

**Mountain Youth Academy**

**Ages 5-17**

**IQ 60 or above**

**Trauma-Based**

**Phone: 423-727-9898 Fax: 423-727-9899**

[betty.villarreal@uhsinc.com](mailto:betty.villarreal@uhsinc.com)

[jennifer.farrow@uhsinc.com](mailto:jennifer.farrow@uhsinc.com)

## **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 3 months) with DSM5 Diagnosis.
6. Most recent Psychological with IQ scores if one was completed.
7. Most recent treatment information, progress notes, treatment plan etc.
8. Educational information, IEP, school records (transcripts), grade level.
9. Insurance information including subscriber's name and date of birth.
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.*

**You may fax or email the information to the appropriate facility/or facilities above.**

*Please keep in mind that if a facility cannot accommodate, you can request to have the packet sent to our TN sister facilities for review.*