

# The Fold Family Ministries

PO Box 1188, Lyndonville, VT 05851 802-626-5620 Fax 802-626-1 176

## 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 time or to request missing information. 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.

## 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




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


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

11. The applicant wants help      YES      NO      Explain \_\_\_\_\_

12. Has child ever been placed outside the home?      YES      NO  
Where? \_\_\_\_\_ How long? \_\_\_\_\_  
Why? \_\_\_\_\_

 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.

13. Has this child participated in counseling?      YES      NO  
If yes, # of sessions \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
*date* *date*  
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 (including tetanus).

H. Height \_\_\_\_\_ Weight \_\_\_\_\_

I. Date of last medical physical exam \_\_\_\_\_

Name of physician \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Complete address \_\_\_\_\_

J. Date of most recent dental checkup \_\_\_\_\_

15. Educational:

A. Is child currently in school? YES NO Last grade completed \_\_\_\_\_

Name of school \_\_\_\_\_

Address \_\_\_\_\_

B. Child has a learning disability YES NO Describe \_\_\_\_\_

C. Child in special class due to behavioral problems. YES NO Describe \_\_\_\_\_

D. If not in school, how are educational needs being met? \_\_\_\_\_

 If your child has a current IEP (individual education plan), please attach a copy to this application.

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 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: YES NO**

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**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 and 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 often? \_\_\_\_\_ 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. Behavioral Problems – check those that apply to you and answer the questions below.**

**A) To be completed by the TEEN applying for admittance into the program.**

- \_\_\_\_\_ **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 or phone)**
- \_\_\_\_\_ **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. Teen Strengths – check those that apply**

**A) To be completed by the PARENT/GUARDIAN**

- \_\_\_\_\_ 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
- \_\_\_\_\_ Compassionate
- \_\_\_\_\_ 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
- \_\_\_\_\_ Sense of humor
- \_\_\_\_\_ Connected to the family
- \_\_\_\_\_ Likes himself/herself
- \_\_\_\_\_ Responds to authority


**B) How do you hope The Fold will be able to help your 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).*

_____	_____
<i>Signature</i>	<i>Signature</i>
_____	_____
<i>Relationship to Applicant</i> <i>Date</i>	<i>Relationship to Applicant</i> <i>Date</i>

### 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.

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

### Have you included everything with this application?

- 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 child.
- Any other information that will help us make an adequate assessment of the information regarding your child.

# *The Fold*

*FAMILY MINISTRIES*

## **AUTHORIZATION OF RELEASE OF INFORMATION**

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_