

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.

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

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
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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!