



RESIDENTIAL
PROGRAM
APPLICATION

Name: _____

Date of Birth: _____

Date of Application: _____

Please mail to preferred placement location:

Hope Harbor
P.O. Box 26
Marshall, MN 56258

Hope Harbor
PO Box 353
Winona, MN 55987

Or fax:

Marshall Location
(507) 929-4673

Winona Location
(507) 474 6415

Or email:

Marshall Location
office@hopeharbormn.org

Winona Location
winona@hopeharbormn.org

Attach Recent Picture Here:

Completed by Hope Harbor:

Date Received: _____
\$150 Application Fee Received: _____

D. Parent/Guardian Biographical Information (include custodial/non custodial, attach additional sheet if necessary)

(1) Relationship to Teen _____ Resides with teen? Yes / No

Full Name Age DOB Occupation

Address (if different than teen's)

Email Cell or Home Phone Work Phone

Please include any other relevant information regarding this relationship

(2) Relationship to Teen _____ Resides with teen? Yes / No

Full Name Age DOB Occupation

Address (if different than teen's)

Email Cell or Home Phone Work Phone

Please include any other relevant information regarding this relationship

E. Teen's Siblings (attach additional sheet if necessary)

(1) Name Age Yes / No
Resides with teen? Relationship with teen

Any other relevant information regarding teen's sibling and their relationship

(2) Name Age Yes / No
Resides with teen? Relationship with teen

Any other relevant information regarding teen's sibling and their relationship

F. Teen's Other Significant Relationships (attach additional sheet if necessary)

Name Age Positive influence to teen?

Relationship summary and significance to teen's life

G. School History (begin with most recent)

Name of School	Contact	Phone Number	Fax Number
Address, City, State, Zip			
Year(s) Attended		Grade(s) Completed	
Other relevant information regarding this school			

H. School Services History

Teen has/had IEP or special services Yes / No _____
If yes please elaborate (academic, behavioral, pull out service, etc.)

Teen is/has been expelled or suspended Yes / No _____
If yes please elaborate

Briefly summarize teen’s current and past academic patterns (grades, ability, behavior, strengths, weaknesses, etc.)

I. Placement or Treatment Services History (hospital, juvenile, treatment, residential, etc.)

Facility/Services Name	Facility/Services Location (City/State)
Facility/Services Type (hospital, corrections, treatment, residential, etc.)	Facility/Services Phone Number
Reason for Placement/Services	Dates of Service

Briefly describe placement/services effectiveness or outcomes

J. Family/Child Services or Protective Services History (if none, skip this section)

Agency Name	County	Start and End Date
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Case Worker	Case Worker Phone
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Circumstance leading to involvement and involvement capacity

K. Court and Legal History (if none, skip this section)

Application referred or recommended by court? Yes / No _____
If yes please elaborate

Parent/guardian involved in any legal action? Yes / No _____
If yes please elaborate

Charges	Date of Charge	County and State	Verdict
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Circumstances leading to charges

Is teen currently on probation for these charges? Yes / No _____
If yes please elaborate

Probation Officer/Case Worker Name	Phone Number
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L. Church History

Does family identify at Christian Yes / No _____
Please elaborate including any church/spiritual growth involvement

Home Church	Pastor's Name	Church City/State
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Does teen identify at Christian Yes / No _____
Please elaborate including any church/spiritual growth involvement

Any other relevant information regarding teen or family's church participation, beliefs, or history

M. Medical Information (Include Physician, Psychologist/Psychiatrist, Counselor/Therapist; optional other)

Provider Type	Provider Name	Provider Phone
Provider Practice	Provider Address, City, State, Zip	
Date of Last Service	Service needs or results	

N. Teen Health History

Statement of General Health (include anything significant including asthma, diabetes, allergies, frequent illness, etc)

Please check all that apply regarding teen:

- has been tested for STD
- has history of STD
- currently has STD
- has history of sexual activity
- is sexually active
- has menstruated
- history of pregnancy, abortion, and/or miscarriage
- is currently pregnant
- is possibly pregnant but uncertain
- abuses chemicals (drugs, alcohol, prescriptions)
- is chemically dependent
- history of frequent illness
- history of frequent injury
- extreme changes in weight
- self injurious behavior
- other (explain below)
- none of the above

Note: Hope Harbor is not licensed to intake residents that are pregnant. We will require confirmation that teen is not pregnant before intake. Residents found to be pregnant after intake will be dismissed due to licensing policies.

