



**LathamCenters**  
Brighter futures since 1970

1646 Main Street, Brewster, MA 02631  
Admissions: 508-896-5776 x237; 774-353-9237  
[admissions@lathamcenters.org](mailto:admissions@lathamcenters.org)

## **APPLICATION FOR ADMISSION**

Children's Services       Adult Services

### **INDIVIDUAL INFORMATION**

Individual:	Date of Referral:
Date of Birth:	Social Security #:
Religion:	Place of Birth:
Nationality:	Race:
Citizenship:	

### **FAMILY INFORMATION**

Mother:	Father:
Mother's Maiden Name:	
Address:	Address:
Phone:	Phone:
Cell:	Cell:
E-mail:	E-mail:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
Nationality:	Nationality:
Race:	Race:
Religion:	Religion:
Primary Language:	Primary Language:
Home Language:	Home Language:
<b>Legal Guardian</b>	<b>Emergency Contact</b>
Name:	Name:

Address:	Address:
Phone:	Phone:
Cell:	Cell:
E-mail:	E-mail:

**Siblings:** Please list all siblings, date of birth, current address and indicate if half brother/sister and which parent.

Sibling	Date of Birth	Current Address	Half Brother/Sister	Which Parent

**Family History:** Below list the name, age, Medical (hx of cancer?), learning disorders/giftedness, mood disorders, postpartum depression, psychotic disorders, OCD/tics, degenerative diseases (Parkinson's, Alzheimers, etc.), education, and employment of each family member.

Name:	Age	History

**Recent Challenges at School and Home for Student:**

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**Current Involvement:** Indicate if any of the following legal issues apply to the individual. If yes, specify.

Legal – State/Local Support Services			If Yes, Specify
Custody Agreement (please provide copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Guardianship (please provide copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Rogers Petition – antipsychotic meds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
No-Contact/restraining Order: Give initial date and legal follow up required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CHINS (court order for child needing services)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Arrests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Probation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mental Health Services (i.e. DMH)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child Protective Services (i.e. DCF, DCYF) Involvement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Developmental Disabilities Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In Home ABA Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Education:**

<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Post Secondary    Highest Grade Completed?	
FSIQ:                    If Student, does he/she have a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School District Information – School District:	
Name of School:	
Contact Name:	Special Ed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Date Eligible for Sp Ed.:
E-mail:	(if known disability, date is generally at 3 <sup>rd</sup> birthday)

**Emergency Identifier Information:**

Current height:	Hair Color:
Current weight:	Eye Color:
Identifying marks (birthmarks/scars:	

**Behaviors/Level of Need:**

Describe strengths:
Describe weaknesses:
Family/Peer relationships:
Does Individual exercise daily?
Does the Individual Steal?
Is Behavior Plan in use?
What behavioral guidelines help the most?
General consequences for behavior?
What are some minor behaviors that can be redirected?

Most serious aggressive act?
Running behaviors? Considered LoJack?
Transportation Challenges? (buckle boss, harness, rear seating)
What helps Individual to calm down?
ADL Assistance Needed: (i.e. showering, toileting, brush teeth)
Favorite activities:
Best reinforcers?
Is any Counseling received?
Alarms/locks on windows/doors/fridge?
Supervision level in community: Full <input type="checkbox"/> Within Eyeshot <input type="checkbox"/> Full Independence <input type="checkbox"/>
Can Individual Carry Money?
Can Individual use public transportation?
Can individual spend time alone at home?
Does Individual use telephone appropriately?
Orders take-out/Amazon when unsupervised?
Level of ability on computer?
Ability to safely use internet?
Does individual have any vocational or work experience? Please describe:

**\*Statement of nondiscrimination:**

**Latham Centers, Inc. (Latham) provides equal opportunity for all individuals served and employed.**

Latham does not discriminate on the basis of race, color, ancestry, national origin, ethnic group identification, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity or expression, genetic information, age, veteran status, or any other category protected under applicable law in treatment or employment at Latham, admission or access to Latham, or any other aspect of the programs and activities that Latham operates.

*Latham is required by Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), Title IX of the Education Amendments of 1972 (Title IX), the Age Discrimination Act of 1975 (Age Act), and their respective implementing regulations at 34 C.F.R. Parts 100, 104, 106 and 110, not to discriminate on the basis of race, color, national origin, disability, sex, or age. Inquiries concerning the application of each of the aforementioned statutes and their implementing regulations to Latham may be referred to:*

Latham Centers, Inc., Vice President of Organizational Development Craig Anderson,  
(508) 896-5776 ext. 197 or 1646 Main Street (Route 6A) Brewster, MA 02631-1716, or to the U.S.  
Department of Education, Office for Civil Rights, at (617) 289-0111 or 5 Post Office Square, 8th Floor,  
Boston, MA 02109-3921

*TY and ASCII Users: (800) 720-3840*  
*Latham Centers is an equal opportunity provider and employer.*

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