Oregon Health Authority

Young Adults in Transition Residential Treatment Home
Application Form

Young Adults in Transition (YAT) Residential Treatment Homes (RTH) are for young adults (17.5 to 25 years old) who experience complex behavioral health challenges.

YAT RTHs provide 24-hour supervision and support focusing on helping residents develop the skills needed to manage their mental health symptoms and transition into adulthood.

Services and supports include, but are not limited to:

- Therapy and medication management
- Case Management to connect to additional services as needed (i.e. supported employment, etc.)
- Skill development focusing on:
  - Self-managing emotions and mental health symptoms
  - Nutrition, personal hygiene, clothing care and grooming
  - Managing physical or health problems as needed
  - Money and household management
- Communication skills for social, health care, community resources
- Recreational and social activities

Application Process:

Referral application form (please complete all pages) and supporting clinical documentation is sent to the following contacts ***(send to all contacts listed for the program)*** for each specific home the applicant has interest in:

City	YAT RTH Name	Operated by:	Referral Contact(s):
Albany	Sender House	Trillium Family Services	Rafael Larios – rlarios@trilliumfamily.org Hannah White – hwhite@co.linn.or.us Jeff Taylor – j.taylor@co.linn.or.us Angela Johnson-- ajohnson@co.linn.or.us
Eugene	Tempo	Kairos	Lisa Ambrose – lambrose@kairosnw.org
Grants Pass	Momentum	Kairos	Lisa Ambrose – lambrose@kairosnw.org
Pendleton	New Roads	Community Counseling Solutions	Bob McConnell -robert.mcconnell@ccsemail.org Heather Smidt – heather.smidt@ccsemail.org Da'janee Challis – dajanee.challis@ccsemail.org
Portland	Firefly	Cascadia Behavioral Health	Jaclyn Najera – jaclyn.najera@cascadiahealth.org Tami Dawson - tami.dawson@cascadiahealth.org Hillary Demary – hillary.l.demary@multco.us
Salem	Cadenza	Kairos	Lisa Ambrose – lambrose@kairosnw.org
Tigard	Zenith House	Lifeworks NW	Whitney Kosters – whitney.kosters@lifeworksnw.org

The YAT RTH program will review the referral and reach out to the contact listed in the referral for additional information or to schedule an interview/screening if they feel the applicant would be a good fit for their program.

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Checklist

Applicant's Name: Click or tap here to enter text.

Primary Diagnosis(es): Click or tap here to enter text.
(Please write out diagnoses)

	Choose an item.
Does the applicant have a significant history of psychiatric treatment?	Choose an item.
Does the applicant have an extended history of incarceration?	Choose an item.
Can applicant be reasonably expected to reside safely in the community?	Choose an item.
Does the applicant have the capacity to develop independent living skills?	Choose an item.
Does the applicant want to develop independent living skills?	Choose an item.

Funding:
What is applicant's source of funding?
SSI: $Click or tap here to enter text. SSDI: $Click or tap here to enter text.
Other Source: $Click or tap here to enter text.

If the applicant is not currently funded – what has been done to assist applicant in obtaining income?
Click or tap here to enter text.
What is applicant's source for medical coverage? Click or tap here to enter text.

Clinical Documentation (At least 90 days of most recent/current records as available)**:**
***Referrals will not be accepted nor reviewed without accompanying clinical documentation**

☐	Physician history and physical within past 6 months
☐	List of current medications, dosages and length of time on medications
☐	Reports or other consultations
☐	Current psychosocial assessment
☐	Two weeks of current progress notes
☐	Current psychological assessment (if available)
☐	Current psychiatric assessment and 6 months care history
☐	Consent(s) for release of information

PPD Test within 12 months - Date of Test: Click or tap here to enter text. Test Results: Choose an item.

Does the applicant have any medical, physical health concerns, or special dietary needs? If yes, please provide detail:
Click or tap here to enter text.

Does the applicant need "line of site" supervision? If yes, please explain:Click or tap here to enter text.

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Applicant Information

Legal Name:Click or tap here to enter text. **DOB**: Click or tap here to enter text.

Preferred Name:Click or tap here to enter text. **Sex:** Click or tap here to enter text.

Gender Identity:Click or tap here to enter text. **Identified Pronoun:** Click or tap here to enter text.

