from the home? Yes No If yes, describe the circumstances: _____

Have any siblings been involved with the juvenile court system or had difficulties with the legal system? Yes No
 If yes, describe the problem(s): _____

Please list all siblings (full, half, step):

Age	Sex	Lives With	Describe the nature of the relationship
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____

B. EXTENDED FAMILY

	Paternal Grandmother	Paternal Grandfather	Maternal Grandmother	Maternal Grandfather
Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/alcohol problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse problems (physical, emotional, sexual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If checked above, please explain: _____

Please describe the client's relationship with maternal and paternal grandparents: _____

VI. FAMILY INVOLVEMENT/EXPECTATIONS FOR TREATMENT

- How will the client's family be involved during treatment?
 - Parental rights have been terminated - no family will be involved
 - DHR visiting resource only
 - Monthly visitation, telephone contact, and discharge planning
 - Monthly visitation, additional on-site family therapy, telephone contact, and discharge planning
 - Other _____
- What is the primary language of the client? _____. What is the primary language of the immediate family? _____
- Are there any family members or significant others who are **not** supportive of the client's treatment? Yes No
 If yes, explain _____
- What does the family/legal guardian consider to be the client's greatest need? _____
- What are the client's strengths (things they do well or like about themselves)? _____
- What are the areas in which improvement is needed? _____

VII. RELEVANT MEDICAL BACKGROUND

A. GROWTH AND DEVELOPMENT

- Was the client born after a full-term pregnancy? Yes No If no, describe the circumstances: _____
- Were there any complications/difficulties during the birthing process? Yes No If yes, please describe the _____

circumstances: _____

3. Did the client: sit at the appropriate age early late
 crawl at the appropriate age early late
 walk at the appropriate age early late
 talk at the appropriate age early late
4. Has the client ever been a victim of physical and/or emotional abuse? Yes No

If yes, describe the event(s): _____

B. MEDICAL ASSESSMENT

1. Does the client have allergies to any medicines? To foods? To insect bites? Other environmental factors? Yes No
If yes, list all known allergies and describe the client's reaction: _____

2. Are there any current or past serious health problems to include hospitalizations? Yes No

If yes, describe: _____

3. Has the client ever been hospitalized? Yes No If yes, when, what for, and for how long? _____

4. Has the client ever had a head injury or been unconscious? Yes No If yes, describe the situation, including date(s): _____

5. Has the client ever had a seizure? Yes No If yes, describe the event(s), including date(s): _____

6. Are there any problems with wetting the bed or soiling underwear? Yes No If yes, describe the problem, including how often it occurs: _____

7. Does the client have any physical disabilities? Yes No If yes, describe them and how they may limit normal childhood activities: _____

8. Is the client **currently** complaining of any pain? Yes No Any pain in the recent past? Yes No
If yes to either question, describe the location, type, frequency, intensity and duration of the pain: _____

9. Are client's immunizations current? Yes No If no, what immunizations are needed? _____

10. List the client's **current** medications. Include name of medication, dosage amount, and when each is taken _____

11. Provide the physician's name, telephone # and location where the last EPSDT was completed: _____

C. INITIAL NUTRITION ASSESSMENT

1. Has the client lost or gained weight (10 or more pounds) in the last 6 months? Yes No Lost Gained

2. Is the client's appetite poor? Yes No Are meals skipped? Yes No

3. Has a doctor ever ordered a special diet? Yes No If yes, describe: _____

VIII. EDUCATIONAL ASSESSMENT

1. What is the highest grade level that the client has completed? _____ What grade(s) have been failed? _____

2. Have Special Education Services ever been received? Yes No During what grade(s)? _____

3. Does the client have an Intellectual Disability? Yes No

4. Does the client have any specific communication or language needs? Yes No If yes, describe: _____

5. Has the client been suspended or expelled from school (including in-school suspension, Saturday school, and/or alternative school) during the past year? Yes No If yes, when and for what behaviors?

6. What are the client's plans for the future? _____
7. Please list the last two schools attended:
- | | <u>SCHOOL NAME</u> | <u>CITY/ STATE</u> |
|----|--------------------|--------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

IX. LEGAL ASSESSMENT

1. Does the client have any legal charges pending? (Waiting to go to court?) Yes No If yes, explain:

2. How many times has the client gone to court? _____ What were the charges and describe the behaviors that led to those charges: _____
3. Are there any court orders restricting contact with anyone? Yes No If yes, explain: _____
4. Has the client ever been the victim of a crime? Yes No If yes, describe: _____

X. EMPLOYMENT/VOCATIONAL ASSESSMENT

1. Has the client ever been paid for working full or part time? Yes No If yes, describe the employment history

2. Is there any disability that might prevent participation in vocational skill development? Yes No
If yes, describe: _____
3. Military history? Yes No If yes, describe: _____

XI. SOCIAL DEVELOPMENT ASSESSMENT

1. Does the client have: No friends Many friends A few friends
2. Does the client belong to a gang? Yes No Possibly What activities were participated in with gang friends?

