



Meadows
OF
Hope

RESTORING HOPE. TRANSFORMING LIVES.

Meadows of Hope

Teen Girl Application

Thank you for your interest in applying to Meadows of Hope.
Please read all the information carefully, including this brief introduction.

Ministry Theme Verse - "This hope we have as an anchor of the soul, both sure and steadfast. It leads us through the curtain into God's inner sanctuary" (Heb. 6:19).

Vision - Meadows of Hope exists to disciple teen girls into a healthy relationship with God and others and responsible life choices.

Mission - Meadows of Hope offers hope and redemption through a family environment, equine assisted learning, and individual counseling.

Focus of ministry:

- In partnership with Camp Andrews in their ministry to youth, we serve teen girls who are struggling socially, emotionally, and spiritually.
- We serve girls between the ages of 13-20.
- The teen girls who enter our program are not mandated to come here, but come here willing to work on their problems.

Core Values:

- Developing relationship with the Triune God as revealed in Scripture
- Partnering with sending ministries
- Fostering responsible stewardship of resources
- Honoring the unique and intrinsic value of each person
- Providing a nurturing environment

ATTACH RECENT
PHOTO HERE

~ HEAD TO TOE PICTURE ~

~ WITHIN LAST YEAR ~

(NOTE: PICTURE MAY
BE LARGER THAN
THIS SPACE)

Commitment:

- This application assists us in determining if we can meet your specific need for help. If for some reason we cannot, we may be able to refer you to another organization or ministry.
- Applicants to Meadows of Hope should have a desire to receive help in a Christian environment and should be willing to apply the principles of a biblical discipleship program.
- Teen girls applying to Meadows of Hope cannot be placed involuntarily by parents and must desire change in their life. The desire for personal change plays a significant part in the healing process while at Meadows of Hope. Applicants accepted to Meadows of Hope will be asked to sign a *Commitment to Change* contract prior to entry.
- Generous individuals and businesses give to Meadows of Hope which keeps program fees low and reasonable for each teen entering the program. As stewards of these gifts and to be accountable to our donors, we want to ensure that each bed is filled with a teen who wants help and who is willing to work through the program.
- If a teen decides to leave the program prematurely or is discharged due to not complying with expectations, she will need to wait for a period of time before starting the application process again, as per the discretion of the staff of Meadows of Hope. Therefore, seize this opportunity to significantly change your life.

Directions:

- The applicant must be between the ages of 13-20.
- An application fee of \$125.00 must accompany this application.
- The teen girl must fill out this entire application in her own handwriting. Do not leave any lines blank but write N/A if any questions do not apply to you. **Incomplete applications will be returned and will delay the interview/intake process.**
- For questions, email Jenni Wagler at jenni@meadowsofhope.org or call Jenni at 717-284-2019
- Send completed application (and all related information) to:
Meadows of Hope, 1226 Silver Spring Road, Holtwood, PA 17532

Processing Procedure:

- Upon receipt of your application, your parent’s application, the supporting ministries application, and your female mentor’s application, we will review them and confirm that Meadows of Hope is a viable placement option for you. You will then be contacted to set up an on-site visit. At the on-site visit, a decision will be made by the Meadows of Hope staff as to whether or not we would offer you a placement opportunity.

Today’s Date: _____

General Information:

1. Full Name _____ Preferred Name (nickname) _____
Complete Address _____
2. Date of Birth _____ Age _____ Social Security # _____
City, State/Province, and County of Birth: _____
U.S. Citizen Yes No If no, explain: _____
3. Daytime Phone _____ Evening Phone _____ Cell _____
Email _____

4. How have you heard about Meadows of Hope? (check all that apply)
- Parents Church (if checked, give the church name) _____
- Internet Counselor Friend Other (explain) _____
5. Have you ever applied to Meadow of Hope in the past? Yes No If yes, provide approximate date: _____
- Have you ever been a resident at Meadows of Hope? Yes No If yes, provide approximate date: _____
6. Ethnicity: African American Asian Caucasian Hispanic Native American Other (specify) _____

Marital Status and Children:

7. Marital Status: Single Engaged Married Separated Divorced
8. If you have any children, list names and ages:

- a. _____ Age: _____
- b. _____ Age: _____

Who presently has custody of your children? _____

What arrangements will you make for your children while you are at Meadows of Hope? _____

Parent in your Current Household: (#'s 9-13 - only fill out if over 17 years of age)

