



12 VAC 35-46-710 &
12 VAC 35-45-90

YOUTH TOMORROW NEW LIFE CENTER Application for Admission

Child's Name: _____ Date _____

Step 1 – Application Process

Once we receive all of the information listed in this section, our Admissions Team will evaluate the file to determine if YFT is the appropriate placement for the child. If the child is an appropriate candidate we then set up an interview and move to the next step in the process.

Required for all applicants:

- ___ Completed YFT Admissions Application
- ___ ***(No blanks – use "NONE" or "Unknown" as appropriate)***

Initial documents needed, if applicable/available:

- ___ School records, to include Grades, Transcripts, Individual Education Plan (IEP), Evaluations, Conduct Reports, or Other Special education/Resource Reports
- ___ Psychological Evaluation/Assessment (Include multi-axial diagnosis)-Within 1 year
- ___ Interstate compact (out-of-state residents only, including Washington, DC)
- ___ Discharge Summaries from previous placements

Documents needed at intake:

- ___ Copy of Birth Certificate
- ___ Copy of Social Security Card
- ___ Proof of Insurance, Medicaid or Medicare (Copy of insurance card)
- ___ Immunization Records

Step 2 – Interview Process

The initial interview includes the child and his/her parent, legal guardian, social worker, or probation officer. The Admissions Director and/or Assistant Director will use this interview to obtain other necessary information to determine if YFT is an appropriate placement for the child. After assessment of the child and the initial interview – if necessary additional individual interviews may take place with the Admissions Team members (which consists of the Director of Residential, Director of Education/Principal, and the Director of Counseling Services).

The purpose of the interview process is to continue to determine the appropriateness of placement and reaffirm the commitment of the child and his family/sponsor to our program. It is after the interview process that the Admissions Team, as a whole, makes the final decision whether the child is accepted into the YFT program.

Step 3 – Intake Process

An intake date is established based on availability and the meeting of YFT criteria determined in Steps 1 & 2.

This checklist is provided for your convenience in the completion of your application for admission for your Child to Youth for Tomorrow. To ensure that your child receives timely consideration for admission, please provide all items, completed and signed as requested.

Child's Full Name: (first, middle, last):	
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IDENTIFYING INFORMATION ON CHILD

Gender:	DOB:	Current Age:	
Hair Color:	Eye color:	Height:	Weight:
Race/ Ethnic background:	Is Child Native American? Yes / No If Yes: What local Tribe is he/she affiliated with?		Religious Preference:
SSN:	Insurance#:		Insurance Provider:
Medicaid Level C Placement? Yes / No VA Placements Only	Do you have a Certificate of Need (CON)? Yes / No <small>It is YFT's intent to qualify child for level C within 48 hours. YFT reserves the right to achieve such qualification within 10 business days due to scheduling of the psychiatry individual plan of care (IPOC). All parties agree that YFT will be reimbursed its normal CSA rates until the level C is approved.</small>		

CONTACT INFORMATION

Child's parent or legal guardian (primary contact):			
Name			
Address			
Phone		Email	
Child's parent or legal guardian:			
Name			
Address			
Phone		Email	

Child's Emergency Contact: Must be someone other than the Legal Guardian or Placing Agency Worker			
Name			Relationship:
Address			
Phone		Email	

Youth's Placing Agency and Name of Worker:			
Agency	Worker		
Address			
Phone		Email	

Youth's Probation Officer:			
Name			
Address			
Phone		Email	

Youth's Guardian Ad Litem:			
Name			
Address			
Phone		Email	

PLACEMENT NEED:

Child's current address:
Reason child needs therapeutic services:

FAMILY HISTORY AND CURRENT LIVING SITUATION:

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CURRENT SOCIAL NETWORK / RELATIONSHIPS WITH FAMILY, FRIENDS, ETC.

