



Student Information:

Name: _____ Age: _____ Gender: M or F
DOB: _____ Place of Birth: _____ Citizenship: _____
Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____
Patient's Social Security #: _____ Patient resides with: _____
Patient's residence address: _____
City: _____ State: _____ Zip: _____

Parent Information:

Father's Name: _____ Home Phone: _____
Work Phone: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Fax: _____ Email: _____
Mother's Name: _____ Home Phone: _____
Work Phone: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Fax: _____ Email: _____
If parents are divorced, who has legal custody? _____

Education Consultant:

Name: _____ Phone: _____

Referral Source:

Name: _____ Phone: _____
Address: _____ City/State: _____



In Case of Emergency, Notify The Following:

Name: _____ Relationship: _____
Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____ Work Phone: _____

Student Medical Coverage:

Primary Insurance

Medical Insurance Provider: _____ Phone#: _____

Address: _____

Group#: _____

Policy#: _____

Plan#: _____

Name of Insured: _____

Insured's Soc. Sec. No.: _____ Insured's Employer: _____

Employer's Address:

Secondary Insurance

Medical Insurance Provider: _____ Phone#: _____

Address: _____

Group#: _____

Policy#: _____

Plan#: _____

Name of Insured: _____

Insured's Soc. Sec. No.: _____ Insured's Employer: _____

Employer's Address:

*** Please submit a copy of your insurance card (front and back) or provide it at time of admission**



Referred By: _____ Phone # _____ Todays Date: _____

Name of person filling out this application: _____ Relationship to Student: _____

E-Mail Addresses: _____

Home Address: _____ Home Phone: _____

Zip: _____ Student's Name: _____ Age: _____

Date of Birth: _____ Birthplace: _____ Race: _____

Height: _____ Weight: _____ Student's Soc. Sec. No: _____

Natural Child: _____ Adopted: _____

Approximately when would you like to place your son/daughter at White Rock Academy:

Monthly statements should be mailed to: _____

Others Responsible for Fees: _____ Amount to bill other person: _____

Address of other payor: _____

Person(s) to notify in case of emergency: _____

Family Information

Biological Father's Name: _____ *DOB:* _____

Address: _____ *Home Phone:* _____

Occupation: _____ *Work Phone:* _____

Highest grade completed: _____ Yearly income: _____

Soc. Sec. No. _____

Will this person be involved with White Rock Academy: Yes _____ No _____

Biological Mother's Name: _____ *DOB:* _____

Address: _____ *Home Phone:* _____

Occupation: _____ *Work Phone:* _____

Highest grade completed: _____ Yearly income: _____ Soc. Sec. No. _____



APPLICANT INFORMATION

Will this person be involved with White Rock Academy: Yes _____ No _____

Stepfather's Name: _____ DOB: _____

Address: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Highest grade completed: _____ Yearly income: _____ Soc. Sec. No. _____

Will this person be involved with White Rock Academy: Yes _____ No _____

Stepmother's Name: _____ DOB: _____

Address: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Highest grade completed: _____ Yearly income: _____ Soc. Sec. No. _____

Will this person be involved with White Rock Academy: Yes _____ No _____

Adoptive Father's Name: _____ DOB: _____

Address: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Highest grade completed: _____ Yearly income: _____ Soc. Sec. No. _____

Will this person be involved with White Rock Academy: Yes _____ No _____

Adoptive Mother's Name: _____ DOB: _____

Address: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Highest grade completed: _____ Yearly income: _____ Soc. Sec. No. _____

Will this person be involved with White Rock Academy: Yes _____ No _____

Who had legal custody/guardianship of the student? _____

*** If parents are divorced, a certified copy of legal custody documentation is required. Please include a copy or provide it at the time of admission*.**

Reason you want to send your son/daughter to White Rock Academy:

Please explain the student's home living arrangements:

List all siblings:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Where are they living</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Is there any significant history of medical, emotional, or drug problems with any family members, including extended family?

