

Application Packet for The Cottages



Attached is the application for admission to The Cottages at Hopetree Family Services. We are licensed as a *Therapeutic Group Home* by the Department of Behavioral Health and Developmental Services and are CARF Accredited.

Exclusionary criteria for this program includes:

- *Convictions of sexual offenses, without completion of a Sex Offender Program*
- *History of intentionally starting fires with the intent to cause harm or significant property damage*
- *Chemically dependent and in need of inpatient treatment*
- *Actively psychotic, suicidal, or homicidal*
- *Convicted of violent crimes that would pose a risk to peers, self, or staff*
- *History of multiple violent actions that have not been moderated*

In addition to the attached documents, please provide the following when applicable:

- Recent School records including academic record, discipline reports, IEP, and immunizations.
- Recent Physical Exam report
- Psychological and/or Psychiatric Evaluations
- Court Reports
- Discharge Summaries, or last progress reports from previous placement (s)
- Intake Documents for other services (mentoring, IIH, TDT, etc.)
- Social History

The following will be used to determine admission eligibility and whether this program and services can meet your child's needs:

- **Criteria for admission**
- **Information contained in the application**
- **Supporting documentation**

If you have any questions or need assistance, please do not hesitate to call. You can fax this application with supporting documents to 540-387-5082 to the attention of "Admissions" or email to CottageAdmissions@hopetreefs.org.

Thank you for considering us to provide care for your child.

Application for Admission to The Cottages at HopeTree

1. Date: _____ Date Placement Needed: _____

2. Child's Full Name: _____

3. Race: _____ Sex: _____ Date of Birth: _____ Place of Birth: _____

4. Child's Religious Preference: _____

5. Child's Current Physical Address: _____

6. Legal Guardian: _____

7. Address: _____

8. 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 the child had a psychological, psychiatric or neurological exam? 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/others) _____ Yes _____ No

If yes, please explain: _____

29. Does your child have the following risks:

Suicide Risk Yes No

Homicidal Risk Yes No

Violence Risk Yes No

AWOL Risk Yes No

If yes, please explain: _____

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

31. 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
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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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, what are the tentative discharge plans for your child? _____

34. Application completed by: _____