# **APPLICATION FOR ADMISSON**

The sections, which follow, will provide the staff of REST ASSURED, LLC. with vital information required in considering a prospective youth for admission. This document, in its entirety will be maintained confidential. Only persons involved in the admission process will be allowed to review this information. If admission is denied or another placement is deemed more suitable during the application process, this document will be shredded or returned to the legal guardian at their request. Please complete each section, providing as much detailed information as is available.

**SECTION I: DATA BASE** *-* This section requests general information about the applicant and their current status. Please provide the following documents:

* Birth Certificate
* Social Security Card
* Custody Order

**SECTION II: EDUCATIONAL STATUS** - This section requests information regarding the applicant’s current and previous educational history. Please provide the following documents:

* Most recent report card
* Immunization record
* School Records
* IEP (if applicable)
* Copy of diploma or GED certificate

**SECTION III: PHYSICAL HEALTH** – This section requests information regarding the applicant’s current and previous physical and dental health. Please provide the following documents:

* Most recent health physical (including T.B. results)
* Most recent dental exam
* Any hospitalization records or summaries (if applicable)
* Medicaid Card or Insurance Information

**SECTION IV: MENTAL HEALTH** – This section requests information regarding the applicant’s mental health status, mental retardation, substance abuse issues, behavioral problems and information including their emotional, psychological and psychiatric needs. Please provide the following documents:

* Psychological Evaluation
* Discharge paperwork from a psych. hospital (if applicable)

**SECTION V: FAMILY HISTORY** – This section requests information regarding the applicant’s family, family relationships, and information including visitation resources and the family’s mental and physical health history. Please provide the following documents:

* Social History
* Foster Care Service Plan

**SECTION VI: ADDITIONAL APPLICANT INFORMATION** – This section provides a status checklist including different behavioral, physical, mental and emotional conditions which may apply to the applicant’s history or current level of functioning. It also provides an assessment of their I.L. skill level and additional information or comments, which would further the applicant’s consideration for placement. Submission of any additional documents, which may support the applicant’s consideration for placement, is encouraged.

**APPLICATION FOR ADMISSION**

**SECTION I: DATA BASE**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First MI**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_**

**Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_ A.A.**

 **\_\_ Caucasian**

**Social Security Number: \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_ Hispanic**

 **\_\_ Asian**

 **\_\_ Multi-racial.**

 **\_\_ Other \_\_\_\_\_\_\_\_\_**

**Religious Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Placing Agency / Locality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Placing Agency’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Information;**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION II: EDUCATIONAL STATUS**

**Applicant’s Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Grade**: \_\_\_\_\_\_ (A copy of the applicant’s most recent report card must accompany the application)

**Does the applicant have an educational diagnosis? \_\_\_\_ Yes \_\_\_\_No**

**If so, what is it?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the applicant have a current IEP? \_\_\_\_Yes \_\_\_\_No**

(A copy of the applicant’s current IEP must accompany the application)

**Applicant’s current attendance status; (Please assign a rating) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Excellent** = never absent or tardy

**Good**= a few absences only for appointments, rarely tardy

**Ok**= a few unexcused absences, tardy a lot

**Poor**= absent a lot, skips school, tardy to mostly all classes

**Bad** = truant all of the time, doesn’t really like school at all

**Does this applicant have plans to receive a high school diploma? \_\_\_Yes \_\_\_No**

Is this applicant seeking a GED? \_\_\_ Yes \_\_\_ No

Is this applicant planning to attend college? \_\_\_Yes \_\_\_No If yes, where? \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does this applicant have vocational interests? \_\_\_ Yes \_\_\_No If yes**, **what vocation?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s conduct in school is: (Please assign a rating) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Excellent**= model student, never in any trouble, no suspensions

**Good**= rarely any behavioral problems in school

**Ok**= a few in school suspensions, occasional out-of-school suspensions

**Poor**= a lot of behavioral difficulty, frequent meetings w/ school personnel

**Bad**= always in trouble, always suspended, may need an alternative placement/ expulsion

Please offer any additional information which may be useful in assessing the applicant’s current and past educational status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_

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**SECTION III: PHYSICAL HEALTH**

**Applicant’s height: \_\_\_\_\_ weight: \_\_\_\_\_\_ hair color: \_\_\_\_\_\_\_ eye color: \_\_\_\_**

**Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drug or Food Allergies?: \_\_ Yes \_\_ No (If yes, please list)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the applicant have asthma? \_\_\_\_ Yes \_\_\_\_ No**

**Please indicate the date of the applicant’s last health physical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Does the applicant have any medical problems? \_\_\_ Yes \_\_\_ No** If yes, please provide details. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any history of hospitalizations, illnesses or infectious diseases? \_\_\_Yes \_\_\_ No**

If yes, please provide details. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the applicant have Medicaid or any other health insurance coverage?** \_\_\_ Yes \_\_\_ No

Insurance Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s current physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate the date of the applicant’s last dental exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has the applicant had any major dental work in the past 3 years? \_\_\_Yes \_\_\_ No**

If so, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s current dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION IV: MENTAL HEALTH**

**What is the applicant’s current DSM IV diagnosis?**

Axis I: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Axis II: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Axis III: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Axis IV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GAF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the applicant have a current psychological evaluation? \_\_\_Yes \_\_\_ No**

If yes, please indicate the date of the last psychological evaluation \_\_\_\_\_\_\_\_\_\_\_\_

By whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the applicant’s current IQ level? (Full Scale IQ)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the applicant currently on medication? \_\_\_\_ Yes \_\_\_\_No**

If yes, please list all medication.