Race/Ethnicity:Click or tap here to enter text. **Preferred Language**: Click or tap here to enter text.

County of Responsibility: Click or tap here to enter text.

Do you currently receive SSI/SSDI? Choose an item. **Amount Monthly**: Click or tap here to enter text.

Other Financial Resources: Click or tap here to enter text.

Does someone manage your money? Choose an item. **Do you have a legal guardian**? Choose an item.

Please list name(s) and contact information for conservator/payee/legal guardian (if applicable):

Click or tap here to enter text.

Are you OHP Eligible? Choose an item. **DSO/Prime (Medicaid) #**: Click or tap here to enter text.

Primary Insurance:Click or tap here to enter text. **Secondary Insurance**: Click or tap here to enter text.

What is your current Location (i.e. Oregon State Hospital, Respite, Secure Adolescent Inpatient Program (SAIP), shelter, etc.)?

Click or tap here to enter text.

What was your housing situation prior to current placement? Click or tap here to enter text.

Do you have picture ID? Choose an item. **Social Security Card**? Choose an item. **Birth Certificate**? Choose an item.

Do you have any accommodations that may be needed (i.e. physical/environmental modifications, language, learning style, etc.)?

Click or tap here to enter text.

Do you have a child and family support team or are there people you would like to identify to provide support and encouragement to you during your transition and treatment? Please identify them and provide contact information:

Click or tap here to enter text.

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Applicant Portion

Please answer the following questions to the best of your ability. These questions will be used to help ensure that the program is a good fit and able to support your specific needs.

What would you like to accomplish during the next 6-12 months?

Click or tap here to enter text.

What are your strengths and interests?

Click or tap here to enter text.

Do you have a diploma or GED?

Click or tap here to enter text.

Are you interested in attending college, completing high school education or receiving vocational training?

Click or tap here to enter text.

Do you have any volunteer or work experience? If yes, please describe:

Click or tap here to enter text.

Are you interested in working as a volunteer to gain work experience? If so, what types of volunteer work are you interested in?

Click or tap here to enter text.

Do you have any cultural or spiritual preferences or needs? If yes, please describe (i.e. specific holidays or traditions, religious practices, etc.):

Click or tap here to enter text.

Do you have a history of self-injurious, suicidal, or assaultive behavior? If yes, please provide details including dates:

Click or tap here to enter text.

Have you ever been charged with a crime? If yes, please provide detail including nature of charges and dates. (Please provide name and phone number of probation officer, if applicable):

Click or tap here to enter text.

Do you have a history of substance misuse and/or dependence? If yes, please provide details including dates (please include both illicit drug use and legal substances including alcohol, cigarettes, vaping, etc.):

Click or tap here to enter text.

Do you have a history of community-based mental health treatment? Please list services/dates:

Click or tap here to enter text.

What modalities/interventions do you feel have been helpful and what has not worked?

Click or tap here to enter text.

If you are accepted into a Young Adult in Transition Residential Treatment Home, how long do you plan on staying?

Click or tap here to enter text.

Where would you like to live when you move from the Residential Treatment Home?

Click or tap here to enter text.

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Applicant: Click or tap here to enter text. **Date:** Click or tap here to enter text.

Transition Needs: Please check all areas where you may need assistance or would like to learn more skills.

	Assistance	Learn Skill	No Need
Personal Care			
Grooming	☐	☐	☐
Laundry	☐	☐	☐
Basic First Aid and Safety	☐	☐	☐
Exercise Plan	☐	☐	☐
Symptom Management			
Medication Management	☐	☐	☐
Emotion Regulation Skills	☐	☐	☐
Self Harm	☐	☐	☐
Suicidality	☐	☐	☐
Alcohol and Drug Education support	☐	☐	☐
Relapse Prevention	☐	☐	☐
Interpersonal Skills			
Building friendships/Relationships	☐	☐	☐
Healthy Boundaries	☐	☐	☐
Internet/phone safety	☐	☐	☐
Nutrition			
Meal Planning	☐	☐	☐
Grocery Shopping	☐	☐	☐
Food Preparation/Cooking	☐	☐	☐
Community skills			
Utilizing public transportation	☐	☐	☐
Locating Service Provider Agencies	☐	☐	☐
Scheduling Appointments	☐	☐	☐
Socialization/Activities	☐	☐	☐
Driver’s license	☐	☐	☐
Education/Employment			
School Support (GED, Diploma)	☐	☐	☐
Vocational Skills	☐	☐	☐
Filling out forms/applications	☐	☐	☐
Money Management			
Budgeting	☐	☐	☐
Paying Bills	☐	☐	☐
Managing checking account	☐	☐	☐
Other			
Click or tap here to enter text.	☐	☐	☐

