

**ALPHA HOUSE  
4526 BRICKWOOD MEADOW COURT  
PETERSBURG, VIRGINIA 23803  
(804) 861-0596 / Fax (804)-861-1239**

**APPLICATION FOR ADMISSION**

**The following information should be submitted for initial consideration of admission:**

1. Application Form
2. Social History
3. Medical History
4. Educational Information/Transcripts
5. Psychological Evaluation
6. Court Documentation
7. Discharge Summaries from previous placements.
8. Social Service plan

The above information will be reviewed by the Alpha House Intake Committee within a week of its receipt, and, if the information indicates an appropriate referral, a pre-placement interview and visit will be scheduled. The Treatment Team will render an admission decision immediately following the pre-placement visit.

**Required documents at time of Admission:**

1. Physical examination form (dated no more than 90 days before admission), including complete record of immunizations and a tuberculosis test dated within the previous year.
2. Medicaid/Insurance Card
3. Copy of Social Security Card
4. Copy of Birth Certificate
5. Most recent report card or official school transcript
6. Purchase of Service Order
7. Tuberculosis Testing

A placement Agreement Provided by Alpha House must be signed on the day of placement.

**Application For Admission**

I hereby apply for admission of this student to Alpha House.

Student's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Referred by: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency: \_\_\_\_\_

I do hereby certify that I, \_\_\_\_\_, have the right to make application on behalf of this student, \_\_\_\_\_, and that the information furnished is true and complete to the best of my knowledge. I further testify that the legal guardianship of \_\_\_\_\_ is held by: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Relationship and Agency

Legal Guardian if not the same as above:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Alpha House Intake: **Student Information**

Present Age \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Does youth have a child? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, complete infant intake sheet)

Is youth being referred pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No

With whom was student living prior to placement?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

Does student have Medicaid coverage or other Life, Health, or Hospital Coverage?

Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Name Coverage Carried Under \_\_\_\_\_

Past and present serious illnesses or infectious Diseases: \_\_\_\_\_

\_\_\_\_\_

All Allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

History of substance abuse and use: \_\_\_\_\_

Treatment received: \_\_\_\_\_

If pregnant, anticipated due date: \_\_\_\_\_ prenatal care received \_\_\_ Yes \_\_\_ No

Current Medications: \_\_\_\_\_

Date of Last Physical/Prenatal Visit: \_\_\_\_\_

Condition: \_\_\_\_\_

Immunization needed: \_\_\_\_\_

Psychological Evaluation:

Date Completed: \_\_\_\_\_ Condition: \_\_\_\_\_

Psychiatric Information (if appropriate):

DSM IV Diagnosis: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Date last seen \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Date last seen \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Alpha House Intake: **Educational Information**

Please provide the following educational information:

Last Educational Facility Attended: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Last Public School Attended: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Scholastic performance (including failures, promotions, grades, and attendance):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conduct: \_\_\_\_\_  
\_\_\_\_\_

Attendance: \_\_\_\_\_  
\_\_\_\_\_

Educational Potential / Plan (High School Graduate, GED, Vocational, College, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alpha House Intake: **Family History**

**Mother:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Social Security # \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Serious Illness: \_\_\_\_\_

If deceased, Date: \_\_\_\_\_ Place: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Court orders as it relates to the child (example, family counseling, visitation, etc.):

\_\_\_\_\_

\_\_\_\_\_

**Father:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Serious Illness: \_\_\_\_\_

If deceased, Date \_\_\_\_\_ Place: \_\_\_\_\_

Cause of Death \_\_\_\_\_

Court orders as it relates to the child: \_\_\_\_\_  
\_\_\_\_\_

**Siblings:**

Name	Sex	Birth Date	Address
_____	_____	_____	_____
_____	_____	_____	_____

**Visiting Resources:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Please answer the following questions as completely as possible:**

Identify the behavioral support needs of applicant: \_\_\_\_\_  
\_\_\_\_\_

Identify successful behavioral interventions: \_\_\_\_\_

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Identify unsuccessful behavioral interventions: \_\_\_\_\_  
\_\_\_\_\_

List all previous out-of-home referrals/intervention strategies tried or used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the student's presenting problems?

