



**MAIN PLACE YOUTH
TEEN CHALLENGE**

1111 N. Main St.
Kingman, KS 67068
(620) 532-2681 Phone (620) 532-3221 Fax
email: bryan@mainplaceyouth.org

APPLICATION FOR ADMISSION

Student Information:

Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ S.S.# _____
Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

Parent/Guardian Information:

If applicable, who has primary custody: _____

Name of mother: _____
(Stepfather if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____

Home telephone: _____
Work telephone: _____
Cell phone: _____
Fax number: _____
E-mail address: _____

Name of father: _____
(Stepmother if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____

Home telephone: _____
Work telephone: _____
Cell phone: _____
Fax number: _____
E-mail address: _____

Emergency Information (other than parent/guardian listed on page 1):

Name: _____ Relationship: _____
Home telephone: _____ Work telephone: _____
Cell phone: _____ Email address: _____

Family History:

Mother's Occupation: _____
Mother's Employer: _____
Stepfather's Occupation: _____
Stepfather's Employer: _____
Father's Occupation: _____
Father's Employer: _____
Stepmother's Occupation: _____
Stepmother's Employer: _____

List brothers and sisters:

Name	Relationship	Age	Live at home? Y or N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe fully and specifically the behavior(s) and reason(s) that lead you to want to place your daughter at Main Place Youth: (Use an additional sheet if necessary)

When did these activities start occurring? _____

Comment on any factors that may have influenced these problems with your child. Please be specific and frank: _____

If you have been divorced, please describe the dynamics that may have had an impact on your child:

If you have been divorced, please describe your daughter's relationship with her step family:

If you are married, what is the condition of your marriage? _____

Has she ever accused anyone or been accused herself of any type of abuse? _____

If yes, who, when and what was done about it: _____

Have either parent undergone any psychiatric treatment or psychological counseling?

If so, which parent(s) _____

Dates: _____

Diagnosis: _____

Treatment results: _____

Have any of your other children undergone any psychiatric treatment/psychological counseling?

If so, who? _____

Dates: _____

Diagnosis: _____

Treatment results: _____

Will she be restricted from communication or visitation with a family or step family member? _____

If so, please describe relevant particulars and provide the appropriate documentation: _____

In your opinion, is your daughter suicidal? _____

Describe any suicide threats or attempts (what happened and when): _____

If police or other authorities were involved, what was the result and include any reports or findings:

Has she ever self harmed? _____ yes _____ no If yes, please describe the circumstances in detail, the number of times it has happened, the date(s) it has occurred and include any police or hospital reports and/or necessary medical treatment that was required: (Use an additional sheet if necessary)

Has she ever affiliated herself with the occult or witchcraft? _____ yes _____ no

If yes, describe her activity and when it began: _____

In the last three years has there been any major transitions in her life such as a death of a close family member or friend, moving, puberty, or a major relationship breakup that was a significant crisis for her?

If yes, please explain: _____

List 3 or more goals you have pertaining to your daughter's treatment at Main Place Youth:

What are your plans for your daughter if she is dismissed or leaves Main Place Youth?

TREATMENT HISTORY

Please list any types of treatment that the applicant has been involved with including but not limited to previous programs, counselors/psychologists, psychiatrists, hospitalizations, etc.

Agency or Program: _____

Physician, Counselor or Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Diagnosis: _____

Type of Treatment (choose one):

In-patient

Out-patient

Rehab

Group Counseling

Individual Counseling

Residential Placement

Other: _____

Date and length of treatment: _____

Medications prescribed: _____

Treatment outcome: _____

Agency or Program: _____

Physician, Counselor or Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Diagnosis: _____

Type of Treatment (choose one):

In-patient

Out-patient

Rehab

Group Counseling

Individual Counseling

Residential Placement

Other: _____

Date and length of treatment: _____

Medications prescribed: _____

Treatment outcome: _____

(COPY THIS PAGE AS NEEDED)

STUDENT PROFILE

Please indicate all that apply with an O, M, or S for occasional, moderate, or severe.

Substance abuse: _____ Drugs _____ Alcohol _____ Tobacco _____ Pornography
_____ Other: _____

Please give some background on her substance abuse such as types/names and duration of usage:

Family conflicts with: _____ Mother _____ Father _____ Stepparent(s): _____
_____ Siblings: _____ _____ Grandparent(s): _____

Excessive attention seeking:

_____ Demands center of attention with: speech, dress, behavior, appearance
_____ Sexually seductive _____ Other: _____

Self-destructive: _____ Self harm (please indicate how) _____
_____ Suicide attempts _____ Suicide threats _____ Other: _____

Behavior problems:

_____ Loses temper, throws temper tantrums, or destructive
_____ Argumentative or refuses to comply with adult's requests
_____ Blames others, or circumstances for mistakes or misbehavior
_____ Deliberately annoys others _____ Often angry
_____ Manipulative or demanding _____ Resentful or spiteful
_____ Unforgiving or holds grudges _____ Proudful or feels invincible
_____ Sneaky, secretive, or walled off _____ Profanity

