NOVA ICF Services
Admission Application Packet

Thank you for your interest in our ICF Program! Our Admissions Specialist will work with you throughout the application and admissions process. We will work hard to keep you informed on the status of your application.

To complete an admission application for ICF services, please submit the following documents:

- ☐ NOVA Admission Application (see below)
- ☐ Most recent psychological evaluation
- ☐ Most recent Person-Centered Plan (PCP) or Behavior Support Plan
- ☐ Educational Records
- ☐ Legal Guardianship documents
- ☐ List of current medications
- ☐ Immunization records
- ☐ Discharge summaries from previous services

When this information has been gathered, please submit all documents to our Admissions Specialist. We prefer you to email all documents to the Admissions Specialist, but you may also mail or fax the admissions application packet.

Kayla Sutton
Admissions Specialist
Email: cac@nova-ic.org
Phone: 919-734-8803 ext. 1014
Fax: (919) 735-7207

2307 Norwood Ave, Ste G.
Goldsboro NC 27534

Thanks again for your interest in the ICF Program. We will contact you about your application as soon as possible!

NOVA ICF Services
Admission Application

Patient Info:	**Guardian Info:**
Name: ____________________________	Guardian Name:_______________________
DOB: ____________________________	Relation to patient:____________________________
Sex: _____________________________	Guardian Address: _________________________
Managed Care Organization: __________________	Guardian Email: _____________________
Current Placement: ___________________	Guardian Phone: _____________________
Duration at Current Placement: _________________	

Reason For Referral / Presenting Problem:

____
____
____

Diagnoses

Intellectual Disability Diagnosis: ____
Psychiatric Diagnoses: ____
Physical Health Diagnoses: ____

Medical History

Please indicate all past and present medical conditions

- ☐ Anemia
- ☐ Migraine/Headaches
- ☐ Diabetes
- ☐ Other: ______________
- ☐ Urinary/Bowel issues
- ☐ Asthma
- ☐ Seizures
- ☐ Other: ______________
- ☐ Measles/Mumps
- ☐ Eczema
- ☐ Traumatic Brain Injury
- ☐ Other: ______________

Date of Last Physical Exam: ______________
Date of Last Dental Exam: ______________
Date of Last Eye Exam: ______________
Allergy List: ____
Special Dietary Needs: ____

Primary Concerns / Target Behaviors:

- ☐ Elopement
- ☐ Suicidality
- ☐ Non-suicidal self-harm
- ☐ Aggression
- ☐ Juvenile Justice / Criminal Charges
- ☐ Inappropriate Sexualized Behavior
- ☐ Property Destruction
- ☐ Substance Abuse
- ☐ Psychotic Behaviors
- ☐ Intellectual Disability

Please provide additional information about each primary concern, noting the frequency and severity of each concern.

Please describe the individual's abilities in the following domains. Please indicate the degree to which the individual can perform each skill independently.

Speech/Communication:

____

____

Bathing/Personal Hygiene:

____

____

Dressing:

____

____

Toileting:

____

____

Dining:

____

____

Household chores:

____

____

Strengths and Preferences

What does he/she do for fun?

____

____

How does he/she spend their free time?

____

____

What antecedents/triggers lead the individual into outbursts or problematic behavior?

____

____

What comforts the individual when they are upset?

____

____

What else should we know in order to provide the individual with the best care possible?

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