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Gift of Hope

Resident Application

Full Name: _____
 First Middle Last

DOB: _____ Age: _____ Sex: _____ Place of birth: _____

Address: _____

Medicaid or other insurance info. _____ SS# _____

1.) Why is placement needed? _____

2.) History of previous placements (Dates and reason for discharge): _____

3.) Does the applicant have a history of substance abuse? _____

4.) Has the applicant received mental health services? If so, please detail when where, why, and with whom. (Please attach available mental health reports.)

5.) Does applicant's recent behavior present a threat to self or others? If so, please describe:

6.) Current school attending: _____ Grade: _____

A.) Receiving special education services? _____
(If so, please attach copy of I.E.P)

B.) Has youth been suspended or expelled from school () yes () No. If yes explain:

7.) List the protection needs of the applicant: _____

8.) Does the prospective applicant have a history of violence towards peers or staff, others in the community? If yes, please list all known events.

9.) Does the applicant have a history of inappropriate sexual activity or contact with peers or staff?

10.) Does the applicant have a history of setting fires? _____

11.) Legal Guardian: _____ (if DSS how long in care): _____

12.) Other agencies providing services to child () Yes () no if yes, list _____

13.) Current Placement: _____ Length of current placement: _____

Family Information:

List the name and relationship of any person with whom the resident is not allowed contact:

Mother's Name: _____ Stepfather's Name: _____

Address: _____ Phone: _____

Father's Name: _____ Stepmother's Name: _____

Address: _____ Phone: _____

Siblings Names: Age Sex Address

Family involvement: _____

Legal Information:

Is youth currently on probation? () yes () no Date probation started: _____

Why is youth on probation? _____

Name/ address / phone # of Probation officer: _____

Name/ address / phone # of Guardian-ad-litem: _____

Has the Youth been ordered to complete community services or restitution? _____

Please list any scheduled court dates, FAPT or other meeting scheduled for this youth and location of the meeting: _____

Medical Information:

1.) Please list any physical restrictions of the applicant: _____

A. Please list all past and present medical problems: _____

B. Describe physical health care needs & Immunization: _____

2.) Date of last physical exam? _____ Date of last Dental exam: _____

3.) Date of last psychiatric appointment, contact information and next scheduled appointment.

4.) Date of last dental exam? _____ Date of next appointment: _____

Contact information for dentist: _____

Current Medications:

_____	_____	_____
Medication Name	Dosage	instructions

_____	_____	_____
Medication Name	Dosage	instructions

_____	_____	_____
Medication Name	Dosage	instructions

_____	_____	_____
Medication Name	Dosage	instructions

_____	_____	_____
Medication Name	Dosage	instructions

Medication Allergies: _____

Food & Environmental Allergies: _____

Required Attachments

_____ **Copy FAPT services/treatment plan**

No Record Available

Comments: _____

_____ **Copy birth certificate**

No Record Available

Comments: _____

_____ **Social History**

No Record Available

Comments: _____

_____ **Copy Social Security Card**

No Record Available

Comments: _____

_____ **Psychological evaluation**

No Record Available

Comments: _____

_____ **most recent school transcript**

No Record Available

Comments: _____

_____ **Copy of Medicaid card or other**

No Record Available

Comments: _____

_____ **Current IEP**

No Record Available

Comments: _____

_____ **Immunization Record**

No Record Available

Comments: _____

_____ **Educational evaluation & test scores**

No Record Available

Comments: _____

Please list any other information that you think may be helpful with this placement:

Signature

Title

Date