



Application Instructions & Process for Calabrese Youth Center

The Calabrese Youth Center is a 10 bed residential child care facility (RCCF) that is housed and operated by Laradon Hall Society for Exceptional Children and Adults which holds a contract with the Colorado Department of Human Services to deliver services to children and youth with intellectual and developmental disabilities. It is a residential child care facility as defined by C.R.S. 26-6-102 (33), and is licensed and supervised by the Colorado Department of Human Services (CDHS), Division of Child Welfare in accordance with C.R.S. 26-5-102.

The Calabrese Youth Center serves both male and female children and youth ages 11-18. Applications for admission shall be submitted after all other viable community options have been exhausted. The application for admission is required to be completed for all placement considerations. Incomplete or illegible documentation may result in delay of determination of eligibility.

Email the completed application, along with the child/youth's most recent IEP, relevant assessment(s) or evaluation(s), and recent progress reviews securely to:

cdhs_dcw-calabreseyouthcenter@state.co.us

For emergency applications only, email to **both**: cdhs_dcw-calabreseyouthcenter@state.co.us and to Calabrese Youth Center at: CYAdmissions@laradon.org

Calabrese Youth Center may be reached at (720) 974-6831. The Center is located at the Laradon campus at 5100 Lincoln St., Denver, CO 80216

For further questions or inquiries regarding admission to the Calabrese Youth Center, please contact IDD RCCF Administrator, Adrienne Palazzolo at (303) 801-8594 or email at:

adrienne.palazzolo@state.co.us.



Application for Youth Calabrese Youth Center

*Please provide all information requested. Incomplete applications will not be considered.

Date of Application:						
Child's Information						
Child's Name:		Date of Birth:	Place of Birth:	Biological Gender:	Gender Identification:	
Ethnicity:		Primary Language:	Cultural Considerations:		Religious Preference:	
Trails Client ID:		Medicaid/State ID:		Secondary Insurance:		
Physical Description:	Height:	Weight:	Hair Color:	Eye Color:	Build:	Identifying Marks:
Applicant Information						
Person Submitting Application:		Address:		Phone:	Email:	
Referring Agency Supervisor:		Address:		Phone:	Email:	
Emergency Contact Information						
Name	Address		Phone	After Hours Contact Phone	Email	

Parent and/or Guardian Information			
Parent/Custodian (1) of Child:	Address:	Phone:	Email:
Parent/Custodian (2) of Child:	Address:	Phone:	Email:
Legal Status of the child:			
Other Agencies Involved			
Name and Agency	Address	Contact Phone	Email Address
GAL:			
Other:			
Other:			
Placement Information			
Where does the child currently reside? What are the barriers to keeping the child in their current placement?			
What other placement options has this child been referred to in the last 60 days? (Please attach a list for additional information)			
Name of Agency:	Date of Contact:	Response/ Denial Reason:	

Previous Placements: (Please attach a list for additional information)		
Name of Agency/ Caregiver:	Dates of Care:	Why was the child discharged?
Mental Health and Treatment Information		
Does the child have a diagnosis? Please attach copies of relevant evaluations to the application.		
What is the child's IQ or approximate level of functioning:		
What are the child's strengths?		
What are the child's individual needs?		
Does the child have a history of trauma? (Please describe)		

Describe the child's current behavior(s)?

What are the recommended interventions to maintain or improve the child's current adaptive functioning?

Child's Current Mental Health Provider(s)

Service:	Name:	Address:	Phone:

Has a Community Centered Board been working with the child's treatment team? If so please list:

Medical and Health Information

Known Allergies, Sensitivities, Sensory Considerations:

Child's Current Health/Dental/Vision Provider(s)

Type:	Name:	Address:	Phone:

Dates of any upcoming scheduled medical appointments:

Any injuries or illnesses in the last 6 months:

What medications is the child currently taking? (Please include all prescription, over the counter, supplements and vitamins)			
Name of Medication:	Dosage:	How often:	
Pharmacy:	Address:	Phone:	
Child's Current Treatment Provider/Specialist(s) (e.g. Psychiatrist, Occupational Therapist, Speech Therapist, Physical Therapist)			
Type:	Provider:	Address:	Phone:
Is there any other specialized medical care to be provided while the child is in placement?			
Does the child have any adaptive equipment, including glasses and hearing aids?			
Is the child up-to-date on their immunizations? Yes No			

Social, Family, and Community

How does the child function in social situations?

Who are the child's family connections? (e.g. parents, siblings, extended family, friends, community supports)

Name:

Relationship:

What has been the family's involvement in the child's treatment and care?

Are there family visitation arrangements to consider?

Education

Child's Grade Level:

What was the child's last school attended?

Name:

City:

School District:

What special education services are the child receiving or have received in the past?

Does child have a current IEP? Yes No (If yes, please attach to the application)

Legal History
Does the child have any arrests, convictions or pending criminal charges? If so, please describe.
Transition Plan
What is the child's permanency goal?
What goals need to be accomplished for stabilization of the child and would indicate readiness for step-down to a lower level of care?
What is the transition plan for the child after stabilization?

By signing below, I agree that the information in this application is true and correct to the best of my knowledge and I understand that further information may be required for a placement decision.

Signed

Print Name

Title

Date

For Office Use Only	Date Received:	Date Reviewed:	Decision Date:	Accepted Denied (Circle one)
If accepted, Date of Admission:				
If denied, Reason for Denial:				
Eligible for Waitlist: Yes No				
Notifications				
Laradon:	Date	Person Notified		
Referral Agency:	Date	Person Notified		
Approval Letter Sent:				
Reviewers:				
Date Approval Letter sent:				