

Alpha House II
3903 West Autumn Drive
Petersburg, Virginia 23803

www.preparingteenmoms.com

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 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

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: _____

Identify unsuccessful behavioral interventions: _____

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

What are the student's presenting problems?

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

Describe the current family situation.

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

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

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?

What significant risk factors does the applicant pose to others?

**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 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:

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 residents 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 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.

