

The Fold

FAMILY MINISTRIES

P.O. Box 1188, Lyndonville, VT 05851

Telephone: 802-626-5620

Fax: 802-626-1176

RESIDENT APPLICATION

ADMISSION POLICY AND PROCEDURES:

Please read carefully, then complete this application and return it to the above address.

The applicant must be between the ages of 13 and 17.

Upon receipt of your application, we will review it and confirm that The Fold would be a viable placement for your teen. You will then be contacted as soon as possible by our Admissions Coordinator to set up an interview. At the interview, a decision will be made by Fold staff and communicated to the applicant, parent(s), and/or guardian(s) as to whether or not we would offer a placement opportunity.

Upon confirmation that the applicant is willing to enter The Fold, an intake date will be arranged (based on available space). Please note that placement will be subject to satisfactory agreements being arranged between the parent(s) and/or legal guardian(s) and The Fold, to include the following: legal (if court involvement), educational, medical, financial, and parent participation.

The Fold, Inc., admits into care any person who meets the admissions criteria.

**IMPORTANT: Incomplete applications will be returned and will delay processing.
An Application Fee of \$100.00 must accompany application.
A completed Confidential Financial Questionnaire must accompany application.**

PLEASE TYPE OR PRINT CLEARLY USING BLACK INK

Today's date _____

1. Applicant Name _____ Sex M F
Last First Middle

Address _____
Street City State Zip

2. Applicant's birthdate _____ Age _____ Nickname _____

Soc. Sec. # _____

U.S. Citizen YES NO

If no, explain:

3. Name of person filling out form _____ Relationship to applicant _____

Please
attach
recent photo
here

Parent and Household Information:

4. Parents in Household:

Father _____

Circle: **Biological** **Adoptive** **Step-parent**

Address _____

City *State* *Zip*

Home Telephone (____) _____

Cell (____) _____

Email _____

Occupation _____

Employer _____

Address _____

City *State* *Zip*

Work # (____) _____

Mother _____

Circle: **Biological** **Adoptive** **Step-parent**

City *State* *Zip*

(____) _____

(____) _____

City *State* *Zip*

(____) _____

5. Parent not in household (if any):

Circle: **Biological** **Adoptive** **Step-parent**

Name _____

Address _____

City *State* *Zip*

Employer _____

Work # (____) _____

6. Other adults living in the home:

Name(s) & Relationship to applicant:

7. Was this child adopted? **YES** **NO**

If yes, age adopted _____

Describe circumstances _____

8. Who is the child's legal guardian(s)?

Name(s) _____ **Relationship** _____

Address _____ **Phone #** (____) _____
(Be prepared to provide documentation if granted by court order.)

9. Nearest relative (not a parent) to contact in case of emergency:

Name _____

Home # (____) _____

Address _____

Work # (____) _____

Relationship: _____

10. Name and ages of other children in your current household: _____

Name and ages of other children NOT in your current household: _____

11. Does the applicant want help? YES NO Explain _____

12. Has child ever been placed outside the home? YES NO

Where? _____ How long? _____

Why? _____

13. Has this child participated in counseling? YES NO

If yes, # of sessions _____ from _____ to _____ (give dates)

Counselor name _____

Address _____

Phone # _____

* Please attach copies of summaries or evaluations. You may have to contact the counselor for this if you do not already have these documents.

14. Medical (Please check all that apply to the applicant.):

A. Currently on medication for medical conditions. Describe medication, dosage, and what is being treated: _____

B. Takes behavior medication. Describe medication, dosage, and for which behavior being treated: _____

C. Has physical problems or conditions that would hinder normal participation in general physical work and recreational activities at The Fold. Describe _____

D. Has food, animal, drug, or other allergies. Describe _____

E. Has chronic pain (e.g., headaches, cramps). Describe _____

F. Tested positive for HIV. Explain _____

G. Has all immunizations current. Date of most recent tetanus vaccination: _____

H. Height _____ Weight _____

I. Date of most recent dental checkup _____

J. Date of last medical physical exam _____

Name of physician _____ Phone # (____) _____

Complete address _____

15. A. Educational:

Is your teen currently in school? YES NO Last grade completed _____

Name of school _____

Address _____

If not in school, how are educational needs being met? _____

What type of school does your teen attend?

- Public Private Home school Residential

What is the class size?

- Large (more than 26) Medium (15-25) Small (less than 15)

Please list teen's current classes:

_____	_____
_____	_____
_____	_____
_____	_____

Check the kind of classes your teen attends:

- General lecture Honors/ Gifted and Talented Para Educator/ 1 on 1
 Resource Center/ Guidance Student Support Self-Paced/ Individualized

Does your teen have a learning disability YES NO Describe _____

Check the total number of different schools your teen has attended.

