

Application for Admission

Date Received:]
Referred By:	
Accepted/Denied:	

Resident Name:			Birth Date:	Age:	Grade:
	Middle Initial	Last			
Parents/Legal Guardian:					
Phone#:					
Address:		Fait	h/Religious Back	ground (please des	cribe):
Email:					
Correspond via email? Yes	L No				
Correspond via text? Yes	🗆 No				
Emergency contact:			Phone #·		
INSURANCE INFORMATION*					
Policy Holder Name:					
Policy Holder Name:					
Policy Holder DOB:	SS#:				
Company:					
Policy #:	Group #				
*Out of state residents must ha	ive private insurance. Stat	e Medicaid	plans will not cover co	osts in the State of K	ansas.
Primary Physician			Primary Dentist		
Address:			Address:		
Address			Address:		
Phone:			Phone:		

Height	Weight	Hair:	Eves:	Race.
neight.		Hall.	Lyes	

Medical Information:

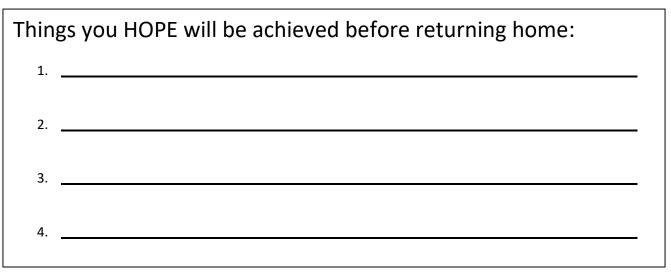
Please note that your child's medical, dental and/or mental health needs are NOT covered by Carpenter Place. Any such services will be billed to your insurance card by the provider. The parent/legal guardian is responsible for any accrued balances. Carpenter Place will make every effort to use in-network providers when possible, as well as attempt to obtain your approval on services prior to scheduling. In some cases, however, the Carpenter Place house parents and/or administrators MUST act in the best interest of the child and allow immediate access to these services.

Physical Health:	Allergies:
Current Medical Condition(s):	
Current Medications:	
	_ Sexual Orientation:
Are they working? Want	medications continued?
Asthma? High BP? Ear Infections?	Heart Disease? Dental Problems?
Cancer? Liver Disease? TB? S	eizures? Weight Gain/Loss?
Head Injury? Hepatitis? Diabetes? _	Gastrointestinal Problems?
Kidney Problems? Problems Sleeping?	General Pain? Other?
If Accepted, a Copy of your Child's Imm	nunization Record will be required
Educational Information:	ent Grade: IEP? YES NO
Schools Attended:	for exclusion from our program based
Is your child a "discipline problem"? Yes No	-
How are their grades currently? A's/B's C's/D's F	ailing Some Behind 1+ years Dropped Out
Current Interests, Hobbies:	

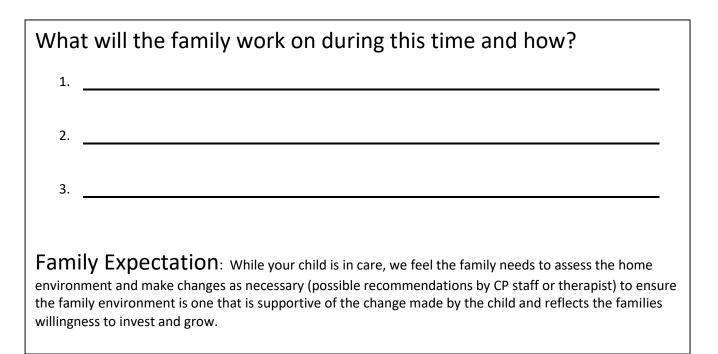
Present Concerns:

gal History/Criminal History: An	y charges? Yes No
An 1. Suicidal thoughts? Yes No Any Attempts? Yes No 2. Homicidal thoughts? Yes No Violent Actions? Yes No	
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Family Expectations/Goals:



