



## Application Packet Hope Rising Youth Residential

Hope Rising Youth Residential operates 24/7 and is licensed by the Virginia Department of Behavioral Health and Developmental Services (DBHDS). Our Therapeutic Group Home offers a safe, structured, and nurturing environment for female youth ages **10–17** facing emotional, behavioral, and mental health challenges.

We serve residents who may experience difficulties such as emotional dysregulation, trauma-related behaviors, oppositional behaviors, anxiety, depression, and challenges with impulse control or interpersonal relationships. Our program emphasizes measurable progress in emotional regulation, behavioral stability, school engagement, and independent living skills. Residents receive therapeutic support through coordinated care with licensed mental health professionals, structured behavioral interventions, and individualized service planning.

Hope Rising utilizes a trauma-informed, strengths-based approach that emphasizes safety, consistency, and individualized care. Staff are trained in trauma-informed care, behavior de-escalation, and best practices in youth development.

### **Exclusionary Criteria for this group home include:**

- Individuals whose cognitive or adaptive functioning requires service beyond the scope of the Therapeutic Group home
- Individuals who require medical care beyond the program's capabilities, which may include daily nursing services, specialized medical/nursing procedures, specialized medical devices, or specialized feeding services, among others
- Individuals who are currently actively suicidal, psychotic, or homicidal
- Individuals who require inpatient, medically monitored detoxification services
- Individuals younger than age 10
- Individuals with a history of violent offenses that pose a safety risk beyond the capacity of the program
- Individuals requiring continuous 1:1 staffing

### **Please provide the following when applicable:**

- Current behavior treatment plan
- Educational records and most recent school transcripts / Current IEP
- Psychological (and/or other applicable testing)
- Medical records
- Current physical (not older than 90 days or within the last 12 months if transferring from another state-licensed facility)
- Current dental exam, completed within the last 12 months
- Current Immunization record
- Progress notes and discharge summaries from past placements
- Legal history and involvement
- Current insurance information (if available)

### **The following will be used to determine eligibility:**

- Completed Application
- Admissions criteria





## Application Packet Hope Rising Youth Residential

- Review of supporting documentation

All completed applications should be sent via encrypted email.

**Application Date:** \_\_\_\_\_

### PERSONAL INFORMATION

**Adolescent Name:** \_\_\_\_\_  
Last First Middle

**Last Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Social security number:** \_\_\_\_\_

**Gender identity:**

- Male  
 Female  
 Other: \_\_\_\_\_

**Racial/Ethnic Background:**

- African American  
 Hispanic/Latino  
 Caucasian  
 Asian/Pacific Islander  
 Native American  
 Other: \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Birthplace:** \_\_\_\_\_ **Country:** \_\_\_\_\_





## Application Packet Hope Rising Youth Residential

### EDUCATIONAL/VOCATIONAL/SOCIAL NEEDS

1. **Grade Level** \_\_\_\_\_
2. **Do you receive any special education service or an IEP? (Yes or No)**
  - a. **If so, briefly describe the accommodations:**
3. **Indicate the basis for the need: (select all that apply)**
  - Behavior disorder
  - Learning disorder
  - Academically gifted
4. **If not enrolled in public school, state the reasons:**
5. **If not enrolled in any school, state the reasons (ex., expelled, suspended, waiting on placement)**
6. **What are your educational goals?**
  - a. **Graduate High school**
  - b. **Attend college**
  - c. **Attend a technical training program**
  - d. **Earn a GED**
  - e. **I don't know**

### CURRENT PHYSICIAN INFORMATION

#### **Primary Care Physician:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

#### **Specialists (if applicable):**

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

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

Phone: \_\_\_\_\_





## Application Packet Hope Rising Youth Residential

Medical Insurance Company is: \_\_\_\_\_

Medical ID #

Insurance Group ID #

Dental Insurance Company is: \_\_\_\_\_

Medical ID #

Insurance Group ID #

Medicaid ID #: \_\_\_\_\_

### HEALTH INFORMATION

**Current Health Status:**

---

---

**Physical Health needs:**

---

---

**Immunization History (if applicable):**

---

---

### MENTAL HEALTH AND EMOTIONAL NEEDS

---

---

**1. Has this child ever received inpatient mental health services?**

If yes, were the services:

Public

Private

Provided by BHS

**2. Has this child ever received outpatient mental health services?**





## Application Packet Hope Rising Youth Residential

If yes, were the services:

Public

Private

Provided by: \_\_\_\_\_

### 3. Has the child ever received drug treatment?

If yes, were the services:

Public

Private

Provided by: \_\_\_\_\_

### Please indicate applicable behavioral concerns, either now or in the past:

- |                                |  |
|--------------------------------|--|
| Food Behaviors                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical Aggression            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Elimination Behaviors          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inappropriate Sexual Behaviors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unsafe Boundaries              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Elopement                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fire Setting                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Property Destruction           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you marked yes to any of the above, please explain the needed supports and current status:

### MENTAL HEALTH BEHAVIORAL NEEDS

#### Mental Health, Emotional, and Psychological Needs:

---

---





## Application Packet Hope Rising Youth Residential

**Behavior Support Needs:** Please fill in all that apply.

<b>Behavioral Concerns:</b>	<b>Treatment</b>
Behavior Triggers:	
Intervention strategies:	
Anger and anxiety:	
Aggression:	
Self-harm:	
Techniques for self - management:	
Treatment goals:	
Emergency safety interventions:	

**Current Behavioral Functioning and Social Competence:**

**Protection Needs**





## Application Packet Hope Rising Youth Residential

---

---

**Suitability of Prospective Resident's Admission:**

**FAMILY AND SOCIAL HISTORY**

**Family History and Relationships:**

**Social and Development History:**

**TREATMENT AND MEDICAL HISTORY**

**History of Previous Treatment:**

**Medication and Drug Use Profile (within the last 6 months):**

**Drug Allergies (if any):**





## Application Packet Hope Rising Youth Residential

**Ineffective Medications (if any):**

**Information for Individualized Service Plan and Behavior Support Plan:**

**Please add additional notes:**

Click or tap here to enter text.

### DAILY LIVING

How long have you been at your current placement?

- Less than 1 month
- 6 months to 1 year
- 1 to 6 months
- More than 1 year

How many different places have you lived during the past year? \_\_\_\_\_

### LEGAL INFORMATION

Have you ever incurred legal charges?  Yes  No





## Application Packet Hope Rising Youth Residential

If so, please briefly describe and give dates charges incurred:

---

---

Have you ever physically assaulted someone?  Yes  No

If so, please describe past physical altercations, including dates, what started it, and the result:

---

---

Have you ever engaged in the destruction of property?  Yes  No

If so, please describe past incidents, including dates and the result:

---

---

Have you ever been accused of, charged with, or convicted of a sexual offense?  Yes  No

If so, please describe the nature of the offense and result:

---

---

Are you currently on probation?  Yes  No

If so, how long will you remain under supervision? \_\_\_\_\_

Probation / Parole Officer's Name: \_\_\_\_\_

### CONTACT INFORMATION

**Guardian Contact Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Contact's Address:**







## Application Packet Hope Rising Youth Residential

Relationship to Prospective Resident: \_\_\_\_\_

### FOR OFFICE USE ONLY

**Hope Rising  
Personnel:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