Please describe your child's pregnancy: (i.e. normal, complications, etc.)

Please describe birthing process: (i.e. normal, prolonged, breech, etc.)

Did your child achieve developmental tasks on time: (walking, crawling, talking, etc.)

Describe the overall personality of your son/daughter in the following three phases:

Birth to six years of age:

Seven to Twelve years of age:

Thirteen years of age to present:

Describe the history of the relationship of your son/daughter with his/her biological father:

Describe the history of the relationship of your son/daughter with his/her biological mother:

Describe the history of the relationship of your son/daughter with his/her step-father:

Describe the history of the relationship of your son/daughter with his/her step-mother:

Describe the history of the relationship of your son/daughter with his/her adoptive father:

Describe the history of the relationship of your son/daughter with his/her adoptive mother:

Describe the history of the relationship of your son/daughter with his/her siblings:

Describe the history of the marriage or marriage relationship(s):

If there has been a divorce or separation, describe the history of divorce/separations and your son/daughter's reaction to the event(s). How old was he/she at the time of divorce/separation?

Please estimate the amount of time each week the following people typically **spend one-on-one** with your son/daughter.

- Bio Father:
- Bio Mother:
- Step Father:
- Step Mother:
- Adoptive Father:
- Adoptive Mother:

Please estimate the amount of time each week you son/daughter **has access** to the following people:

- Bio Father:
- Bio Mother:
- Step Father:
- Step Mother:
- Adoptive Father:
- Adoptive Mother:

Treatment History

Has your son/daughter ever received counselling, psychological or psychiatric services? Yes _____ No _____

List counselling, outpatient therapy/family therapy, acute inpatient hospitalizations etc.

	<u>Name of Provider</u>	<u>Date to/from</u>	<u>Problem or Diagnosis</u>	<u>Success</u>
1.	_____	_____	_____	_____
	Address: _____			
2.	_____	_____	_____	_____
	Address: _____			
3.	_____	_____	_____	_____
	Address: _____			
4.	_____	_____	_____	_____
	Address: _____			



Who are you planning on having as his/her out-patient therapist after he/she is discharged from White Rock Academy:

Describe history of any specific disorders your son/daughter has/had (i.e. depression, eating disorders, etc.):

Behavioral History:

Describe all run away history as to style, length or time, where, contact, home, friends etc: _____

Describe substance history (alcohol, street drugs, frequency or use and duration):

Describe any violence, bizarre activity, gang affiliation, or cult activity: _____

Describe any trauma your son/daughter has experienced (physical abuse, sexual abuse, rape, violence, witness thereof):

Describe any juvenile judicial history (shoplifting, burglary, curfew violations, and court action, etc):

Current Involvement/disposition:

Previous Involvement/ disposition: _____

Does a court have legal/temporary custody? Yes _____ No _____

Is he/she court ordered into treatment? Yes _____ No _____

Presiding court/location: _____

Probation Officer: _____ Phone _____

Address: _____

Is your son/daughter sexually active? Yes _____ No _____

Does he/she have a current girlfriend/boyfriend? Yes _____ No _____

Is your son/daughter generally respectful to authority: Yes _____ No _____

Social History

How many very close friends would you say your son/daughter has:

Describe your son/daughter's general social skills (i.e. outgoing, less/more mature than his/her age, mean to friends, socially isolated etc.): _____

Describe your son/daughter's main peer

group: _____

Describe a general history of his/her social life, especially if there has been recent changes:

Spiritual:

Does your son/daughter have a chosen religion preference? Yes _____ No _____

If so, what religion? _____

Does he/she believe in a higher power? Yes _____ No _____

Is the family or your son/daughter involved in spiritual pursuits? Yes _____ No _____

Please explain: _____

Emotional:

Does your son/daughter have trouble expressing emotions: Yes _____ No _____

Generally describe any emotional problems: _____

Educational Data:

Describe your adolescent's school performance (grades, relationship with teachers, classroom behavior) in three phases:

1 Kindergarten to 5th grade:

1 6th grade to 9th grade:

1 High School:

Most recent school attended: _____



Counselor: _____

Address: _____

Phone: _____

Grade: _____ Attending Now? _____

Failures (grade or classes):

Repeated (grade or classes): _____

Suspensions:

Expulsions:

Level of functioning (IQ):

Has your son/daughter been academically assessed?