- 1-2 3-4 5-6 Other _____ Please explain: _____

IMPORTANT:

Please attach a copy of the following information to this application:

- A current IEP (individual education plan), if your teen has one
- Most recent state review report if your teen is home schooled
- A current report card if your teen is in 6-8th grade
- A High School transcript if your teen is in 9-12th grade

15. B.

TO BE COMPLETED BY THE TEEN:

What kind of student are you? Please check the box that describes you the best.

	Usually	Sometimes	Seldom
I like school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get easily distracted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I attend daily classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand written instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I love to read books.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely do homework assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My classmates don't like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I seldom read any books.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I follow teacher's instructions well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along with my teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hate school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do all my homework assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along with my classmates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School is easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm behind in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I skip my daily classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like my teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do what I'm told by my teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work well on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School work is hard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your favorite subject or school activity? _____

What would you like to do after finishing High School? _____

What do expect to gain by attending Cornerstone Christian School? _____

16. **Spiritual:**
- A. Has the applicant made a personal commitment to Jesus Christ? YES NO
- B. Is the applicant aware of The Fold's Christ-centered teaching, lifestyle, and counseling? YES NO
 If no, is the applicant willing to discuss these areas with Fold staff? YES NO
- C. Is the applicant willing to attend church? YES NO
- D. Have the parents made a personal commitment to Jesus Christ? YES NO
- E. If not, are they willing to consider Christian teachings and perspectives for their own lives? YES NO
- F. We attend church as a family YES NO How often? _____
 Church attending _____ How long? _____
 Address _____
 Pastor's name _____ Phone # (____) _____
- G. Does your church leadership know about the difficulties surrounding your child? YES NO
- H. Are you willing to give The Fold permission to contact the appropriate church leadership to discuss your circumstances? If yes, please fill out the Authorization of Release of Information form. If no, please explain:

- I. If you do not currently attend church regularly, are you open to doing so? YES NO
 If you do not have a "church home" are you willing for The Fold to assist you in locating a church to attend? YES NO

17. Behavioral Problems - to be completed by PARENT/GUARDIAN - check those that apply & provide a brief explanation for the checked behaviors.

Chronically lies _____

Use alcohol _____

Use drugs _____

Steal _____

Harm to property _____

Smoke _____

Fire setting _____

Temper Tantrums _____

Violent to others _____

Self-mutilation _____

Sexually Active (w/males or females?) _____

Cross-dressing behavior _____

Exhibited sexual identification issues and/or inappropriate sexual behavior (perpetration)

Runaway _____
How many times? _____ How long? _____ With others? _____
Where to? _____

Involvement with the occult _____

Weight problems _____

Involvement with police or legal system _____

Talked about or threatened suicide _____

Attempted suicide _____

Difficulty getting along with authority figures _____

History of abuse: Sexual, physical, emotional (specify victim or offender) _____

* On a separate sheet of paper, please give a brief behavioral history that provides as much detail as possible of the current situation and background information of the problems with your child.

18. To be completed by the TEEN applying for admittance into the program.

A.) Behavioral Problems - check those that apply to you and answer the questions below.

- Chronically lie
- Use alcohol
- Use drugs
- Steal
- Harm my property
- Harm others property
- Smoke
- Set fires
- Explode with anger
- Stuff my feelings
- Violent to others
- Harm myself when angry
- Sexually active with males
- Sexually active with females
- Cross-dress
- Feeling depressed
- Runaway
- Involvement with the occult
- Vomitting food
- Overeating
- Pornography (internet , phone or other media)
- Involvement with police or legal system
- Talked about or threatened suicide
- Attempted suicide
- Difficulty getting along with authority figures
- History of abuse: Sexual, physical, emotional (specify victim or offender)
- Have friends who are a bad influence

B.) How do you hope the Fold will be able to help you? _____

C.) What are some of your interests and hobbies? _____

D.) Teen Signature: _____ Date: _____

19. To be completed by the PARENT/ GUARDIAN

A.) Teen Strengths - check those that apply.

- Shows insight into his/her problems
- Creative
- Sense of humor
- Leadership potential
- Good health
- Works hard at tasks
- Energetic
- Intelligent
- Athletic
- Has a personal relationship with Jesus Christ
- Compassionate
- Expresses feelings/emotions
- Organized
- Shows remorse for bad behavior
- Honest
- Strong conscience
- Listens to others
- Accepts constructive criticism well
- Expresses thankfulness
- Has strong church support system
- Displays perseverance
- Displays Courage
- Has personal goals
- Connected to the family
- Likes himself/herself
- Responds to authority

B.) How do you hope The Fold will be able to help your child and family? _____

By signing this application, we agree to participate in the interview process and to provide all necessary information which may assist The Fold staff in this assessment interview.

