Wake County, North Carolina
referral@wellspringintervention.com
Licensed under 10A NCAC 27G .1700

Admission Application

Application for residential treatment placement

Form ID: WSI-F03

To be completed by the guardian/placing agency.

CHILD INFORMATION

Child's Name:		**Date of Birth:**	
Age:		**Grade:**	
Sex:		**SSN (last 4):**	

GUARDIAN / PLACING AGENCY

Guardian Name:		**Relationship:**	
Address:		**Phone:**	
Email:		**Best time to call:**	

INSURANCE / FUNDING

Medicaid ID:		**Managed Care Plan:**	
LME/MCO:		**Private Insurance:**	

CONSENTS (CHECK ALL THAT APPLY)

- ■ I authorize medical treatment
- ■ I authorize medication administration
- ■ I authorize educational placement
- ■ I authorize release of records to WSI
- ■ I authorize family visits (per plan)
- ■ I authorize community outings

GUARDIAN AUTHORIZATION

I hereby apply for admission of the above-named child to Well Spring Intervention.

Guardian Signature	**Printed Name**	**Date**
WSI Authorized Signature	**Printed Name**	**Date**