**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](mailto:info@godparent.org) Once we receive your completed application and supporting documents it will be reviewed. If you are in need of additional Authorization for Release of Information forms please contact us at 434.845.3466.

**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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number/Fax:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regarding:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

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.

Signature of Resident Name of Resident

Signature of Parent(s)/Guardian(s) Name of Parent(s)/Guardian(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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Date