



**Grace Project:
Mentor Program Application**

Step 1 – Application Process

Once we receive all of the information listed in this section, our admissions team will evaluate the file to determine if Grace Home Ministries (GHM) is the appropriate resource for the applicant. If the admissions team agrees the applicant is a good candidate, the applicant will continue in the application process and be contacted for an interview. These documents may be faxed to Brooke Miller at 804-751-0301, or mailed to Attn: Brooke Miller, P.O. Box 1023 Chesterfield, VA 23832.

A copy of the following is **required** for all applicants :

- Completed GHM Application (No blanks – use “NONE” or “Unknown” as appropriate)
- Current Grades
- High School Transcript
- Individual Education Plan (IEP) (If applicable)
- Evaluations (Educational, Psychological, Social, etc.) (If applicable)
- Discharge Summaries from residential placements (If applicable)
- Proof of Insurance, Medicaid or Medicare (Copy of insurance card)
- Immunization Records

Step 2 – Interview Process

The initial interview includes the applicant and his/her parent, legal guardian, social worker, or probation officer. The Program Coordinator will use this interview to obtain other necessary information to determine if GP is an appropriate program for the applicant.

IDENTIFYING INFORMATION ON APPLICANT

Applicant's Full Name: (First, Middle, Last)	
Today's Date:	
DOB:	
Current Age:	
Months pregnant? OR Age of baby?	
Race/Ethnic Background:	
Religious Preference/Background:	
Insurance Provider:	
Insurance ID #:	

Phone:	
Email:	

PARENT/GUARDIAN CONTACT INFORMATION

Primary Contact Name:	
Address:	
Phone:	
Email:	

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Emergency Contact Name:	
Address:	
Phone:	
Email:	

EDUCATION

Current or last attended school:	
Address:	
Phone:	
School Counselor's Name:	
What are your educational needs? (i.e. Tutor in Algebra, accountability for agenda, etc.)	
Current grade:	
504 Plan or IEP implemented (Yes/No)?	
If there is a current 504 or IEP, what is the student's identified disability?	

COURT INVOLVEMENT

Have you ever been found guilty of criminal violations? If yes, what and when?	
Are you on probation? If yes, please provide a copy of the court order.	
Specify all types of protection needs, including protective or restraining orders, prohibited contacts, etc.:	

PHYSICAL HEALTH HISTORY & PHYSICAL NEEDS

Specify all known illnesses:
Specify all handicapping conditions:
Specify all known medication allergies:
Specify all known food, environmental or other allergies:
Specify physical health needs:
Specify type(s) of substance (include ALL legal and illegal) use and frequency:
Specify when and where applicant received substance abuse treatment, if any:
Date of last physical exam:

MENTAL HEALTH

List any mental health diagnoses, name of diagnosing professional(s), and date of diagnosis:	
Are you receiving or have you ever received professional counseling/therapy (Yes/No)? Please list name of professional	
Specify any other mental health, emotional, and/or psychological needs:	

CURRENT MEDICATION(S)	REASON PRESCRIBED

PHYSICIAN(S) (List any doctor seen in the last year)

NAME	ADDRESS	PHONE

ADDITIONAL SCREENING: Has the applicant ever participated in any of the following:

YES	NO	BEHAVIOR	IF YES, WHEN, WHERE, ETC.
		Fire Setting	
		Sexual offenses	
		Self harm (cutting, suicide, etc.)	
		Assaultive behavior	
		Running away	

BEHAVIOR SUPPORT NEEDS OF THE APPLICANT: Please specify each problematic behavior of the applicant and provide information as indicated to assist her in self-managing.

Identify positive behavior(s):
Identify problem behavior(s):
Identify triggers for problem behavior(s).
Identify successful intervention strategies for problem behavior(s):
What techniques has applicant used to self-manage anger and anxiety?
Identify interventions that may escalate inappropriate behavior(s):

PROGRAM GOALS: Specify the goals you would like Grace Project to assist in accomplishing?

1.
2.
3.
4.
5.

Applicant Signature

Date

Parent(s)/Legal Guardian Signature

Date

FOR INTERNAL USE ONLY

After careful review of this application and all required application documentation, this applicant is (check one) _____ accepted _____ denied placement into the Grace Project.

If accepted, reason the applicant was accepted:

If denied, reason the applicant was denied:

Signature	Position	Date

