

APPLICATION



YOUTH FOR TOMORROW – NEW LIFE CENTER

CHRISTIAN ACADEMY AND THERAPEUTIC BOARDING SCHOOL

2016-2017



YOUTH TOMORROW NEW LIFE CENTER

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.



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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:		Religious Preference:	
SSN:	Insurance#:	Insurance Provider:	

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			
Address			
Phone		Phone	

PLACEMENT NEED:

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

Applicant's Name: _____



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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: _____

PROTECTION NEEDS



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

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

CHILD'S PHYSICIAN(S)

NAME	ADDRESS	PHONE

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

DATE OF APPOINTMENT	APPOINTMENT WITH	LOCATION

Applicant's Name: _____



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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 YTF?	HOME VISIT?	PHONE?	MAIL?

Applicant's Name: _____



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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: _____



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GOALS OF PLACEMENT:

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

1.	
2.	
3.	
4.	
5.	

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

	Yes	No
<p>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?</p>		

<p>Is this placement an Emergency Admission?</p>		
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Signature of party providing information

Date

FOR INTERNAL USE ONLY		
<p>After careful review of this application and all required admissions documentation, this child appears to be suitable for placement into the YFT program.</p>		
Signature	Position	Date
	Director of Admissions	

Applicant's Name: _____



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PLACEMENT AGREEMENT

I/we, the parent(s)/legal guardian, agree that, _____, for whom I/we have legal custody, shall be placed with Youth For Tomorrow (hereinafter known as YFT), which shall stand in *loco parentis* to provide care, maintenance, education and guidance while this agreement remains in effect. However, legal custody of the above-named resident shall remain with the undersigned parent(s), legal guardian or placing agency. This agreement shall be in full force and effect until program completion or termination from the program.

Parties agree to terms of placement including the rights and responsibilities stated below.

YOUTH FOR TOMORROW SHALL:

1. Provide supervision and services consistent with the YFT program.
2. Within thirty (30) days of placement, develop an Individual Service Plan (ISP). The ISP will address the resident's strengths and needs; current level of functioning; goals, objectives and strategies established; projected family involvement; projected date for accomplishing each objective; status of the projected discharge plan; and, estimated length of stay. This plan will be reviewed every month and revised quarterly and more often, as needed.
3. As part of the ISP, develop social/emotional goals. If the resident does not have a current psychological evaluation, YFT may arrange for one to be completed. The psychological evaluation may be conducted by a qualified professional who may be on the YFT staff or under contract to render such services for YFT.
4. As part of the ISP, develop an education plan for the resident to be taught in the YFT School. YFT educational staff will enroll the resident and will obtain educational information, as needed, to supplement the admission application. The educational plan will be oriented towards successful return to the resident's community school, if deemed appropriate by the placing agency, parent(s) or legal guardian. The educational plan will be oriented towards a high-school diploma or high school equivalency through a designed study leading to the general education development test (GED). When appropriate, the educational plan will also address the resident's special education and vocational education needs. Each resident at YFT will be tested in order to obtain a current academic functioning level. The test to be administered is the **Woodcock-Johnson-R Tests of Achievement**.
5. Cooperate with the placing party in seeing that the resident receives routine medical/dental care and treatment, obtaining permission for planned and special medical/dental care and making arrangements for payment of expenses incurred. YFT shall act immediately in medical/dental emergencies, obtaining necessary and timely services and notifying the parent/legal guardian as soon as possible.
6. In the case of parent/guardian non-cooperation with the YFT program or policies, a member of the Leadership Team will attempt reconciliation with the parent/guardian. In the event this effort does not resolve the difficulty, YFT may terminate the resident's placement. YFT also retains the right to discharge the resident any time his/her behavior poses an immediate threat to him/herself, to peers, to staff or to YFT property.
7. YFT offers attendance to religious services and activities on a voluntary basis only. All choices for on-campus faith experiences are nondenominational. No resident shall be coerced to attend or not to attend any religious service.



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YOUTH FOR TOMORROW IS GRANTED FULL AUTHORITY TO:

1. Authorize medical, emergency medical/dental, surgical treatment and/or hospitalization where the parent(s)/legal guardian will be responsible for any expenses, including co-pays, incurred related to the treatment. This includes full authority to admit the resident for emergency in-patient psychiatric care.
2. Screen incoming and outgoing mail as clarified below:
 - a. Incoming Mail - All incoming mail from persons not on the approved list must be opened in front of staff. Threats, inappropriate language, contraband, and/or inappropriate pictures as well as sexual comments will not be tolerated in outgoing or incoming mail. Note that the resident may receive mail, unopened, from persons on his/her approved list without staff witnessing it being opened.
 - b. Outgoing Mail - If staff believe there is valid reason to inspect such outgoing mail, such inspection may be done on a case-by-case basis but only after receiving approval from the Evaluation Team. Note that the resident may send mail to persons on his/her approved list without staff inspecting it.
3. Screen incoming and outgoing telephone calls as clarified below:
 - a. A list of parent/guardian approved friends will be provided staff.
 - b. Only the names on this list may be called by the resident at the designated times.

