



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 in treatment:	
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Emergency Contact (other than Parent/ Guardian)

Relationship	
Full Name	
Phone/ Address:	

Parent/ Guardian/ Sponsor 1

Full Name	
Address	
Employer	
Job Title	
Home Phone	
Mobile Phone	
Email	
Please briefly describe your relationship with this person	

Parent/ Guardian/ Sponsor 2

Full Name	
Address	
Employer	
Job Title	
Home Phone	
Mobile Phone	
Email	
Please briefly describe your relationship with this person	

Parent/ Guardian/ Sponsor 3

Full Name	
Address	
Employer	
Job Title	
Home Phone	



Mobile Phone	
Email	
Please briefly describe your relationship with this person	

Parent/ Guardian/ Sponsor 4

Full Name	
Address	
Employer	
Job Title	
Home Phone	
Mobile Phone	
Email	
Please briefly describe your relationship with this person	

Family Information

Parents' current marital status:	
If divorced, or separated, please provide year:	
How do you believe the divorce/ separations has affected you?	
Describe the visit/ stay arrangement:	
Are you adopted?	
If adopted, at what age?	
Are there any need-to-know circumstances surrounding the adoption?	
Number of siblings	
Please list name, age, relationship, current residence and health of each sibling:	



Where were you born?	
Do you know of any complications during your mother's pregnancy or delivery? (Please explain)	
Do you know of any family history of mental illness? If yes, please describe.	

Educational Information

What is the highest grade level you have completed?	
Name of Current School:	
Name of Previous School:	
Are you behind in credits (yes/no):	
If yes, please explain:	
Academic Strengths/ Interests:	
Favorite Subjects:	
Least Favorite Subjects:	
Sports/ Extra-curricular Activities:	
Have you ever been assessed for learning disabilities? If yes, please describe:	
Have you ever 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 list any academic evaluations you recall having (Name/ Type, Date Given, Contact Phone):

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

Placement Information

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

Intervention/Placement History (including home therapists):

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



Reason for Placement:	
May we contact? If yes, please provide Phone:	
3. Third Placement/ Intervention:	
Reason for Placement:	
May we contact? If yes, please provide Phone:	

Psychological History

Please describe any major events you have 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 previous risky, harmful, or unsafe behaviors that you have engaged in and how long it's been since you've engaged in these behaviors (physical confrontations, running away, suicidality, sexual behavior, mood issues, obsessions/ compulsions, lying, stealing, druge use, eating disorders, or isolation):	
Please describe in detail any other behaviors you have presented (Including, but not limited to delusions, tics, hallucinations, stuttering, paranoid thinking, bedwetting, nightmares, head banging).	



Psychological Testing

Please list any psychological evaluations you recall having (Name/ Type, Date Given, Contact Phone):

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NOTE: Please have your guardians or staff fax/e-mail a copy of these tests as part of your application (Attn: Stacy Elliker at stacy@journeyhomeeast.com or 877-219-7006.

Addictive Patterns

Do you 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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Do you 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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As far as you're aware, are you up-to-date on immunizations?

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Any allergies/ asthma?

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