3. Has the client ever been hurt or hurt anyone else during these activities? Yes No If yes, describe: _____

4. Given the choice, the client would spend time: Alone With adults With same age friends
 With older friends With younger friends

XII. LEISURE/RECREATIONAL ASSESSMENT

1. What types of recreational activities or special interests does the client participate in for fun? _____

2. Willingness to participate with family in recreational activities: Is about the same as it always has been
 Has decreased since _____
3. Can the client swim? Yes No

XIII. ALCOHOL/DRUG USE ASSESSMENT

1. List all substances that the client may have experimented with or used. Use the back of this sheet if necessary.

Substance	Age at first use	How Often	Amount	Last Used
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 2. Has any treatment for substance abuse issues been attempted/completed? Yes No If yes, when, where, and for how long? _____
- 3. Have there been any health problems related to drinking/drug use? Yes No If yes, describe: _____
- 4. Have there been any legal problems related to drinking/drug use? Yes No If yes, describe: _____
- 5. Has the client ever missed or been late for school or work because of drinking/drug use? Yes No
- 6. Has substance abuse caused problems with relationships? Yes No If yes, explain: _____
- 7. If substance abuse has been a problem in the past, has the client attended support group meetings in the local community? N/A Yes No

XIV. SEXUAL BEHAVIOR ASSESSMENT

- 1. Has the client exhibited any sexually inappropriate behaviors? Yes No If yes, explain: _____
- 2. Has the client ever been a victim or perpetrator of sexually inappropriate behavior? Yes No If yes, explain: _____
- 3. Is the client sexually active? Yes No Unknown If yes, at what age did this first occur? _____
- 4. Does the client have any children? Yes No Unknown If yes, what age(s) and with whom do they live? _____
- 5. Does the client use any form of birth control? Yes No Unknown If yes, what? _____
- 6. Has there ever been testing or treatment for a sexually transmitted disease? Yes No If yes, explain: _____
- 7. Sexual Orientation: _____

XV. CULTURAL AND SPIRITUAL ASSESSMENT

- 1. Ethnic Identification: Anglo-American African-American Hispanic Asian American Indian Other
- 2. Are there any specific cultural factors or practices that cause concern for the client or family? Yes No
If yes, describe: _____
- 3. Has the client ever been involved with a cult of any kind? Yes No If yes, describe: _____
- 4. What, if any, is the client's religious preference? _____
- 5. Has the client attended religious services on a regular basis? Yes No

INACCURATE OR INCOMPLETE INFORMATION MAY RESULT IN CLIENT'S ADMISSION BEING DECLINED AT ANY POINT DURING THE REFERRAL OR ADMISSION PROCESS.

Assessment form completed by: _____

Date: _____

Relationship to client: _____

MODEL RISK ASSESSMENT INSTRUMENT FORM

Youth's Name: _____

DOB: ____/____/____

Race: 1. Caucasian 2. African-American 3. Hispanic 4. Other: _____

Gender: 1. Male 2. Female

Probation Officer Completing Form: _____

Date Form Completed: ____/____/____

Most Serious Current Offense (circle one): 1. Felony Person 2. Misd. Person 3. Property 4. Weapons 5. Drugs
6. Public Order 7. Violation of Probation 8. Status Offense 9. Other

	Score
1. Age at First Referral to Juvenile Court Intake	
a. 16 or older	-1
b. 14 or 15	0
c. 13 or younger	2
2. Total Number of Referrals to Intake (NOTE: Do not count number of complaints. Count separate referral dates for CHINS and Delinquency and enter number here: _____)	
a. One	-1
b. Two or Three.....	0
c. Four or more.....	2
3. Total Referrals for Violent/Assaultive Offenses (NOTE: count separate referral dates; enter number here: _____)	
a. None	0
b. One or more	1
4. Number of Prior Out-of-Home Placements	
a. None	0
b. One.....	1
c. Two or more.....	2
5. School Discipline/Attendance During the Prior 12 Months	
a. Enrolled, attending regularly, no suspensions; or, graduated or GED	-1
b. Some truancy; suspended 1-2 times; considered somewhat disruptive	1
c. Major truancy or dropped out; suspended 3+ times; considered seriously disruptive	2
6. Substance Abuse	
a. No problem or experimentation only	0
b. Use sometimes interferes with functioning.....	1
c. Use frequently interferes with functioning; chronic abuse; dependency	2
7. Peer Relationships	
a. Friends provide positive influence	-1
b. Some delinquent friends with negative influence	0
c. Most friends are delinquent; strong negative influence	2
d. Gang member/associate	3
8. Victim of Child Abuse or Neglect (based on report to child welfare agency, substantiated or not)	
a. No	0
b. Yes	1
9. Parental Supervision	
a. Parental supervision and discipline usually effective; youth usually obeys rules; minor, sporadic conflict.....	0
b. Parental supervision often ineffective or inconsistent; frequent parent-child conflict.....	1
c. Little or no parental supervision/discipline; or constant conflict; youth usually disobeys	2
10. Parent/Sibling Criminality	
a. No parents/guardians or siblings incarcerated or on probation during past three years.....	0
b. Parent/guardian or sibling incarcerated or on probation during past three years.....	1
11. Total Score	_____

Risk Level: _____ - 4 to 0 Low Risk _____ 1 to 5 Medium Risk _____ 6 to 8 High Risk _____ 9+ Very High Risk

MODEL RISK INSTRUMENT DEFINITIONS

1. Age at First Referral to Juvenile Court Intake - Determine the youth's age at the time he/she was first referred to intake for a delinquent or status offense. Do not include referrals for dependency or custody. The outcome (e.g., diverted, petitioned) of the first referral does not matter.

2. Total Number of Referrals to Intake - This is a count of the number of different DATES that the youth has been referred to juvenile court for a delinquent or status offense. If a youth was referred on one date for three different offenses, or multiple counts related to one offense, this is still considered one referral. (Note – this definition can be changed by the local agency, but there needs to be clarity about what exactly is being counted – dates, incidents, charges, etc. and all staff need to count the same things in the same way).

3. Total Referrals for Violent Offenses - this is a count of all referral DATES in which one or more allegations were for violent offenses. Be sure to count any and all referrals for violent offenses that occurred up to the date of the current disposition (even if they have not yet been adjudicated or disposed of). Violent offenses include all offenses against persons that are assaultive in nature including felony and misdemeanor assaults, kidnapping, murder, armed robbery and robbery, car jacking, sexual assaults, etc. Burglary and weapons possession are not a violent offense. (Note: again, the local jurisdiction can change: 1) how a “referral” is counted and, 2) what is considered a “violent offense”, but all staff must count the same things in the same way.

4. Number of Prior Out of Home Placements – this is a count of the number of times the court has previously ordered an out of home placement as a result of a delinquent or status offense. Include commitments to group homes, correctional facilities, residential treatment centers and post dispositional detention. Do not include pre-dispositional stays in detention, informal placements with relatives or foster care placements as a result of child abuse and neglect.

5. School Discipline/Attendance during the prior 12 months - this is a combined measure of the youth's school attendance and/or behavior.

Enrolled, attending regularly, no suspensions – during the past year, the youth has been enrolled in school, attended regularly (fewer than 5 days truant), has not been suspended and is not considered a discipline problem by school officials. Include here any youth who graduated or obtained a GED.

Some truancy, or suspended 1-2 times or considered somewhat disruptive – during the past year the youth has been enrolled in school, but has missed 5 -15 days of school due to truancy, OR has been suspended from school on 1-2 occasions due either to truancy or behavior problems, OR is considered somewhat disruptive by school officials.

Major truancy or dropped out; suspended 3+ times or considered seriously disruptive - during the past year the youth has been enrolled in school, but has missed more than 15 days of school due to truancy, OR was not in school due to dropping out or expulsion; OR has been suspended from school on 3 or more occasions due either to truancy or behavior problems, OR is considered a major discipline problem by school officials. (Note: the definition of how many trancies constitutes “some” vs. a “major” problem can be determined by the local agency. The same is true for the number of suspensions.)

6. Substance Abuse - indicate the degree to which drug/alcohol (D/A) involvement has affected the youth's functioning in the year prior to the current disposition.

No Problem/Experimentation: no use or occasional use that does not result in disruption of functioning. Uses less than once per month; OR more frequently, but relationships with parents not strained over use or involvement with using peers; AND no school problems associated with use; AND no arrests for D/A related offenses within the past year.