THE PARENT/GUARDIAN SHALL:

1. Agree to encourage the resident to comply with the YFT program and to cooperate with those attempting to help him/her.
2. Agree to comply with the following procedures regarding family contact:
 - a. Home visits will be allowed according to the resident's progress in the YFT program. I/we, or an appropriate representative, as scheduled in advance with YFT staff, will personally pick up the resident and ensure his/her return to YFT at the scheduled time.
 - b. I/we agree to attend required parent meetings. Any questions in this area will be directed to the appropriate Case Manager.
 - c. Understand that I/we can visit the resident on the evening of family group as scheduled with YFT staff. I/we understand that attendance at these meetings is required.
 - d. Understand that each resident will be allowed a ten-minute telephone call home each week, as scheduled between the Case Manager, Houseparents, and the family. It is further understood that the resident may receive extra telephone calls if others are not waiting and based on staff availability and the resident's behavior
3. Agree to comply with the following policies and procedures to support the resident in the YFT program:
 - a. I/we will contact the resident's Case Manager and/or Houseparents regarding his/her clothing and personal hygiene needs and will make arrangements to take care of these needs. I/we agree to provide funds or a voucher to meet the resident's clothing needs. I/we further agree that if such funding provisions are not made in advance, arrangements will be made with YFT for staff to take the resident shopping to meet clothing needs. Following such shopping, I/we will reimburse YFT once presented with a copy of the store receipt.



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- b. I/we agree to provide medical/dental insurance for the resident and to be responsible for all non-covered expenses including, but not limited to, the following: medical, dental, optical, medications, vitamins, and psychological evaluation or services. This includes reimbursement to YFT when necessary.
- c. I/we will be contacted regarding any medical, dental or optical needs that the resident may have. I/we will take care of non-covered expenses including co-payments.
- d. I/we understand that YFT cannot assume responsibility for loss or damage to clothing, eyeglasses, and other valuable or personal items (including items left behind if a resident absconds (goes AWOL from YFT)).
- e. I/we understand that in the interest of preventing the introduction of contraband (i.e. materials such as x-rated movies, games or books, weapons, unapproved cell phones, tobacco products, alcohol, unauthorized or illegal drugs, lighters, inhalants, sharp objects, or any other items that are prohibited), residents returning to campus from home visits, or at the discretion of residential staff on duty, are subject to having their bags, clothing, and packages searched. Residents' rooms shall be searched regularly and randomly, with or without probable cause. If a resident is suspected of possession of illegal substances or other contraband which may be harmful to the resident, other residents, or staff, a pat down search may be conducted in accordance with state licensing regulations and YFT policies/procedures.
- f. I/we understand that YFT provides a variety of trips and outings to enrich residents' lives and help build competencies. I/we understand that while caring for and providing services to the resident, YFT will transport him/her to various events and locations. Having been informed of this service during review of this agreement, I/we hereby give permission for YFT to transport the resident as part of the program. We agree to relinquish all claims against YFT if an accident should occur.
- g. I/we agree that all clothing must be marked with the resident's initials for laundry identification.
- h. I/we agree that in the event of an accident or the death of the resident while in care of YFT, I/we will not bring suit against YFT if reasonable and prudent care and supervision have been maintained. If the resident should become deceased while being cared for by YFT, I/we agree to be responsible for all expenses.
- i. I/we agree to abide by all guidelines and regulations of YFT including attending meetings to develop service, educational and behavior plans; conduct progress reviews; and, attend family counseling and meetings.
- j. I/we give our full permission for YFT to use the resident's full name and picture in any publications, news releases, periodicals, and all other advertising to the extent permitted by and in accordance with state licensing standards. It is agreed that this will be done in good taste and in a manner not detrimental to the resident. I/we also give our permission for the resident to attend club meetings or public gatherings and perform with a group of residents from YFT.



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Please mark the following:

YES NO

_____ _____ Is there a sibling placed at Youth for Tomorrow?

_____ _____ Will the resident receive a monthly allowance? If so, note that funds must be sent to the YFT Finance Dept. for deposit on behalf the resident.

FINANCIAL RESPONSIBILITY OF PARENT/GUARDIAN:

1. I/we agree to act as a responsible parent/guardian by meeting the resident's support needs as indicated below.
2. I/we agree that any special services will be invoiced separately.
3. I/we agree that payment is due on or before the first day of each month.

I/we acknowledge a ***monthly*** rate of \$_____.

Type of Financial Responsibility	Name, Address & Phone of Responsible Party
Monthly or daily charge	Name: Address: Phone:
Medical charges	Name: Address: Phone:
Additional services to be billed	Name: Address: Phone:

Parent(s)/Legal Guardian Signature

YFT Representative Signature

Parent(s)/Legal Guardian Signature

Title

Date

Date