



Boys Home of Virginia
Admissions Office
(P) 540-965-7739 (F) 540-965-7702

“A Successful Man Has to Start Somewhere”

ADMISSIONS APPLICATION

CHILD INFORMATION

Child's Name: _____

Age: _____ Date of Birth: ____/____/____ Place of Birth: _____

Current Grade: _____ SSN: _____ - _____ - _____

Current Address: _____

Race: _____ Ethnicity: _____

Adopted: Yes or No If yes, at what age: _____

What is your faith background? _____

Does your family attend a church? If so what church? _____

Baptized: Yes or No If yes, at what age: _____

Areas of Strength: (List positive behavioral traits)

1. _____

2. _____

3. _____

Areas Needing Improvement: (List negative behavioral traits)

1. _____

2. _____

3. _____

If your child has any protective needs please list below: (i.e. Gang involvement, substance abuse, custody agreements or restraining orders, etc.)

AREAS OF CONCERN**(Please Check One)**

		Never	Past	Present
1.	Grades in school			
2.	Respect for authority			
3.	Drug involvement			
4.	Alcohol involvement			
4.	School disciplines, suspensions, or expulsions			
5.	School Truancy			
6.	Gang Involvement			
7.	Following house rules			
8.	Sexual activity			
9.	Juvenile Court involvement			
10.	Setting fires			
11.	Harming animals			
12.	Damage of property			
13.	Verbal aggression			
14.	Physical aggression			
15.	History of Runaway			

PSYCHOLOGICAL INFORMATION

1. Have any Psychological Evaluations, I.Q., and/or Personality Tests been administered to your child?

Yes or No

If yes, what facility and approximate date:

2. Is your child currently taking any prescription medications? Yes or No

If yes, name of medications:

3. Please list any specific mental health concerns or needs you may have regarding your child:

4. Has your child had any previous residential placements/ Yes or No

If yes, what facility and approximate date: _____

EDUCATIONAL CONCERNS

1. List any specific educational concerns or needs you may have regarding your child:

Does your child have an IEP? Yes or No

If yes, what is the IEP classification? (if unknown, please write "unknown")

PARENT/GUARDIAN 1

Name: _____ Relationship to Child: _____

Marital Status: _____ Spouse Name (If Different than 2nd Guardian) _____

Employer: _____

Current Address: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Cellular: _____ Home: _____ Work: _____

Email: _____

PARENT/GUARDIAN 2

Name: _____ Relationship to Child: _____

Marital Status: _____ Employer: _____

Current Address: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Cellular: _____ Home: _____ Work: _____

Email: _____

Are all parents/guardians in agreement with the application and placement of the child?
 Yes or No
 If no, please explain: _____

FINANCIAL INFORMATION

1. Who will be assuming financial obligation during the child's placement?

2. What is the combined family income per year? _____

3. Total number of members in the household? _____

4. Is either parent required to pay child support? Yes or No
 If yes, which parent? _____
 What court? _____
 Date: _____ Amount: _____

5. Is the child entitled to any benefits as Social Security, the child of a war veteran, or other programs? Yes or No
 If yes, what are the benefits and amount? _____

SIBLINGS

Name	Age	Sex

OTHER RELATIVES OR CLOSE FRIENDS:

Name	Relationship

INTERESTED PARTY (Any other person you give permission to communicate with your child)

Name: _____
Relationship to Student: _____
Address: _____
Phone: __ (____) _____ - _____ Email: _____

NAME OF PERSON MAKING APPLICATION

Name: _____ Relationship: _____
How did you hear about Boys Home? _____
<i>I/We do certify that I/We have the right to make an application on behalf of this child and that the information furnished is true and complete to the best of my/our knowledge and further certify that the legal custody of the child is held by:</i>

Signature: _____ Date: _____
Signature: _____ Date: _____

May 2022