

# Alternate Life Paths Program, Inc.

## Girls' Group Home Admission Application

Instructions: This application needs to be completed in detail by the parents or knowledgeable adult and youth making application for admission to Girls Group Home. If more space is needed additional sheets may be added. Please attach a recent photograph and a copy of the applicant's birth certificate. Please type or print clearly.

Application for \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Race \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship Status \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

SS No. \_\_\_\_\_ Religion \_\_\_\_\_ Identifying Mark/Characteristics \_\_\_\_\_

Language(s) spoken and understood by applicant \_\_\_\_\_  
(Attach a copy of the court order to this application.)

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Applicant referred by \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Person/agency responsible for Girls Group Home fees and applicant's expenses.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Applicant's sources of support: (include social security, veteran's benefits insurance, etc.) \_\_\_\_\_  
\_\_\_\_\_

Other agencies and contact people involved in youth's life.

Name/Agency	Contact Name	Address	Telephone No.
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Emergency Contact (other than parent or guardian)

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Person completing application \_\_\_\_\_

Date \_\_\_\_\_ Relationship \_\_\_\_\_

FAMILY INFORMATION

Mother

Father

Name:	<hr/>	<hr/>	
Birthplace	<hr/>	<hr/>	
Address	<hr/>	<hr/>	
Telephone No.	<hr/>	<hr/>	
Social Security No.	<hr/>	<hr/>	
Employer	<hr/>	<hr/>	
Occupation/Title	<hr/>	<hr/>	
Address	<hr/>	<hr/>	
Telephone No.	<hr/>	<hr/>	

Parent's Marital Status (give dates)

Parents Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Either parent previously married? \_\_\_\_\_ Now, remarried following divorce? \_\_\_\_\_

List in chronological order (oldest to youngest) all children in family, given names (including applicant) living and deceased, step and half siblings. Also include dates of miscarriages or still births in any.

Name	Sex	DOB	Education	Comments
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List all other persons whom now or have lived in the home within the last year.

Name	Relationship	Age	Comments

(Attach a copy of social history.)

Is the applicant currently residing at home? \_\_\_\_\_ if not, explain.

What events or behaviors prompted this application?

When were these behaviors or events first noticed and by whom?

APPLICANT'S PERSONAL HISTORY

Prenatal Development: Full Term \_\_\_\_\_ Premature \_\_\_\_\_ Birth Weight \_\_\_\_\_

Delivery: Natural \_\_\_\_\_ Breach \_\_\_\_\_ Forceps \_\_\_\_\_ Cesarean \_\_\_\_\_

If adopted: Private Placement \_\_\_\_\_ Agency Placement \_\_\_\_\_

Note: any significant events, behaviors, etc., related to birth, childhood growth and development.

Tobacco Usage: None \_\_\_\_\_ Occasionally \_\_\_\_\_ \_\_\_\_\_ packs per day

Began smoking at age \_\_\_\_\_

Alcohol Usage: None \_\_\_\_\_ Seldom \_\_\_\_\_ Occasionally \_\_\_\_\_ Frequently \_\_\_\_\_

Age at first drink \_\_\_\_\_ Age at first blackout \_\_\_\_\_

Drug Usage: None \_\_\_\_\_ Seldom \_\_\_\_\_ Occasionally \_\_\_\_\_ Frequently \_\_\_\_\_

First drug used \_\_\_\_\_ Age of first use \_\_\_\_\_

Type of drugs: (specify)

- Depressants
- Stimulants
- Hallucinogens
- Solvents

No. of runaways \_\_\_\_ Longest period gone \_\_\_\_\_ Longest distance gone \_\_\_\_\_

Did applicant ever run away with someone? \_\_\_\_\_ Who \_\_\_\_\_

Date of residence in state juvenile training school \_\_\_\_\_ Explain.

COUNSELING AND TREATMENT

List in reverse order any residential care or hospitalization.

Facility or hospital	Date of residency	Discharged to	Comments

List in reverse order counseling or psychiatric treatment.

Name	Address	Date Seen	Comment

(Attach a copy of psychological evaluation.)

Ever physically fight with parents? \_\_\_\_\_ How often? \_\_\_\_\_ Explain

Ever attempt suicide? \_\_\_\_\_ Dates (or age) \_\_\_\_\_ How? \_\_\_\_\_

EDUCATION

Currently attending \_\_\_\_\_ Grade \_\_\_\_\_

If not in school, explain and give date of last attendance \_\_\_\_\_

Grades skipped/repeated \_\_\_\_\_ Explain \_\_\_\_\_

Describe accomplishments and activities in school and give dated.

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Describe and give dates of school difficulties (suspension, disciplinary action, etc.) within the last five- (5) years.

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Begin with the most current enrollment and list in reverse order all schools the applicant has attended and number of days absent.

School	Address	Grade	Period Enrolled	# of days absent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PERSONAL BEHAVIOR

What does the applicant do for fun?

What skills, talents, etc., does the applicant have?

What behaviors have been of most concern to the applicant?

JUVENILE JUSTICE SYSTEM

Probation period \_\_\_\_\_ (Specify)

Probation officer \_\_\_\_\_ Telephone No. \_\_\_\_\_

Court worker \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Gives dates, events and behavior that precipitated court action.

Dates in detention \_\_\_\_\_ Where? \_\_\_\_\_

Number of times in detention \_\_\_\_\_ longest period of detention \_\_\_\_\_

Applicant: please describe briefly your personal goals and expectations and what you hope to accomplish at ALPP's Girls Group Home.

Parents or Guardian: Please describe briefly your personal goals and expectations for your daughter and what you hope to be accomplished by placement at ALPP, Inc.'s Girls Group Home.

NOTE: PLEASE REMIT A COPY OF THE FOLLOWING WITH THE APPLICATION:

1. Court Order
2. Psychological History
3. Social History

FAILURE TO SUBMIT THE ABOVE WITH THE APPLICATION WILL RESULT IN A DELAY IN PROCESSING!