



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.***

|  |  |
|--|--|
| <b>Child's Full Name: (first, middle, last):</b> |  |
|--|--|

**IDENTIFYING INFORMATION ON CHILD**

|  |   |                     |                              |
|--|---|---------------------|------------------------------|
| <b>Gender:</b>                                 | <b>DOB:</b>   | <b>Current Age:</b> |                              |
| <b>Hair Color:</b>                             | <b>Eye color:</b>   | <b>Height:</b>      | <b>Weight:</b>               |
| <b>Race/ Ethnic background:</b>                | <b>Is Child Native American? Yes / No</b><br><b>If Yes: What local Tribe is he/she affiliated with?</b>   |                     | <b>Religious Preference:</b> |
| <b>SSN:</b>                                    | <b>Insurance#:</b>  |                     | <b>Insurance Provider:</b>   |
| <b>Medicaid Level C Placement?</b><br>Yes / No | <b>Do you have a Certificate of Need (CON)?</b><br>Yes / No<br><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**

|  |  |              |  |
|--|--|--------------|--|
| <b>Child's parent or legal guardian (primary contact):</b> |  |              |  |
| <b>Name</b>  |  |              |  |
| <b>Address</b>   |  |              |  |
| <b>Phone</b>   |  | <b>Email</b> |  |
| <b>Child's parent or legal guardian:</b>                   |  |              |  |
| <b>Name</b>  |  |              |  |
| <b>Address</b>   |  |              |  |
| <b>Phone</b>   |  | <b>Email</b> |  |

|  |  |              |                      |
|--|--|--------------|----------------------|
| <b>Child's Emergency Contact: Must be someone other than the Legal Guardian or Placing Agency Worker</b> |  |              |                      |
| <b>Name</b>  |  |              | <b>Relationship:</b> |
| <b>Address</b>   |  |              |                      |
| <b>Phone</b>   |  | <b>Email</b> |                      |

|   |               |              |  |
|---|---------------|--------------|--|
| <b>Youth's Placing Agency and Name of Worker:</b> |               |              |  |
| <b>Agency</b>                                     | <b>Worker</b> |              |  |
| <b>Address</b>                                    |               |              |  |
| <b>Phone</b>                                      |               | <b>Email</b> |  |

|                                   |  |              |  |
|-----------------------------------|--|--------------|--|
| <b>Youth's Probation Officer:</b> |  |              |  |
| <b>Name</b>                       |  |              |  |
| <b>Address</b>                    |  |              |  |
| <b>Phone</b>                      |  | <b>Email</b> |  |

|                                   |  |              |  |
|-----------------------------------|--|--------------|--|
| <b>Youth's Guardian Ad Litem:</b> |  |              |  |
| <b>Name</b>                       |  |              |  |
| <b>Address</b>                    |  |              |  |
| <b>Phone</b>                      |  | <b>Email</b> |  |

**PLACEMENT NEED:**

|   |
|---|
| <b>Child's current address:</b>                 |
| <b>Reason child needs therapeutic services:</b> |

**FAMILY HISTORY AND CURRENT LIVING SITUATION:**

|  |
|--|
|  |
|--|

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

|  |
|--|
|  |
|--|

**SIBLING INFORMATION**

| <b>NAME</b> | <b>RELATIONSHIP</b> |
|-------------|---------------------|
|             |                     |
|             |                     |

**EDUCATION**

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

**MENTAL HEALTH**

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

Applicant's Name: \_\_\_\_\_

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

|  |
|--|
|  |
|--|

**PROTECTION NEEDS**

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

**COURT INVOLVEMENT:**

|   | YES | NO | IF YES, DESCRIBE |
|---|-----|----|------------------|
| Has child been found guilty of criminal violations?                     |     |    | What and When:   |
| Is child on probation?<br>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.)**

|  |
|--|
|  |
|--|

**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. |
|-----|----|---|---------------------------|
|     |    | <b>Fire setting?</b>                                |                           |
|     |    | <b>Sexual offenses against others?</b>              |                           |
|     |    | <b>Self-harm (cutting, suicide attempts, etc.)?</b> |                           |
|     |    | <b>Drug use/abuse?</b>                              |                           |
|     |    | <b>Assaultive behavior?</b>                         |                           |
|     |    | <b>History of running away?</b>                     |                           |

**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.

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

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?**

|                  |
|------------------|
| <br><br><br><br> |
|------------------|

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>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?</b> |            |           |

|  |  |  |
|--|--|--|
| <b>Is this placement an Emergency Admission?</b> |  |  |
|--|--|--|

\_\_\_\_\_  
Signature of party providing information

\_\_\_\_\_  
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.

| <b>Signature</b> | <b>Position</b>                     | <b>Date</b> |
|------------------|-------------------------------------|-------------|
|                  | Lead Residential Intake Coordinator |             |
|                  |                                     |             |

Applicant's Name: \_\_\_\_\_