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What are the attitudes of the parents and the student toward placement?

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Describe the current family situation.

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Has the student had any contact with Juvenile Court? If so, list court location, date, offense, and disposition.

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Has the student been referred to a mental health or family-counseling clinic? If so, list dates, locations, names of therapists, and diagnoses.

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Please check the behaviors exhibited by the student.

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> poor hygiene        | <input type="checkbox"/> manipulation | <input type="checkbox"/> poor impulse control |
| <input type="checkbox"/> lying               | <input type="checkbox"/> verbal abuse | <input type="checkbox"/> stealing             |
| <input type="checkbox"/> running away        | <input type="checkbox"/> fighting     | <input type="checkbox"/> promiscuity          |
| <input type="checkbox"/> homosexual activity | <input type="checkbox"/> alcohol use  | <input type="checkbox"/> drug use             |
| <input type="checkbox"/> suicide attempts    | <input type="checkbox"/> prostitution | <input type="checkbox"/> bed-wetting          |
| <input type="checkbox"/> fire-starting       | <input type="checkbox"/> other _____  |   |

What are the protection needs of the applicant? \_\_\_\_\_

What significant risk factors does the applicant pose to self? \_\_\_\_\_

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What significant risk factors does the applicant pose to others? \_\_\_\_\_

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**Alpha House**  
**Infant Admission Information**

Infant's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F

Child of \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Who has custody of the infant? Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Who does or has the infant been living with prior to placement?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Current Formula: \_\_\_\_\_

Formulas infant can not tolerate: \_\_\_\_\_

Intolerance: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treating Physician or Clinic: \_\_\_\_\_

List the individuals who may visit the infant.

\_\_\_\_\_

\_\_\_\_\_

List any individuals who should not visit or have contact with the infant.

\_\_\_\_\_

\_\_\_\_\_



**Empty Arms Outreach Ministries, Inc.**  
**Alpha House**  
**Placement Agreement**

On this day \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ Alpha House, located at 4526 Brickwood Meadow Court, Petersburg, Virginia 23803, accepts \_\_\_\_\_ as a resident of Alpha House. Alpha House shall provide case management and treatment services as outlined in this agreement. \_\_\_\_\_ is a child, DOB \_\_\_\_\_ in the custody of \_\_\_\_\_ (Department of Social Services) which has the authority to seek and make placement for said child. It is understood that custody shall remain with the undersigned-placing agency.

1. The placing agency represents that it has legal custody of the child and shall pay for services purchased from Alpha House which breakdown as follows:

Room and Board	\$ 168.34 per day
Therapeutic Services	\$109.66 per day
Total	\$278.00 per day

Alpha House agrees to be responsible on a monthly basis for the following financial allocations for residents between the ages of 12-17 years:

Clothing	\$118.00
Personal Care & Recreation	\$104.00
Allowance	\$30.00
Total monthly allotment	\$252.00

2. The child's medical and dental needs will be covered by Medicaid. Any additional medical and/or dental expenses not covered by Medicaid must be pre-authorized by the placing agent and are the financial responsibility of the placement agency or legal guardian.
3. Alpha House shall cooperate with the placing agency to ensure that the child receives routine medical and dental care. Alpha House shall act immediately in medical emergencies and notify placing agent as soon as possible. Alpha House will obtain permission for all routine medical care.
4. Alpha House agrees to keep the placing agency aware of progress and concerns. In the event of placement disruption, Alpha House will make every effort to give the placing agent a two-week (14 calendar day) notice prior to the youth being removed from the program. Likewise, Alpha House expects to receive a two-week notice of the placing agencies intent to remove the child from the facility.

