



## APPLICATION FOR ENROLLMENT

### *Resident Information*

Full Name	
Nickname	
Identifying Gender	
Preferred Pronoun	
DOB (mm/dd/yyyy)	
Age	
SSN	
Address	
Ethnicity	
Height	
Weight	
Eye Color	
Hair Color	
School Grade	
Sexual Orientation	
Religious Pref	

### *Current Placement*

Current Program	
Therapist Name	
Therapist Phone	
Therapist Email	
Referral Source (Education Consultant or Other)	
May we contact this referral source?	

### *Reason for Referral*

Briefly explain the chief need for original placement treatment:	
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***Emergency Contact (other than Parent/ Guardian)***

Relationship	
Full Name	
Phone/ Address:	

***Parent/ Guardian/ Sponsor 1***

Full Name	
Sponsor (yes/no)- <i>financially responsible</i>	
Legal Custody (yes/no)	
Phys. Custody (yes/no)	
DOB	
SSN	
Address	
Employer	
Job Title	
Home Phone	
Mobile Phone	
Work Phone	
Home Email	
Work Email	
Preferred Contact Method	
Please briefly describe relationship w/ young adult:	

***Parent/ Guardian/ Sponsor 2***

Full Name	
Sponsor (yes/no)- <i>financially responsible</i>	
Legal Custody (yes/no)	
Phys. Custody (yes/no)	
DOB	
SSN	
Address	
Employer	
Job Title	
Home Phone	
Mobile Phone	
Work Phone	
Home Email	
Work Email	



Preferred Contact Method	
Please briefly describe relationship w/ young adult:	

***Parent/ Guardian/ Sponsor 3***

Full Name	
Sponsor (yes/no)- financially responsible	
Legal Custody (yes/no)	
Phys. Custody (yes/no)	
DOB	
SSN	
Address	
Employer	
Job Title	
Home Phone	
Mobile Phone	
Work Phone	
Home Email	
Work Email	
Preferred Contact Method	
Please briefly describe relationship w/ young adult:	

***Parent/ Guardian/ Sponsor 4***

Full Name	
Sponsor (yes/no)- financially responsible	
Legal Custody (yes/no)	
Phys. Custody (yes/no)	
DOB	
SSN	
Address	
Employer	
Job Title	
Home Phone	
Mobile Phone	
Work Phone	
Home Email	
Work Email	
Preferred Contact Method	



Please briefly describe relationship w/ young adult:

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***Family Information***

Parents' current marital status:	
If divorced, or separated, please provide date:	
How do you believe the divorce/separations has affected your child?	
Describe the visitation arrangement:	
Is your child adopted?	
If adopted, at what age?	
Important circumstances surrounding the adoption:	
Number of siblings?	
Please list name, age, relationship, current residence and health of each sibling:	
Where was your child born:	
Were there any complications during the mothers pregnancy or delivery? (Please explain)	
Family history of mental illness? If yes, please describe.	

***Educational Information***

What is the highest grade your child has completed?	
Name of Current School:	
Name of Previous School:	
Is your child behind in credits (yes/no):	
If yes, please explain:	
Academic Strengths/ Interests:	
Favorite Subjects:	



Least Favorite Subjects:	
Sports/ Extra-curricular Activities:	
Has your child ever been assessed for learning disabilities? If yes, please describe:	
Has your child received any medical or educational treatment for learning disabilities? If yes, please explain:	
If there have been no learning disability assessments, do you have concern this may be an issue?	

**Academic/ Intellectual Tests**

Please describe all tests (Name/ Type, Date Given, Contact Phone):

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*\*NOTE: Please fax/e-mail a copy of these tests as part of your application (Attn: Stacy Elliker at [stacy@journeyhomeeast.com](mailto:stacy@journeyhomeeast.com) or 877-219-7006.*

**Placement Information**

Why is your family considering transitional living as a next-step?	
What are your specific goals for your young adult while enrolled?	
What would you describe as their strengths (intellectually, artistically, socially, physically, etc.)?	
What would you describe as their continued areas for growth?	
Please describe their level of experience with the outdoors & other physical activities:	
Have you considered where they will go after Journey Home?	



***Intervention/Placement History (including home therapists):***

<b>1. First Placement/ Intervention</b>	
Reason for Placement:	
May we contact? If yes, please provide Phone:	
<b>2. Second Placement/ Intervention</b>	
Reason for Placement:	
May we contact? If yes, please provide Phone:	
<b>3. Third Placement/ Intervention:</b>	
Reason for Placement:	
May we contact? If yes, please provide Phone:	

***Psychological History***

Please describe any <b>major events</b> your child has struggled with (divorce, moving, birth of a sibling, loss, death, abuse, illness, etc.). Please include the date the event occurred.	
Please provide a summary of <b>previous risky, harmful, or unsafe behaviors</b> that your child has engaged in and how long it's been since they've engaged in these behaviors (physical confrontations, running away, suicidality, sexual behavior, mood issues, obsessions/ compulsions, lying, stealing, drug use, eating disorders, or isolation):	
Please describe in detail any 'unusual' behaviors your child has presented (Including, but not limited to delusions, tics, hallucinations, stuttering, paranoid thinking, bedwetting, nightmares, head banging).	



***Psychological Testing***

Has your child ever had any psychological testing? If yes, please describe (include date/ reason):

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**\*NOTE: Please fax/e-mail all previous testing as part of this application (Attn: Stacy Elliker at [stacy@journeyhomeeast.com](mailto:stacy@journeyhomeeast.com) or 877-219-7006.**

***Addictive Patterns***

Does your child have any alcohol, substance and/or dependency related issues (including cigarettes)? If yes, please describe timeline, usage patterns/ frequency and how administered.

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Family History of drug or alcohol abuse? If yes, please describe.

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Other addictive patterns (computer, tv, phone, internet, sex, gambling etc).

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Any legal problems? If so, please provide details.

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***Medical Information***

Family Doctor (Phone/Fax)

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Family Dentist (Phone/Fax)

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Does your child wear glasses or contacts? If so, how often?

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Date of last physical.

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Please list any surgeries, serious illness, hospital, or psychiatric hospital stays. Please include date/event:

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Is your child up-to-date on immunizations?

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Any allergies/ asthma?

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