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SIBLING INFORMATION

NAME	RELATIONSHIP

EDUCATION

Last School Child Attended:			
School's Name		Point of Contact	
Address			
Phone		Email	
What are the child's educational needs?			
Current grade level:		IEP available (Yes/No)?	
If there is a current IEP, what is the child's educational disability:			

MENTAL HEALTH

Full scale I.Q.:
List all known DSM-IV diagnoses:
Date and of last Mental health or diagnostic testing (provide the name and contact information of professional providing the assessment/diagnosis):
Specify any other mental health, emotional and psychological needs of the child:

Applicant's Name: _____

PROVIDE A HISTORY OF PREVIOUS TREATMENT FOR MENTAL HEALTH, SUBSTANCE ABUSE, OR BEHAVIOR PROBLEMS

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PROTECTION NEEDS

<p>Specify all types of protection needs, including protective or restraining orders, prohibited contacts, etc.:</p>

COURT INVOLVEMENT:

	YES	NO	IF YES, DESCRIBE
Has child been found guilty of criminal violations?			What and When:
Is child on probation? If YES, please provide a copy of court order.			

CURRENT MEDICATIONS(S)

REASON PRESCRIBED

CURRENT MEDICATIONS(S)	REASON PRESCRIBED

MEDICATION HISTORY (describe any past medication that work or did not work to elevate symptoms; drug allergies or unusual / other adverse drug reactions, etc.)

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CHILD'S PHYSICIAN(S)

NAME	ADDRESS	PHONE

Applicant's Name: _____

HEALTH CARE APPOINTMENTS: Specify any currently scheduled medical, dental and mental health appointments that child needs to keep:

DATE OF APPOINTMENT	APPOINTMENT WITH	LOCATION

PHYSICAL HEALTH HISTORY & PHYSICAL NEEDS:

Specify all known illnesses:	
Specify all obvious (visible) illnesses:	
Specify all handicapping conditions:	
Specify all known medication allergies:	
Specify all known food, environmental or other allergies:	
Specify known immunization needs:	
Specify physical health needs:	
Specify type(s) of substance <u>use</u> and frequency:	
Specify type(s) of substance <u>abuse</u> and frequency:	
Specify when and where child received substance abuse treatment, if any:	
Date of last physical exam:	Date of last known tuberculosis (TB) screening:

CONTACTS & VISITATION:

Check if approved for Visit at YFT, Home Visit, Phone Contact or Mail Contact.

NAME	RELATIONSHIP	VISIT AT YFT?	HOME VISIT?	PHONE?	MAIL?

Applicant's Name: _____

ADDITIONAL SCREENING

YES	NO	BEHAVIOR (Yes or No)	IF YES, WHEN, WHERE, ETC.
		Fire setting?	
		Sexual offenses against others?	
		Self-harm (cutting, suicide attempts, etc.)?	
		Drug use/abuse?	
		Assaultive behavior?	
		History of running away?	

BEHAVIOR SUPPORT NEEDS OF THE CHILD: please specify each problematic behavior of the child and provide information as indicated to assist him/her in self-managing.

Identify positive behavior(s):
Identify problem behavior(s):
Identify triggers for problem behavior(s).
Identify successful intervention strategies for problem behavior(s):
What techniques has the child used to self-manage anger and anxiety?
Identify interventions that may escalate inappropriate behavior(s):

Applicant's Name: _____

GOALS OF PLACEMENT:

Specify the goals you would like YFT to assist your child in accomplishing?

1.	
2.	
3.	
4.	
5.	

What are the tentative transition/discharge plans for this child?

	Yes	No
Based on your knowledge of your child’s needs and the YFT program, do you believe this child is suitable for admission to Youth For Tomorrow?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of party providing information

Date

Signature of resident (18 years or older)

Date

FOR INTERNAL USE ONLY

After careful review of this application and all required admissions documentation, this child appears to be suitable for placement into the YFT program.

Signature	Position	Date	
	Director or Assistant Director of Intake		
Is this placement an Emergency Admission?		Yes	No

Reason:

Applicant’s Name: _____