9. Father's Name _____ (check one) Biological Adoptive Step-parent
- Address _____
- Home Telephone # _____ Cell Phone # _____
- Email Address _____ Occupation _____
10. Mother's Name _____ (check one) Biological Adoptive Step-parent
- Address _____
- Home Telephone # _____ Cell Phone # _____
- Email Address _____ Occupation _____
11. Emergency contact information in case of emergency: (only if over 17 years of age) Name _____
- Address _____ Home # _____
- _____ Work # _____
- _____ Cell # _____

Parent not in your Current Household (if any) (for example, biological or step-parent not living with you):

12. Father's Name _____ (check one) Biological Adoptive Step-parent
- Address _____
- Home Telephone # _____ Cell Phone # _____
- Email Address _____ Occupation _____
13. Mother's Name _____ (check one) Biological Adoptive Step-parent
- Address _____
- Home Telephone # _____ Cell Phone # _____
- Email Address _____ Occupation _____

Parents/Family History and Present Information:

14. Was there a sense of security and harmony in your home during the first 12 years of your life? Explain: _____

15. Have these feelings changed since then and, if so, why/how? _____

16. Is your father the head of the home, or does your mother rule the home? Explain: _____

17. How does your father or stepfather treat you? _____

18. How does your mother or stepmother treat you? _____

19. How does your father treat his wife? _____

20. How does your mother treat her husband? _____

21. Presently in your life, how would you rate the moral atmosphere in which you are being raised by your father (the way your **father** allows you certain freedoms or is very strict with you, with the following (circle one number for each row):

	Overly Permissive	Permissive	Average	Strict	Overly Strict
Clothing	5	4	3	2	1
Sex	5	4	3	2	1
Dating	5	4	3	2	1
Movies	5	4	3	2	1
Music	5	4	3	2	1
Social Networking	5	4	3	2	1
Literature	5	4	3	2	1
Free Will	5	4	3	2	1
Drinking	5	4	3	2	1
Smoking	5	4	3	2	1
Church Attendance	5	4	3	2	1

22. Presently in your life, how would you rate the moral atmosphere in which you are being raised by your mother (the way your **mother** allows you certain freedoms or is very strict with you, with the following (circle one number for each row):

	Overly Permissive	Permissive	Average	Strict	Overly Strict
Clothing	5	4	3	2	1
Sex	5	4	3	2	1

Dating	5	4	3	2	1
Movies	5	4	3	2	1
Music	5	4	3	2	1
Social Networking	5	4	3	2	1
Literature	5	4	3	2	1
Free Will	5	4	3	2	1
Drinking	5	4	3	2	1
Smoking	5	4	3	2	1
Church Attendance	5	4	3	2	1

23. Do you have siblings? If so, how many and ages? _____

24. How do you feel about your siblings? _____

25. Do your siblings treat you with respect? _____

26. Have your siblings ever hurt you? If so, explain: _____

27. Have any other members of your family ever hurt you (uncle, cousin, grandparent, etc.)? If so, explain: _____

28. Have any of your parents' friends ever hurt you? If so, explain: _____

29. Have you been adopted? Yes No If you have been adopted, describe the circumstances, including age adopted: _____

30. Have you ever been placed in a foster care home, or placed outside the home? Yes No If so, describe the circumstances e.g. where, for how long, and why? _____

31. Is there any history of mental illness in your family e.g. depression, anxiety, bi-polar, schizophrenic, etc.)? _____

Personal History:

32. What were you like during Junior High or High School? (examples e.g. outgoing, shy, funny, etc.): _____

33. Have you started dating? Yes No Any steady relationship? Yes No

34. Have you had any overly physical and/or sexual relationships during Junior/High School? Explain: _____

35. Have you ever experienced a significant amount of confusion about your sexuality? Yes No

36. Was this relationship with the same gender or opposite gender? _____

37. How did you get along with others in Junior/Senior High School? _____

38. Did you have many friends during these years? Yes No

39. Describe the kind of relationship you have had with these friends: _____

40. Have you ever been in a treatment program (residential or non-residential) Yes No If so, describe the circumstances, including age: _____

41. Have you ever tried to commit suicide? Yes No When? _____ How? _____

42. How often do you think about committing suicide? _____

43. Have you ever self harmed? Yes No How? _____

At what age did you start and is this a current struggle? _____

44. Check those that have ever applied to you:

Victim of rape?

Involved in prostitution?

Victim of sexual abuse?

Involved in sex trafficking?

Victim of a physical beating?