Favorite classes:

Least favorite classes:

Hobbies or special interest:

What do you perceive as your son/daughter's current academic needs:

If more space is needed, please use the reverse side of this page.

Medical History

Name/Address? Phone # of your son/daughter's physician:

Name/Address? Phone # of your son/daughter's dentist:

Name/Address? Phone # of your son/daughter's orthodontist:

If your son/daughter has been treated for any chronic illness, fractures or surgery, explain history of treatment, physician's name and phone:

Doctor: _____ Phone: _____

Doctor: _____ Phone: _____

Doctor: _____ Phone: _____

Prescribed medications: Yes _____ No _____

List current medication and dosage:



Other medical problems/physical handicaps:

Allergies:

Sexually Transmitted Diseases

Special Needs: (eyeglasses, contacts, hearing aids, braces)

Hallucinations:

Has your son/daughter attempted suicide? If yes explain:

Has your son/daughter ever had serious illness or head injuries?

General Health:

Describe your son/daughter's general health:

Last dental exam:



Last hearing evaluation: _____

Last eye exam: _____

List any birthmarks, tattoos, scars, etc. _____

Does your son/daughter have any medical or dental conditions which would prevent her from participating in the daily academic program, recreational activities or P.E.? Yes _____ No _____ If yes, please explain: _____

Has your son/daughter had any of the following? If yes, please check the box:

- | | | | |
|---|---|---|--|
| Ear Infections <input type="checkbox"/> | Migraines <input type="checkbox"/> | Frequent Colds <input type="checkbox"/> | Asthma <input type="checkbox"/> |
| Hayfever <input type="checkbox"/> | Pneumonia <input type="checkbox"/> | Heart cond/Surgery <input type="checkbox"/> | Rheumatic fever <input type="checkbox"/> |
| Kidney Disorders <input type="checkbox"/> | Chronic Anemia <input type="checkbox"/> | Chicken Pox <input type="checkbox"/> | Long-Measles <input type="checkbox"/> |
| 3 Day Measles <input type="checkbox"/> | Scarlet Fever <input type="checkbox"/> | Polio <input type="checkbox"/> | Mumps <input type="checkbox"/> |
| Typhoid Fever <input type="checkbox"/> | Diabetes <input type="checkbox"/> | Rheumatoid Arthritis <input type="checkbox"/> | Tuberculosis <input type="checkbox"/> |
| HIV/AIDS <input type="checkbox"/> | | | |

Please include dates and medical documentation for any items checked on the previous page:

**** Kansas State law requires proof of current immunizations. Attach a copy of current records or bring them at time of admission. If current immunization records are not provided, your son/daughter will be re-immunized at the end of 10 days.****

Describe your son/daughter's strengths: _____

2. A social phone call will be made typically in the 4th week of the program. This may or may not be facilitated by the therapist. However, a staff supervisor will facilitate the call if the therapist cannot.
3. After the first phone call, he/she will be allowed a weekly staff-monitored call every other week when therapy phone calls are not scheduled. The staff-monitored call will be scheduled usually in the late afternoon or evenings. Phone rules apply on all phone calls. If you are not aware of these rules, please ask the staff member to explain them to you prior to the phone call. Social phone calls are not always allowed due to student non-participation and/or not following rules. This is not a guaranty for you as the parent to talk to your child. Please understand that these phone calls shall only be scheduled by staff and therapists and may change on short notice due to the nature of our industry. This policy is subject to change at any time without prior notice. Please consult with the program directly for changes.

