



## **FASTEST Acceptance Decision for Residential Treatment**

Please provide the following to help connect your child to the best care possible!

1. \_\_\_\_\_ Demographic information to include name, date of birth, social security #, and physical address.
2. \_\_\_\_\_ Social history with demographic, family, and placement history.
3. \_\_\_\_\_ Reports or discharge summary from current/recent placements including specific information regarding their behaviors and reason for leaving.
4. \_\_\_\_\_ Most recent physical Exam.
5. \_\_\_\_\_ Most recent Psychiatric Evaluation (within last 3moths) with DSM5 Diagnosis.
6. \_\_\_\_\_ Most recent Psychological with IQ scores if one was completed.
7. \_\_\_\_\_ Most recent treatment information, progress notes, treatment plan (within last 30 days).
8. \_\_\_\_\_ Educational information, IEP, school records (transcripts), grade level.
9. \_\_\_\_\_ Insurance information including subscriber's name and date of birth (if applicable)
10. \_\_\_\_\_ Referral source name and contact information.

*If any of the above information is not available, please contact the facility to discuss possible options.*

Note: Additional materials will be requested prior to the actual admission date, which may include but not be limited to Birth Certificate, Immunizations Records, Court Order, Dental Records, Vision Screen.

**Please send referrals to: [KTSreferral@uhsinc.com](mailto:KTSreferral@uhsinc.com) or 866-775-4208 (Fax)**