Legal Background:

45. Have you ever been arrested? Yes No How many times? _____ Dates/charges/etc. _____

46. Do you have any pending court dates? Yes No Explain: _____

47. Are you currently on probation? Yes No If so, how long and time remaining: _____

48. Are you currently on parole? Yes No If so, how long and time remaining: _____

Substance Abuse:

49. Check any substances with which you have experimented.

Alcohol

Hallucinogenic (acid, LSD, etc.)

Opium

Amphetamines (uppers)

Crank

Heroin

Barbiturates (downers)

Crystal Meth

Ecstasy

Cocaine

Marijuana

Tobacco

Crack

Methamphetamines

Other: _____

Inhalants (glue, paint, etc.)

Morphine

Other: _____

Drug of Choice:

1) _____ Length of Use: _____ Date Last Used: _____

2) _____ Length of Use: _____ Date Last Used: _____

50. Are there any addictive problems in your family? If so, who and what do/did they use (alcohol, drugs, etc.)? _____

Medical:

51. Physical Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

52. Circle the general state of your health: Excellent Good Average Poor

53. Provide your current family doctor:

Address: _____ Phone #: _____

54. Have you received your scheduled immunizations? Yes No If no, explain: _____

(Attach copy of immunization record)

55. Are there any known medical problems that run in your bio family? _____

56. Were there any issues with your mother during her pregnancy? _____

57. Do you have any previous and do you have any current illnesses: _____

58. Did you have any previous and do you have any current sustained injuries: _____

59. Please list any dietary/eating restrictions/limitations you have: _____

Were these restrictions recommended by a Doctor? Yes No

60. Did you have any previous and do you have any current mental health problems: _____

61. Are there any body stimulation and/or movement stimulation processes needed for any disability: _____

62. Are there any necessary ongoing medical care needs: _____

63. Do you have any previous and do you have any current dental problems: _____

Date of most recent dental checkup _____ Date of most recent physical exam _____

64. Do you have any allergies? (food, medicine, animals) Yes No

List all known allergies: _____

Does she require an EpiPen? Yes No

65. List any and all medication or supplements that you currently take:

Medication/Supplement	Dosage	Reason	For How Long?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

66. List all past surgeries or medical hospitalizations (include hospital name, approx. dates, reasons for hospitalization, and outcome): _____

67. Describe your eating habits (for example, junk food addict, eat regularly, or sporadically, balanced diet, bulimic-binging then forcing yourself to vomit or take laxatives, etc.): _____

68. How often do you think about your weight or eating? _____
69. Do you feel like you are always too fat and/or are you afraid of being or becoming overweight? Yes No
 Explain: _____

70. How would your life be different if you lost the weight you want to? _____

71. Have you been diagnosed or treated by a Doctor for an eating disorder? Yes No
 If yes, please provide the doctor's name and telephone #: _____
72. Are you pregnant? Yes No If yes, give approximately due date: _____
 Has a doctor confirmed your pregnancy? Yes No
73. Are you having recurring nightmares, visions, or disturbances? If yes, explain: _____

74. Do you have any problems sleeping or staying asleep? Explain: _____

75. Does your present schedule allow for regular periods of rest and relaxation? If no, explain: _____

Counseling and Treatment:

76. Have you ever been diagnosed or treated for: (check all that apply)
- | | | | |
|------------------------|--|--------------------------------|--|
| ADD/ADHD | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dissociative Identity Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Anxiety | <input type="checkbox"/> Yes <input type="checkbox"/> No | Obsessive Compulsive Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asperger's Syndrome | <input type="checkbox"/> Yes <input type="checkbox"/> No | Oppositional Defiant Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bi-Polor Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | Post Traumatic Stress Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Borderline Personality | <input type="checkbox"/> Yes <input type="checkbox"/> No | Reactive Attachment Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Depression | <input type="checkbox"/> Yes <input type="checkbox"/> No | Schizophrenia | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Have you been in any counseling therapy in the last two years e.g. therapist, psychiatrist, psychologist, rehabilitation center, detoxification program, etc.? Yes No If yes, please list the counselors below
- 1) Date of Entry: _____ Counselor/Place: _____
 City/State: _____ Reason for going: _____
 Discharge date: _____ Reason for leaving: _____

- 2) Date of Entry: _____ Counselor/Place: _____
 City/State: _____ Reason for going: _____
 Discharge date: _____ Reason for leaving: _____
- 3) Date of Entry: _____ Counselor/Place: _____
 City/State: _____ Reason for going: _____
 Discharge date: _____ Reason for leaving: _____

Education:

77. Are you currently in school? Yes No
78. If *yes*, what type of school do you attend? Public Private Home School Residential School
79. If *yes*, what is your class size? Small (less than 15) Medium (15-25) Large (more than 26)
80. If *yes*, check off any of the following that apply to you within the last two years:
 General Lecture/Classes Honors/Gifted Resource Room/Center
 Self-Paced/Individualized Special Education
81. Check the last grade you completed: 6th 7th 8th 9th 10th 11th 12th 1st Year College 2nd Year College
82. Name the last school attended: _____
83. Give address of this school: _____
84. Dates you attended this school: _____
85. What are your three favorite subjects in school? _____
86. What are your three least favorite subjects in school? _____
87. What would you like to do after finishing high school? _____
88. If you are currently in college, what major(s) are you pursuing? _____
89. Check any of these that you have experienced: Suspension Expelled Repeated Grade(s) _____
90. Do you have a high school diploma or GED Yes No If yes, check which one: High School Diploma GED
91. Check the total number of schools you have attended: 1-2 3-4 5-6 Other please explain: _____
92. What kind of student are you? With each row, please check the box that describes you the best.
- | | | | |
|--|----------------------------------|------------------------------------|---------------------------------|
| I like school. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| I stay focused and don't get distracted. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| I attend daily classes. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| I understand written instructions. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| I love to read books. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| I always do my homework assignments. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| My classmates like me. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| I follow teacher's instruction well. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| I get along with my classmates. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| School is easy for me. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| I am caught up with my classes/PACES. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |

- | | | | |
|---|----------------------------------|------------------------------------|---------------------------------|
| I have excellent attendance w/all my classes. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| I like my teachers. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| I do what I'm told by my teachers. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| I work well on my own. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |
| School work is fairly easy for me. | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Seldom |

93. List any extra-curricular activities and/or sports you have been involved in the last two years: _____

94. List any education-related challenges you have (learning disabilities, reading comprehension, dyslexia, etc.) _____

Supporting Ministry/Church Involvement:

95. What is the name of the ministry or church with whom you are connected? _____
96. List two persons in this ministry who you respect and look up to, and why: _____

97. What specific activities are you involved in with this ministry? _____
 How regularly do you attend? _____
 Have you ever been suspended or expelled from ministry activities? _____
98. How long have you been involved in this ministry? _____
99. How has your life been touched, in positive ways, through this ministry? _____

Mental/Emotional/Spiritual Questions:

100. How many hours a week do you use/do internet, social media, TV, smartphone, gaming: _____

101. Do you listen to music much? _____ What type of music do you enjoy the most? _____
 List four of your favorite groups: _____

102. What are some of your interests and hobbies? _____

103. What would be at least one or two occupational and/or personal long term goals you would have for yourself?

104. What disciplinary measures have been used in your home and how do you feel about them? _____

105. Explain the kind of relationship you have with your brothers and sisters: _____

106. Explain what kind of relationship you have with your parents: _____

107. Check those that you have experienced during the last six months:

- | | | |
|---|--|--|
| <input type="checkbox"/> Chronically lie | <input type="checkbox"/> Harm myself when angry or depressed | <input type="checkbox"/> View pornography (internet, phone, other media) |
| <input type="checkbox"/> Use alcohol | <input type="checkbox"/> Sexually active with males | <input type="checkbox"/> Involvement with legal system |
| <input type="checkbox"/> Steal | <input type="checkbox"/> Sexually active with females | <input type="checkbox"/> Talked about suicide |
| <input type="checkbox"/> Harm property | <input type="checkbox"/> Cross dress | <input type="checkbox"/> Attempted suicide |
| <input type="checkbox"/> Smoke | <input type="checkbox"/> Feeling Depressed | <input type="checkbox"/> Difficulty getting along with authority |
| <input type="checkbox"/> Set fires | <input type="checkbox"/> Runaway | <input type="checkbox"/> Have friends who are a bad influence |
| <input type="checkbox"/> Explode with anger | <input type="checkbox"/> Involvement with the Occult | |
| <input type="checkbox"/> Stuff my feelings | <input type="checkbox"/> Vomiting food | |
| <input type="checkbox"/> Violent to others | <input type="checkbox"/> Overeating | |

108. List your five favorite TV programs and/or films: _____

109. Have you ever committed your life to Jesus Christ? Yes No Date: _____ Place: _____

110. In what denomination were you raised? _____

111. Do you regularly attend church? Yes No If so church name _____
Pastor's Name _____ Telephone #: _____

112. Do you regularly read the Bible? Yes No

113. Do you ever pray? Yes No

114. Have you ever heard voices in your mind or had repeating and nagging thoughts that were foreign to what you believe or feel, like there was a dialogue going on in your head? Explain: _____