5. Payment for services provided by Alpha House will be billed monthly. It is expected by Alpha House that payment for services will be made to Alpha House by the tenth of each month.
6. Residents of Alpha House are expected to cooperate with services and develop to their fullest potential.
7. Alpha House requires the placing agent to be involved in resident's life by means of visits, telephone calls, participation in staffings, and service plan reviews for as long as the youth remains at Alpha House.
8. Residents may be absent from Alpha House, including overnight visits, at the discretion of the treatment team, when such absences are considered to be part of the residents treatment. Alpha House agrees to advise the placing agent of these absences as they occur and obtain prior permission from placing agent when travel is out of the area.
9. The placing agency gives permission for the resident to participate in recreational activities, independent living, and other therapeutic services and activities that are a part of the Alpha House Program.
10. Visitation of family and friends is encouraged. Visitors are welcome to visit at Alpha House. A 24-hour prior notice is required, however; visits can be arranged as necessary and appropriate to meet the individual needs of the child. The visitor is approved by the placing agency / guardian. Alpha House does require identification of visitors and driver's license to transport residents of Alpha House.
11. Photographs may be taken by Alpha House staff of the resident for the purposes of creating a memory book, recording the residents activities and developmental milestones, and for marketing materials as long as the resident is not identified.
12. Residents of Alpha House are required to be enrolled and attend school on a daily basis at an educational facility identified to meet the resident's specific educational need through the Dinwiddie Public School System. Alpha House agrees to coordinate with the Dinwiddie Public School system to arrange for student enrollment. Placing agencies or legal guardians are required to sign enrollment forms and withdrawal notification forms. Alpha House agrees to monitor school progress and maintain communication with the school and provide progress information to the placing agency. Students who require educational services not provided by Dinwiddie Public Schools shall have educational services coordinated by the placing agency who assumes financial responsibility for the identified education services and transportation service to ensure the resident is enrolled and attends school daily.

Wherefore, the undersigned parties are in agreement that the services to be purchased from the provided by Alpha House are in the best interest of the child at this time. The undersigned also acknowledged that there are no promises, agreements of any kind whatsoever that exist other than this written agreement and that modification or changes thereon must be in writing and mutually executed by all parties who are signers to this agreement.

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Placing Agent

Date

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Alpha House

Date

**Alpha House**  
Permission for Emergency Medical Care

Child's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Legal Custodian: \_\_\_\_\_

I/We the legal custodian of \_\_\_\_\_, hereby authorize Alpha House I/II to obtain immediate medical, dental, or psychiatric care, inoculations or immunizations due to terrorist attacks, or chemical warfare. I/WE consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to \_\_\_\_\_ if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations, which are true emergencies, and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

\_\_\_\_\_  
Signature of Legal Custodian

Insurance Information:

Medicaid # \_\_\_\_\_  
Medicaid # \_\_\_\_\_  
Other Ins.# \_\_\_\_\_  
Other Ins.# \_\_\_\_\_

Significant Medical Information:

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Problems: .

\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substance Abuse History and usage

\_\_\_\_\_

**EmptyArms Outreach Ministries, Inc.**  
**Alpha House**  
**Placement Agreement For Infant/ Toddler**

On this day \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_Alpha House, located at 4526 Brickwood Meadow Court, Petersburg, Virginia 23803, accepts \_\_\_\_\_ as a resident of Alpha House. Alpha House shall provide case management and treatment services as outlined in this agreement. \_\_\_\_\_ is a child, DOB \_\_\_\_\_ in the custody of \_\_\_\_\_ (Department of Social Services) which has the authority to seek and make placement for said child. It is understood that custody shall remain with the undersigned-placing agency.

