



HOUSE *of* HOPE[®]

MARYLAND

Healing Teens • Restoring Families • Transforming Communities

DAY SCHOOL PROGRAM APPLICATION

Name: _____

Date of Birth: _____

Date of Application: _____

Please mail to:

House of Hope Maryland

PO Box 9464

Silver Spring, Maryland 20916

Attach Recent Picture Here:

Completed by House of Hope Maryland:

Date received: _____

\$100.00 Application Fee Received: _____

House of Hope Maryland Staff: _____

Before You Begin

Application cannot be processed without submission of Release of Information and non-refundable \$100 application fee. Release of Information can be found at www.houseofhopemaryland.org/admissions.

Mail completed application, Release of Information and non-refundable fee to House of Hope Maryland, PO Box 9464, Silver Spring, Maryland 20916.

A. Applicant Contact

Name of Person Completing Application Relationship to Teen Applicant

Email Address Phone Number How did you find out about House of Hope?

Have you had a telephone interview? Do you have further questions about House of Hope?

B. Teen’s Biographical Information

Full Legal Name Nickname(s) or Alias

Date of Birth Place of Birth Age Grade

Gender Marks/Scars Hair color Eye color

Height Weight Build Race/Cultural Heritage

Teen’s Home/Permanent Address, City, State, Zip

Teen’s Current Address (if different than above) Include current corrections, treatment, hospital, or other out of home placement

Spiritual/Religious Affiliation Primary/Secondary Language Special Diet

C. Guardianship Information

Are parents married? Yes / No Has teen experienced parental death? Yes / No

Is teen adopted? Yes / No Is there outside guardianship for teen? Yes / No

Teen’s Legal Custodian Teen’s Physical Custodian

Please elaborate on any answers above and teen’s current living situation or other relevant information

D. Parent/Guardian Biographical Information (include custodial/non-custodial, attach additional sheet if necessary)

(1) Relationship to Teen _____ Resides with teen? Yes / No

Full Name Age DOB Occupation

Address (if different than teen's)

Email Cell or Home phone Work phone

Please include any other relevant information regarding this relationship

(2) Relationship to Teen _____ Resides with teen? Yes / No

Full Name Age DOB Occupation

Address (if different than teen's)

Email Cell or Home phone Work phone

Please include any other relevant information regarding this relationship

E. Teen's Siblings (attach additional sheet if necessary)

(1) Name Age ^{Yes / No} Resides with teen? Relationship with teen

Any other relevant information regarding teen's sibling and their relationship

(2) Name Age ^{Yes / No} Resides with teen? Relationship with teen

Any other relevant information regarding teen's sibling and their relationship

F. Teen's Other Significant Relationships (attach additional sheet if necessary)

Name Age Positive influence to teen?

Relationship summary and significance to teen's life

G. School History

Name of School	Contact	Phone number	Fax number
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Address, City, State, Zip

Year(s) attended

Grade(s) Completed

Other relevant information regarding this school

H. School Services History

Teen has/had IEP or special services Yes / No

_____ If yes please elaborate (academic, behavioral, pull out service, etc.)

Teen is/has been expelled or suspended Yes / No

_____ If yes please elaborate

Briefly summarize teen's current and past academic patterns (grades, ability, behavior, strengths, weaknesses, etc.)

I. Placement or Treatment Services History (hospital, juvenile, treatment, residential, etc.)

Facility / Services Name

Facility / services Location (City / State)

Facility / Services Type (hospital, corrections, treatment, residential, etc.)

Facility / Services Phone Number

Reason for Placement / Services

Dates of Service

Briefly describe placement / services effectiveness or outcomes

J. Family / Child Services or Protective Services History (if none, skip this section)

Agency Name	County	Start and End Date
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Case Worker	Case Worker Phone
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Circumstance leading to involvement and involvement capacity

K. Court and Legal History (if none, skip this section)

Application referred or recommended by court? Yes / No _____
If yes, please elaborate

Parent / guardian involved in any legal action? Yes / No _____
If yes, please elaborate

Charges	Date of Charge	County and State	Verdict
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Circumstances leading to charges

Is teen currently on probation for these charges? Yes / No _____
If yes, please elaborate

Probation Officer / Case Worker	Phone Number
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L. Church History

Does family identify as Christian Yes / No _____
Please elaborate including any church / spiritual growth involvement

Home Church	Pastor's Name	Church City / State
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Does teen identify as Christian Yes / No _____
Please elaborate including any church / spiritual growth involvement

Any other relevant information regarding teen or family's church participation, beliefs or history

M. Medical Information (Include Physician, Psychologist / Psychiatrist, Counselor / Therapist; optional other)

Provider Type	Provider Name	Provider Phone
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Provider Practice	Provider Address, City, State, Zip
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Date of Last Service	Service needs or results
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N. Teen Health History

Statement of General Health (include anything significant including asthma, diabetes, allergies, frequent illness, etc.)