Note: Hope Harbor is not a chemical dependency treatment facility. Teens who are or may be chemically dependent will be screened and outsourced for further testing. If outside assessment finds teen is chemically dependent, 30 day outpatient will be required before Hope Harbor programming can continue.

Is teen currently on medication? Yes / No *if yes please continue below*

O. Medication History (attach separate sheet if necessary)

(1) Med Name	Use	Dosage	Start Date approximate
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Additional notes regarding this medication

(2) Med Name	Use	Dosage	Start Date approximate
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Additional notes regarding this medication

P. Family Psychiatric History (not including teen)

Any mental health concerns for anyone in family, current or prior (not including the teen)? Yes / No *If yes please elaborate*

Any alcohol/drug concerns for anyone in family, current or prior (not including the teen)? Yes / No *If yes please elaborate*

Any history of suicide or attempts in family, current or prior (not including the teen)? Yes / No *If yes please elaborate*

Any history of abusive behavior in family, current or prior (not including the teen)? Yes / No *If yes please elaborate*

Please provide any additional information regarding relevant family psychiatric history

Q. Teen Behavioral History (current, suspected, or prior) Teen's *current, suspected, or prior involvement in:*

Self-harm or mutilation Yes / No *If yes please elaborate* _____

Suicidal attempt or gesture Yes / No *If yes please elaborate* _____

Alcohol use/abuse Yes / No *If yes please elaborate* _____

Illegal drug use/abuse Yes / No *If yes please elaborate* _____

Prescription/legal drug use/abuse Yes / No *If yes please elaborate* _____

Runaway or sneaking out Yes / No *If yes please elaborate* _____

Stealing or theft Yes / No *If yes please elaborate* _____

Physically abusive (people or property) Yes / No *If yes please elaborate* _____

Victim of physical abuse Yes / No *If yes please elaborate* _____

Perpetrator of bullying Yes / No *If yes please elaborate* _____

Victim of bullying Yes / No *If yes please elaborate* _____

Weapons use or gang affiliation Yes / No *If yes please elaborate* _____

Verbally abusive Yes / No *If yes please elaborate* _____

Victim of verbal abuse Yes / No *If yes please elaborate* _____

Sexually active/acts out sexually Yes / No *If yes please elaborate* _____

Views pornography or sexts Yes / No *If yes please elaborate* _____

Victim of sexual abuse or rape Yes / No *If yes please elaborate* _____

Perpetrator of sexual abuse Yes / No *If yes please elaborate* _____

Involved in occult or satanic activity Yes / No *If yes please elaborate* _____

R. Circumstances Leading to Seeking Placement

Describe the general circumstances leading you to seek placement for your teen _____

Describe the nature of your teen's relationship with her family _____

Describe the nature of your teen's relationship with authority _____

Describe the nature of your teen's relationship with peers _____

Describe the nature of your teen's online activity _____

Describe any mental health concerns you have for your teen _____

Describe any safety and victimization concerns you have for your teen _____

Choose all that describe your teen's behaviors

- | | | |
|---|--|--|
| <input type="radio"/> anxiety | <input type="radio"/> aggressive | <input type="radio"/> hopeless |
| <input type="radio"/> depression | <input type="radio"/> defiant | <input type="radio"/> irritable/moody |
| <input type="radio"/> bullies or threatens | <input type="radio"/> impulsive | <input type="radio"/> panic attacks |
| <input type="radio"/> addictive behavior | <input type="radio"/> lies frequently | <input type="radio"/> sad |
| <input type="radio"/> disrespectful | <input type="radio"/> messy | <input type="radio"/> worries |
| <input type="radio"/> sick or injured often | <input type="radio"/> poor hygiene | <input type="radio"/> angry |
| <input type="radio"/> hallucinates | <input type="radio"/> obsessive | <input type="radio"/> bizarre behavior |
| <input type="radio"/> low self esteem | <input type="radio"/> short attention span | <input type="radio"/> destructive |
| <input type="radio"/> eating concerns | <input type="radio"/> learning concerns | <input type="radio"/> hurts animals |
| <input type="radio"/> weight changes | <input type="radio"/> sets fires | <input type="radio"/> lazy |
| <input type="radio"/> sleep issues | <input type="radio"/> slow moving | <input type="radio"/> nightmares |
| <input type="radio"/> stomach aches | <input type="radio"/> withdrawn, shy | <input type="radio"/> phobias |
| <input type="radio"/> headaches | <input type="radio"/> bed wetting | <input type="radio"/> selfish |

