

River Park Hospital
BARBOURSVILLE SCHOOL
Admission criteria check list

- ___ 1. **Make referral:** Patty Deeds (program director) phone (304.736.0915) fax (304.736.0918) or email bvs@riverparkhospital.net
- ___ 2. **Referral packet:** Should contain psychiatric evaluation, psychological evaluation with IQ, medications, past placements, psychosocial, history and physical, funding source information, medical information such as lab results and any pertinent medical testing (i.e. EKG, EEG, ect.) and information about current behavior the adolescent is displaying.
- ___ 3. **Gender and Age:** Male & female, ages 12-18.
- ___ 4. **IQ** of 70 or higher is required
- ___ 5. **Must have Behavioral issues** that can not be maintained outside of a residential treatment setting and has demonstrated harm to self or others.
- ___ 6. **Must have Chapter 27 Mental Hygiene Final Commitment**
- ___ 7. **Custody:** Can be in parents/family or state custody (need name and phone number of legal guardian).
- ___ 8. **MCM1** needs to be completed by a physician.
- ___ 9. **Once referral is deemed appropriate** the MCM1 and psychiatric evaluation with *accurate* diagnosis must be faxed to WVMI for approval for admission.
 - **WVMI Phone 1-304-346-9167. Fax 1-800-550-1415.**
- ___ 10. **Once Mental Hygiene hearing is scheduled and WVMI has given approval** notify Patty Deeds of the date so she can schedule admission at Barboursville School.
- ___ 11. **Average stay** is 5 to 6 months
- ___ 12. **Legal Guardian must sign authorizations for treatment** prior to or at the time of admission.

OTHER ITEMS REQUIRED AT ADMISSION

- BIRTH CERTIFICATE
- SOCIAL SECURITY CARD
- IMMUNIZATION RECORDS
- SCHOOL RECORDS: IEP, BEHAVIOR REPORTS, GRADES, CREDITS, TESTING, ETC. (If available)
- FC40 AND FC40A (IF IN STATE CUSTODY)
- MEDICAL CARD AND ANY THIRD PARTY INSURANCE INFO.
- CHAPTER 27 FINAL COMMITMENT ORDER
- MEDICAL HISTORY & FAMILY HISTORY