



YOUTH FOR TOMORROW

Application for Admission

Referral/Child _____ 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 to Youth For Tomorrow. To ensure that your child receives timely consideration for admission, please provide all items, completed and signed as requested.



YOUTH FOR TOMORROW

Application for Admission

Child's Full Name:	
Name of party requesting placement:	
Relationship to the child of party requesting placement:	

IDENTIFYING INFORMATION ON CHILD

Gender:	DOB:	Current Age:	
Hair Color:	Eye color:	Height:	Weight:
Race/ Ethnic background:		Religious Preference:	
SSN:	Insurance#:	Insurance Provider:	

GUARDIAN / EMERGENCY CONTACTS

Child's legal guardian:			
Name			
Address			
Phone		Email	
Name and contact information for person(s) to be contacted in case of an emergency (if different than above)			
Name			
Address			
Phone		Email	

Child's Guardian Ad Litem:			
Name			
Address			
Phone		Email	

PLACEMENT NEED:

Child's current address:
Reason child needs placement:



YOUTH FOR TOMORROW

Application for Admission

SIBLING INFORMATION

NAME	ADDRESS	PHONE

EDUCATION

What are the child's educational needs?	
Where did child most recently attend school?	
Current grade level:	IEP available (Yes/No)?

MENTAL HEALTH

Full scale I.Q. (if known):
List all known DSM-IV diagnoses:
Mental health or diagnostic testing needed:
Specify any other mental health, emotional and psychological needs of the child:

PROTECTION NEEDS

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



YOUTH FOR TOMORROW

Application for Admission

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.			Terms of probation:

Child's Probation Officer:

Name			
Address			
Phone		Email	

CURRENT MEDICATIONS(S)

REASON PRESCRIBED

CURRENT MEDICATIONS(S)	REASON PRESCRIBED

RESIDENT'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



YOUTH FOR TOMORROW

Application for Admission

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?



YOUTH FOR TOMORROW

Application for Admission

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):



YOUTH FOR TOMORROW

Application for Admission

GOALS OF PLACEMENT:

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

1.	
2.	
3.	
4.	
5.	
What is the foster care goal for this child?	
What are the tentative 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?		

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.

Signature	Position	Date



YOUTH FOR TOMORROW
Application for Admission

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Child/Referral Full Name _____
Last First Middle Suffix (Jr. II, etc)

Age Date of Birth Social Security Number

The child/referral listed above is/will be a resident of the *Youth For Tomorrow New Life Center*, located at: 11835 Hazel Circle Drive in Bristow, Virginia.

I hereby, give Youth For Tomorrow my permission to obtain the requested information from each of the below listed component organizations that maintain records on this child/referral. I have been informed of the type of information that will be required in the course of providing care, the benefits and/or disadvantages of releasing this information, and that substance abuse information may be contained in the requested reports. I authorize both written and verbal exchange of information.

Please mark ("X") all that apply

<u>Educational Information</u>	<u>Medical Information</u>	<u>Counseling Information</u>
_____ Current Grade Cards	_____ Medical History	_____ Psychiatric Evaluations
_____ Transcripts	_____ Discharge Summaries	_____ Psychiatric History
_____ Educational Evaluations	_____ Other:	_____ Progress Notes
_____ Current IEP		_____ Psychological Testing
_____ Other:		_____ Discharge Summaries

I understand that the provision of services is not contingent on the release of this information. I voluntarily consent to the release of the requested information.

Print Name of Parent/Legal Guardian

Parent/Legal Guardian Signature

Date