



HopeTree Family Services
Application for Admission

1. **Date:** _____ **Date Placement Needed:** _____

2. **Placement Requested:** _____ **Residential Care Program** _____ **WOODS Program**

3. **Child's Full Name:** _____

4. **Race:** _____ **Sex:** _____ **Date of Birth:** _____ **Place of Birth:** _____

5. **Child's Religious Preference:** _____

6. **Child's Current Physical Address:** _____

7. **Legal Guardian:** _____

8. **Address:** _____ **Phone:** _____

9. **Emergency Contact:**

| Name | Relationship | Phone # |
|-------------|---------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

10. **Provide brief description of current situation and why placement is needed now:**

11. **Previous Placements:**

1. _____ **Dates:** _____

Reason placement ended: _____

2. _____ **Dates:** _____

Reason placement ended: _____

3. _____ **Dates:** _____

Reason placement ended: _____

12. Specify behaviors or issues that need to be addressed during your child's placement:

13. What are your child's behavior support needs? (behavior triggers, anger/anxiety options)

What past strategies/interventions have been successful? _____

14. Has your child been referred to FAPT? _____ Yes _____ No

If yes, what were the recommendations of FAPT?

15. Medical History of Child

A. List and date any past or current serious illnesses, injuries, hospitalizations: _____

B. List and date any past or current drug or alcohol use/abuse: _____

C. Allergies (drug, food): _____

D. Date of last complete physical: _____

Physician's name, address and phone number: _____

E. Last dental exam or checkup: _____

Dentist's name address and phone number: _____

F. Last eye exam: _____

Optometrist's name, address and phone number: _____

G. Immunizations needed? _____ Yes _____ No If yes, what type _____

16. What are the child's current physical needs? (any physically handicapping conditions)_____

17. What are the child's current physical health needs? _____

18. Current medications

| Medication | Dosages | Prescribed By: |
|-------------------|----------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

19. Has your child had any psychological, psychiatric or neurological exams? ___Yes ___No
If yes, please provide name of doctor(s) and dates of exams: _____

20. What are your child's current mental health, emotional and psychological needs? _____

21. Does your child have a recent or past mental health diagnosis? ___Yes ___No
If yes, please provide diagnosis and the name of person who provided the diagnosis: _____

22. Has your child received therapy in the past? ___Yes ___No
Dates of therapy: _____ Explain reason(s) for receiving therapy: _____

Therapist (most recent): _____ Phone: _____
What was the outcome of therapy? _____

23. Would the family participate in counseling provided at HopeTree? ___Yes ___No
If not, why? _____

24. What are your child's current educational needs? _____

25. Current or last school enrollment: _____
Grade Level: ___Special Education ___Yes ___No What classification? _____
List any school issues or concerns: _____

26. Are there any current or past legal charges/convictions? ___Yes ___No
If yes, please explain: _____

27. Is child currently on probation? ____ Yes ____ No Why? _____

Probation Officer: _____ Phone: _____

28. Does your child have any protection needs? (to protect self or others) ____ Yes ____ No

If yes, please explain: _____

29. Restrictions on your child's visitor and/or phone lists: _____

30. Would the admission of your child pose any significant risk to the child, other residents, or staff? ____ Yes ____ No If yes, please explain: _____

31. Describe child's home environment, community and your involvement: _____

32. Family History

Please circle one: natural, adoptive or step

A. Mother: _____ Martial Status: _____

Address: _____ Phone Number: _____

Occupation: _____

List any past or current serious illnesses or chronic medical conditions: _____

Please circle one: natural, adoptive or step

B. Father _____ Martial Status: _____

Address: _____ Phone number: _____

Occupation: _____

List any past or current serious illnesses or chronic medical conditions: _____

| C. | Siblings | Date of Birth | Sex | Lives with |
|-------|----------|---------------|-------|------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List any past or current serious illnesses or chronic medical conditions of siblings: _____

D. Close relatives (grandparents, aunts, uncles, foster parents):

| Name | Relationship | Address | Phone # |
|-------------|---------------------|----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List any past or current serious illnesses or chronic medical conditions of grandparents, aunts or uncles: _____

E. Other interested persons or agencies:

| Name | Relationship | Address | Phone # |
|-------------|---------------------|----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

33. If accepted for placement at HopeTree or WOODS what are the tentative discharge plans for your child? _____

34. Application completed by: _____

35. The following was used to determine the suitability of the resident for admission:

- | | |
|--|---|
| <input type="checkbox"/> 1. Criteria for admission | <input type="checkbox"/> 4. Information contained in the application |
| <input type="checkbox"/> 2. Exclusionary criteria | <input type="checkbox"/> 5. Programs and services can meet resident's |
| <input type="checkbox"/> 3. Supporting documentation | needs |

Please attach copies of the following records, if available:

- 1.) Recent school records including academic record, discipline reports, IEP, and immunizations.
- 2.) Physical exam report
- 3.) Psychological and/or psychiatric evaluations
- 4.) Court reports
- 5.) Discharge summaries, or last progress reports from previous placement(s)