Estimated time in care at CP:



Is the chil	d mo	tivate	d to c	comet	to CP	?	Why?
	0	2	4	6	8	10	
	Not at a	II	Somew	hat	Ver	y	

Immediate Removal Plan:

Carpenter Place makes every effort to manage poor attitudes and behaviors successfully, however it is unfair to the other residents when these issues become too disruptive. Reasons for immediate removal include but are not limited to: running away, inappropriate physical contact with another resident, physical violence towards staff, or any other situation that we determine threatens the safety and integrity of the residents or the program. Please complete the next section with the full expectation of fulfilling it if we cannot be of help to your child or if your child refuses to accept our help and counsel.

Primary Contact:	Phone #:
Concerdant Contact.	Dhana Hi
Secondary Contact:	Phone #:

Immediate removal plans must be valid and able to be implemented within a timeframe reasonable to the continued effective functioning of Carpenter Place with a length not to exceed 24 hours. With that in mind...

Estimated time until removal:

Parent/Guardian Involvement:

We require parents/guardians of our residents to have a Program Plan Meeting once every 60 days while their daughter is in placement. These meetings will need to occur on campus at a time during our normal business hours Monday through Friday between 8:00 a.m. to 2:30 p.m. These meetings will be scheduled and coordinated by the Director of Campus Life.

Additionally, families may be asked to make changes to the home environment and/or adopt new methods of communication, behavior management and relational interaction. Families must be willing to accept instruction and guidance from CP staff and agree to implement suggested changes to give the resident their best chance at success upon transition home.

Parent/Guardian Signature

Date

Agreement:

I have read the above and completed this application truthfully, and to the best of my ability and understanding. I understand that Carpenter Place residential services is not therapy, nor a replacement for family therapy. I also understand that my child may not be a good fit for Carpenter Place, and that Carpenter Place does not guarantee the results I expect as a result of her participation. If my child is accepted into Carpenter Place, I agree to actively participate in family meetings, home passes (as deemed appropriate), and through regular and direct communication with Carpenter Place staff and administration. Furthermore, I agree that the immediate removal plan is valid, and agree to implement it immediately if my child has become unwilling or disruptive.

Carpenter Place seeks to work with families regardless of their current financial situation...

Financial Information/Evaluation

I agree to payment of all costs associated with residential services provided by Carpenter Place at the full monthly rate of \$<u>1,800</u> due the first of each month. Costs will be prorated on the date my child is admitted into Carpenter Place services and understand my first payment will be due upon admission.

I understand and agree to pay any additional, non-residential costs that may arise during my child's stay at Carpenter Place, to include, but not be limited to medical, dental, and/or mental health services provided by Carpenter Place contracted sources. I understand Carpenter Place will attempt to secure my approval of any such charges in advance, however entrust these decisions to the Carpenter Place house parents and/or administrators on behalf of my child.

Furthermore, I understand I will be responsible for any costs associated with any specialized requests or instructions above what Carpenter Place would customarily furnish during their usual course of business (i.e. brand name clothing, special hygiene items, individual activities other residents do not participate in, etc.).

inancially Responsible Party (print)	Signature		Date
Carpenter Place Administrator Si	gnature:		Date:
Complete the following section if yo	u request consideration for	charges to be Reduced	l, Deferred or Waived (circle one)
Employer:		Spouse's Employ	yer:
Length of employment:		_ Length of emplo	yment:
Monthly Income (net): \$		Monthly Income	(net): \$
Additional Income (source and mont	thly amount):		
	•	d support, SSI, trust fun	nd, etc.), whether directly or indirectly
lease enter the monthly amount	HEKE (type and amount):		

I certify all information provided is true, accurate and complete. I understand this constitutes a formal agreement of which I am responsible for all charges agreed to above. This agreement only applies to residential services provided by Carpenter Place, and I am fully responsible for any medical, dental, and/or mental health charges incurred.

Financially Responsible Party (print)

Signature