

# Residential Admission Form – ORCA and Everett



## Welcome to Signature Health!

Thank you for considering Signature Health as your partner in caring for our community. At our Residential Treatment Centers, we prioritize both mind and body to support individuals on their healing journey and help them reach their full potential.

Signature Health offers two therapeutic residential programs for individuals needing intensive behavioral health support.

- C.H. Everett Clinic (Mentor): Adam & Amanda Residential Treatment for Mental Health
- ORCA House (Cleveland): Adam & Amanda Residential Treatment for Mental Health & Dual Diagnosis

## Admissions Process

Prospective residents or their representative should complete this admission application and email it to:

- **ORCA House:** [ORCAreferrals@shinc.org](mailto:ORCAreferrals@shinc.org)
- **C.H. Everett Clinic:** [Everettreferrals@shinc.org](mailto:Everettreferrals@shinc.org)

With all referral submissions, whenever possible please include a medication list, most recent history and physical, and most recent psychiatric evaluation/progress note.

Our admissions team monitors this email Monday–Friday, 8:00 a.m.–5:00 p.m., and can respond to questions about our services, criteria, and costs – typically within 2 hours. Outside of business hours, please contact us at 216-231-3772 (ORCA) or 440-578-8200 (Everett). If your application responses reflect that our program will meet your needs, we will schedule a brief intake interview to confirm admission.

## Eligibility Requirements

Residents should be capable of participation in daily activities, including:

- Participation in group and individual counseling
- Household responsibilities
- Structured non-clinical activities

## Residents must:

- Be capable of completing activities of daily living (e.g., bathing, walking)
- Self-manage medications with minimal assistance
- Not pose a danger to themselves or others
- Not require skilled nursing or close monitoring.

**Please note:** Submission of this application confirms your review of these criteria and verifies that the prospective resident meets our eligibility requirements.

Learn more about our integrated healthcare services, specializing in mental health and addiction, at [www.signaturehealth.org](http://www.signaturehealth.org).

# Residential Admission Form – ORCA and Everett

## Demographics:

Patient Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Previous Living Arrangement: \_\_\_\_\_

## Behavioral Health History:

### Psychiatric Hospitalization Data:

Recent Hospitalization Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Hospital: \_\_\_\_\_

Anticipated Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ # days hospitalized in the past month: \_\_\_\_

### Current Behavioral Health Diagnoses:

Diagnosis 1: \_\_\_\_\_ Date Diagnosed: \_\_\_\_\_ By Whom: \_\_\_\_\_

Diagnosis 2: \_\_\_\_\_ Date Diagnosed: \_\_\_\_\_ By Whom: \_\_\_\_\_

Diagnosis 3: \_\_\_\_\_ Date Diagnosed: \_\_\_\_\_ By Whom: \_\_\_\_\_

YES	NO	Question	If Yes, please explain
		Are there any suicidal ideations?	
		Are there any previous suicide attempts?	
		Are there non-suicidal self-harming behaviors?	
		Is there a history of violence?	
		Is there history of problematic substance use?	

# Residential Admission Form – ORCA and Everett

## Criminal Justice History:

YES	NO	Question	If Yes, please explain
		Is there previous/current criminal justice involvement?	
		Is there a current probation officer?	If Yes: Name _____ Phone#: _____
		Is the patient a registered sex offender?	

## Medical History:

**PLEASE ATTACH MOST RECENT HISTORY AND PHYSICAL AND A CURRENT LIST OF ALL MEDICATIONS INCLUDING MEDICATION NAME, STRENGTH, DOSE, AND FREQUENCY.**

Are there any known drug allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

---



---

Please list any medical conditions, including current and chronic:

---



---

Please check if any of the following conditions are present:

YES	NO	Condition	If Yes, please explain
		Urinary incontinence	
		Difficulty walking/ambulating	
		Visual or hearing impairment (circle)	
		Epilepsy	
		Respiratory difficulty	
		Poorly controlled chronic condition (diabetes, hypertension, COPD, etc.)	
		Environmental or food allergies (circle)	
		Difficulty eating or eating disorder	

# Residential Admission Form – ORCA and Everett

## Service Provider Agency Information:

<b>Agency Name:</b>	<b>Office:</b>	<b>Phone:</b>
<b>Case Manager Name:</b>		
Phone (mobile if possible):		
Email:		
<b>Case Manager Supervisor Name:</b>		
Email:		
<b>Guardian (if applicable):</b>		
Phone (mobile if possible):		

## Required Signatures:

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name (if applicable): \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Service Provider Name: \_\_\_\_\_

Service Provider Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **EMAIL COMPLETED APPLICATIONS TO:**

ORCA/Cuyahoga County: [ORCAReferrals@shinc.org](mailto:ORCAReferrals@shinc.org)

CH Everett/Lake County: [EverettReferrals@shinc.org](mailto:EverettReferrals@shinc.org)