1. The placing agency represents that it has legal custody of the child and shall pay for services purchased from AlphaHouse which breakdown as follows:

**For the Child of the Youth:**

Ages 0-4 years	Foster Care Maintenance
Ages 0-4 years	\$109.00 per week for daycare

2. The child's medical and dental needs will be covered by Medicaid. Any additional medical and/or dental expenses not covered by Medicaid must be pre-authorized by the placing agent.
3. Alpha House shall cooperate with the placing agency to ensure that the child receives routine medical and dental care. Alpha House shall act immediately in medical emergencies and notify placing agent as soon as possible. Alpha House will obtain permission for all routine medical care.
4. Alpha House agrees to keep the placing agency aware of progress and concerns. In the event of placement disruption, Alpha House will make every effort to give the placing agent a two-week notice prior to the youth being removed from the program. Likewise, Alpha House expects to receive a two-week notice of the placing agencies intent to remove the child from the facility.
5. Payment for services provided by Alpha House will be billed monthly. It is expected by Alpha House that payment for services will be made to Alpha House by the tenth of each month.
6. Residents of Alpha House are expected to cooperate with services and develop to their fullest potential.
7. Alpha House requires the placing agent to be involved in resident's life by means of visits, telephone calls, participation in staffings, and service plan reviews for as long as the youth remains at Alpha House.

8. Residents may be absent from Alpha House, including overnight visits, at the discretion of the treatment team, when such absences are considered to be part of the residents treatment. Alpha House agrees to advise the placing agent of these absences as they occur and obtain prior permission from placing agent when travel is out of the area.
9. The placing agency gives permission for the resident to participate in recreational activities, independent living, and other therapeutic services and activities that are a part of the Alpha House Program.
10. Visitation of family and friends is encouraged. Visitors are welcome to visit at Alpha House. A 24-hour prior notice is required, however; visits can be arranged as necessary and appropriate to meet the individual needs of the child. The visitor is approved by the placing agency / guardian. Alpha House does require identification of visitors and driver's license to transport residents of Alpha House.
11. Photographs may be taken by Alpha House staff of the resident for the purposes of creating a memory book, recording the residents activities and developmental milestones, and for marketing materials as long as the resident is not identified.

Wherefore, the undersigned parties are in agreement that the services to be purchased from the provided by Alpha House are in the best interest of the child at this time. The undersigned also acknowledged that there are no promises, agreements of any kind whatsoever that exist other than this written agreement and that modification or changes thereon must be in writing and mutually executed by all parties who are signers to this agreement.

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Placing Agent \_\_\_\_\_ Date

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Alpha House \_\_\_\_\_ Date

**ALPHA HOUSE II  
3903 WEST AUTUMN  
PETERSBURG, VIRGINIA 23803  
(804) 861-0596**

**APPLICATION FOR ADMISSION**

**The following information should be submitted for initial consideration of admission:**

1. Application Form
2. Social History
3. Medical History
4. Educational Information/Transcripts
5. Psychological Evaluation within past year
6. Court Documentation
7. Discharge Summaries from previous placements.
8. Social Service plan

The Alpha House Intake Committee will review the above information within a week of its receipt, and, if the information indicates an appropriate referral, a pre-placement interview and /or visit will be scheduled. The Treatment Team will render an admission decision immediately following the pre-placement visit.

**Required documents PRIOR to Admission:**

1. Physical examination form (dated no more than 90 days before admission), including complete record of immunizations, allergies, special dietary requirements, restrictions on physical activities, and a tuberculosis test)
2. Medicaid/Insurance Card
3. Copy of Social Security Card
4. Copy of Birth Certificate
5. Most recent report card or official school transcript
6. CANS no older than 30 days
7. Certificate of Need (if Medicaid funded)

A placement Agreement Provided by Alpha House must be signed on the day of placement.

**Application for Admission**

I hereby apply for admission of this student to Alpha House.

Student's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Referred by: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency: \_\_\_\_\_

I do hereby certify that I, \_\_\_\_\_, have the right to make application on behalf of this student, \_\_\_\_\_, and that the information furnished is true and complete to the best of my knowledge. I further testify that the legal guardianship of \_\_\_\_\_ is held by: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Relationship and Agency

Legal Guardian if not the same as above:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_



Alpha House Intake: Student **Information**

Present Age \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Does youth have a child? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, complete infant intake sheet)

Is youth being referred pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No

With whom was student living prior to placement?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

Does student have Medicaid coverage or other Life, Health, or Hospital Coverage?

Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Name Coverage Carried Under \_\_\_\_\_

Past serious illnesses or infectious Diseases: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

History of substance abuse: \_\_\_\_\_ Treatment received: \_\_\_\_\_

If pregnant, anticipated due date: \_\_\_\_\_ prenatal care received \_\_\_ Yes \_\_\_ No

Current Medications: \_\_\_\_\_

Date of Last Physical/Prenatal Visit: \_\_\_\_\_

Condition: \_\_\_\_\_

Psychological Evaluation:

Date Completed: \_\_\_\_\_ Condition: \_\_\_\_\_

Psychiatric Information (if appropriate):

DSM IV Diagnosis: \_\_\_\_\_

Student's Physician: \_\_\_\_\_

Date last seen \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Student's Dentist: \_\_\_\_\_

Date last seen \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Alpha House Intake: **Educational Information**

Please provide the following educational information:

Last Educational Facility Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Last Public School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Scholastic performance (including failures, promotions, grades, and attendance):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conduct:

\_\_\_\_\_  
\_\_\_\_\_

Attendance:

\_\_\_\_\_  
\_\_\_\_\_

Educational Potential (High School Graduate, GED, Vocational, College, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alpha House Intake: **Family History**

**Mother:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Social Security # \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Serious Illness: \_\_\_\_\_

If deceased, Date: \_\_\_\_\_ Place: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Court orders as it relates to the child (example, family counseling, visitation, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Father:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Serious Illness: \_\_\_\_\_

If deceased, Date \_\_\_\_\_ Place: \_\_\_\_\_

Cause of Death \_\_\_\_\_

Court orders as it relates to the child: \_\_\_\_\_  
\_\_\_\_\_

**Siblings:**

Name	Sex	Birth Date	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Visiting Resources:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Please answer the following questions as completely as possible:**

Identify the behavioral support needs of the applicant: \_\_\_\_\_  
\_\_\_\_\_

Identify successful behavioral interventions: \_\_\_\_\_

Identify unsuccessful behavioral interventions: \_\_\_\_\_



List all previous out-of-home referrals/intervention strategies tried or used.

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What is the student's presenting problems?

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What are the attitudes of the parents and the student toward placement?

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Describe the current family situation.

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Has the student had any contact with Juvenile Court? If so, list court location, date, offense, and disposition.

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Has the student been referred to a mental health or family-counseling clinic? If so, list dates, locations, names of therapists, and diagnoses.

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Please check the behaviors exhibited by the student.

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> poor hygiene        | <input type="checkbox"/> manipulation | <input type="checkbox"/> poor impulse control |
| <input type="checkbox"/> lying               | <input type="checkbox"/> verbal abuse | <input type="checkbox"/> stealing             |
| <input type="checkbox"/> running away        | <input type="checkbox"/> fighting     | <input type="checkbox"/> promiscuity          |
| <input type="checkbox"/> homosexual activity | <input type="checkbox"/> alcohol use  | <input type="checkbox"/> drug use             |
| <input type="checkbox"/> suicide attempts    | <input type="checkbox"/> prostitution | <input type="checkbox"/> bed-wetting          |
| <input type="checkbox"/> fire-starting       | <input type="checkbox"/> other _____  |   |

What significant risk factors does the applicant pose to self? \_\_\_\_\_

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What significant risk factors does the applicant pose to others?

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What are the outcomes the placing agent seeks for this potential resident of Alpha House? Explain.