In the event my/our child requests or needs an attorney's assistance, he/she is permitted to contact an attorney at my expense. Yes _____ No _____

Attorney's Name: _____ Phone #: _____

Father/Guardian

Date

Mother/Guardian

Date

APPROVED INCOMING & OUTGOING MAIL

1. All mail incoming should be sent directly from parents or guardians only. If grandparent or neighbors want to write, this needs to go through parents and they should read all mail before sending it. If it contains negative remarks that will bring your son/daughter down, please don't send it.
2. Your son/daughter will send all mail directly to parents or guardians. We ask that you read all mail before delivering this to extended family, neighbors or friends. We place this responsibility upon you as his/her parents or guardians.
3. Your son/daughter is not allowed to have contact with other students who may discharge before him/her while he/she in treatment. Please do not send letters from him/her to past student(s) while he/she still at White Rock Academy. Once your son/daughter is discharged, he/she is free to contact former students. It is disruptive to treatment when students hear from former students while still enrolled.

APPROVED MAILING LIST

RELATIONSHIP

Dear Parent or Guardian,

Please circle or highlight any symptom that your son/daughter has displayed in the past year or that you are

worried about. Some symptoms are listed twice—**please circle it twice because the symptoms are grouped according to diagnosis and it will assist our clinicians in the diagnostic process.**

Depressed mood most of the day; (either as indicated by him report or your observation -- tearful, empty); irritable mood; diminished interest in pleasurable or goal directed activity; significant weight loss when not dieting; significant weight gain (e.g. a change of 5% of body weight in a month); decrease in appetite; increase in appetite; insomnia; hypersomnia; psychomotor agitation, psychomotor retardation; significant fatigue; loss of energy; feelings of worthlessness; excessive or inappropriate guilt; diminished ability to think or concentrate; indecisiveness; recurrent thoughts of death; recurrent suicidal ideation; suicide plans; past suicide attempt; feelings of hopelessness; low self esteem; social isolation; inability to express herself to significant others.

A period of abnormally elevated, or irritable mood for 1 week or more; inflated self esteem; grandiosity; decreased need for sleep; more talkative than usual; pressured speech; flight of ideas; distractible; increase in goal directed activity; psychomotor agitation; excessive involvement in activities that have a high potential for painful consequences (shopping sprees, sexual indiscretion, high risk activities, binges)

A pattern of negative behavior; hostile behavior; defiant behavior; often loses temper; argues with adults; actively defies or refuses to comply with adults' requests or rules; deliberately annoys people; blames other for her mistakes or misbehavior; touchy or easily annoyed by others; angry; resentful; spiteful or vindictive; sense of entitlement; dishonesty, shoplifting, running away from home, truant from school, fails to give close attention to details; makes careless mistakes in schoolwork, work, or other activities; has difficulty sustaining attention in task or play activities; often does not seem to listen when spoken to directly; does not follow through on instructions; fails to finish schoolwork or chores (not due to oppositional behavior or failure to understand instructions); has difficulty organizing tasks and activities; avoids or dislikes engaging in tasks that require sustained mental effort; often loses things necessary for task or activities (e.g. school assignments, pencils, books); is often easily distracted by extraneous stimuli; is often forgetful in daily activities; often fidgets with hands or feet or squirms in seat; often leaves seat in classroom or in other situations in which remaining seated is expected; often feels restless; has difficulty playing or engaging in leisure activities quietly; is often "on the go" or acts as if "driven by a motor"; talks excessively; often blurts out answers before questions have been completed; has difficulty awaiting turn; often interrupts or intrudes on others.

