



Admission Application for Saving Families Group Home

Attached is the application for admission to Saving Families Group Home – Najai’s House. We are licensed as a *Therapeutic Group Home* by the Department of Social Service.

Exclusionary criteria for this program includes:

- *Convictions of sexual offenses, without completion of a Sex Offender Program*
- *History of intentionally starting fires with the intent to cause harm or significant property damage*
- *Chemically dependent and in need of inpatient treatment*
- *Actively psychotic, suicidal, or homicidal*
- *Convicted of violent crimes that would pose a risk to peers, self, or staff*
- *History of multiple violent actions that have not been moderated*
- *IQ below 70, unless able to prove that there is an ability to be at 70*

In addition to the attached documents, please provide the following when applicable:

- Recent School records including academic record, discipline reports, IEP, and immunizations.
- Recent Physical Exam report
- Psychological and/or Psychiatric Evaluations
- Court Reports
- Discharge Summaries, or last progress reports from previous placement (s)
- Intake Documents for other services (mentoring, IIH, TDT, etc.)
- Social History

The following will be used to determine admission eligibility and whether this program and services can meet your child’s needs:

- **Criteria for admission**
- **Information contained in the application**
- **Supporting documentation**

If you have any questions or need assistance, please do not hesitate to call. You can email this application with supporting documents to the attention of “Admissions” to savingfamilies2016@sfroy.org.

Thank you for considering us to provide care for your child.

Application for Admission to Saving Families Group Home – Najai’s House

1. Date: _____ Date Placement Needed: _____

2. Child’s Full Name: _____

3. Race: _____ Sex: _____ Date of Birth: _____ Place of Birth: _____

4. Child’s Religious Preference: _____

5. Child’s Current Physical Address: _____

6. Legal Guardian: _____

7. Address: _____

8. Phone: _____

9. Emergency Contact:

| Name | Relationship | Phone # |
|-------|--------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

10. Provide brief description of current situation and why placement is needed now:

11. Previous Placements:

1. _____ Dates: _____

Reason placement ended: _____

2. _____ Dates: _____

Reason placement ended: _____

3. _____ Dates: _____

Reason placement ended: _____

12. Specify behaviors or issues that need to be addressed during your child's placement:

13. What are your child's behavior support needs? (behavior triggers, anger/anxiety options):

What past strategies/interventions have been successful? _____

14. Has your child been referred to FAPT? Yes No

If yes, what were the recommendations of FAPT?

15. Medical History of Child

A. List and date any past or current serious illnesses, injuries, hospitalizations:

B. List and date any past or current drug or alcohol use/abuse:

C. Allergies (drug, food): _____

D. Date of last complete physical: _____

Physician's name, address and phone number: _____

E. Last dental exam or checkup: _____

Dentist's name address and phone number:

F. Last eye exam: _____

Optometrist's name, address and phone number:

G. Immunizations needed? Yes _____ No

If yes, what type: _____

16. What are the child's current physical needs? (any physically handicapping conditions)? _____

17. What are the child's current physical health needs?

18. Current medications:

Medication

Dosages

Prescribed By:

19. Has the child had a psychological, psychiatric or neurological exam? Yes No

If yes, please provide name of doctor(s) and dates of exams:

20. What are your child's current mental health, emotional and psychological needs?

21. Does your child have a recent or past mental health diagnosis? Yes No

If yes, please provide diagnosis and the name of person who provided the diagnosis:

22. Has your child received therapy in the past? Yes No

Dates of therapy: _____ Explain reason(s) for receiving therapy: _____

Therapist (most recent): _____ Phone: _____

What was the outcome of therapy? _____

23. Would the family participate in family counseling? Yes No

If not, why? _____

24. What are your child's current educational needs? _____

25. Current or last school enrollment: _____

Grade Level: _____ Special Education Yes No What classification? _____

List any school issues or concerns: _____

26. Are there any current or past legal charges/convictions? Yes No

If yes, please explain: _____

27. Is child currently on probation? Yes No Why? _____

Probation Officer: _____ Phone: _____

28. Does your child have any protection needs? (to protect self/others) Yes No

If yes, please explain: _____

29. Does your child have the following risks:

Suicide Risk Yes No

Homicidal Risk Yes No

Violence Risk Yes No

AWOL Risk Yes No

If yes, please explain: _____

30. Restrictions on your child's visitor and/or phone lists: _____

31. Would the admission of your child pose any significant risk to the child, other residents, or staff?

Yes No If yes, please explain: _____

31. Describe child's home environment, community and your involvement: _____

32. Family History

Please circle one: natural, adoptive or step

A. Mother: _____ Martial Status: _____

Address: _____ Phone Number: _____

Occupation: _____

List any past or current serious illnesses or chronic medical conditions: _____

Please circle one: natural, adoptive or step

B. Father _____ Martial Status: _____

Address: _____ Phone number: _____

Occupation: _____

List any past or current serious illnesses or chronic medical conditions: _____

| C. | Siblings | Date of Birth | Sex | Lives with |
|-------|----------|---------------|-------|------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List any past or current serious illnesses or chronic medical conditions of siblings:

D. Close relatives (grandparents, aunts, uncles, foster parents):

| Name | Relationship | Address | Phone # |
|-------------|---------------------|----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List any past or current serious illnesses or chronic medical conditions of grandparents, aunts or uncles: _____

E. Other interested persons or agencies:

| Name | Relationship | Address | Phone # |
|-------------|---------------------|----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

33. If accepted for placement at Saving Families Group Home – Najai’s House, what are the tentative discharge plans for your child?

34. Is the resident suitable for admission? Yes No

35. Application completed by: _____