Comments on any of the above _____

S. Teen's Strengths and Assets

Does teen have a job? Y / N

Does teen have driver's license or permit? Y / N

Hobbies and Interests _____

Talents and Strengths _____

Extracurricular Activities _____

Future Plans _____

Choose all that describe your teen:

- | | | |
|--------------------------------------|----------------------------------|-----------------------------------|
| <input type="radio"/> athletic | <input type="radio"/> insightful | <input type="radio"/> cooperative |
| <input type="radio"/> accepts praise | <input type="radio"/> motivated | <input type="radio"/> friendly |
| <input type="radio"/> courteous | <input type="radio"/> funny | <input type="radio"/> honest |
| <input type="radio"/> good hygiene | <input type="radio"/> works hard | <input type="radio"/> responsible |
| <input type="radio"/> independent | <input type="radio"/> apologizes | <input type="radio"/> kind |
| <input type="radio"/> polite | <input type="radio"/> emotional | <input type="radio"/> organized |
| <input type="radio"/> affectionate | <input type="radio"/> leader | <input type="radio"/> focused |
| <input type="radio"/> dependable | <input type="radio"/> musical | |
| <input type="radio"/> helpful | <input type="radio"/> assertive | |

Comments on any of the above

Parental Acknowledgement of Program Requirements

Hope Harbor requires participation for both parents and residents in a variety of capacities in accordance with our policies. Please review the follow program requirements and **check each line to acknowledge you have read** and have been informed of the following requirement regarding the Hope Harbor program. Specifics can be discussed at family interview or by speaking with Program Coordinator or Director prior to placement decision.

Check the following after reading:

- Hope Harbor requires a financial commitment in accordance with my income level.
- Hope Harbor does not accept insurance to pay for services.
- Residents are enrolled in Hope Academy and use Accelerated Christian Education, with goal of integration back into school or graduation from Hope Academy.
- Parents are responsible for a one-time registration fee of \$200 (paid upon program intake) for required accreditation enrollment in Lighthouse Christian Academy for all students at Hope Harbor schools.
- Residents and parents participate in spiritual growth, taught from an interdenominational Christian, Christ-centered, biblical perspective.
- Residents develop independent living skills and social/relational skills, and earn school credit for Phy Ed and FACS.

- Residents participate in weekly individual and group biblical counseling at Hope Harbor and will not have outside counsel, except medication review by a doctor.
- Parents commit to bi-weekly biblical counseling on site with our counselor and weekly parenting class, both held on Fridays in Marshall.
- Parents and residents commit to completing assignments and to weekly letters, phone calls, and visits/passes as part of the healing process.
- Residents are not allowed cell phones, social media, or communication with significant others/friends during program enrollment and parents agree to support this condition.
- Residents do not participate in outside interests including work, family trips, extracurricular activities, etc during enrollment.
- This is a voluntary placement program. It is not a lockdown or takedown facility. It is a long term program, approximately 12 months, consisting of five phases through which staff determines to move residents based on progress, consistency, and commitment of both residents and parents. Program end is determined collaboratively by entire team.
- The goal of the Hope Harbor ministry is to equip parents and teens to manage their lives and family more effectively through a solid foundational belief in the healing available to all through Jesus Christ, and my family's program will center around this philosophy.

Application Submission

This application has been completed to the best of my knowledge. I understand that deliberately providing false information, or deliberately omitting or hiding information, is grounds for denial of acceptance to or consideration for placement in the Hope Harbor program.

Check the following after reading:

- I hereby request that Hope Harbor consider providing services to my family and the teen named in this application. I understand that upon receipt and review of application, Hope Harbor will make a determination whether to schedule a family interview.
- I understand application cannot be processed until I submit the Release of Information (details at top of this application).
- I understand application cannot be processed until I submit the \$150 application fee (details at top of application).

Submitted By

Signature

Relationship to Teen