He experienced or witnessed an event that involved actual or threatened death, serious injury, or threat to the physical integrity of self or others; his/her response to the experience involved intense fear, helplessness or horror; recurrent and intrusive distressing recollections of the event (images, thoughts, or perceptions); recurrent distressing dreams of the event; acting or feeling as if the traumatic event were recurring; intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; efforts to avoid thoughts, feelings, or conversations associated with the trauma; efforts to avoid activities, places or people that arouse recollections of the trauma; inability to recall an important aspect of the trauma; markedly diminished interest or participation in significant activities; feeling of detachment or estrangement from others; restricted range of moods; sense of a foreshortened future; difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating; hyper vigilance; exaggerated startle response. Excessive anxiety and worry for at least 6 months; difficulty controlling the worry; restlessness or feeling keyed up or on edge; being easily fatigued; difficulty concentrating or mind going blank; irritability; muscle tension; sleep disturbance.

Discrete periods of intense fear or discomfort; palpitations, pounding heart, or accelerated heart beat;

sweating; trembling or shaking; sensations of shortness of breath or smothering; feelings of choking; chest pain or discomfort; nausea or abdominal distress; feeling dizzy, unsteady, lightheaded, or faint; de-realization or self detachment; fear of losing control or going crazy; fear of dying; numbness or tingling limbs; chills or hot flushes. Anxiety about being in places that can be embarrassing; fears of crowds; fear of being alone; fear of standing in

lines; fear of heights; fear of closed places; fear of leaving home; fear of flying; fear of animals; fear of speaking in public.

Recurrent thoughts or impulses that cause marked anxiety or distress; that are not about real life problems; he/she attempts to deal with the thoughts with some other thought or action; he/she knows that they are a product of his/her own mind. repetitive behaviors or mental acts that a he/she feels driven to perform in response to an obsession; behaviors or mental acts are aimed at preventing some dreaded event; checking things over and over again; washing his/her hands over and over again; ritualistic behavior; being uncomfortable when things are not in perfect order (clothes, food on a plate, towels).

Use of any drug; Cannabis (Marijuana), Amphetamines, Cocaine, Hallucinogens, Inhalants, Alcohol, Nicotine, Tobacco, other _____

TOLERANCE; (need for increased amounts of the same substance to achieve desired effect OR marked diminished effect with the same amount of the substance); **WITHDRAWAL** (classic withdrawal symptoms OR taking a similar substance to avoid withdrawal symptoms); substance is taken in larger amounts or over a longer period of time than what he/she intended; persistent desire or unsuccessful attempts to cut down on usage; great amounts of time spent in drug related activities; important parts of life are given up or reduced because of usage; use is continued despite knowledge of harm to self and others; recurrent use resulting in failure to fulfill a major role obligation (school, family, work); use in situations that are physically hazardous (car, needles, etc); related legal problems (arrests, under-age use, etc); continued use despite having recurrent relationship problems (arguments, family stress, social problems, school problems).

Recurrent episodes of binge eating; eating in a discrete period of time; eating amounts of food that are definitely larger than most people would eat; a sense of lack of control over eating; recurrent inappropriate compensatory behavior in order to prevent weight gain; self-induced vomiting; misuse of laxatives; self evaluation is unduly influenced by body shape and weight; cuts on the back of hands; recent tooth decay. A history of physical complaints that occur over a long period of time; seem to be preoccupied with physical problems, sick often.

Several discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property; degree of aggressiveness expressed during the episodes are grossly out of proportion to any precipitating stressors.

Impairment in the use of multiple nonverbal behaviors (eye to eye gaze, facial expressions, body postures, gestures); failure to develop age appropriate peer relationships; lack of spontaneous seeking to share enjoyment or interest; lack of social or emotional reciprocity; preoccupation with restricted patterns; inflexible adherence to routines or rituals; stereotyped and repetitive motor mannerisms; preoccupation with parts of objects. Symptoms relating to parents--impaired communication; overprotection; enmeshment; inadequate discipline; intense relationship; obvious lack of functionality; unresolved issues; lack of respect; out of control feelings.

