Application Packet to Adolescent Group Home Program

Gateway Homes operates 24 hours a day, 7 days a week and is licensed by the Department of Behavioral Health and Developmental Services. Our Therapeutic Group Home provides a structured environment for male residents aged 14 to 17 who are facing behavioral and emotional challenges. Our dedicated staff assist residents in developing daily living skills, fostering a sense of responsibility, and promoting self-sufficiency. Residents will focus on socialization, education, vocational skills, and behavior management to achieve success in all areas of life

Exclusionary Criteria for this group home includes:

- Individuals diagnosed with an intellectual disability or developmental disability
- Individuals who are actively suicidal, psychotic, or homicidal
- Individuals who require inpatient, medically monitored detoxification services
- Individuals younger than age 14
- Individuals who require medical care beyond the capabilities of the program which could include daily nursing services, specialized medical/nursing procedures, specialized medical devices, specialized feeding services, etc.
- Individuals required to register on the Sex Offender registry or have not completed Sex Offender Treatment Programs
- Individuals convicted of violent crimes

Please provide the following when applicable:

- Custody order
- Current behavior treatment plan
- Educational records and most recent school transcripts / Current IEP
- Psychological (and/or other applicable testing)
- Medical records, including current insurance information
- Current physical (not older than 90 days or within the last 12 months if transferring from another state-licensed facility)
- Current dental exam, completed within the last 12 months
- Current Immunization record
- Progress notes and discharge summaries from past placements
- Legal history and involvement

The following will be used to determine eligibility:

- Application
- Criteria for admission
- Supporting documentation

Please upload any supporting documentation with the application. Any questions or assistance please email Amanda Tevis at Atevis@gatewayhomes.org or call 1-804-910-6735.

Application for Admission to Adolescent Group Home Program

All completed applications should be sent via encrypted email to the Director of Administration for Adolescent Programs

Application Date: _____ **Tour Date:** _____

Adolescent Name: _____
Last *First* *Middle*

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Social Security #:** _____

Gender Identity: _____

Ethnicity: *(Check one)*
☐ Black/African American
☐ Asian
☐ Hispanic
☐ Caucasian (White)
☐ Native American
☐ Other: _____

Age: _____ **Birthdate:** _____

Birthplace: _____ **Country:** _____
City/Town, State (*if not USA)*

Clinical Information

Current Diagnosis: _____

_____

_____

Current Medication: _____

_____

_____

Do you believe that you have behavioral health challenges and would benefit from treatment in a structured environment?

☐ Yes ☐ No

If yes, please describe the types of behavioral health challenges (e.g., the triggers for *episodes*, what staff can do to help you when you are having an *episode*, and what you can do to help cope with these *episodes)*:

_____

_____

_____

_____

Are you currently receiving mental health services through a Community Services Board or other provider? ☐ Yes ☐ No

If yes, please list the name and contact of each provider:

_____

_____

_____

_____

Psychiatric History:

A. Age of onset of illness/symptoms: _____

B. Number of State or Community Psychiatric Hospitalizations: _____

C. Please provide hospital name(s) and date(s) of past major psychiatric hospitalizations:

_____

_____

_____

_____

D. Please provide a brief outpatient treatment history:

_____

_____

_____

_____

_____

Please indicate applicable behavioral concerns, either now or in the past:

Food Behaviors	☐ Yes	☐ No
Physical Aggression	☐ Yes	☐ No
Elimination Behaviors	☐ Yes	☐ No
Inappropriate Sexual Behaviors	☐ Yes	☐ No
Unsafe Boundaries	☐ Yes	☐ No
Elopement	☐ Yes	☐ No
Fire Setting	☐ Yes	☐ No
Property Destruction	☐ Yes	☐ No

If you marked yes to any of the above, please provide an explanation of needed supports and current status:

_____

_____

_____

_____

_____

Have you ever attempted suicide? ☐ Yes ☐ No

If so, when and by what means?

_____

_____

_____

_____

_____

Have you ever engaged in self-harm behaviors? ☐ Yes ☐ No
(e.g., self-cutting, burning, headbanging, etc.)

