



3700 West Kilgore Ave. Muncie, IN 47304 (765) 289-5437 Fax (765) 741-5269

APPLICATION FOR ADMISSION

Date:

Cause Number:

TYPE OF SERVICE(S) REQUESTED: Outpatient Counseling Diagnostics Emergency Shelter Residential Treatment Secure Unit (TASC) Independent Living

SECURITY LEVEL REQUESTED: Non-secured Semi-secured Secure

PLACING AGENT: AGENCY: DFC Probation DOE DOC

ADDRESS:

CITY / STATE: COUNTY: ZIP:

PHONE NO.: FAX NO.:

IN CASE OF EMERGENCY, AFTER HOURS PHONE NUMBER:

IDENTIFYING INFORMATION

Name: Date of Birth: Age: Place of Birth: Soc. Sec. No.: Race: Gender: Height: Weight: Hair Color: Eye Color: Identifying Marks: Religious Preference:

SCHOOL INFORMATION

School currently enrolled: Grade: Address: Performance: Currently suspended or expelled?: Special Education Services: If in High School, number of credits (if known): Are they GED track?

## CHILD INFORMATION

In case of **EMERGENCY** please contact: \_\_\_\_\_

**Phone Number(s):** Home - \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Work - \_\_\_\_\_

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

**Is the child currently taking medication?**  No  Yes, what and how often - \_\_\_\_\_

**Does the child have any medical condition that should be noted (i.e. diabetes, seizures, etc.)?**

### COURT INVOLVEMENT

**Has the child had a detention hearing?**  No  Yes  None needed - Child is a Ward

**When is the next scheduled hearing for the child?** Date: \_\_\_\_\_

Type:  Initial  Fact Finding / Adjudication  Disposition  Other: \_\_\_\_\_

**Have parental rights been terminated?**  No  Yes, when and why? \_\_\_\_\_

**Has the child had any legal difficulties?**  No  Yes\*

\*List all pending charges: \_\_\_\_\_

\*List all prior charges: \_\_\_\_\_

### FUTURE PLACEMENT PLAN

Reunification with: \_\_\_\_\_  Fostercare  
 Adoption  Independent Living  
 Other: \_\_\_\_\_

**Please  reason(s) for requesting placement:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Physical Abuse               | <input type="checkbox"/> Serious Emotional Difficulties | <input type="checkbox"/> Substance Abuse                |
| <input type="checkbox"/> Sexual Abuse                 | <input type="checkbox"/> Poor Academic Performance      | <input type="checkbox"/> Steals from Community / Home   |
| <input type="checkbox"/> Neglect                      | <input type="checkbox"/> Incurrigibility at School      | <input type="checkbox"/> Fire setting                   |
| <input type="checkbox"/> Parent / Child Conflict      | <input type="checkbox"/> Truancy                        | <input type="checkbox"/> Is a Danger to Self            |
| <input type="checkbox"/> Unsafe Home Environment      | <input type="checkbox"/> Incurrigibility at Home        | <input type="checkbox"/> Is a Danger to Others          |
| <input type="checkbox"/> Lack of Parental Supervision | <input type="checkbox"/> Runs from Home                 | <input type="checkbox"/> No Parent / Guardian Available |
| <input type="checkbox"/> Suicidal / attempt           | <input type="checkbox"/> Criminal Activity: _____       |   |
| <input type="checkbox"/> Other _____                  |   |   |

**Please list agencies who have had contact with the child and/or family, and dates of contact:**

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

**ABUSE HISTORY**

**Physical Abuse?**  No  Yes, by whom?: \_\_\_\_\_

**Emotional Abuse?**  No  Yes, by whom?: \_\_\_\_\_

**Sexual Abuse?**  No  Yes, by whom?: \_\_\_\_\_

**Neglect?**  No  Yes, by whom?: \_\_\_\_\_

**Is the child an identified / alleged sexual perpetrator?**

No  Yes, please describe incident(s) in full, including action taken:

