

# Instructions

1. Complete Application for Placement
2. Fax **Application, CS-9, and Court Orders** to 877.513.3276
3. Call Leatherwoods at 816.842.7546

## Respite Placements

1. Complete Application for Placement
2. Complete Medication Notification
3. Fax **Application and Medication Notification** to 877.513.3276
4. Call Leatherwoods at 816.842.7546

# *Leatherwood's Home for Children*

## Application for Placement

3230 Independence  
Kansas City, MO 64124  
877.513.3276 phone  
816-513-6820 fax

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Legal Guardian's Name &  
Phone \_\_\_\_\_

Name/Address/Phone of psychiatrist and/or psychologist  
\_\_\_\_\_

Reason(s) requesting placement at *Leatherwood's*  
\_\_\_\_\_

Short-Term treatment goals  
\_\_\_\_\_

Long-Term Treatment goals

Expected length of stay \_\_\_\_\_ Date available for placement \_\_\_\_\_

**Pertinent medical  
history** \_\_\_\_\_

Referred by:

Name (please print)

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DCN  
\_\_\_\_\_

SSN  
\_\_\_\_\_

Respite Care Provider  
**MEDICATION NOTIFICATION**

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Medication List**

MEDICATION	MEDICATION STRENGTH	ROUTE	FREQUENCY OF ADMINISTRATION

Side Effects to watch for and special instructions:

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For additional questions which arise regarding medication or dosage- -

Contact; \_\_\_\_\_ Phone #: \_\_\_\_\_

In an emergency, contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

[or call the Access Crisis Line at # (888) 279-8188

I have had the above explained to me and understand the medication needs of this client. I have been able to have any questions answered prior to accepting the client for respite care.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_