**Hope Harbor Application** 

#### QUESTIONS

RESPONSES

X

:

Section 1 of 12

# Hope Harbor Family Application

Application for Admission to Hope Harbor, a residential family reconciliation program

#### Email address \*

Valid email address

This form is collecting email addresses. Change settings

#### Best Phone Number:

Short answer text

#### Additional Contact Information:

Long answer text

After section 1 Continue to next section

Section 2 of 12

X :

\*

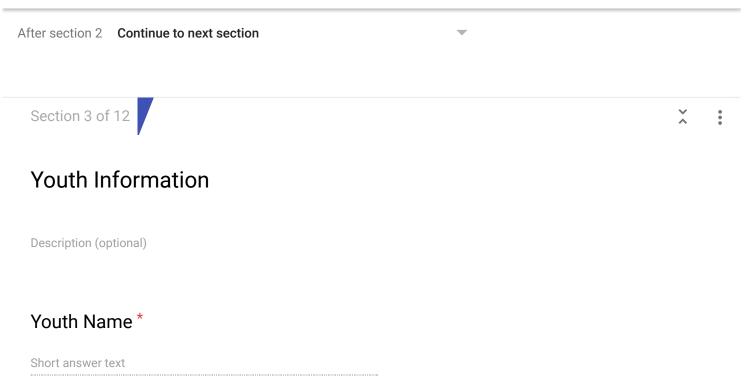
# Important Information Before Beginning

#### Can you answer yes to any of the following? \*

	Yes	No	Unsure
My child is currently suicidal			
My child has been suicidal within the last 24 hours			
My child is currently homicidal			
My child has attempted to harm or kill someone within the last 24 hours			
My child is actively in withdrawal from substances			
I am seeking immediate placement			

If you answered YES to any of the above, please STOP HERE. Your child may need inpatient treatment alternative services. Contact our admissions coordinator at 918-343-0003 x224 for more information before completing an application.

If you are able to answer NO to ALL of the above, please proceed with your application. If you are unsure if our program is right for you and your child, please contact our admissions office.



Youth's Date of Birth *	
Month, day, year	
Youth Gender *	
O Female	
O Male	
Youth's Home Address (City, State, Zip) *	
Short answer text	
After section 3 Continue to next section	
Section 4 of 12	* :
Parent/Guardian Information	
Description (optional)	
Are Parent(s)/Guardian(s) in agreement about placement? *	
◯ Yes	
O No	
Parent/Guardian Name *	

#### Parent/Guardian Date of Birth\*

Month, day, year

#### Parent/Guardian Home Address\*

Short answer text

#### Parent/Guardian Relationship Type\*

- Adoptive
- Biological
- 🔵 Guardian
- 🔵 Step
- Other...

#### Parent/Guardian #2 Name\*

Short answer text

#### Parent/Guardian #2 Date of Birth \*

Month, day, year

## Parent/Guardian #2 Relationship Type \*

Adoptive

0	Biological
0	Guardian
0	Step
$\bigcirc$	Other

#### Parent/Guardian #2 Home Address \*

Short answer text

#### Additional Household Information

Long answer text

After section 4 Continue to next section

Section 5 of 12

# **General Questions**

Description (optional)

Has your child ever resided outside of your home? \*

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:

🔵 Yes

🔵 No

Describe any history of out of home placements:

#### Why are you seeking placement? \*

Long answer text

## Describe your family's strengths:\*

Long answer text

## Describe your family's weaknesses: \*

Long answer text

#### Describe your child's strengths: \*

Long answer text

#### Describe your child's weaknesses: \*

Long answer text

#### Describe parent/guardian strengths: \*

Long answer text

#### Describe parent/guardian weaknesses: \*

Long answer text

What changes do want to make before your child returns home? \*

Long answer text

#### What changes do you want to see your child make before they return home? \*

Long answer text

# Have you applied at other facilities? \* Yes No Describe status of any other applications: Long answer text After section 5 Continue to next section Section 6 of 12 Family Timeline

In completing the following, please note any changes that have occured in each year of your child's life (moves, family changes, deaths/losses, births, schools attended, major events, successes, struggles, etc)

#### Birth - 3 years of age \*

Long answer text

4-6 years of age \*

# 7-9 years of age \*

Long answer text

#### 10-13 years of age

Long answer text

#### 14-17 years of age

Long answer text

After section 6 Continue to next section

Describe Health Problems:

Long	answer	text
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Dental Problems *
Yes
No
Describe Dental Problems
Long answer text
Vision Problems *
Yes
No
Describe Vision Problems
Long answer text
Hearing Problems *
Yes
No
Describe Hearing Problems
Long answer text

Developmental Delays (Were there delays in your child's walking, talking or other \* areas development?)

