

# COVER PAGE

Child Name \_\_\_\_\_ Date \_\_\_\_\_

Referring Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Upon completion, submit the application via:**

**FAX:** 703-792-6798

**Mail:** 4349 Ridgewood Center Drive, 2<sup>nd</sup> Floor  
Prince William, VA 22192

## **Application Process**

Once we receive the application, the Joint Admissions Review Committee (JARC) will schedule an appointment for you to present the case. The following steps will occur prior to placement:

- A recommendation for the appropriate placement for this child will be made by the JARC based on the information provided.
- An interview will be scheduled at the appropriate facility.
- FAPT will finalize a decision for placement.

### **Required for all applicants:**

- \_\_\_ Completed Group Home 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
- \_\_\_ Discharge Summaries from previous placements
- \_\_\_ Court Information

## **JARC Recommendation:**

Appropriate for Group Home Placement  Yes  No

(If no, alternate options recommended: \_\_\_\_\_)

If yes, the following represents the JARC recommendation for placement, if deemed appropriate upon interview:

- Youth for Tomorrow Placement
- Prince William County Group Home for Boys Placement
- Prince William County Group Home for Girls Placement

Rationale for Placement Decision: \_\_\_\_\_

Result of interview:  Appropriate for recommended placement  
 Recommendation for alternate placement/service: \_\_\_\_\_

FAPT Decision: \_\_\_\_\_

Signature of JARC Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures of JARC Members:

# Prince William County Joint Admissions Review Committee Application

<b>Child's Full Name:</b>	
<b>Date of Application:</b>	
<b>Current Address:</b>	
<b>Name of party requesting placement:</b>	
<b>Relationship to the child of party requesting placement:</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>Religious Preference:</b>
<b>SSN:</b>	<b>Insurance#:</b>	<b>Insurance Provider:</b>

**GUARDIAN / EMERGENCY CONTACTS**

<b>Child's Mother:</b>			
<b>Name</b>			
<b>Address</b>			
<b>Phone</b>		<b>SS#</b>	

<b>Child's Father:</b>			
<b>Name</b>			
<b>Address</b>			
<b>Phone</b>		<b>SS#</b>	

<b>Name and contact information for person having legal guardianship: <input type="checkbox"/> (check if same as above)</b>			
<b>Name</b>			
<b>Address</b>			
<b>Phone</b>		<b>SS#</b>	

<b>Child's Guardian Ad Litem:</b>			
<b>Name</b>			
<b>Address</b>			
<b>Phone</b>		<b>Email</b>	

**PLACEMENT NEED:**

<b>Reason child needs placement apart from family:</b>
<b>Prior Placements/Counseling Services:</b>

# Prince William County Joint Admissions Review Committee Application

**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, gang affiliation, CPS issues, etc.:
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**COURT INVOLVEMENT:**

	YES	NO	IF YES, DESCRIBE
Has the child been found guilty of criminal violations?			What and When:
Is the child on probation? If YES, please provide a copy of court order.			Terms of probation:
Child's Probation Officer:			Phone #: _____

**CURRENT MEDICATIONS(S)**

**REASON PRESCRIBED**


**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:

# Prince William County Joint Admissions Review Committee Application

**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):

**GOALS OF PLACEMENT:**

Specify the goals you would like a Group Home to assist the child in accomplishing?

1.	
2.	
3.	

\_\_\_\_\_  
**Referring Agent's Signature**

\_\_\_\_\_  
**Date**

**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
- \_\_\_ Verification of Income