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

**Behaviors (indicate YES, NO or Don't Know)**

	YES	NO	Don't Know		YES	NO	Don't Know
Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically assaultive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Argumentative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lethargic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad / Unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reclusive / Loner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defiant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talks back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temper Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-compliant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**List significant life events in child's life (loss of loved one, move, parental separation, etc.):**

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

**PARENT / SIBLING INFORMATION**

**Parents:**  Married  Separated  Divorced  Other: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Father's Background** ( all that apply):  Substance Abuse  Legal difficulties  
 Mental illness / Emotional difficulties \_\_\_\_\_

**Are they allowed to visit?**  No  Yes:  here if visits are to be supervised

Step-parent / Significant other (if applicable): \_\_\_\_\_

Are they allowed to visit?  No  Yes:  here if visits are to be supervised

Mother's Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother's Background ( all that apply):  Substance Abuse  Legal difficulties  
 Mental illness / Emotional difficulties \_\_\_\_\_

Are they allowed to visit?  No  Yes:  here if visits are to be supervised

Step-parent / Significant other (if applicable): \_\_\_\_\_

Are they allowed to visit?  No  Yes:  here if visits are to be supervised

Sibling(s)	Age	Current Placement	Are they allowed to visit?	
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Guardian (if different than parent)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are they allowed to visit?  No  Yes:  here if visits are to be supervised

Who currently resides in the child's home? \_\_\_\_\_

Are home visits permitted (if applicable)?  No  Yes

If "Yes" with whom should visits occur?: \_\_\_\_\_

To what extent will parent(s) be involved ( all that apply)?:

Phone calls  Visitation  Family Counseling  Parenting classes

Please list individuals who are permitted to have phone calls, letters or visits with the juvenile

Court Appointed Special Advocate (if applicable): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

## ADMISSION NEEDS

### THE FOLLOWING ITEMS MUST BE INCLUDED AT THE TIME OF PLACEMENT:

- ✗ Application for Admission
- ✗ Placement Agreement
- ✗ Consent for Medical Care
- ✗ Consent for Photograph
- ✗ 2 Consents for Release of Information
- ✗ Copy of Birth Certificate
- ✗ Copy of Social Security Card
- ✗ Copy of Insurance/Most recent Medicaid Card
- ✗ School Transfer (if applicable)
- ✗ Court Order
- ✗ Request for the Consent for Birth Control

### Within seven (7) working days of placement, the following items need to be submitted:

- ✗ Health History
- ✗ Social History
- ✗ DFC Case Plan / Pre-dispositional report
- ✗ Prior Psychological and/or diagnostic testing
- ✗ Immunization record
- ✗ School records / transcripts
- ✗ Most current IEP (if applicable)

### General clothing needs:

**The following items will need to be brought at the time of admission and missing items will be the responsibility of the parent and/or placing agency:**

- ✗ 4 pairs of jeans/pants
- ✗ 6 tops /shirts
- ✗ 1 outfit for church / social occasions
- ✗ 1 pair of pajamas
- ✗ 1 winter coat / 1 spring jacket (seasonal only)
- ✗ Winter hat and gloves (seasonal only)
- ✗ 2 fall sweaters or sweatshirts
- ✗ 1 pair of sweat pants
- ✗ 1 swimsuit (1 piece)
- ✗ 3 pairs of shorts
- ✗ 3 bras (female residents)
- ✗ 9 pairs of underwear
- ✗ 9 pairs of socks
- ✗ 1 pairs of tennis shoes / 1 pair dress shoes
- ✗ Robe and slippers

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Signature of Placing Agent

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Date

# PLACEMENT AGREEMENT

The placing agency, \_\_\_\_\_ hereby authorize the Youth Opportunity  
 (Authorizing Placing Agent)  
 Center, Inc. to provide care for \_\_\_\_\_ in the (please ✍ )  
 (Child's Name)

Cottage / Program	In-County Per diem / Initials	Out-of-County Per diem / Initials
✍ Emergency Shelter	\$100.00 _____	\$110.00 _____
✍ INTAC Emergency Shelter	\$175.00 _____	\$197.00 _____
✍ TransLife	\$ 90.00 _____	\$ 95.00 _____
✍ STEDY	\$165.00 _____	\$187.00 _____
✍ INTAC	\$167.00 _____	\$197.00 _____
✍ TASC Unit (Secure)	\$230.00 _____	\$245.00 _____
✍ Independent Living	\$105.00 _____	\$105.00 _____

on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

The per diem noted above will be received for services rendered by the Youth Opportunity Center, Inc. which will include, but not be limited to, room and board, treatment programming, routine physical, dental and vision examinations, replacement clothing and other ancillary services.

