



**Admission process for APH/DAS**

1. Fax the following paperwork to (412) 462-4901: (1) APH/DAS Intake referral form—see below (2) Most recent psych eval (3) Medication list (4) PHI information re: medical concerns (5) Any additional information such as recent progress notes reporting progress
2. Please call APH/DAS referral phone to inquire about referral. The number is 412-906-0101
3. Once paperwork is received, the APH supervisor and DAS supervisor will review for program appropriateness. The following will be assessed- lethality risk, drug and alcohol history, dangerous or aggressive behaviors and willingness to adhere to medication management and APH group participation.
4. APH supervisor, DAS supervisor or on call clinician will contact you with approval or denial (with the reason for denial) after review.

**Important Contact Names:**

APH supervisor: Rica Rush

DAS supervisor: Kristen Wagner

DAS therapist: Shelby Mandia

DAS nurse: Shannon Welsch

APH therapist: Cathy Laus, Jackie Bollinger, David Steinberger

TCV COMMUNITY SERVICES  
DAS/APH ASSESSMENT/INTAKE SHEET

<u>Consumer:</u>		<u>DOB:</u>	
<u>SSN:</u>		<u>Qualifacts ID:</u>	
<u>Legal Address:</u>			
<u>Phone #:</u>			
<u>Insurance:</u>		<u>(1)</u>	<u>(2)</u>
<u>CCBHO (yes or no):</u>	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>Referred by:</u>		<u>Phone #:</u>	
<u>Agency/Hospital:</u>			
<u>Service Coordination:</u>		<u>Agency:</u>	
<u>Phone #:</u>			
<u>Admitting Psychiatric Diagnosis (DSM V):</u>			
<u>Other relevant Diagnoses (Medical, Housing/Supports):</u>			
<u>SI/HI:</u>	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>Sexually inappropriate or registered sex offender?</u>	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>Hx of Violence:</u>			
<u>Probation/Parole:</u>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>Reason:</u>		<u>PO Officer Name/Contact:</u>	
<u>D&amp;A Diagnosis:</u>			
<u>Current Acute Psychiatric Symptoms:</u>			
<u>Housing Status:</u>			
<u>Disposition plan:</u>			
<u>Need handicap accessible?</u>	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>Meed ADLS? (Without help)</u>	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>Projected admission date:</u>		<u>Family involved:</u>	
<u>Signature of Staff completing initial evaluation</u>		<u>Date:</u>	