

ADMISSION APPLICATION TO THE LIBERTY GODPARENT HOME

Applicant's Full Name: _____ Date of Application: _____

Date of Birth: _____ Age: _____ City & State of Birthplace: _____

Social Security #: _____ - _____ - _____ Race: _____ Religious Preference: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Due date: _____ Is the birth father(s) aware of pregnancy? _____

SNAP #: _____ TANF #: _____ WIC #: _____

Explain the applicants need for the following services offered by LGH

Educational: _____

Behavioral: _____

Parenting/adoption support: _____

What is the applicant's attitude towards being placed in the Liberty Godparent Home? _____

How did you hear about the Liberty Godparent Home? _____

EDUCATION

School Name and Address: _____

Last grade completed: _____ Grades repeated: _____

Describe current academic status: _____

Is the applicant currently receiving Special Education Services? _____

Has the applicant received Special Education Services in the past? _____

Extra curricular activities involved in: _____

Are there any other educational needs that have not been mentioned? _____

Have you ever been suspended from school? _____

If so, what year? Explain what happened: _____

SUBSTANCE ABUSE

Is there a history of substance abuse? If so, please explain: _____

Has applicant consumed any illegal drugs, prescription drugs, cigarettes or alcohol since positive pregnancy test?

LEGAL BACKGROUND

Does the applicant have previous or current involvement with the court system or have any civil or criminal charges? Is so, please explain. _____

Probation Officer Name: _____ Phone Number: _____

Email: _____ Probation End Date: _____

FAMILY INFORMATION

Father's Full Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Social Security #: _____ - _____ - _____

Employer/Occupation: _____

Mother's Full Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Social Security #: _____ - _____ - _____

Employer/Occupation: _____

Others living within the home:

Name: _____ Gender: _____ Relationship: _____

Name: _____ Gender: _____ Relationship: _____

Name: _____ Gender: _____ Relationship: _____

Siblings living outside of the home:

Name: _____ City, State: _____

Name: _____ City, State: _____

Name: _____ City, State: _____

Description of relationship within the family: _____

Issues that the family is working through right now: _____

Legal Guardian:

If the legal guardian is not the applicant's parent, provide the following information regarding the legal guardian.

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

MENTAL HEALTH

Does the applicant have any mental health diagnoses? _____

Has the applicant received any mental health services (counseling, psychiatric services, hospitalizations, testing, etc.) individually or within the family? If so, please describe the service, name of provider, and duration of services.

Has the applicant been abused (physical, verbal, mental or sexual) or neglected? If so, please explain: _____

Do you feel as if the applicant is in current danger and in need of special protection during the pregnancy? _____

Does the applicant have any mental health, emotional or psychological needs that we should be aware of (suicidal ideation, self harm, adoption-related issues, etc.)? _____

BEHAVIOR

List any behavioral issues or concerns: _____

Describe the applicant's strengths: _____

Describe the applicant's weaknesses: _____

What information is there about any triggers that might make the applicant anxious or act out? _____

When the applicant is upset or anxious what activities calm her down (time alone, art, journaling, etc.)? _____

When the applicant is acting out what interventions escalate her further or have been proven not to be ineffective? _____

Is the applicant physically or sexually aggressive? If so, please describe the behaviors: _____

SUPPORT SERVICES

Has the applicant ever been placed outside the home (residential facility, foster home, etc.) or lived with other family or friends? If so, please explain what necessitated the placement: _____

Does the applicant have any past Social Services involvement? _____

MEDICAL

LGH is not responsible for medical expenses. Financial arrangements should be made prior to entering the program.

Primary Insured's Name: _____ Social Security #: _____ - _____ - _____

Insurance Company Name: _____

Policy #: _____ Group #: _____ Medicaid Number: _____

Is applicant up to date on immunizations? _____ Drug Allergies: _____

Non-Drug Allergies: _____

Current Medications & Dosage: _____

Previous pregnancies: _____ Complications with previous pregnancy? _____

Does the applicant have a medical condition that requires ongoing treatment? If so, please explain: _____

Does the applicant have special diet requirements or activity restrictions? If so, please explain: _____

Mark an "x" if you are now experiencing or have recently experienced any of the following:
(If yes, please explain symptoms in the same box as the condition)

YES

NO

Severe or persistent headaches		
Blurred vision		
Hearing Loss		
Hay Fever		
Sinus trouble		
High blood pressure		
Low blood pressure		
Severe chest pain		
Racing of the heart		
Shortness of breath		
Swelling of ankles		
Leg cramps		
Teeth/jaw pain or discomfort		
Lacerations (indicate where located)		
Scales/sores (difficult to heal)		
Digestive tract problems		
Heart trouble		
Asthma		
Blood in urine		
Burning on urination		
Frequent kidney infections		
Kidney stones		
Vomiting blood		
Diarrhea		
Constipation		
Arthritis		
Blackout spells		
Convulsions		
Fatigue		
Dizziness		

Is applicant up to date on immunizations? _____

List Allergies: _____

List drugs to which applicant is allergic or sensitive to: _____

Does applicant take medication on a regular basis? If so, please list:

Medication:	Dosage:	Diagnosis:	Date Started:
_____	_____	_____	_____
_____	_____	_____	_____

Number of Pregnancies: _____ Number of Full-Term: _____ Number of Miscarriages: _____

Complications with previous pregnancy? _____

Does the applicant have a medical condition that requires ongoing treatment? If so, please explain: _____

Does the applicant have special diet requirements or activity restrictions? If so, please explain _____

List any physical limitations and/or medical conditions (asthma, migraines, thyroid, diabetes, blood pressure, weight issues, heart problems, etc.) that has been diagnosed by a physician: _____

FINANCIAL

LGH requires that \$60/month be provided for the needs of the applicant. If the applicant requires clothing, additional funds must be provided.

Is the applicant receiving any type of government or financial assistance? If yes, please explain: _____

Will coming to the Liberty Godparent Home have any effect on this assistance? _____

Name of person completing application: _____

Address and phone number if not parent or legal guardian: _____

If I have failed to answer these questions truthfully or withheld any information I understand it can be considered grounds for refusal or dismissal.

Applicant Signature: _____ **Date:** _____

Please fax this document to 434.845.1751 or email it to info@godparent.org Once we receive your application, it will be reviewed and you will be contacted within 48 hours.

FOR OFFICE USE ONLY:

Summary of admission suitability: _____

Staff Members involved in placement decision: _____

Signature: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

LIBERTY GODPARENT HOME
124 Liberty Mountain Drive
Lynchburg, VA 24502
Phone: 434-845-3466
Fax: 434-845-1751

To: _____

Regarding: _____

Phone Number/Fax: _____

DOB: _____

To Whom It May Concern:

The parent(s)/guardian(s) of the above individual have submitted an application of admission to the Liberty Godparent Home. In order to process the application copies of the following reports and records are needed.

Medical Info. /Records
Immunizations Records
Social History
Counseling Records

Court Records
Psychological Evaluation
Case Management
Discipline Record

Standardized Testing
School Transcripts
School Disciplinary Records
Summary of Services

Any of the above information that could be supplied by your agency would be appreciated. The appropriate approval signature is affixed to the bottom of the letter consenting to the release of the requested information.

Thank you in advance for your assistance in this matter,

Liberty Godparent Home

This authorization represents records from _____ and will expire _____.
(DOB) (One year from today)

I hereby authorize and consent to the above described release of information to the Liberty Godparent Home.

Signed: _____
(Parent/Guardian)

Date: _____