

Cornerstone Transitional Living Program

Application Process

- 1) Email the completed application to: amy.hobson@caring4children.org
- 2) After you've sent us your application, call to schedule a Comprehensive Clinical Assessment (CCA) with our clinical team at 828-298-9608. When calling for the appointment, please let them know that you need to CCA for Cornerstone.
- 3) Next, call Amy Hobson the Director at 828-777-5715 between 9a- 5p, to schedule an informational interview where we will explain the program and answer any questions you may have. We suggest that you think of any questions you might have before the interview. Because living at Cornerstone is a commitment you are making to yourself to change your life and to work towards independence, it is a good idea to come prepared so that you can get all the information you need to make that decision.
- 4) If there are no available beds, you may be put on a waitlist. It is your responsibility to call back every two weeks to maintain your spot on the waitlist.

Cornerstone Transitional Living Program
Phone: (828) 777-5715 call between 9a-5p
Email: amy.hobson@caring4children.org

CORNERSTONE – PREPARATION FOR RESPONSIBLE INDEPENDENT LIVING
APPLICATION FOR SERVICE/ADMISSION

Page 1 of 7

Name of Applicant: _____

Date Received _____

TO: CORNERSTONE – PREPARATION FOR RESPONSIBLE INDEPENDENT LIVING

FROM (person/agency making application): _____

This complete application, with supporting documentation, provides the information necessary to decide whether to admit the youth. If the youth is admitted, the documents relating specifically to admission will be required. If additional space is needed for any question, add an extra sheet or write on the back of the application; be sure to give question number for reference.

I. FAMILY INFORMATION

YOUTH:

1. Name: _____

2. Prefers to be called: _____

3. Date of Birth: _____ 4. Original Copy of Birth Certificate: () Yes () No

5. Sex: ___ 6. Race: _____

7. Social Security No. _____

8. Place of Birth (City): _____ County: _____
State or Country: _____

9. Currently Living with: Biological, Foster, Other (circle one)

Parent(s) _____ Relative _____ Family _____ (Specify): _____
(check one of the above)

BIOLOGICAL PARENTS:

10. Father's Name: _____

11. Social Security No. _____

12. Address: _____

13. Phone No. _____

14. Date of Birth: _____ 15. Date of Death: _____ 16. Marital Status: _____

17. Mother's Name: _____

18. Social Security No. _____

19. Address: _____

20. Phone No. _____

21. Date of Birth: _____ 22. Date of Death: _____ 23. Marital Status: _____

CURRENT PARENT RELATIONSHIPS (The persons, if other than biological parents, who work in a parental capacity with youth):

24. Father's Name: _____ 25. Social Security No. _____

27. Relationship: _____ 26. Date of Birth: _____

28. Address: _____

29. Phone No. _____

30. Mother's Name: _____ 31. Social Security No. _____

33. Relationship: _____ 32. Date of Birth: _____

CORNERSTONE – PREPARATION FOR RESPONSIBLE INDEPENDENT LIVING
APPLICATION FOR SERVICE/ADMISSION

Page 2 of 7

Name of Applicant: _____

34. Address: _____

35. Phone No. _____

36. Have proceedings been initiated to terminate parental rights for this youth's: mother (___)
father (___) If "yes", give the date of the final order terminating parental rights:
Of the mother (_____) Of the father: (_____)

37. Has this youth been adopted? (_____) If "yes" give date(s) of the final adoption order(s):

38. YOUTH'S SIBLINGS (Include all half siblings, step siblings, and adoptive siblings)

Name Date of Birth Relationship Presently Living With:

II. CUSTODY (If over 18 write "self" under legal custodian)

39. Name of Legal Custodian: _____ 40. Phone: _____

41. Address: _____

42. Name of Contact Person: _____

43. Phone No. _____

44. Is a "Voluntary Placement Agreement" in effect? (_____) If "yes," give expiration date:

45. Check if there is any (___) physical, (___) medical, (___) developmental, or (___)
psychological problem which will require special attention in caring for this youth. Attach a
description of each problem checked.

46. Name any medications this youth is now taking, and for what condition(s):

47. Name of youth's physician: _____ 48. Phone: _____

49. Address: _____

50. Name of youth's dentist: _____ 51. Phone: _____

52. Address: _____

CORNERSTONE – PREPARATION FOR RESPONSIBLE INDEPENDENT LIVING
APPLICATION FOR SERVICE/ADMISSION

Page 3 of 7

Name of Applicant: _____

III. EDUCATIONAL INFORMATION

(If this form is completed between school terms, please give the information pertaining the previous school year. If assistance is needed in completing the form, please consult the youth's school.)

53. Assigned School Grade (____) In which grade(s) has this youth been retained? (____)

54. Attach a copy of the youth's grades for the latest reporting period.

55. School performance this year is: (____) Better than; (____) