



Application for Admission

Date Recieved: _____
Referred By: _____
Accepted/Denied: _____
Admit Date: _____

Resident Name: _____ **Birth Date:** _____ **Age:** _____ **SSN:** _____

Current Grade: _____ **Race:** _____ **Handicaps:** _____

Physical Health: _____

Allergies? _____

Parents/Legal Guardian: _____

Phone #: _____

Address: _____

Email: _____

Correspond via email? Yes No

INSURANCE INFORMATION

Policy Holder Name: _____

Company: _____

Policy #: _____

Faith/Religious Background (please describe): _____ _____ _____

IN CASE OF EMERGENCY: _____ _____ _____
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Medications: _____

Primary Physician

Address: _____

Phone: _____

Primary Dentist

Address: _____

Phone: _____

Height: _____ **Weight:** _____ **Hair:** _____ **Eyes:** _____ **Race:** _____

Office Use Only: Mo. Fee \$ _____
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Please note that your child's medical, dental and/or mental health needs are NOT covered by Carpenter Place. Any such services will be billed to your insurance card by the provider. The parent/legal guardian is responsible for any accrued balances. Carpenter Place will make every effort to use in-network providers when possible, as well as attempt to obtain your approval on services prior to scheduling. In some cases, however, the Carpenter Place houseparents and/or administrators MUST act in the best interest of the child and allow immediate access to these services.

Medical Information

Insurance Company: _____ Policy Number: _____

Current Medical Condition(s)? _____

Reason for current meds? _____

Are they working? _____

Want medications continued? _____

Asthma? _____ High BP? _____ Ear Infections? _____ Heart Disease? _____ Dental Problems? _____

Cancer? _____ Liver Disease? _____ TB? _____ Seizures? _____ Weight Gain/Loss? _____

Head Injury? _____ Hepatitis? _____ Diabetes? _____ Gastrointestinal Problems? _____

Kidney Problems? _____ Problems Sleeping? _____ General Pain? _____ Other? _____

Name of Policy Holder: _____ DOB: _____

Social Security Number of Policy Holder: _____

If Accepted, a Copy of Your Insurance and Child's Immunization Record will be Required

Educational Information

Current Grade: _____

IEP? YES NO

If not in school, please explain why:

Schools Attended: _____

Is your child a "discipline problem"? Yes No Does your child enjoy school? Yes No

How are their grades currently? A's/B's C's/D's Failing Some Behind 1+ years Dropped

Present Concerns

Please use this space to describe, in detail, the current issues your family is experiencing:

Legal History (criminal charges): _____

_____ Any Current Charges? YES NO

Has your child been placed anywhere before (foster care, juvenile incarceration, hospitalization)? YES NO

If so, where, when and discharge status (successful/unsuccessful) _____

1. Suicidal thoughts? Yes No Any Attempts? Yes No
2. Homicidal thoughts? Yes No
3. Violent actions? Yes No
4. Self Harm (cutting, choking, etc.)? Yes No
5. Property Damage/Stealing? Yes No
6. Diagnosed with a Mental Health Disorder? Yes No

7. History of Physical or Emotional Abuse? Yes No
8. Runaway? Yes No
9. Substance Use/Abuse? Yes No (describe below)

Sexual Orientation (if applicable): _____

If "Yes", please describe:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Family Expectations/Goals

Things that MUST be achieved before returning home:

1. _____
2. _____
3. _____
4. _____

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Approximate Time at CP:

What will the family work on during this time and how?

5. _____
6. _____
7. _____
8. _____

Is the child motivated to come to CP? Why?

0 2 4 6 8 10
Not at all Somewhat Very

Immediate Removal Plans

Carpenter Place makes every effort to manage poor attitudes and behaviors successfully, however it is unfair to the other residents when these issues become too disruptive. Please complete the next section with the full expectation of fulfilling it if we cannot be of help to your child...

Contact: _____

Phone Number: _____

Secondary Phone: _____

Immediate removal plans must be valid and able to be implemented within a timeframe reasonable to the continued effective functioning of Carpenter Place. With that in mind,

Estimated time until removal? _____

I have read the above and completed this application truthfully, and to the best of my ability and understanding. I understand that Carpenter Place residential services is not therapy, nor a replacement for family therapy. I also understand that my child may not be a good fit for Carpenter Place, and that Carpenter Place does not guarantee the results I expect as a result of her participation. If my child is accepted into Carpenter Place, I agree to actively participate in family meetings, home passes (as deemed appropriate), and through regular and direct communication with Carpenter Place staff and administration. Furthermore, I agree that the immediate removal plan is valid, and agree to implement it immediately if my child has become disruptive to the program.

In the event that my child is not disruptive enough to warrant immediate removal, I understand I will have up to 24 hours to pick up my child. The plan for my child following unsuccessful completion is:

Parent/Guardian Signature

Date