- Pattern of failing grades; underachievement; truancy; dropping out of school.
- Physical Abuse of your daughter, Sexual Abuse of your daughter,
- Non-compliance with out-patient therapy, medication, probation, in-patient treatment.
- IQ below 70; IQ between 71-84; IQ between 85-115; IQ between 116-130; IQ above 131.
- Bereavement; recent abortion; recent miscarriage; recent loss of a loved one; recent suicide of a close friend; recent divorce.

Unstable relationships, unstable moods, highly impulsive; frantic efforts to avoid abandonment; intense interpersonal relationships characterized by alternating between extremes of idealization & devaluation; unstable self-image or sense of self; impulsive in at least 2 dangerous areas (spending, sex, substance abuse, reckless driving, binge eating); recurrent suicidal behavior, gestures, or threats; self mutilating behavior; intensely reactive moods; chronic feelings of emptiness; inappropriate & intense anger; difficulty controlling anger; stress related paranoid thoughts; dissocialize symptoms.

High emotionality and attention seeking; uncomfortable in situations which he/she is not the center of attention; interaction with others is characterized by inappropriate sexually seductive or provocative behavior; rapidly shifting and shallow expression of emotion; uses physical appearance to draw attention to self; speech is impressionistic and lacking in detail; shows self-dramatization, theatricality, and exaggerated expression of emotion; suggestible or easily influenced by others; considers relationships to be more intimate than they actually are.

General Health; Good Physical Health, allergies, recent operation, sexually transmitted disease, broken bones, tooth decay.

Problems with primary support group; educational problems, problems related to interaction with the legal system or a crime, change of residence, recent break up with a serious girlfriend, drug detoxification, recent parental divorce.

The following items will need to either accompany the Child or be sent within one week of his arrival. If the following list of items does not arrive within one week, they will be purchased for the Child and funds will be billed to the parent.

THINGS TO BRING

3 white bath towels
3 white washcloths
Pictures of family
Personal hygiene items (non-aerosol)
If shaving is needed, send an electric
Razor for boys and blades for girls
Feminine product of choice for
females

THINGS NOT TO BRING

Stereo, Recorder, walkmans, or iPods
Aerosol hair sprays, ect
Hair dyes/ colored hair mousse
Chewing gum
Jeans with holes
Scissors
Jewelry of any kind
T-shirts with occult
Candy or food
Money or loose change
Stamps

AMOUNT OF CLOTHING TO BRING

The recommended amount of clothing to bring is as follows:

8 White T-shirts	10 pair white socks
4 Pair gray gym shorts	1 pair athletic shoes
7 Pair underwear	1 pair flip flops for shower
3 sets nightwear	1 pair house slippers
4 Pair gray sweat pants	1 light jacket
4 Gray sweatshirts	1 heavy coat
5 Bras for female	

VALUABLES:

Items that have significant financial or sentimental value should not be brought with the child. The contract specifically states that White Rock Academy does not accept responsibility for lost or stolen items.

CARE PACKAGES:

Non perishable items make better presents as they are something that the Child can keep a (books, clothing, stationary, ect.) If a parent would like to send perishables or home-baked goods, they will be shared with the other students in their child's group.

We do ask that the parents do not send care packages containing perishables if at all possible. In most cases, students will not be allowed to share the contents unless all students on their assigned unit has received privileges to do so. This does not happen often given the nature of our business.

PLEASE MAKE SURE THAT YOU KEEP THIS PAGE ON FILE AS WE MAY BE RETURNING CONTENTS OF PACKAGES RECEIVED THAT ARE NOT APPROVED.

For White Rock Academy Use Only

Student: _____ **Date:** _____

Current Diagnosis: _____

Reason for Referral _____

Red Flags: _____

Admittance:

- Accepted**
- Declined** reason _____
- Need Additional Information**

Reviewed By:

Clinical Director Signed _____

Executive Director Signed _____

Administrative Director Signed _____

Nurse Signed _____