Depression: _____ Mild _____ Major _____ Long-term

Negative self-image:

_____ Expresses hopelessness, lack of future, no one loves or likes her
_____ No expectations of making friends
_____ Lack of self-worth or self identity

Attention deficit: _____ Inattentive _____ Hyper _____ Impulsive

Aggressive behavior: _____ Bullies, threatens, intimidates: verbally, physically, emotionally, or cyber
_____ Violates rights of others: (how/why) _____
_____ Fighting

Runs away:

_____ Incidental - short periods, stays with known friends
_____ Chronic - gone for long periods, associates with persons involved with deviant behavior

Reliability: _____ Not trustworthy _____ Steals or hides items

Student Profile Continued:

Please indicate all that apply with an O, M, or S for occasional, moderate, or severe.

Promiscuity: Infrequent, casual Long history Many different partners
 Same Sex Large age gap Other: _____
 Experimentation or close friendships with those who have same sex attractions

Has the applicant ever been pregnant before? If yes, what was the result of the pregnancy:

Does she or has she ever had any STD's or communicable diseases? If yes, please explain:

Is your daughter currently on birth control? Yes No

Abuse victim: Verbal, emotional, neglect, physical, sexual (molestation or rape)

Reliability: Not trustworthy Steals or hides items

Other (please describe): _____

Legal History:

Has your daughter ever been arrested or investigated by law enforcement or have a police record?
 If yes, please explain: _____

Is your daughter on probation? yes no
Probation officer's name: _____
Telephone: _____

Has the applicant or any other member of your family been involved/supervised by a social service agency such as Dept. of Children & Families? If yes, please explain:

Academic History:

School Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

Last grade completed: _____
Reading skills level: good average poor
Writing skills level: good average poor

Has she ever been expelled? If yes please explain: _____

Academic History Continued:

Does she have a learning disability of any kind, or has she been placed in any special education programs? If so, or if she is more than one grade behind in school, please explain what sort of problem and provide copies of school counseling reports or school psychological information you may have.

Does she have an educational or behavioral IEP or a 503 plan? _____ If yes, please explain:

What are you expectations regarding her grades: A's & B's, B's & C's, or C's & D's
Other: _____

Spiritual History:

In your understanding, what is a Christian? _____

Are you a Christian? _____ Why or why not? _____

Is there anyone who is not a Christian in your home? _____

Has your daughter been raised to be a Christian? _____

From your perspective, is your daughter a Christian?
Why do you feel this way about your daughter's faith? _____

Has your daughter previously been water baptized? _____

Name of the church you last regularly attended: _____

Address: _____

Phone number: _____

Name of the Pastor: _____ Denomination: _____

Any other major influences upon her spiritually be it a family member, teacher, pastor, or friend?

Name	Relationship	Age	Positive or Negative Impact
------	--------------	-----	-----------------------------

Medical History:

Does she have or has she had any of the following (please check all the at apply):

- Allergies: Please list all types (food, meds, animal, seasonal, etc.) _____
- Asthma or respiratory related issues: _____
- Digestive related issues: _____
- Auditory related issues: _____
- Visual related issues including glasses/contacts: _____
- Last eye appointment date and doctor's name: _____
- Dental related issues including braces: _____
- Last dental/ortho appointment date and doctor's name: _____
- Other: _____

Is she taking any prescriptions for anything? If so, please give details: _____

Is she taking any OTC medicines, vitamins, homeopathics, herbal medicines, or supplements?

Does your daughter have any physical limitations that would hinder her from participating in rigorous exercise or recreational activities? If yes, please explain:

Is the applicant currently undergoing medical treatment? If yes, please explain:

Is she on a special diet? If yes, was this prescribed by a doctor?
Doctor's name and phone number: _____
Reason: _____

Has she been diagnosed with an eating disorder, or treated for one by a physician? If yes:
Doctor's name and phone number: _____
Reason: _____

List all past surgeries or hospitalizations (include dates): _____

Please provide any other pertinent information: _____

MAIN PLACE YOUTH
Insurance Information (not usable for tuition payments)

Student's Full Name: _____

S.S.#: _____

D.O.B.: _____

Student's Current Address: _____

Person Providing Insurance: _____

Address: _____

D.O.B.: _____

S.S.#: _____

Name of Insurance Company: _____

Policy Number: _____

Physician's Name: _____

Billing Address for Insurance Company:

Telephone#: () _____

Insurance Coverage Includes: _____ Medical
 _____ Dental
 _____ Optometrist
 _____ Mental Health

IMPORTANT INFORMATION FOR PARENT/GUARDIAN:

Prior to enrollment: Please contact your Insurance Company (i.e. medical, dental, etc.) to establish Providers in the Kingman, KS area. For prescriptions, please call Kingman Drug at (620) 532-5113 with a Visa or M/C to set up an account. Main Place Youth will not be responsible for making these changes.

(COPY THIS PAGE IF NEEDED FOR MULTIPLE CARRIERS)