



**Chaplin Youth Center
Application for Admission**

Client Name: _____ DOB: _____ JTS: _____

Referring Agency Contact: _____ Phone: _____

Parent/Guardian(s): _____ Phone: _____

Address: _____

Probation Officer (if applicable): _____ Phone: _____

Current School: _____ Grade: _____

**Please fill out this form completely. Attach other supportive documents (social history, psychological, substance abuse evaluations, school reports, etc.) that may be useful in determining suitability for admission.
Please fax the completed packet to 540.374.5082**

Behavioral History

1. Describe the youth's current and past behavioral challenges.

2. Have they exhibited aggression, self-harm, or harm to others? If yes, please provide details.

3. Have there been any incidents involving law enforcement or probation? If yes, please provide details.

4. Is the youth known to run away or leave without permission? If so, how frequently? If yes, please provide details.

5. Has the youth been involved in any gang-related activity? If yes, please provide details.

Emotional and Mental Health

6. Does the youth have any diagnosed mental health conditions? If yes, what is the diagnosis? If yes, please provide details.
7. Has the youth ever required hospitalization for mental health reasons? If yes, provide details.
8. What therapeutic interventions have been effective for the youth in the past?
9. Does the youth currently have or need a therapist, counselor, or psychiatrist? If yes, please provide details.

Family and Social History

10. What is the youth's current relationship with their family or guardians?
11. Are there any estrangements or history of abuse? If yes, please provide details.
12. What types of support systems does the youth have outside of the family (e.g., mentors, community programs)? Please provide details.

Medical History

13. Does the youth have any medical conditions or disabilities that require accommodation or specialized care? If yes, please provide details.
14. Is the youth prescribed any medication? If yes, are they compliant with taking it? Please provide details.
15. Does the youth have a history of substance use or abuse? If yes, provide details.
16. Does the youth have any dietary restrictions or allergies? If yes, please provide details.

Education and Development

17. What is the youth's current academic level and school attendance record?
18. Does the youth have an Individualized Education Plan (IEP) or 504 Plan? If yes, provide details.
19. Does the youth require additional educational support, such as tutoring or behavioral interventions in school? If yes, please provide details.

Readiness for Placement

20. What goals are you hoping this placement will achieve for the youth?

21. What interventions, if any, have already been tried and failed?

Additional Information

22. Is there any additional information we should know to ensure the safety and success of the youth and the group home community? If yes, please provide details.

23. How long has the child been in care or with the referring agency? Please provide details.

24. Is the child in agreement with the placement? Please provide details.

Please include the following supplementary documentation:

- Discharge summary from previous placement (if applicable)
- Court order(s)
- Recent mental health evaluations.
- Applicable medical/medication records.

Referring Worker: _____

Date: _____

Supervisor's Signature: _____

Date: _____