Use sometimes interferes with functioning: use of substances is associated with some disruption of functioning. Family relationships may have become strained over use; OR the youth often associates with substance abusing peers and this has had a negative impact on family, school or community functioning; OR some deterioration in school performance believed to be D/A related; OR 1-2 school disciplinary actions related to substance abuse; OR 1-2 substance abuse-related arrests in the past year; OR any referral in past year for out-patient treatment for D/A abuse.

Use frequently interferes with functioning; chronic abuse; dependency - use of substances is associated with significant disruption of functioning. Family relationships have become strained over use; OR the youth's primary peer group is substance abusers and this has had a negative impact on family, school or community functioning; OR major deterioration in school performance believed to be D/A related; OR 3 or more school disciplinary actions related to substance abuse; OR 3 or more substance abuse-related arrests in the past year; OR any referral in past year for in-patient treatment for D/A abuse; OR admitted or diagnosed dependency.

7. Peer Relationships - use the definitions below to guide scoring of this item.

Friends provide positive support and influence: friends not known to be delinquent or to have influenced youth's involvement in delinquent behavior; no more than one referral involving co-defendants within the past year.

Some delinquent peers: some companions involved in delinquent behavior; has had co-defendants in two-three arrests in past year and/or some friends have been referred to juvenile court.

Mostly delinquent peers/gang member: primary peer group has a strong delinquent orientation and/or most friends have been referred to juvenile court, and/or four or more arrests involving codefendants in the past year.

Gang member/associate - youth is a gang or posse member or affiliate.

8. Victim of Child Abuse or Neglect - indicate whether the youth was ever referred to DHR as a victim of child abuse or neglect. It does not matter if the allegation was founded, unfounded, or reason to suspect.

9. Parental Supervision - use the definitions below to determine the nature and extent of parental supervision.

No Problem: parental supervision, discipline and control is consistent and usually effective. Any conflict with parents over discipline reflects a degree of conflict that would be expected with any teenager.

Some Problem: Parent-child conflict occurs occasionally and at times is disruptive, OR parental discipline and control are sometimes ineffective or inconsistent.

Major Problem: problems severely inhibit the youth's ability to function. Parent-child conflict occurs consistently and creates turmoil, OR repeated instances of family violence involving the youth, OR parental discipline and control are almost non-existent, OR parents contribute to youth's delinquency OR parent rejects or refuses responsibility for youth.

10. Parent/Sibling Criminality - this item asks whether a parent figure, or sibling, or both were on probation/parole or incarcerated during the three years prior to the current disposition. Incarcerated means sentenced to incarceration (do not include pre-trial jail or detention). Parent figure includes natural parents, step-parents and live-in boyfriends/girlfriends. Do not include aunts, uncles, or other relatives unless they are caretakers/parent figures.

PATHWAY, INC.
Enterprise, Alabama

PHYSICAL HEALTH ASSESSMENT

NAME: _____ DOB: ___/___/___ SS#: ___-___-___ AGE: _____

MALE FEMALE Are immunizations current? YES NO If NO, needs: _____

CURRENT MEDICATIONS: _____ PAST MEDICATIONS: _____
(Including Over-the-Counter Meds) _____

LIST ALL ALLERGIES: _____

HISTORY OF SIGNIFICANT ILLNESS/INJURY (Explain any YES answer in the NOTES below)

HISTORY OF	YES	NO	HISTORY OF	YES	NO
Seizures			Kidney Stones		
Asthma/Breathing Problems			Frequent Headaches		
Heart Problems/Murmur			Head Injuries		
Stomach Problems or Special Diet Needs			Diabetes		
Broken Bones			OTHER (explain in NOTES)		

NOTES: _____

TUBERCULOSIS TEST DATE: ___/___/___ RESULTS: Pos. Neg. DATE READ: ___/___/___

HEIGHT: _____ WEIGHT: _____ VITAL SIGNS: B/P: _____ PULSE: _____ TEMP: _____

VISION: Right ___/___ Left ___/___ With Without CORRECTION

HEARING: Right ___/___ Left ___/___ With Without CORRECTION

SEXUAL BEHAVIOR HISTORY: RPR - If positive- VDRL _____

History of pregnancy ? : YES NO NA

REVIEW OF SYSTEMS	NORMAL	ABNORMAL	COMMENTS
SKIN			
HEAD & NECK			
EYES			
EARS/NOSE & THROAT			
TEETH & MOUTH			
CARDIOVASCULAR			
ABDOMEN & LYMPHATICS			
LUNGS & CHEST			
GENITALIA / HERNIA			
EXTREMITIES			
MOTOR DEVELOPMENT & FUNCTIONING			
SCOLIOSIS SCREENING			

CLIENT IS: CLEARED NOT CLEARED For participation in strenuous physical activities associated with Pathway's treatment program.

