



## **PRTF APPLICATION CHECKLIST**

***APPLICATIONS THAT ARE RECEIVED INCOMPLETE WILL NOT  
BE PROCESSED.***

**PLEASE FOLLOW THE CHECKLIST BELOW WHEN COMPLETING THE  
ENCLOSED PRTF APPLICATION.**

\_\_\_\_\_ PLEASE COMPLETE APPLICATION IN FULL.

\_\_\_\_\_ PLEASE ATTACH ALL OF THE FOLLOWING INFORMATION FOR  
APPLICATION TO BE PROCESSED.

\_\_\_\_\_ CURRENT IEP, FINAL GRADES FROM PREVIOUS SCHOOL YEAR,  
SUSPENSIONS.

\_\_\_\_\_ IMMUNIZATION RECORD

\_\_\_\_\_ PSYCHOLOGICAL TESTING

\_\_\_\_\_ HISTORY AND PHYSICAL

\_\_\_\_\_ CURRENT TREATMENT PLAN

**PLEASE RETURN ALL INFORMATION TO:**

**The Brynn Marr Helpline at (910)-577-2767 (fax) or call (800)-822-9507.**

# PRTF APPLICATION

1. PERSON/AGENCY MAKING APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

2. CLIENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

SSN #: \_\_\_\_\_ RACE: \_\_\_\_\_

MEDICAID #: \_\_\_\_\_

3. CUSTODY

LEGAL CUSTODIAN: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

HAVE PARENTAL RIGHTS BEEN TERMINATED?

Y\_\_\_\_\_ N\_\_\_\_\_ WHEN \_\_\_\_\_

HAS CLIENT BEEN ADOPTED? Y\_\_\_\_\_ N\_\_\_\_\_

DATE OF FINAL ADOPTION ORDER: \_\_\_\_\_

CLIENT'S SIBLINGS

NAME	AGE	RELATIONSHIP	PRESENTLY LIVES WITH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. MEDICAL

MEDICAL PROBLEMS/PAST SURGERIES (INCLUDE DATES)

\_\_\_\_\_

ALLERGIES.ADVERSE DRUG REACTIONS

\_\_\_\_\_

CLIENT'S PHYSICIAN

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CLIENT'S DENTIST

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CURRENT/PAST SYMPTOMS

PAST/PRESENT SUICIDAL/HOMICIDAL IDEATION/GESTURE/ATTEMPT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PAST/PRESENT HISTORY OF PSYCHOSIS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HISTORY OF PHYSICAL/SEXUAL ABUSE/NEGLECT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HISTORY OF RUNAWAYS

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HISTORY OF CHEMICAL DEPENDENCY

TYPE	AMOUNT	FREQUENCY	LAST USE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT MEDICATIONS

MEDICATION	DOSAGE	FREQUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. LEGAL ISSUES

CHARGES	OUTCOME
_____	_____
_____	_____
_____	_____
_____	_____

PROBATION OFFICER	TELEPHONE #
_____	_____

INPATIENT HOSPITALIZATION (S) WITHIN THE LAST YEAR

HOSPITAL	DATES
_____	_____
_____	_____
_____	_____

OUTPATIENT TREATMENT

NAME	AGENCY	TELEPHONE #
_____	_____	_____
_____	_____	_____

GROUP HOME PLACEMENT (IN LAST TWO YEARS)

GROUP HOME	ADDRESS	DATES
_____	_____	_____
_____	_____	_____

RESIDENTIAL PLACEMENT (IN LAST TWO YEARS)

CENTER NAME	ADDRESS	DATES
_____	_____	_____
_____	_____	_____

OTHER AGENCY INVOLVEMENT (GAL,DSS,ETC)

AGENCY	CONTACT PERSON	TELEPHONE #
_____	_____	_____
_____	_____	_____

6. ACADEMICS

ASSIGNED SCHOOL GRADE \_\_\_\_\_ RETANINED AND IN WHAT GRADE \_\_\_\_\_

EDUCATIONAL SETTING

REGULAR CLASS \_\_\_\_\_ SPECIAL ED \_\_\_\_\_ OTHER \_\_\_\_\_

HAS CLIENT BEEN CLASSIFIED AS SPECIAL NEEDS UNDER PL 105-17

AU BED C/B HI EMD TMD SPD MU OI OHI SLD SLI VI

HAS CLIENT BEEN SUSPENDED/EXPELLED IN LAST SCHOOL YEAR?

PLEASE LIST AND EXPLAIN INCIDENTS

7. PLEASE LIST OTHER RESIDENTIAL FACILITIES APPLIED FOR

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

8. CURRENT SYMPTOMS AND FUNCTIONING REQUIRING TREATMENT IN PRTEF.

9. CHRONIC BEHAVIORS