0	Yes
0	No
$\bigcirc$	Maybe

#### **Describe Developmental Delays**

Long answer text

# Current Medications (Please list name, dose, prescriber and purpose for each \* medication)

Long answer text		
After section 7 Continue to next section	•	
Section 8 of 12		* :
Mental Health		
Description (optional)		
Has your family participated in*		
	Yes	No
Indiviudal counseling (child)		
Indiviudal counseling (parent/guardian)		
Family counseling		

Inpatient treatment/hospitalization (child)		
Inpatient treatment/hospitalization (parent/guardian)		
Please describe any items marked "Yes" above:		
Long answer text		
After section 8 Continue to next section	~	
Section 9 of 12		× •• •
School Information		
Description (optional)		
Description (optional) Current School *		
Current School *		
Current School *		
Current School * Short answer text		

# Current Grade \*

Short answer text

# IEP/504 Plan\*

Yes

) No

#### Describe IEP/504

Short answer text

# School relationships \*

	Positive	Negative	Other
Parent's relationship with school staff	$\bigcirc$	$\bigcirc$	$\bigcirc$
Child's relationship with school staff	$\bigcirc$	$\bigcirc$	$\bigcirc$
Child's relationship with peers	$\bigcirc$	$\bigcirc$	$\bigcirc$

#### Describe each of the above relationships

Long answer text

Has your child ever been suspended or expelled? \*

) Yes

🔵 No

#### If yes explain:

Long answer text

Please describe any other school problems or concerns:

After section 9 Continue to next section

Section 10 of 12

X :

# **Child Behaviors**

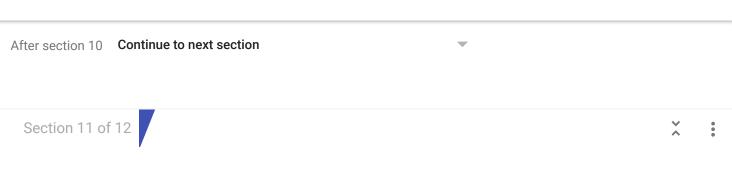
Description (optional)

Please mark yes or no for each item- If yes, mark if a current problem and \* describe below

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	Yes	No	Current
Tantrums			
Property Destruction			
Harm to Adults			
Harm to Animals			
Firesetting			
Toileting difficulties/bedwetting			
Suicidal thoughts			
Self-Harm			
Suicide Attempt			
Homicidal thoughts or threats			
Homicide Attempt			

Sexually active		
Sexual offender		
Runaway		
Legal system involvement		
Stealing		
Internet Addiction		
Hallucinations		
Delusions		
Stealing		
Defiance		
Please describe any items marked yes ab frequency, duration, intensity and date of t		*
Long answer text		



# Other Agency Involvement

Please note any current or historical involvement with other agencies

#### OJA\*

Νο
OJA worker name and contact information
Short answer text
Open OJA Case
Yes
O No
O Other
DHS *
Yes
O No
DHS worker name and contact information
Short answer text
Open DHS Case
Yes
O No
O Other

After section 11 Continue to next section

Section 12 of 12

# Family Commitments

Description (optional)

# Do you understand and commit to the following? \*

	Yes	No	Unsure
Hope Harbor is a whole-family program. While the child lives with us and works through the Growing in Character program, the family also works through our Intentional Hope program and is actively involved in pursuing family reconciliation. This involves a significant commitment of time and energy from the entire family.			
Success at Hope Harbor depends on both the child and the family making changes to break old patterns and create a new and healthy life together.			
The Hope Harbor program requires a minimum commitment of 9.5 months, and may take up to 2 years to complete. Children and their families who do not complete the program do not reap the full benefit.			
Hope Harbor does not take the place of the parent(s)/guardian(s). Parent(s)/Guardian(s) remain accessible to Hope Harbor staff at all times, attend to all medical needs, send mail and make phone calls weekly, and participate in monthly pass time and family counseling.			
The goal of Hope Harbor is family reconciliation. This means the primary plan is for the child to return to the family home after completing our program. If there is any change to this plan, it should be discussed with Hope Harbor staff.			

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Comments

# What else would you like us to know about your family?

Long answer text

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