



INDEPENDENT LIVING PROGRAM- ADMISSION FORM (INTAKE)

The use of this form is mandatory upon admission. The completion of this form for placement in the resident record will provide base information in accordance with code 21.1 of the Georgia RBWO 2019 Minimum Standard.

Instructions: Complete all sections of this form and return to the Gilliard and Company ILP admissions director or to info@gilliardandcompany.org with subject "ILP Admission Intake."

I. Resident information		
Last Name:	First Name:	Alias (Nick Name):
Birthday (mm/dd/yyyy):	Gender:	Check all that apply: <input type="checkbox"/> Voluntary Placement <input type="checkbox"/> Homeless/Runaway Youth <input type="checkbox"/> Expectant Mother <input type="checkbox"/> Court-Ordered Placement <input type="checkbox"/> Custodial Parent (i.e. Foster parent).
Date of placement:		
Religious Preference:		
II. Placement Agency/ Guardian/ Legal Custodian Responsible for Resident		
Last Name:	First Name:	Email:
Telephone Number (Work)	Telephone Number (After hour)	Relationship with youth: <input type="checkbox"/> Placing Agency <input type="checkbox"/> Case Worker <input type="checkbox"/> Legal Custodian
Physical Address:		
Mailing Address (If different):		
III. Emergency Contact		
Agency to be contacted an emergency Name:	Agency to be contacted an emergency First Name:	Relationship with youth:
Telephone Number (Work)	Telephone Number (After hour)	Physical Address:
Mailing Address (If different):		
IV. Health Information		
Name of Physician (to be contacted in an emergency)		
Address:	Telephone Number:	
Name of Dentist (to be contacted in an emergency)		
Address:	Telephone Number:	