If so, what types of behaviors, what triggers them, and what helps to stop them?

_____

_____

_____

_____

_____

Have you ever engaged in physical or verbal aggression toward others? ☐ Yes ☐ No

If so, please explain?

_____

_____

_____

_____

_____

List any history of substance use/misuse including the type of substance, amount, and date last used:

_____

_____

_____

_____

_____

List any current medical conditions and allergies (include ALL allergies) that you have:

_____

_____

_____

_____

_____

Immunizations / Vaccines Received (attach copy of immunization records):

Name	Yes	No	Partial	Comments
Diphtheria, Tetanus, & Pertussis (DTaP, DTP, or Tdap)	☐	☐	☐	
Hepatitis B	☐	☐	☐	
Human Papillomavirus (HPV)	☐	☐	☐	
Measles, Mumps, & Rubella (MMRP)	☐	☐	☐	
Polio	☐	☐	☐	
Varicella (Chickenpox)	☐	☐	☐	

List any operations or surgeries that you have had including dates:

_____

_____

_____

_____

Have you experienced any of the following?

a. Seizures ☐ Yes ☐ No

b. Fainting Spells ☐ Yes ☐ No

c. Head Injury ☐ Yes ☐ No

Daily Living

How long have you been at your current placement?

☐ Less than 1 month ☐ 6 months to 1 year
☐ 1 to 6 months ☐ More than 1 year

How many different places have you lived during the past year? _____

Please check all the activities you are able to complete independently (without assistance):

☐ Personal Hygiene ☐Meal Preparation ☐ Applying for & getting a job
☐ Medication Administration ☐ Housekeeping ☐ Applying for benefits / entitlements
☐ Managing Bank Account ☐ Transportation ☐ Personal Finance/Budgeting

Protection Needs

Which of the following protection needs do you need? (check all that apply)

☐ Protection from self-inflicted harm to self

☐ Protection from harm due to inability to care for self

☐ Protection from harm due to being in an unsafe or unstable environment

☐ Protection from harm due to physical, sexual, or emotional abuse by a parent or caregiver

☐ Protection from harm due to the behaviors of siblings or others who live in the home

☐ Other: (Please describe)

_____

Educational / Vocational / Social

What grade are you currently in? _____

Do you receive any special education service or an IEP? ☐ Yes ☐ No

If so, please briefly describe your accommodations:

_____

_____

How many times have you been suspended / expelled from school in the last year? _____
If applicable, please provide details regarding each suspension/expulsion:

What are your educational goals?

- ☐ Graduate High School, and (if applicable):
  - ☐ Attend college ☐ Attend a technical training program
- ☐ Earn a GED ☐ Drop out of high school as soon as possible ☐ I don't know

What are your favorite and least favorite classes in school?

List any past employment experiences and the dates of employment:

Please use this space to let the clinical team know any other information about you that you would like to share:

gateway
Mental Wellness. Lasting Change.
EQUAL HOUSING OPPORTUNITY

Legal Information

Have you ever incurred legal charges? ☐ Yes ☐ No

If so, please briefly describe and give dates charges incurred:

_____

_____

_____

_____

Have you ever physically assaulted someone? ☐ Yes ☐ No

If so, please describe past physical altercations, including dates, what started it, and the result:

_____

_____

_____

_____

Have you ever engaged in destruction of property ☐ Yes ☐ No

If so, please describe past incidents, including dates and the result:

_____

_____

_____

_____

Have you ever been accused of, charged with, or convicted of a sexual offense? ☐ Yes ☐ No

If so, please describe the nature of the offense and result:

_____

_____

_____

_____

Are you currently on probation? ☐ Yes ☐ No

If so, how long will you remain under supervision? _____

Probation / Parole Officer's Name: _____

Probation / Parole Officer's Phone: _____

Contact Information

Guardian Contact Name: _____

Contact's Phone Number: _____

Contact's Address: _____

City: _____ **State:** _____ **Zip:** _____

Benefit/Financial Information

Funding Source: _____

Contact Information: _____

I certify that the information provided within this application and its' attached documents is both complete and accurate.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____