115. What other spiritual experiences have you had that would be considered out of the ordinary? _____

116. How would you describe your present relationship with God? _____

117. What would you say are your greatest strengths, gifts, abilities? _____

118. Have you ever witnessed or been involved in occult activities? Yes No If yes, write out a detailed explanation of your involvement with the occult: _____

119. What would you say is your primary problem that is causing you to seek help at Meadows of Hope? _____

120. What would you like to see happen as a result of coming to Meadows of Hope? _____

121. Rate the following statement: **“I am completely committed to receiving help and healing for my life, no matter what it takes!”** (on a scale of 1-5, please circle the statement that best fits how you feel and believe):
- 1-not at all true of what I believe
 - 2-slightly true of what I believe
 - 3-moderately true of what I believe
 - 4-very true of what I believe
 - 5-completely true of what I believe

Upon receipt of all three applications (mentioned on page 2), if Meadows of Hope staff determines that you are a viable placement option, the next step in the intake process is an on-site visit. During this visit, Meadows of Hope provides diagnostic assessments of behavioral problems and needs in an interview. In addition, there is an analysis of educational needs in order to assess potential entry level into Meadows of Hope Christian School. Therefore, it is essential that the parent(s)/guardian(s) and the applicant participate in the interview process. By signing this application, I agree to participate in the interview that will be part of the on-site visit and to provide all necessary information which may assist the Meadows of Hope staff in the intake process. I understand that this signature does not obligate me to enter the program.

Teen Full Name (Print)

Teen's Signature (Handwrite)

Meadows of Hope

RELEASE OF INFORMATION FORM (For Adult Age Applicants)

Note: Applicant does not need to fill this out if she is a minor (age 17 or less)

All matters relating to applicant records and information are considered confidential and are treated as such by the staff of Meadows of Hope. Information regarding such matters cannot be given without the written consent of the applicant.

Name of applicant _____ DOB: _____

I, _____, do hereby give permission for Meadows of Hope to share information related to my application and program records with:

(for example, you may want to include certain family members, ministry/church personnel, etc.)
(please include contact information, including addresses)

1. _____

2. _____

3. _____

4. _____

This release will expire on (date) _____ unless written notification by the applicant indicates otherwise.

Adult Applicant (Signature)

Date

Meadows of Hope Representative (Signature)

Date

Meadows of Hope

MEDICAL DATA AND RECORDS RELEASE (For Adult Age Applicants)

Note: Applicant does not need to fill this out if she is a minor (age 17 or less)

All matters relating to applicant records and information are considered confidential and are treated as such by the staff of Meadows of Hope. Information regarding such matters cannot be given without the written consent of the applicant.

I, _____, do hereby give permission for Meadows of Hope to share information related to my application and program records with:

(for example, include medical facilities and medical and clinical information relating to dates of treatment, medical, psychological, social, psychiatric, substance abuse diagnoses, treatments, prognosis, counseling, and/or therapy herein contained in the student's medical records)

(please include names, facilities, contact information, including addresses)

1. _____

2. _____

3. _____

Please release the following information for the approximate Date(s) of Service: _____

- | | |
|---|--|
| <input type="checkbox"/> Medical Records and information | <input type="checkbox"/> Medication Administration Records |
| <input type="checkbox"/> Personal history information | <input type="checkbox"/> Consultation Reports |
| <input type="checkbox"/> Educational information and records | <input type="checkbox"/> Laboratory/Radiological Reports |
| <input type="checkbox"/> Psychological records, psychiatric records, discharge summaries, treatment records and summaries, counseling records, etc. | |

Other _____

PLEASE FAX ALL REQUESTED RECORDS TO 717-284-2852 ATTN: ADMISSIONS COORDINATOR

Mailing Address: 1226 Silver Spring Road, Holtwood, PA 17532

This authorization is valid one (1) year from the date signed. This consent is subject to revocation in writing by the parent/guardian/adult resident at any time, except to the extent that action has been taken in reliance thereon.

Adult Applicant (Signature)

Date

Meadows of Hope Representative (Signature)

Date

Meadows of Hope

SCHOOL RECORDS RELEASE (For Adult Age Applicants)

Note: Applicant does not need to fill this out if she is a minor (age 17 or less)

All matters relating to applicant records and information are considered confidential and are treated as such by the staff of Meadows of Hope. Information regarding such matters cannot be given without the written consent of the applicant.