PLAN OF ACTION / FOLLOW UP: _____

EXAMINING PHYSICIAN / NURSE SIGNATURE: _____ DATE: ___/___/___

EXAMINING PHYSICIAN / NURSE PRINT: _____

OFFICE ADDRESS: _____ TELEPHONE #: _____



PATHWAY, Inc.
 P.O. Box 311206
 Enterprise, AL 36331-1206

Main Campus I – T: 334-894-5591 F: 334-894-5264
 Campus II – T: 334-445-1285 F: 334-445-1287
 Pathway School – T: 334-894-5405 F: 334-894-5408
 Pathway of Baldwin County – T: 251-405-3107 F: 251-450-8315

Joe Peeples
Chief Executive Officer

Barbara Morrison
Chief Operating Officer

Renee Peyregne
Human Resources Director

Brad Wood
Director of Admissions

Karen Brabham
Director of Clinical Services

Herman Daniel
*Director of Programs
 Campus II Program Director*

Michael Davis
Campus I Program Director

Mark Sullivan
Education Coordinator

Sydney Garner, Psy.D.
Chief Clinical Officer

Stephanie Crowe
Chief Financial Officer

Kimberly Fail
*Director, Pathway of
 Baldwin County*

Grace McGee
*Program Director, Pathway
 of Baldwin County*

Sherry Craft
*Asst. Education Coordinator
 Pathway of Baldwin County*

PATHWAY PHYSICAL ADDENDUM (COVID-19)

Patient Name: _____

DOB: _____

Please indicate whether patient has had symptoms of COVID-19 within the past 7 days.

If symptoms are indicated, please describe symptoms and date of onset:

Signature of Physician

Date



INSURANCE INFORMATION

Client Name: _____

Name of Insurance: _____

Policy #: _____

Group #: _____

Effective date: _____

Policy Holder Name: _____

Policy Holder DOB: _____

Relationship to Client: _____

Secondary Insurance (If applicable)

Name of Insurance: _____

Policy #: _____

Group #: _____

Effective date: _____

Policy Holder Name: _____

Policy Holder DOB: _____

Relationship to Client: _____

The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to Pathway, Inc. I also authorize Pathway, Inc to release any information required to process my claims.

Parent/Guardian Signature: _____ Date: _____

DIRECTIONS
to
PATHWAY CAMPUS I

(Regional Alliance Boys Program)

(334) 894-5591



FROM THE DOTHAN, ALABAMA AREA

Travel U.S. Highway 84 West to Enterprise and turn right on to the bypass (this will be 84 West/167 North). Follow Highway 167 North when it turns right to go to Troy. About 6.3 miles north of Enterprise, 167 intersects with Alabama Highway 51. Turn left on to 51 South, and go about 25 yards. You will see a Pathway sign, directing you to turn right, on to Coffee County Road 255. Follow C.R. 255 to the end of the pavement, then turn left on to a dirt road. Travel about 100 yards and turn right.....into the Pathway parking area.

FROM THE OPELIKA, ALABAMA AREA

Travel Alabama Highway 51 South – all the way through the following counties: Lee, Russell, Bullock, Barbour and Dale, into Coffee County. When 51 South intersects with Alabama Highway 167 (at a stop sign)) turn left on to 167 South, and get in to the far right turn lane. Travel about 150 yards and take another right. You will see a Pathway sign, directing you to turn right, on to Coffee County Road 255. Follow C.R. 255 to the end of the pavement, then turn left on to a dirt road. Travel about 100 yards and turn right.....into the Pathway parking area.

FROM THE MONTGOMERY, ALABAMA AREA

Travel US Highway 231 South to Troy. Turn right on to Alabama Highway 167 South, as if you were going to Enterprise. Travel approximately 25 miles to a caution light where Highway 167 intersects with Alabama Highway 51. Turn right onto Highway 51 South, and go about 25 yards. You will see a Pathway sign, directing you to turn right, on to Coffee County Road 255. Follow C.R. 255 to the end of the pavement, then turn left on to a dirt road. Travel about 100 yards and turn right.....into the Pathway parking area.

