

# 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](mailto: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: \_\_\_\_\_

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**E. Last dental exam or checkup:** \_\_\_\_\_

Dentist's name address and phone number:

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**F. Last eye exam:** \_\_\_\_\_

Optometrist's name, address and phone number:

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**G. Immunizations needed?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type: \_\_\_\_\_

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

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

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**18. Current medications:**

**Medication**

**Dosages**

**Prescribed By:**

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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:

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

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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:

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22. Has your child received therapy in the past?  Yes  No

Dates of therapy: \_\_\_\_\_ Explain reason(s) for receiving therapy: \_\_\_\_\_

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Therapist (most recent): \_\_\_\_\_ Phone: \_\_\_\_\_

What was the outcome of therapy? \_\_\_\_\_

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23. Would the family participate in counseling provided at HopeTree?  Yes  No

If not, why? \_\_\_\_\_

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

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25. Current or last school enrollment: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Special Education  Yes  No What classification? \_\_\_\_\_

List any school issues or concerns: \_\_\_\_\_

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26. Are there any current or past legal charges/convictions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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31. Would the admission of your child pose any significant risk to the child, other residents, or staff?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

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

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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:

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

<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone #</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

**E. Other interested persons or agencies:**

<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone #</b>
_____	_____	_____	_____
_____	_____	_____	_____

**33. If accepted for placement at HopeTree, what are the tentative discharge plans for your child?** \_\_\_\_\_  
\_\_\_\_\_

**34. Application completed by:** \_\_\_\_\_