* *I understand that I am not obligated to enter The Fold by participating in an interview.*

* _____ (Must be signed by teen.)
Signature of applicant (teen) Date

Parent(s) signature (if both parents or step-parent are in the home, both must sign).

Signature

Signature

Relationship to Applicant

Date

Relationship to Applicant

Date

ADMISSIONS DIAGNOSTIC TESTING

The Fold provides professional diagnostic assessments of behavioral problems and needs during the interview process. Counseling may also be included at this time. Therefore, it is essential that the parents and applicant participate in the interview process. In addition, there is an analysis of educational needs in order to assess potential entry level into The Fold's private school.

Have you included everything with this application?

- Application Fee of \$100.00 (Application will not be processed without this fee.)
- Completed application with signatures of applicant (teen) and parent(s)
- Detailed behavioral history
- Court documentation of guardianship (if you are a court-ordered legal guardian) if requested.
- Counseling summaries and/or evaluations
- Recent IEP (individual educational plan) if one exists for your teen
- Any other information that will help us make an adequate assessment of the information regarding your teen
- Authorization of Release of Information form for contacting church
- Immunization Record
- Completed Financial Questionnaire and copy of most recent Federal Tax Return
- Copy of current report card if your teen is in 6-8th grade
- Copy of High School transcript if your teen is in 9-12th grade

Revised 1/10

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AUTHORIZATION OF RELEASE OF INFORMATION

I/We, the undersigned, hereby grant permission to my/our church leadership to discuss my/our family situation with *The Fold Family Ministries*.

Signed: _____

Date: _____

Signed: _____

Date: _____

Pastor's Name: _____

Name of Church: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

**PLEASE SUBMIT ONE SIGNED COPY TO YOUR CHURCH
AND RETURN ONE SIGNED COPY WITH THE APPLICATION TO THE FOLD.**

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Confidential Financial Questionnaire

Part 1: Personal Information

Name: _____

Spouse: _____

Date of Birth: _____

Date of Birth: _____

Soc. Sec. #: _____

Soc. Sec. #: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Home Telephone: _____

Home Telephone: _____

Business Telephone: _____

Business Telephone: _____

Employer: _____

Employer: _____

Add. Employer: _____

Add. Employer: _____

Position: _____

Position: _____

Length of Employment: _____

Length of Employment: _____

Previous Employer (if less than two years):

Previous Employer (if less than two years):

Part 2: General Information

Attorney: _____

Accountant: _____

Part 3: Financial Information

ASSETS:

Cash: _____
Savings: _____
IRA: _____
Stocks/Bonds: _____
Primary Residence: _____
Automobiles: _____
Cash Value-Life Insurance: _____
Accts. Receivable: _____
Real Estate/Property: _____
Other Assets: _____

LIABILITIES:

Unsecured Loans: _____
Secured Loans: _____
Unpaid Income Taxes: _____
Credit Card Balances _____
Mortgage-Primary Residence: _____
Auto Loans: _____

Other Mortgages: _____
Other Liabilities: _____

Part 4: Income and Expenses

MONTHLY INCOME * Please attach your most recent Federal Tax Return (1040, etc.) *

Salary: _____ Spouse's Salary: _____
Bonuses & Commissions: _____ Bonuses and Commissions: _____
Dividends & Interest: _____ Dividends & Interest: _____
Real Estate Income: _____ Real Estate Income: _____
Alimony & Child Support: _____ Alimony & Child Support: _____

MONTHLY EXPENSES

Mortgage/Rent: _____
Real Estate Taxes: _____
Lease Payments: _____
Income Taxes (est.): _____
Insurance: _____
Credit Card Payments: _____
Alimony & Child Support: _____
Tuition: _____
Medical/Dental Expenses: _____
All Other Living Expenses: _____

Part 5: Possible Sources of Support

Personal: _____ Relatives: _____
Church: _____ Other: _____

All of the above information is true and correct to the best of my knowledge and no material information has been omitted. If a change occurs which materially reduces or increases my means or ability to support my commitment, I will immediately notify The Fold. Unless notified, The Fold is entitled to rely upon this information as true and accurate as of the date below. This confidential statement remains the property of The Fold, Inc.

Signature: _____ Spouse's Signature: _____

Date: _____