

# Hope Harbor Application

QUESTIONS

RESPONSES

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



## Important Information Before Beginning

Description (optional)

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

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

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.

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After section 2 **Continue to next section** ▼

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Section 3 of 12



## Youth Information

Description (optional)

**Youth Name** \*

Short answer text

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## Youth's Date of Birth \*

Month, day, year



## Youth Gender \*

Female

Male

## Youth's Home Address (City, State, Zip) \*

Short answer text

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After section 3 **Continue to next section** ▼

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Section 4 of 12



## Parent/Guardian Information

Description (optional)

### Are Parent(s)/Guardian(s) in agreement about placement? \*

Yes

No

### Parent/Guardian Name \*

Short answer text

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Parent/Guardian Date of Birth \*

Month, day, year



Parent/Guardian Home Address \*

Short answer text

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Parent/Guardian Relationship Type \*

Adoptive

Biological

Guardian

Step

Other...

Parent/Guardian #2 Name \*

Short answer text

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Parent/Guardian #2 Date of Birth \*

Month, day, year



Parent/Guardian #2 Relationship Type \*

Adoptive

- Biological
- Guardian
- Step
- Other...

## Parent/Guardian #2 Home Address \*

Short answer text

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## Additional Household Information

Long answer text

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After section 4 **Continue to next section** ▼

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Section 5 of 12



## General Questions

Description (optional)

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

- Yes
- No

Describe any history of out of home placements:

Long answer text

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

Long answer text

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**Describe your family's strengths: \***

Long answer text

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**Describe your family's weaknesses: \***

Long answer text

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

Long answer text

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

Long answer text

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

Long answer text

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

Long answer text

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What changes do you 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

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After section 5 [Continue to next section](#) ▼

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Section 6 of 12



## Family Timeline

In completing the following, please note any changes that have occurred 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 \*

Long answer text

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7-9 years of age\*

Long answer text

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10-13 years of age

Long answer text

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14-17 years of age

Long answer text

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After section 6 **Continue to next section** ▼

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Section 7 of 12



## Medical History

Description (optional)

Health Problems\*

Yes

No

Describe Health Problems:



Long answer text

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### Dental Problems \*

Yes

No

### Describe Dental Problems

Long answer text

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### Vision Problems \*

Yes

No

### Describe Vision Problems

Long answer text

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### Hearing Problems \*

Yes

No

### Describe Hearing Problems

Long answer text

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

Yes

No

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
Individual counseling (child)	<input type="checkbox"/>	<input type="checkbox"/>
Individual counseling (parent/guardian)	<input type="checkbox"/>	<input type="checkbox"/>
Family counseling	<input type="checkbox"/>	<input type="checkbox"/>

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)

**Current School \***

Short answer text

**Registrar Name and Contact Information: \***

Long answer text

**Current Grade \***

Short answer text

**IEP/504 Plan \***

—

Yes

No

## Describe IEP/504

Short answer text

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## School relationships \*

	Positive	Negative	Other
Parent's relationship with school staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child's relationship with school staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child's relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Describe each of the above relationships

Long answer text

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## Has your child ever been suspended or expelled? \*

Yes

No

## If yes explain:

Long answer text

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Please describe any other school problems or concerns:

## Child Behaviors

Description (optional)

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

\*

	Yes	No	Current
Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm to Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm to Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firesetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting difficulties/bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homicidal thoughts or threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homicide Attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sexually active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual offender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal system involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defiance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any items marked yes above- include information about frequency, duration, intensity and date of the most recent challenge. \*

Long answer text

After section 10 Continue to next section

Section 11 of 12



## Other Agency Involvement

Please note any current or historical involvement with other agencies

OJA \*

Yes

No

## OJA worker name and contact information

Short answer text

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## Open OJA Case

Yes

No

Other...

## DHS \*

Yes

No

## DHS worker name and contact information

Short answer text

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## Open DHS Case

Yes

No

Other...

## 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments



Long answer text

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

Long answer text

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