



**ARKANSAS NATIONAL GUARD
YOUTH CHALLENGE PROGRAM (ARYC)**

ATTN: Admissions

www.aryouthchallenge.com 1-800-814-8453

MENTAL FUNCTIONAL CAPACITY ASSESSMENT

APPLICANT'S NAME: _____

TYPE OF COUNSELING OR MENTAL HEALTH THERAPY: _____

Understanding that the ARYC is a highly structured military style behavior modification program. We do not provide any type of mental health services. In addition, our participants are not allowed to leave our campus (or receive mental health services) during the residential phase (5 ½ months). Because of these restrictions, we are relying on your professional opinion to help us make a determination to evaluate the application for entry into our program. It is our desire not to prevent any mental services that are conducive for the improvement of any mental condition. Please visit our website for more program details.

Please answer the following questions about your patient's mental health impairment(s) and how his or her ability to attend the ARYC is affected by the impairment. Your answers should be based on the evidence in the patient's file and on your personal contact with and observations of the patient.

1. Date treatment began: _____ Date treatment ended: _____

Frequency of treatment (weekly / bi-weekly / monthly) _____

Date of last appointment: _____

2. Has the patient's impairment lasted, or is it expected to last, at least 12 months? yes / no

3. Is the patient compliant with treatment? yes / no

4. DOES YOUR CLIENT HAVE THE FOLLOWING:

a. The ability to remember locations and normal procedures. yes / no

b. The ability to understand, remember and carry out very short and simple instructions. yes / no

c. The ability to understand, remember and carry out detailed instructions. yes / no

d. The ability to maintain attention and concentration for extended periods. yes / no

g. The ability to perform activities within a schedule, maintain regular attendance and that level of performance. yes / no

h. The ability to sustain an ordinary routine without special supervision. yes / no

i. The ability to function in coordination with or proximity to others without being distracted by them or being a distraction? yes / no

j. The ability to make simple rational-program related decisions.

k. The ability to interact appropriately with the general public. yes / no

l. The ability to ask simple questions or request assistance. yes / no

m. The ability to accept instructions and respond appropriately to criticism from other participants and supervisors. yes / no

n. The ability to get along with peers without distracting them or exhibiting behavioral extremes. yes / no



**ARKANSAS NATIONAL GUARD
YOUTH CHALLENGE PROGRAM (ARYC)**

ATTN: Admissions

www.aryouthchallenge.com 1-800-814-8453

- o. The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness. yes / no
 - p. The ability to respond appropriately to changes in a military style setting. yes / no
 - q. The ability to travel in unfamiliar places or use public facilities. yes / no
 - r. The ability to tolerate normal levels of stress. yes / no
6. Do you believe the patient can manage in this military style environment for 22 weeks without therapeutic intervention? yes / no

If No Please Explain: _____

2. If Accepted for enrollment in the Youth Challenge Program, would you provide 3 months of medications upon entry into the program: **YES / NO PLEASE LIST MEDICATIONS**

COUNSELOR'S/THERAPIST NAME:

CREDENTIALS:

SIGNATURE: _____ **DATE:** _____

YOUR CLINIC / FACILITY / OFFICE:
NAME _____

ADDRESS:

