

John de la Howe School: Application for Admission

Client Information

Student's Full Name: _____ DOB: _____ Age: _____

Nickname/Alias: _____ Gender: Male Female

Address: _____

City _____ Zip Code: _____ State: _____ County: _____

Social Security # _____ Place of birth (city/state): _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____ Religion: _____

Race: African American Asian Caucasian Hispanic Other _____

Custody/Guardian: Both Parents Mother Father Joint Custody Other _____

Name of Legal Custodian(s)/Guardian(s): _____

Address (if different from student): _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Child Adopted: Yes No (If yes, when?) _____

Student's Strengths:

- | | | |
|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Strong Family Base | <input type="checkbox"/> <input type="checkbox"/> On Grade-Level | <input type="checkbox"/> <input type="checkbox"/> Good Socialization Skills |
| <input type="checkbox"/> <input type="checkbox"/> Appropriate Reading Level | <input type="checkbox"/> <input type="checkbox"/> Good Verbal Skills | <input type="checkbox"/> <input type="checkbox"/> Appropriate Coping Skills |
| <input type="checkbox"/> <input type="checkbox"/> Average/Above IQ | <input type="checkbox"/> <input type="checkbox"/> Good Personal Hygiene | <input type="checkbox"/> <input type="checkbox"/> Sports/Interests/Hobbies |
| <input type="checkbox"/> <input type="checkbox"/> Creative/Artistic | <input type="checkbox"/> <input type="checkbox"/> Respects authority | <input type="checkbox"/> <input type="checkbox"/> Other _____ |

Prior Placements: Please list all placements including residential care facilities and psychiatric hospitalizations.

Placement	Dates (From/To m/d/y)	Reason for Discharge	Contact Person	Phone/Fax Numbers

Abuse/Neglect/Assault: Please check all that apply:

- There is an open case with DSS (County) _____
- There is a closed case with DSS (County) _____

Caseworker's name: _____ Contact Number: _____

- Neglect Physical Abuse Sexual Abuse/Rape Verbal Abuse Perpetrator _____

Please explain: _____

Behavioral Issues

Current Behavioral Problems/Weaknesses (check all that apply): **Please provide an explanation of behaviors marked on a separate sheet and attach to application.**

Behavior Problems

- Bullies
- Violent
- Temper Tantrums
- Runaway
- Oppositional
- Disrespect
- Aggressive (physically)
- Aggressive (verbally)
- Abusive to animals
- Destructive
- Delusional
- Easily provoked
- Easily frustrated
- Abusive to self
- Has sexually abused others
- Stealing
- Lying
- Curses
- Inactivity
- Enuresis
- Encopresis
- Poor Hygiene
- Anorexia
- Overeating
- Bulimia
- Anorexia

Academic Problems

- Failing most classes
- Behavior issues at school
- Truancy
- Expelled
- Short attention span
- Easily distracted
- Poor organization

Drug/Alcohol Use

- Uses Cigarettes/tobacco
- Uses Alcohol
- Uses Marijuana
- Uses other illegal drugs
- Abuses prescription drugs

Legal Issues

- Incurable
- DJJ Involvement
- Pending charges
- Pre-trial Intervention
- Arbitration
- Homicidal thoughts/threats
- Homicidal attempts

Emotional Problems

- Depression
- Suicidal attempts
- Suicidal thoughts
- Low self-esteem
- Mood changes
- Abandonment Issues
- Grief
- Anxiety
- Poor coping skills

Social Issues

- Family Conflict
- Negative peer group
- Gang involvement
- Sexually active
- Poor social skills
- Sibling related difficulty

Other Issues

- Parent of a child
- Pregnant
- Past pregnancy
- Fire setting past
- Fire setting present
- Homeless

School Information

Name of school: _____ City/District: _____

Guidance Counselor: _____ Phone: _____ Fax: _____

Type: Public Private Alternative Adult Education Home school Other _____

Grade: ____ On grade level Below grade level (____ years) Repeating grade Middle/High School

School Status: Attending Suspended Expelled Homebound Other _____

Educational Classification: Regular ED LD OHI EM

Resource: IEP 504 SC Other _____

Emergency Contact Information (Other than Parents/Guardians)

Emergency Contact: _____ Relationship: _____

Address: _____

Telephone (home) _____ (work) _____ (cell) _____

Family Information

Status of Biological Parents: Married Divorced Separated Never Married Widowed Remarried

Biological Mother: _____ DOB: _____ SS#: _____

Address (if different from student): _____

Phone: _____ (home) _____ (work) _____ (cell)

Biological Father: _____ DOB: _____ SS#: _____

Address (if different from student): _____

Phone: _____ (home) _____ (work) _____ (cell)

Mother Race: _____ Educational Level: _____ Deceased Living

Occupation: _____ Employer: _____ Annual Income: _____

Father Race: _____ Educational Level: _____ Deceased Living

Occupation: _____ Employer: _____ Annual Income: _____

Please complete the following section if student is adopted.

Status of Adoptive Parents: Married Divorced Separated Never Married Widowed Remarried

Adopted Mother: _____ DOB: _____ SS#: _____

Address (if different from student): _____

Phone: _____ (home) _____ (work) _____ (cell)

Adopted Father: _____ DOB: _____ SS#: _____

Address (if different from student): _____

Adopted Mother's Race: _____ Educational Level: _____ Deceased Incarcerated

Occupation: _____ Employer: _____ Annual Income: _____

Adopted Father's Race: _____ Educational Level: _____ Deceased Incarcerated

Occupation: _____ Employer: _____ Annual Income: _____

Are you a relative? _____ Your relationship to the child? _____

Have the biological parent's rights been terminated? _____

Does the student have contact with biological parents? _____ How often? _____

Family Information

Please list everyone who lives in the household with the student:

Name	Gender	Age	Relationship to Student

What is the relationship of the student with the non-custodial parent? Close relationship? Visits or calls regularly? Last contact? Provide as many details as you can. Use a separate sheet of paper if necessary and attach.

What is the relationship of the student with the step-parent? Provide details. Use a separate sheet if necessary.

Is there a history of depression? ___ Mother ___ Father ___ Other Relative _____

Is there a history of completed or attempted suicides? ___ Mother ___ Father ___ Other _____

Has any member of the family ever had mental health counseling? When? Where? _____

Has any member of the family ever been treated in a psychiatric hospital and/or taking psychiatric medications? Where? When? Type of Medications? _____

Is there a history of drug or alcohol abuse? ___ Mother ___ Father ___ Other Relative _____

Is there a history of prison or jail? ___ Mother ___ Father ___ Other Relative _____

List and explain 3-5 family strengths: _____

Student's Medical/Counseling Information

Medicaid: ___ Yes ___ No Medicaid Number: _____

Health Insurance: ___ Yes ___ No Company: _____

Type of policy: _____ Policy Number: _____

Policy Holder: _____

Do you have secondary coverage? ___ Yes ___ No

Company & Policy Number: _____

Please complete the following information. If an item does not apply, then please write N/A.

Past/Present Counseling

Name of Facility/Counseling Agency/Mental Health	From	To	Name of Psychiatrist/Counselor

Diagnosis: _____

Medications: (list all current medications, dosages, and instructions)

Medication Name	Dosage	Instructions

Allergies: (list all)

Disabilities:

- Developmental Delays
- Learning Disabilities
- Other Physical (explain) _____
- Visual Impairments
- Mental Illness
- Hearing Impairments
- Substance Abuse
- Multiple Disabilities

DJJ Information

Check all that may apply: No past or present issues Police reports (obtain include with application)

Pending Charges Pre-Trial Intervention Arbitration Probation Evaluation Center

DJJ County: _____ Current Charges: _____

DJJ Contact: _____ Phone: _____ Fax: _____

DJJ Placement: _____ DJJ Placement Contact: _____

Successfully Completed Did Not Complete Phone: _____ Fax: _____

If Multiple placements occurred, please attach list and include contact information for each placement. Please include a copy of the release form and copies of all court documentation and discharge summaries.

Detailed Summary

Summarize for any concerns that you have or use the space provided for additional comments/details not otherwise addressed in the application. Please give any special details that may assist our staff in determining placement suitability. Provide examples and frequency of specific behaviors. Attach additional sheets to application if necessary.

Do Not Leave this area blank.

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date

Referred by: School Mental Health DSS DJJ Other: _____

Office Use Only

Information received by: _____ Date: _____

Information reviewed by: _____ Date: _____

Date of Placement: _____ Cottage assigned: _____ Tuition: _____