



Restoring hope. Transforming lives.

Hope Harbor Family Application

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

Email address:

Best Phone Number:

Additional Contact Information:

## Important Information Before Beginning

Can you answer yes to any of the following?

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 Information

Youth Name \*

Youth's Date of Birth \*

Youth Gender \*

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

## Parent/Guardian Information

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

Parent/Guardian Name \*

Parent/Guardian Date of Birth \*

Parent/Guardian Home Address \*

Parent/Guardian Relationship Type

Adoptive

Biological

Guardian

Step

Other

Parent/Guardian #2 Name \*

Parent/Guardian #2 Date of Birth \*

Parent/Guardian #2 Relationship Type \*

Adoptive

Biological

Guardian

Step

Other

Parent/Guardian #2 Home Address: \*

Additional Household Information:

## General Questions

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

Describe any history of out of home placements:

Why are you seeking placement? \*

Describe your family's strengths: \*

Describe your family's weaknesses: \*

Describe your child's strengths: \*

Describe your child's weaknesses: \*

Describe parent/guardian strengths: \*

Describe parent/guardian weaknesses: \*

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

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

Have you applied at other facilities? \*

Describe status of any other applications:

## 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 \*

4-6 years of age \*

7-9 years of age \*

10-13 years of age

14-17 years of age

## Medical History

Health Problems \*                      Yes      No

Describe Health Problems:

Dental Problems \*                      Yes      No

Describe Dental Problems

Vision Problems \*                      Yes      No

Describe Vision Problems

Hearing Problems \*                      Yes      No

Describe Hearing Problems

Developmental Delays\*                      Yes      No      Maybe

Describe Developmental Delays

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

## Mental Health

Has your family participated in...\*

Individual counseling (child)	Yes	No
Individual counseling (parent/guardian)	Yes	No
Family counseling	Yes	No
Inpatient treatment/hospitalization (child)	Yes	No
Inpatient treatment/hospitalization (parent/guardian)	Yes	No

Please describe any items marked "Yes" above:

## School Information

Current School \*

Registrar Name and Contact Information: \*

Current Grade \*

IEP/504 Plan \* Yes No

Describe IEP/504

Parent's relationship with school staff

Child's relationship with school staff

Child's relationship with peers

Describe each of the above relationships:

Has your child ever been suspended or expelled? \* Yes No

If yes explain:

Please describe any other school problems or concerns:

## Child Behaviors\*

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

BEHAVIOR	YES	NO	CURRENT
Tantrums			
Property Destruction			
Harm to Adults			
Harm to Animals			
Firesetting			
Toileting			



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.

Yes

No

Unsure

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.

Yes

No

Unsure

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.

Yes

No

Unsure

Comments:

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

*Thank You*

Please see our website for additional instructions and next steps.

You may submit this application by email to [admissions@hopeharborinc.org](mailto:admissions@hopeharborinc.org), by fax to 918-343-0125, or by mail to PO Box 1047; Claremore, OK 74019