 Medication Name: Purpose:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication History: List any prescription or non-prescription or illicit drugs used by the resident over the past 6 months:**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Any Drug Allergies or Reactions? \_\_ No \_\_ Yes Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Ineffective Medications: \_\_ No \_\_ Yes Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s current Psychiatrist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the applicant have seizures? \_\_\_ Yes \_\_\_ No**

**Has the applicant ever been hospitalized due to mental health or behavioral** **difficulty?**

 **\_\_\_ Yes \_\_\_No**

If yes, dates of most recent hospitalization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe this individual’s current behavioral functioning**: (Check all that apply)

\_\_ Applicant usually behaves well, with no major behavioral difficulty.

\_\_ Applicant experiences some behavioral difficulty, but responds well to verbal prompts

 and redirection.

\_\_ Applicant continues to experience behavioral difficulty, but has shown some

 improvement over the past \_\_\_\_ month(s)/year(s)

\_\_ Applicant consistently has difficulty managing his behavior and emotions.

**Rate this applicant’s current behavioral functioning using the scale below. Circle the correct response**

**(0 = extreme behavioral difficulty 10 = manages behavior and emotions well)**

 **0 1 2 3 4 5 6 7 8 9 10**

**Describe this individual’s social competence:** (Check all that apply)

\_\_ Applicant has a likeable personality, usually gets along with others and responds

 appropriately in social settings.

\_\_ Applicant is sociably appropriate around familiar people, but is shy and reserved

 around unfamiliar people and in new settings.

\_\_ Applicant has difficulty/ anxiety with social interaction with others and usually

 experiences difficulty managing appropriate behavior in social settings.

\_\_ Applicant consistently tends to gravitate toward negative people and influences and

 can’t be trusted to behave appropriately in social settings

**Rate this applicant’s current social competence using the scale below.**

**(0 = extreme social difficulty 10=great social interaction with people and in various settings)**

 **0 1 2 3 4 5 6 7 8 9 10**

**SECTION V: FAMILY HISTORY**

**Applicant’s Mother**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First MI Last

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number Street Apt#

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

**Does this parent have visitation privileges? \_\_\_ Yes \_\_\_No**

If no, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Applicant’s Father**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First MI Last

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number Street Apt #

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 City State Zip

**Does this parent have visitation privileges? \_\_\_Yes \_\_\_ No**

If no, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does this applicant have siblings? \_\_\_Yes \_\_\_No**

If yes, how many? \_\_\_\_\_\_\_\_

**Does applicant have regular contact with any of his siblings? \_\_\_Yes \_\_\_No**

**Does the applicant or family members have a history of any of the following:**

(Check all that apply)

\_\_\_ Alcoholism \_\_\_ Homelessness \_\_\_ Mental Illness

\_\_\_ Drug Abuse \_\_\_ Neglect \_\_\_ Poor Physical Health

\_\_\_ Physical Abuse \_\_\_ Abandonment \_\_\_ Pedophilia

\_\_\_ Sexual Abuse \_\_\_ Incarceration \_\_\_ Life threatening Disease

**Does this applicant have a current social history? \_\_\_ Yes \_\_\_ No**

**If yes, what date was the social history completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does this applicant have any children? \_\_\_ Yes \_\_\_ No**

**List any developmental issues relating to this individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Visiting Resources**

Name all family members who currently have visitation privileges with this applicant

 Name Relation

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**SECTION VI: ADDITIONAL APPLICANT INFORMATION**

**Please check all that apply to applicant’s history or current level of functioning**

\_\_\_ Aggressive Behavior \_\_\_ Manipulation \_\_\_ Social Phobias

\_\_\_ Alcohol Use \_\_\_ Poor Impulse Control \_\_\_ Suicidal Ideation

\_\_\_ AWOL Behavior \_\_\_ Poor Hygiene \_\_\_ Homicidal Ideation

\_\_\_ Bi-polar Disorder \_\_\_ Promiscuity \_\_\_ Stealing

\_\_\_ Conduct Disorder \_\_\_ Smoking (cigarettes) \_\_\_ Lying / Grandiose

\_\_\_ Drug Use / Involvement \_\_\_ Marijuana Use \_\_\_ Enuresis/Encorpresis

\_\_\_ Depression \_\_\_ Oppositional Defiant Dis. \_\_\_ Truancy

\_\_\_ Fighting Adults/Peers \_\_\_ Overweight \_\_\_ Fire Setting

\_\_\_ Verbal Abuse / Threats \_\_\_ Non-Traditional Sexual Orientation

**Applicant’s current independent living skill level is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please assign a rating.)

**Excellent:** Has a wealth of I.L. knowledge/skills, will be living independently soon, highly motivated towards independence, mature.

**Good:** Has been in I.L. programs before, but not quite ready to live independently, is motivated with some prompting, is maturing.

**Ok:** Has some I.L. knowledge, will need to gain more skills before ready for independence, motivated sometimes, needs to be more mature.

**Poor:** Has never attempted to secure a job, doesn’t understand the importance of acquiring I.L. skills, lazy, not motivated to help himself, immature.

**Bad:** Has no I.L. knowledge at all, needs to realize that independence is approaching soon, believes that someone will take care of him forever, is not motivated toward independence at all, very immature w/ lots of behavioral difficulty.

**Additional comments regarding placement for this individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person Completing this Application (only if different from Legal Guardian):**

**Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**