I, _____, do hereby give permission for Meadows of Hope to share information related to my application and program records with: **the below named school(s):**

	Requesting School	Sending School:	Sending School:
School	Meadows of Hope Christian School Attn: Admissions Dept.		
Street Address	1226 Silver Spring Road		
City	Holtwood		
State, Zip Code	PA 17532		
Phone Number	717-284-2019		
Fax Number	717-284-2852		

Student Name

Date of Birth

SSN

Does this student have an active IEP? Yes No

Meadows of Hope Christian School hereby requests the release of education records for the student identified above who recently enrolled in Meadows of Hope Christian School in the _____ grade. I hereby request the release of the following school records to be sent to Meadows of Hope:

- Middle School Report Card Transcript Withdrawal Grades Special Education Records
- Any additional information which would be of assistance in placing this student

Adult Applicant (Signature)

Date

Meadows of Hope Representative (Signature)

Date

Meadows of Hope

RELEASE OF INSURANCE INFORMATION FORM (For Adult Age Applicants)

Note: Applicant does not need to fill this out if she is a minor (age 17 or less)

In the event that the insurance does not cover the total cost of the Medical bills, I am fully aware that I am responsible to pay for anything that insurance does not cover e.g. co-pays, deductible, etc.

I/We, hereby authorize Meadows of Hope to access our Medical coverage for the Student and furnish our/my designated Medical insurance carrier all information regarding the current medical condition, illness or injury of the Student. Meadows of Hope will use the following insurance information when health care services are needed:

Medical Insurance Information:

Resident SSN		
Primary Insurance Company		
Insured's Name		
Insured SSN		
Insured DOB		
Employer Name and Address		
Group/Policy #	Group#	Policy#
Phone Number (Insurance)		
Secondary Insurance Company		
Insured's Name		
Insured SSN		
Insured DOB		
Employer Name and Address		
Group/Policy #	Group#	Policy#
Phone Number (Insurance)		

Father/Guardian (Signature)

Date

Mother/Guardian (Signature)

Date

Meadows of Hope Representative (Signature)

Date

Meadows of Hope

RELEASE OF INSURANCE INFORMATION FORM (For Adult Age Applicants)

Note: Applicant does not need to fill this out if she is a minor (age 17 or less)

In the event that the insurance does not cover the total cost of the Dental/Vision bills, I am fully aware that I am responsible to pay for anything that insurance does not cover e.g. co-pays, deductible, etc.

I/We, hereby authorize Meadows of Hope to access our dental/vision coverage for the Student and furnish our/my designated dental/vision insurance carrier all information regarding the current medical condition, illness or injury of the Student. Meadows of Hope will use the following insurance information when health care services are needed:

Dental/Vision Insurance Information:

Resident SSN	
Primary Insurance Company	
Insured's Name	
Insured SSN	
Insured DOB	
Employer Name and Address	
Group/Policy #	Group# Policy#
Phone Number (Insurance)	
Secondary Insurance Company	
Insured's Name	
Insured SSN	
Insured DOB	
Employer Name and Address	
Group/Policy #	Group# Policy#
Phone Number (Insurance)	

Father/Guardian (Signature) Date

Mother/Guardian (Signature) Date

Meadows of Hope Representative (Signature) Date

Meadows of Hope

RELEASE OF INSURANCE INFORMATION FORM (For Adult Age Applicants)

Note: Applicant does not need to fill this out if she is a minor (age 17 or less)

In the event that the insurance does not cover the total cost of the Prescriptions bills, I am fully aware that I am responsible to pay for anything that the prescription insurance does not cover e.g. co-pays, deductible, etc.

I/We, hereby authorize Meadows of Hope to access our prescription coverage for the Student and furnish our/my designated insurance carrier all information regarding the current medical condition, illness or injury of the Student. Meadows of Hope will use the following insurance information when health care services are needed:

Prescription Medication Insurance:

Resident SSN		
Primary Insurance Company		
Insured's Name		
Insured SSN		
Insured DOB		
Employer Name and Address		
Group/Policy #	Group#	Policy#
Phone Number (Insurance)		
Secondary Insurance Company		
Insured's Name		
Insured SSN		
Insured DOB		
Employer Name and Address		
Group/Policy #	Group#	Policy#
Phone Number (Insurance)		

Father/Guardian (Signature)

Date

Mother/Guardian (Signature)

Date

Meadows of Hope Representative (Signature)

Date