### TREATMENT PLANS AND PROGRESS REPORTS

An Initial Treatment Plan will be written within 45 days of the Child's placement and additional Treatment Plan reviews will be conducted thereafter on a quarterly basis. The Cottage Manager will coordinate Treatment Plan meetings with the Placing agent, parent(s) and/or guardian(s). All involved parties are encouraged to attend.

### OUT-OF-COUNTY TRIPS

By signing this, the authorizing placing agent is granting permission for the resident to accompany designated and approved staff on out-of-county trips.

### NOTIFICATION

The Youth Opportunity Center, Inc. shall contact the placing agent on the first available business day when there has been a runaway, emergency hospitalization or serious incident involving the resident.

### CONTAINMENT AND DETENTION

In the event that the resident commits a non-status offense, the placing agent grants authority to the Youth Opportunity Center, Inc. to detain the resident through law enforcement agencies, or seek detainment in a detention facility until proper arrangements are made for discharge or further treatment.

### DRUG SCREENS

The Youth Opportunity Center, Inc. reserves the right to conduct a drug screen on any child suspected of using or being under the influence of chemical substances.

Services will be provided without discrimination because of race, age, sex, religion, handicap or national origin.

Youth Opportunity Center Representative	Date
Agency Representative	Date
Billing Address:	
Street	
City	State
Attention	Zip



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**CONSENT FOR MEDICAL CARE / MENTAL HEALTH TREATMENT**

Authorization and consent is hereby granted for \_\_\_\_\_ to receive any medical care, treatment, examination, immunization, inoculation, vaccination, anesthesia, or emergency procedure including surgery which may be deemed necessary by a licensed physician while in placement at the Youth Opportunity Center.

Authorization is also granted to provide mental health treatment, which includes, but is not limited to, individual, group, family counseling, psychological evaluation, and psychiatric services, as deemed necessary by the Youth Opportunity Center's contract Psychiatrist, Counselor, Staff Psychologist, or Director of Psychological Services for the full duration of treatment, up to and including aftercare services.

\_\_\_\_\_  
**Parent or Guardian** **Date**

\_\_\_\_\_  
**Placing Agent** **Date**

Resident also denies being exposed to known communicable diseases three weeks prior to the admission.

\_\_\_\_\_  
**Parent or Guardian** **Date**

**MEDICAL AND INSURANCE INFORMATION**

**Physician:** \_\_\_\_\_ **Last seen:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Last seen:** \_\_\_\_\_

Check if Application has been made for MEDICAID

**Type of Insurance:**  None  Medicaid Number: \_\_\_\_\_

Private, card number: \_\_\_\_\_

**Name of Provider (insurance company):** \_\_\_\_\_

Private Insurance (  applicable):  Dental  Vision  Prescription







**CONSENT FOR PHOTOGRAPHING, VIDEOTAPING  
AND SOUND RECORDING**

In consideration of participation by the child in various activities sponsored by the Youth Opportunity Center, Inc., I (We) as parent(s), or guardian(s) of the child, \_\_\_\_\_, who is under the age of eighteen (18) years, hereby authorize the child to be the subject of photographs, videotapes and/or sound recordings, and also authorize the same to be exhibited or shown, with or without identification of the child, in any form of media. I (We), on my (our) own behalf, and on behalf of any other parents or guardians, release the Youth Opportunity Center, Inc., its officers, directors, employees and agents, from any claims based on the use of such photographs, videotapes and/or sound recordings.

Date this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_