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Please use space below to tell us why you would like to be considered for a Young Adult in Transition Residential Treatment Home. Please describe any service needs not already listed. Include information about what things you think might be hard for you and how you think others can be most helpful to you.

Click or tap here to enter text.

I am applying for the opportunity to live in a Young Adult in Transition group home. I understand I will have to follow the rules of the home and actively work toward becoming an independent and productive adult in order to remain in the home if I am accepted. I authorize the agencies involved in this decision to contact my identified "support team" members for the purpose of getting their recommendations and to assist us in developing a care plan with me.

Applicant Signature: Click or tap here to enter text. **Date:** Click or tap to enter a date.
(Digital Signature is sufficient)

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Agency/Provider Portion (to be completed by someone who knows the person well such as therapist, DHS caseworker, wrap facilitator, Probation Officer, etc.).

What do you feel the applicant would like to accomplish during the next 6-12 months?

Click or tap here to enter text.

What do you feel are the applicant's strengths and interests?

Click or tap here to enter text.

Does the applicant have a history of self-injurious, suicidal, or assaultive behavior? If yes, please provide details including dates:

Click or tap here to enter text.

Does the applicant have a history of or current legal charges? If yes, please provide details including nature of charges and dates (please include contact information if currently under legal supervision):

Click or tap here to enter text.

Does the applicant have a history of substance misuse and/or dependence? If yes, please provide details (please include both illicit drug use and legal substances including alcohol, cigarettes, vaping, etc.):

Click or tap here to enter text.

Does the applicant have a history of community-based mental health treatment? If yes, what modalities have best met the applicants needs and what has not worked?

Click or tap here to enter text.

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Applicant: Click or tap here to enter text. **Date:** Click or tap to enter a date.

Transition Needs: Please check all areas where applicant may need assistance or may need to learn more skills.

	Assistance	Learn Skill	No Need
Personal Care			
Grooming	☐	☐	☐
Laundry	☐	☐	☐
Basic First Aid and Safety	☐	☐	☐
Exercise Plan	☐	☐	☐
Symptom Management			
Medication Management	☐	☐	☐
Emotion Regulation Skills	☐	☐	☐
Self Harm	☐	☐	☐
Suicidality	☐	☐	☐
Alcohol and Drug Education support	☐	☐	☐
Relapse Prevention	☐	☐	☐
Interpersonal Skills			
Building friendships/Relationships	☐	☐	☐
Healthy Boundaries	☐	☐	☐
Internet/phone safety	☐	☐	☐
Nutrition			
Meal Planning	☐	☐	☐
Grocery Shopping	☐	☐	☐
Food Preparation/Cooking	☐	☐	☐
Community skills			
Utilizing public transportation	☐	☐	☐
Locating Service Provider Agencies	☐	☐	☐
Scheduling Appointments	☐	☐	☐
Socialization/Activities	☐	☐	☐
Driver’s license	☐	☐	☐
Education/Employment			
School Support (GED, Diploma)	☐	☐	☐
Vocational Skills	☐	☐	☐
Filling out forms/applications	☐	☐	☐
Money Management			
Budgeting	☐	☐	☐
Paying Bills	☐	☐	☐
Managing checking account	☐	☐	☐
Other			
Click or tap here to enter text.	☐	☐	☐

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Please use space below to tell us why you would like the applicant to be considered for a Young Adult in Transition Residential Treatment Home. Please describe any service needs not already listed. Include information about past approaches that have been successful around applicants needs or concerns the team has regarding discharge planning:

Click or tap here to enter text.

Contact Person: Click or tap here to enter text. **Date Referred:** Click or tap to enter a date.

Agency/Relationship: Click or tap here to enter text. **Phone #:** Click or tap here to enter text.

Email: Click or tap here to enter text.