FROM THE MOBILE, ALABAMA AREA

Travel Interstate 10 East to Florida Highway 79 North (Bonifay Exit). Highway 79 North becomes Alabama Highway 167 at the Alabama state line. Follow 167 North signs toward Enterprise, and follow them around the bypass (this will be 84 West/167 North). Follow Highway 167 North when it turns right to go to Troy. About 6.3 miles north of Enterprise, Highway 167 North intersects with Alabama Highway 51. Turn left onto Highway 51 South, and travel about 25 yards. You will see a Pathway sign, directing you to turn right, on to Coffee County Road 255. Follow C.R. 255 to the end of the pavement, then turn left on to a dirt road. Travel about 100 yards and turn right.....into the Pathway parking area.

ADM/forms/title

* GPS Address : County Rd 255 New Brockton, AL 36351

Pathway of Baldwin County

23750 Ewing Farm Rd

Atmore AL. 36502

251-405-3107

Directions to Pathway of Baldwin;

From Bay Minette:

Drive north on US Hwy 31 until you reach Hwy 61, which is across from a service station, and turn left on Hwy 61. Go straight; you will pass Perdido School and cross over railroad tracks.

After crossing railroad tracks, the road turns to the right and becomes Hwy 47-61. The road will take a sharp curve to the left. At this point, you should be able to follow the signs all the way to the camp.

You will cross an Interstate 65 overpass, and should continue approximately another three miles until you see another directional sign.

Turn right onto Ewing Farm Rd. (dirt road). Go approximately ½ mile (see another green sign) and turn right again, this is the camp's driveway. Come to the first building on left-Administration building.

Via Interstate 65:

Take exit 45 (Perdido/Rabun) from Interstate 65. From the exit ramp, turn right onto Hwy 47 if traveling **NORTH** on I65 or turn left if traveling **SOUTH** on I65. This road will end in a "T" approximately 2.5 miles from the interstate. At the "T", turn left onto Hwy. 47-61. The road will take a sharp curve to the left. At this point, you should be able to follow the signs all the way to the camp.

You will cross an Interstate 65 overpass, and should continue approximately another three miles until you see another directional sign.

Turn right onto Ewing Farm Rd. (dirt road). Go approximately ½ mile (see another green sign) and turn right again, this is the camp's driveway. Come to the first building on left-Administration building.

PATHWAY, INC

Enterprise, Alabama

Edited 11/09/2018

BOYS REGIONAL ALLIANCE CLOTHING AND SUPPLIES LIST

Shoes and Socks	1 pair	Athletic shoes (black with white soles) less than \$65.00
	1 pair	Work/Hiking Boots
	1 pair	Dress Shoes
	4 pair	Work Socks – Hanes or Starter
	1 pair	Dress Socks
Pants/Shirts	2 pair	Casual Pants and Shirts
Outerwear	1	Light Weight Jacket (No Hoodies)
	1 pair	Swim Trunks (Summer Item)
	1	*Winter Coat
	1 pair	*Gloves
Undergarments	5	Underwear
	2 pair	Pajamas
Linens/Bedding	1 set	Twin Sheets
	1	Pillow with Case
	3	Bath Towels
	3	Bath Cloths
	1	Blanket
Supplies	1	Suitcase or Duffel Bag Letter Writing Supplies (no mechanical pencils or spiral notebooks)
Optional	1	Fishing Pole and Tackle Box

**Items required for Winter*

Baldwin County Clothing List - Boys

Item	Quantity
All black velcro athletic shoes (valued up to \$65)	1
Work/Hiking boots	1
Black slides (shower shoes)	1
Socks (white)	2 pair
Solid black knee length athletic shorts (no pockets or string)	2 pair
Gray Sweat shirt	1
Gray Sweat pants (no pockets or string)	1
Boxers	2
Bath Cloth (light color)	1
Towel (light color)	1
Bedding (fitted sheet, flat sheet, comforter)	1
Pillow and pillow case	1

Baldwin County Clothing List - Girls

Item	Quantity
All black velcro athletic shoes (valued up to \$65)	1
Work/Hiking boots	1
Black slides (shower shoes)	1
Socks (white)	2 pair
Solid black knee length athletic shorts (no pockets or string)	2 pair
Gray Sweat shirt	1
Gray Sweat pants (no pockets or string)	1
Sports Bra (no underwire)	2
Panties (no thongs)	2
Bath Cloth (light color)	1
Towel (light color)	1
Bedding (fitted sheet, flat sheet, comforter)	1
Pillow and pillow case	1