



## Application for Admission

### General Information

Name:

Date:

Age

D.O.B.:

SSN:

Contact Phone:

Current Address:

Parent/ Guardian Name(s):  Street  City  State  Zip

Relationship:

Address:

Street  City  State  Zip

Reason for applying to Teen Homes:

Short Term Goal ( 3-6 months):

Long Term Goals ( 1-5 years):

### Family Information

#### Biological Mother

Name :  Living  Deceased  un known

Address:

Street  City  State  Zip

Phone:

Are you still in contact with Mother?  yes  No

#### Biological Father

Name :  Living  Deceased  Unknown

Address:

Street  City  State  Zip

Are you still in contact with your Father?  Yes  No

**Adopted or Foster Mother**

Name: N/A  Living  Deceased  Unknown

Address: Street City State Zip Phone:

Are you still in contact with your Adopted or Foster Mother?  Yes  No

**Adopted or Foster Father**

Name: N/A  Living  Deceased  Unknown

Address: Street City State Zip Phone:

Are you still in contact with your Adopted or Foster **Father**?  Yes  No

\* Parents Marital Status:  Single  Married  Separated  Divorced  Unknown

**Siblings**

**Brother** Age Where does he live?

Step  Half  Adopted Do you have contact with him?  Yes  No

**Brother** Age Where does he live? With his mother

Step  Half  Adopted Do you have contact with him?  Yes  No

**Sister** Age Where does he live?

Step  Half  Adopted Do you have contact with her?  Yes  No

**Sister** Age Where does she live?

Step  Half  Adopted Do you have contact with her?  Yes  No

**Other Siblings (include name,age,step,half,adopted;do you have contact ? Where do they live?)**

## Significant History

**Mental Health (Diagnosis,hospitalizations,medications,outpatient treatment,suicidal thoughts/gestures/attempts,homicidal thoughts/gestures/attempts):**

**Physical Health( Allergies,Childhood diseases/illness,surgeries,medications, disabilities):**

**Drugs/Alcohol(Age at first use ? How Much? How Often? What Kind ? Last Time used? Out patient or inpatient treatment?) : Please see attached treatment plan a little drugs and Alcohol**

**Legal History (Pending charges? Past Charges? Incarcerations? Probation/Parole):**

**School History (Current grade? Credits? Extra – curricular activities/sports?Favorite subject ? Least favorite Subject): 1**

**Work History( Current employer? Places Dates of past employment? Career goals?):**

**Previous Out-of- Home Placements ( foster homes?Relatives?Shelters? Treatment Facilities? Please include approximate dates.):**

**Development History (Social?Prenatal? Early Childhood?):**  
Other Significant Information:

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**Applicants Signature**

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**Date**

Official Use Only

Date Received \_\_\_\_\_ Accepted ?  yes  No

Reviewed By \_\_\_\_\_ Benita L. Stepp \_\_\_\_\_ Wait List  Yes  No

Date of Assessment \_\_\_\_\_ Date of interview \_\_\_\_\_

Intake Date: \_\_\_\_\_