



Application for Admission

Date Received: _____
Referred By: _____
Accepted/Denied: _____
Admit Date: _____

Resident Name: _____ Birth Date: _____ Age: _____ Grade: _____
First Middle Initial Last

Parents/Legal Guardian: _____

Phone#: _____

Address: _____

Email: _____

Correspond via email? Yes No

Correspond via text? Yes No

Emergency contact: _____ Phone #: _____

Faith/Religious Background (please describe):

INSURANCE INFORMATION*

Policy Holder Name: _____

Policy Holder DOB: _____ SS#: _____

Company: _____

Policy #: _____ Group #: _____

*Out of state residents **must** have private insurance. State Medicaid plans will not cover costs in the State of Kansas.

Primary Physician

Address: _____

Phone: _____

Primary Dentist

Address: _____

Phone: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Race: _____

Medical Information:

Please note that your child's medical, dental and/or mental health needs are NOT covered by Carpenter Place. Any such services will be billed to your insurance card by the provider. The parent/legal guardian is responsible for any accrued balances. Carpenter Place will make every effort to use in-network providers when possible, as well as attempt to obtain your approval on services prior to scheduling. In some cases, however, the Carpenter Place house parents and/or administrators MUST act in the best interest of the child and allow immediate access to these services.

Physical Health: _____ Allergies: _____

Current Medical Condition(s): _____

Current Medications: _____

_____ Sexual Orientation: _____

Are they working? _____ Want medications continued? _____

Asthma? _____ High BP? _____ Ear Infections? _____ Heart Disease? _____ Dental Problems? _____

Cancer? _____ Liver Disease? _____ TB? _____ Seizures? _____ Weight Gain/Loss? _____

Head Injury? _____ Hepatitis? _____ Diabetes? _____ Gastrointestinal Problems? _____

Kidney Problems? _____ Problems Sleeping? _____ General Pain? _____ Other? _____

If Accepted, a Copy of your Child's *Immunization Record* will be required

Educational Information:

Current Grade:

IEP? YES NO

Schools Attended: _____

*IEP accommodations may be reason for exclusion from our program based on our ability to meet the child's needs in our unique educational setting.

Is your child a "discipline problem"? Yes No Does your child enjoy school? Yes No

How are their grades currently? A's/B's C's/D's Failing Some Behind 1+ years Dropped Out

Current Interests, Hobbies: _____

Present Concerns:

Please use this space to describe, in detail, the current issues your family is experiencing: _____

Legal History/Criminal History: _____

_____ Any charges? Yes No

1. Suicidal thoughts? Yes No Any Attempts? Yes No
2. Homicidal thoughts? Yes No Violent Actions? Yes No
3. Self Harm (cutting, choking, etc.)? Yes No
4. Property Damage/Stealing? Yes No
5. Diagnosed with a Mental Health Disorder? Yes No

_____ _____
_____ _____

6. History of Physical or Emotional Abuse? Yes No
7. Runaway? Yes No
8. Substance Use/Abuse? Yes No
9. History of placement, juvenile detention or hospitalization?

If "Yes", please describe:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Family Expectations/Goals:

Things you HOPE will be achieved before returning home:

1. _____
2. _____
3. _____
4. _____

Estimated time in care at CP:

What will the family work on during this time and how?

1. _____
2. _____
3. _____

Family Expectation: While your child is in care, we feel the family needs to assess the home environment and make changes as necessary (possible recommendations by CP staff or therapist) to ensure the family environment is one that is supportive of the change made by the child and reflects the families willingness to invest and grow.

Is the child motivated to come to CP? Why?

0 2 4 6 8 10

Not at all Somewhat Very

Immediate Removal Plan:

Carpenter Place makes every effort to manage poor attitudes and behaviors successfully, however it is unfair to the other residents when these issues become too disruptive. Reasons for immediate removal include but are not limited to: running away, inappropriate physical contact with another resident, physical violence towards staff, or any other situation that we determine threatens the safety and integrity of the residents or the program. Please complete the next section with the full expectation of fulfilling it if we cannot be of help to your child or if your child refuses to accept our help and counsel.

Primary Contact: _____ Phone #: _____

Secondary Contact: _____ Phone #: _____

Immediate removal plans must be valid and able to be implemented within a timeframe reasonable to the continued effective functioning of Carpenter Place with a length not to exceed 24 hours. With that in mind...

Estimated time until removal: _____

Parent/Guardian Involvement:

We require parents/guardians of our residents to have a Program Plan Meeting once every 60 days while their daughter is in placement. These meetings will need to occur on campus at a time during our normal business hours Monday through Friday between 8:00 a.m. to 2:30 p.m. These meetings will be scheduled and coordinated by the Director of Campus Life.

Additionally, families may be asked to make changes to the home environment and/or adopt new methods of communication, behavior management and relational interaction. Families must be willing to accept instruction and guidance from CP staff and agree to implement suggested changes to give the resident their best chance at success upon transition home.

Parent/Guardian Signature

Date

Agreement:

I have read the above and completed this application truthfully, and to the best of my ability and understanding. I understand that Carpenter Place residential services is not therapy, nor a replacement for family therapy. I also understand that my child may not be a good fit for Carpenter Place, and that Carpenter Place does not guarantee the results I expect as a result of her participation. If my child is accepted into Carpenter Place, I agree to actively participate in family meetings, home passes (as deemed appropriate), and through regular and direct communication with Carpenter Place staff and administration. Furthermore, I agree that the immediate removal plan is valid, and agree to implement it immediately if my child has become unwilling or disruptive.

Parent/Guardian Signature

Date

Carpenter Place seeks to work with families regardless of their current financial situation...

Financial Information/Evaluation

I agree to payment of all costs associated with residential services provided by Carpenter Place at the full monthly rate of **\$ 1,800** due the first of each month. Costs will be prorated on the date my child is admitted into Carpenter Place services and understand my first payment will be due upon admission.

I understand and agree to pay any additional, non-residential costs that may arise during my child's stay at Carpenter Place, to include, but not be limited to medical, dental, and/or mental health services provided by Carpenter Place contracted sources. I understand Carpenter Place will attempt to secure my approval of any such charges in advance, however entrust these decisions to the Carpenter Place house parents and/or administrators on behalf of my child.

Furthermore, I understand I will be responsible for any costs associated with any specialized requests or instructions above what Carpenter Place would customarily furnish during their usual course of business (i.e. brand name clothing, special hygiene items, individual activities other residents do not participate in, etc.).

Financially Responsible Party (print) Signature Date

Carpenter Place Administrator Signature: _____ Date: _____

Complete the following section if you request consideration for charges to be **Reduced, Deferred** or **Waived** (circle one)

Employer: _____ Spouse's Employer: _____

Length of employment: _____ Length of employment: _____

Monthly Income (net): \$ _____ Monthly Income (net): \$ _____

Additional Income (source and monthly amount): _____

If your child receives any form of monthly assistance (child support, SSI, trust fund, etc.), whether directly or indirectly, please enter the monthly amount **HERE** (type and amount):

I certify all information provided is true, accurate and complete. I understand this constitutes a formal agreement of which I am responsible for all charges agreed to above. This agreement only applies to residential services provided by Carpenter Place, and I am fully responsible for any medical, dental, and/or mental health charges incurred.

Financially Responsible Party (print) Signature Date