**Empty Arms Outreach Ministries, Inc.**  
**Alpha House**  
**Placement Agreement**

On this day \_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_Alpha House, located at 3903 West Autumn Drive, Petersburg, Virginia 23803, accepts \_\_\_\_\_ as a resident of Alpha House. Alpha House shall provide case management and treatment services as outlined in this agreement. \_\_\_\_\_ is a child, DOB \_\_\_\_\_ in the custody of \_\_\_\_\_ (Department of Social Services), which has the authority to seek and make placement for said child. It is understood that custody shall remain with the undersigned-placing agency.

1. The placing agency represents that it has legal custody of the child and shall pay for services purchased from Alpha House which breakdown as follows:

Roomand Board	\$159.34per day
Therapeutic Services	\$109.66per day
Total	\$ 269.00 per day

Alpha House agrees to be responsible on a monthly basis for the following financial allocations for residents between the ages of 12-17 years:

Clothing	\$ 77.00
Personal Care & Recreation	\$.67.00
Allowance	\$18.00
Total monthly allotment	\$162.00

2. The child's medical and dental needs will be covered by Medicaid. Any additional medical and/or dental expenses not covered by Medicaid must be pre-authorized by the placing agent and are the financial responsibility of the placing agency or legal guardian.
3. Alpha House shall cooperate with the placing agency to ensure that the child receives routine medical and dental care. Alpha House shall act immediately in medical emergencies and notify placing agent as soon as possible. Alpha House will obtain permission for all routine medical care.
4. Alpha House agrees to keep the placing agency aware of progress and concerns. In the event of placement disruption, Alpha House will make every effort to give the placing agent a two-week (14 calendar days) notice prior to the youth being

- removed from the program. Likewise, Alpha House expects to receive a two-week notice of the placing agencies intent to remove the child from the facility.
5. Payment for services provided by Alpha House will be billed monthly. It is expected by Alpha House that payment for services will be made to Alpha House by the tenth of each month.
  6. Residents of Alpha House are expected to cooperate with services and develop to their fullest potential.
  7. Alpha House requires the placing agent to be involved in residents' treatment by means of visits, telephone calls, participation in staffings, and service plan reviews for as long as the youth remains at Alpha House.
  8. Residents may be absent from Alpha House, including overnight visits, at the discretion of the treatment team, when such absences are considered to be part of the resident's treatment. Alpha House agrees to advise the placing agent of these absences as they occur and obtain prior permission from placing agent when travel is out of the area.
  9. The placing agency gives permission for the resident to participate in recreational activities, independent living, and other therapeutic services and activities that are a part of the Alpha House Program.
  10. Visitation of family and friends is encouraged. Visitors are welcome to visit at Alpha House. A 24-hour prior notice is required, however; visits can be arranged as necessary and appropriate to meet the individual needs of the child. The visitor is approved by the placing agency / guardian. Alpha House does require identification of visitors and driver's license to transport residents of Alpha House.
  11. Photographs may be taken by Alpha House staff of the resident for the purposes of creating a memory book, recording the residents activities and developmental milestones, and for marketing materials as long as the resident is not identified.
  12. Residents of Alpha House are required to be enrolled and attend school on a daily basis at an educational facility identified to meet the resident's specific educational need through the Dinwiddie Public School System. Alpha House agrees to coordinate with the Dinwiddie Public School System to arrange for student enrollment. Placing agencies or legal guardians are required to sign enrollment forms and withdrawal notification forms. Alpha House agrees to monitor school progress and maintain communication with the school and provide progress information to the placing agency. Students who require educational services not provided by Dinwiddie Public Schools shall have educational services coordinated by the placing agency who assumes financial responsibility



for the identified education services and transportation service to ensure the resident is enrolled and attends school daily.

Wherefore, the undersigned parties are in agreement that the services to be purchased from the provided by Alpha House are in the best interest of the child at this time. The undersigned also acknowledged that there are no promises, agreements of any kind whatsoever that exist other than this written agreement and that modification or changes thereon must be in writing and mutually executed by all parties who are signers to this agreement.

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Placing Agent

Date

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Alpha House

Date