

**Jackson-Feild Homes, Inc.**  
546 Walnut Grove Drive  
Jarratt, Virginia 23867-9989

**APPLICATION FOR ADMISSION**  
**(BLACK INK ONLY)**

I hereby apply for admission of this individual to Jackson-Feild Homes, Inc.:

Applicant's Name: \_\_\_\_\_

Race/Nationality \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Is this a readmission? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Agency and/or Person Making Application on Behalf of Applicant:

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address (Agency, if applicable):

\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Emergency/After Hrs. No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
\_\_\_\_\_

Legal Guardian, if not the same as above:

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

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

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE**

1. Where (with whom) is the applicant currently residing? \_\_\_\_\_

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

2. Reasons for placement in her present residence/placement: \_\_\_\_\_

\_\_\_\_\_

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3. Has applicant been in any placement within the last two years?  Yes  No  
(if "Yes", please list **chronologically** below)

Previous Placement	Type of Facility or Placement	Date		Successful?	
		From	To	Yes	No

4. Check the current behaviors exhibited by the resident:

Physical Aggression                      If Yes, date of most recent: \_\_\_\_\_

Verbal Aggression                      If Yes, date of most recent: \_\_\_\_\_

Manipulation

Poor impulse control

Lying

Stealing

Running away

Promiscuity

Homosexual activity

Substance Abuse                      If Yes, describe: \_\_\_\_\_

Homicidal acts                      If yes, date of most recent: \_\_\_\_\_

Suicide attempts                      If yes, number of attempts: \_\_\_\_\_

If yes, date of last attempt: \_\_\_\_\_

Prostitution

Bed wetting

Fire starting

Other \_\_\_\_\_

Comments: \_\_\_\_\_

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5. Referring Behaviors: What are the actual behaviors and/or reasons for which individual is being referred and Jackson-Feild Homes staff need to address for discharge goals? (Please list in order of priority-- #1 being the highest priority)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

6. What is the discharge plan for this individual? \_\_\_\_\_  
Target Date: \_\_\_\_\_

7. What is the attitude of the parents & the resident towards placement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Describe parental involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. History of Court Involvement:  
Please list all charges and the results/status of each, including status offenses.

Charges	Date	Results/Current Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is child presently on probation? \_\_\_\_\_ For What Charge? \_\_\_\_\_

Next Court Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Is applicant court-ordered for treatment? \_\_\_Yes \_\_\_No (If Yes, attach court order)

Is applicant currently on probation? \_\_\_Yes \_\_\_No (If Yes, attach probation rules)

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10. List names of all treatment interventions received within the past two years (i.e., out-patient, hospitalizations, mentoring, homebase):

Name of Treatment Intervention	Date		Successful?	
	From	To	Yes	No

11. Indicate any special needs concerning treatment, health and/or safety (Include any restraints or constraints that the facility may have to enforce, support, or provide etc.): \_\_\_\_\_

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

12. Strengths and areas of interest which may help motivate the resident (Names of people, hobbies, talents, areas of previous success, competencies or expressed interests):

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

13. What has worked best with this resident in the past? When has she been most successful?

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

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**THE RESIDENT**

Present Age: \_\_\_\_\_ Years \_\_\_\_\_ Months Social Security #: \_\_\_\_\_

With whom was resident living with prior to placement?

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

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

Religious Preference: \_\_\_\_\_

Does resident have health insurance coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Policy #: \_\_\_\_\_

Past serious illness or infectious diseases: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical problems: \_\_\_\_\_

Current medication(s): \_\_\_\_\_

Date of last physical: \_\_\_\_\_ Condition: \_\_\_\_\_  
(please attach)

Date of Last dental exam: \_\_\_\_\_ Follow-up needed: \_\_\_\_\_  
(please attach)

Date of last psychological: \_\_\_\_\_ Condition: \_\_\_\_\_  
(please attach)

Date of last neurological (if applicable): \_\_\_\_\_ Condition: \_\_\_\_\_  
(please attach)

**IQ Scores:**

Verbal: \_\_\_\_\_ Performance: \_\_\_\_\_ Full Scale: \_\_\_\_\_ Date: \_\_\_\_\_

Resident's physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Resident's dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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**FAMILY INFORMATION**

**MOTHER:**

Full name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Present address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Marital status: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Religious preferences: \_\_\_\_\_

Occupation (type of work & company): \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Serious illness: \_\_\_\_\_

If deceased: Date: \_\_\_\_\_ Place: \_\_\_\_\_ Cause: \_\_\_\_\_

**FATHER:**

Full name: \_\_\_\_\_  
(First) (Middle) (Last)

Present address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Marital status: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Religious preferences: \_\_\_\_\_

Occupation (type of work & company): \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Serious illness: \_\_\_\_\_

If deceased: Date: \_\_\_\_\_ Place: \_\_\_\_\_ Cause: \_\_\_\_\_

**SIBLINGS:**

NAME	SEX	DATE OF BIRTH	ADDRESS	SERIOUS LLNESS

List other significant family members: \_\_\_\_\_

Other relevant information concerning family involvement in treatment: \_\_\_\_\_

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**EDUCATIONAL PROGRAM**

Name of Resident: \_\_\_\_\_

Last Public School attended: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Last date of attendance: \_\_\_\_\_ Grade level: \_\_\_\_\_

Has resident attended any other specialized school? \_\_\_\_\_ Yes \_\_\_\_\_ No

School attended: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Last date of attendance: \_\_\_\_\_

Scholastic performance (academic strengths, weaknesses, school behavior & goals):

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

Attendance:

\_\_\_\_\_ Attends regularly \_\_\_\_\_ Occasionally misses school

\_\_\_\_\_ Often misses school \_\_\_\_\_ Has not been attending school

Is this resident identified as a special education resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If this resident has an IEP, please have the form on the next page signed by the parent or legal guardian.

This will give us time to arrange the appropriate changes in her IEP.

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**CONSENT FORM FOR TRANSFER STUDENT**

**Educational Services**

As part of \_\_\_\_\_'s placement at Jackson-Feild Homes, we would like to provide the most effective educational program we possibly can. In our goal to continue and/or develop an educational program which will best facilitate this student's General or Special Education success, we would like your consent for the following:

- A. To use her current IEP until we can meet to make the appropriate changes consistent with her present placement (a meeting will be scheduled within the first five (5) days of placement).
- B. To consider the option of obtaining a General Education Diploma.
- C. To administer educational assessments in order to determine academic functioning and progress.

I give my consent for the aforementioned actions of Gwaltney School.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

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**NEIGHBORHOOD ASSISTANCE PROGRAM**

**Certification of Income Levels Served**

Resident's Name: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Parent, Legal Guardian or Placing Agency: \_\_\_\_\_

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Referring City or County: \_\_\_\_\_

Family Income (if applicable): \_\_\_\_\_

This income is (please check one):

\_\_\_\_\_ Hourly      \_\_\_\_\_ Weekly      \_\_\_\_\_ Monthly      \_\_\_\_\_ Annual

Person/Agency Authorized to Place Applicant: \_\_\_\_\_

If agency, name and title of authorized agent: \_\_\_\_\_

Application Submitted by: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date