Please check all that apply regarding teen:

- | | |
|--|--|
| <input type="checkbox"/> Has been tested for STD | <input type="checkbox"/> Abuses, chemicals (drugs, alcohol, prescriptions) |
| <input type="checkbox"/> Has history of STD | <input type="checkbox"/> Is chemically dependent |
| <input type="checkbox"/> Currently has STD | <input type="checkbox"/> History of frequent illness |
| <input type="checkbox"/> Has history of sexual activity | <input type="checkbox"/> History of frequent injury |
| <input type="checkbox"/> Is sexually active | <input type="checkbox"/> Extreme changes in weight |
| <input type="checkbox"/> Has menstruated | <input type="checkbox"/> Self injurious behavior |
| <input type="checkbox"/> History of pregnancy, abortion and/or miscarriage | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Is currently pregnant | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Is possibly pregnant but uncertain | |

Note: House of Hope Maryland Day School Program is not licensed to take teens that are pregnant.

Note: House of Hope Maryland Day School Program is not a chemical dependency treatment facility.

O. Medication History (attach separate sheet if necessary)

Is teen currently on medication? Yes / No if yes please complete below

(1) Medication Name	Use	Dosage	Approximate start date
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Additional notes regarding this medication

(2) Medication Name	Use	Dosage	Approximate start date
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Additional notes regarding this medication

IF YES FOR ANY OF THE FOLLOWING QUESTIONS, PLEASE ELABORATE

P. Family Psychiatric History (not including teen)

Any mental health concerns for anyone in family, current or prior (not including the teen) Yes / No

Any alcohol/drug concerns for anyone in family, current or prior (not including the teen) Yes / No

Any history of suicide or attempts in family, current or prior (no including the teen) Yes / No

Any history of abusive behavior in family, current or prior (not including the teen) Yes / No

Please provide any additional information regarding relevant family psychiatric history

Q. Teen Behavioral History (current, suspected or prior) Teen's current, suspected or prior involvement in:

Self-harm or mutilation Yes / No _____

Suicidal attempt or gesture Yes / No _____

Alcohol use / abuse Yes / No _____

Illegal drug use / abuse Yes / No _____

Prescription / legal drug use / abuse Yes / No _____

Runaway or sneaking out Yes / No _____

Stealing or theft Yes / No _____

IF YES FOR ANY OF THE FOLLOWING QUESTIONS, PLEASE ELABORATE

Physically abusive (people or property) Yes / No _____

Victim of physical abuse Yes / No _____

Perpetrator of bullying Yes / No _____

Victim of bullying Yes / No _____

Weapons use or gang affiliation Yes / No _____

Verbally abusive Yes / No _____

Victim of verbal abuse Yes / No _____

Sexually active / acts out sexually Yes / No _____

Views pornography of sexts Yes / No _____

Victim of sexual abuse or rape Yes / No _____

Perpetrator of sexual abuse Yes / No _____

Involved in occult or satanic activity Yes / No _____

R. Circumstances Leading to Seeking Placement

Describe the general circumstances leading you to seek placement for your teen _____

Describe the nature of your teen’s relationship with her family _____

Describe the nature of your teen’s relationship with authority _____

Describe the nature of your teen’s relationship with peers _____

Describe the nature of your teen’s online activity _____

Describe any mental health concerns you have for your teen _____

Describe any safety and victimization concerns you have for your teen _____

Choose all that describe your teen’s behaviors:

- | | | |
|--|---|--|
| <input type="checkbox"/> anxiety | <input type="checkbox"/> aggressive | <input type="checkbox"/> hopeless |
| <input type="checkbox"/> depression | <input type="checkbox"/> defiant | <input type="checkbox"/> irritable / moody |
| <input type="checkbox"/> bullies or threatens | <input type="checkbox"/> impulsive | <input type="checkbox"/> panic attacks |
| <input type="checkbox"/> addictive behavior | <input type="checkbox"/> lies frequently | <input type="checkbox"/> sad |
| <input type="checkbox"/> disrespectful | <input type="checkbox"/> messy | <input type="checkbox"/> worries |
| <input type="checkbox"/> sick or injured often | <input type="checkbox"/> poor hygiene | <input type="checkbox"/> angry |
| <input type="checkbox"/> hallucinates | <input type="checkbox"/> obsessive | <input type="checkbox"/> bizarre behavior |
| <input type="checkbox"/> low self-esteem | <input type="checkbox"/> short attention span | <input type="checkbox"/> destructive |
| <input type="checkbox"/> eating concerns | <input type="checkbox"/> learning concerns | <input type="checkbox"/> hurts animals |
| <input type="checkbox"/> weight changes | <input type="checkbox"/> sets fires | <input type="checkbox"/> lazy |
| <input type="checkbox"/> sleep issues | <input type="checkbox"/> slow moving | <input type="checkbox"/> nightmares |
| <input type="checkbox"/> stomach aches | <input type="checkbox"/> withdrawn, shy | <input type="checkbox"/> phobias |
| <input type="checkbox"/> headaches | <input type="checkbox"/> bed wetting | <input type="checkbox"/> selfish |

Any comments concerning above: _____

S. Teen's Strengths and Assets

Does teen have a job? Yes / No

Does teen have driver's license or permit? Yes / No

Hobbies and Interests _____

Talents and Strengths _____

Extracurricular Activities _____

Future plans _____

Choose all that describe your teen:

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> athletic | <input type="checkbox"/> insightful | <input type="checkbox"/> cooperative |
| <input type="checkbox"/> accepts praise | <input type="checkbox"/> motivated | <input type="checkbox"/> friendly |
| <input type="checkbox"/> courteous | <input type="checkbox"/> funny | <input type="checkbox"/> honest |
| <input type="checkbox"/> good hygiene | <input type="checkbox"/> works hard | <input type="checkbox"/> responsible |
| <input type="checkbox"/> independent | <input type="checkbox"/> apologizes | <input type="checkbox"/> kind |
| <input type="checkbox"/> polite | <input type="checkbox"/> emotional | <input type="checkbox"/> organized |
| <input type="checkbox"/> affectionate | <input type="checkbox"/> leader | <input type="checkbox"/> focused |
| <input type="checkbox"/> dependable | <input type="checkbox"/> musical | |
| <input type="checkbox"/> helpful | <input type="checkbox"/> assertive | |

Any comments concerning above: _____

Parental Acknowledgement of Program Requirements

House of Hope Maryland Day School Program requires participation for both parents and teens in a variety of capacities in accordance with our policies. Please review the following program requirements and check each line to acknowledge you have read and have been informed of the following requirements regarding the House of Hope Maryland Day School Program. Specifics can be discussed at family interview or speaking to the Executive Director prior to admission.

Check the following after reading:

- House of Hope Maryland Day School Program requires a financial commitment in accordance with my income level.
- House of Hope Maryland Day School Program does not accept insurance to pay for services.
- Teens are enrolled in House of Hope Maryland Day School Program and use the Accelerated Christian Education curriculum, with the goal of integration back into school or graduation from House of Hope Maryland Day School Program.
- Teens and parents participate in spiritual growth, taught from a non-denominational, Christ-centered biblical perspective.
- Teens develop independent living skills and social / relational skills.
- Teens participate in weekly individual and group counseling at House of Hope Maryland Day School Program and will not have outside counseling.
- Parents commit to weekly counseling on site with our counselor and weekly parenting class.
- Parents and teens commit to completing assignments as part of the healing process.
- Teens are not allowed to use cell phones or social media to communicate with significant others / friends during school day and parents agree to support this condition.
- This is a voluntary placement program. It is a long term program, approximately 12 months utilizing a phase system through which staff determines to move students based on progress, consistency and commitment of both teens and parents. Program end is determined collaboratively by entire team.
- The goal of House of Hope Maryland Day School Program is to equip parents and teens to manage their lives and family more effectively through a solid foundational belief in the healing available to all through Jesus Christ and our family's program will center around this philosophy.

Application Submission:

This application has been completed to the best of my knowledge. I understand deliberately providing false information or deliberately omitting or hiding information, is grounds for denial or acceptance to or consideration for placement in House of Hope Maryland Day School Program.

Check the following after reading:

- I hereby request that House of Hope Maryland Day School Program consider providing services to my family and the teen named in this application. I understand that upon receipt and review of application, House of Hope Maryland Day School Program will make a determination whether to schedule a family interview.
- I understand application cannot be processed until I submit the Release of Information (details at beginning of the application).
- I understand application cannot be processed until I submit the non-refundable \$100.00 application fee (details at the beginning of the application).

Submitted by

Signature

Relationship to teen