



GREAT PLAINS AREA YOUTH REGIONAL TREATMENT CENTER

12451 Highway 1806 Mobridge, SD 57601

Information Required for Determining Eligibility

1. Copy of Birth Certificate
2. Copy Social Security Card
3. Documentation of enrollment of a federally recognized tribe, or provide proof of direct tribal lineage or affiliation
4. Copy of Substance Use Assessment within **45 days** of application submission
5. Current school record/education status, to include IEP or 504 plan if applicable.
6. IHS 810 Form “Authorization for use or disclosure of protected health information”. This document does not encompass two-way communication so please fill out your information on section II, “information to be disclosed by” and our organization on the section “to be provided to”, this will be repeated again with the same document with referent information on section II “to be provided to.”

Required after Eligibility Confirmed

1. Copy of Medicaid/private insurance card, if applicable
2. Copy of legal documents (probation, guardianship, etc.) if applicable
3. Health and Physical examination within 60 days of admissions
4. Immunization record, including Tuberculosis (TB) screening

Admission Criteria

- Eligible for direct services from the Indian Health Service.
- Age range; 13-17. 18-year-olds are reviewed on a case-by-case basis
- The applicant's primary DSM V, or ICD-10 diagnosis recorded on a drug and alcohol assessment is of substance abuse or dependence.
- Detoxification, if necessary, will be conducted at local facilities *before* the applicant is admitted



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Further evaluation is needed for youth who are:

- The potential resident's Primary DSM V, or ICD-10 diagnosis is anything *other* than a substance abuse or dependence diagnosis
- The potential resident refuses to participate in the treatment program
- Actively suicidal or have recently committed self-harm
- Actively homicidal or recent acts of serious violence
- Actively psychotic or impaired in reality testing
- Intellectually challenged with an IQ range <70
- Current admission of sibling or close family member
- Medically unstable, acute medical problems that may interfere with treatment
- A history of sexual predation or assault

Admission and Program Contact Information

Submit packets via **FAX** to the attention of the Admission Coordinator; **(605) 845-5072**
Any questions or assistance please contact the Admission Team at **(605) 845-7181**.

Admission requests are reviewed by the Admission Committee. The Clinical Director or one of the committee members will make contact on status or for follow-up information once reviewed.

Please visit the YRTC's website for an overview of our facility:
<https://www.ihs.gov/greatplains/healthcarefacilities/greatplainsyrtc/>

*Upon successful or unsuccessful discharge from our program, it is **the responsibility of the referring agency to coordinate with family or respective entities to retrieve the client upon discharge.** Great Plains Area Youth Regional Treatment Center is not responsible for transportation.*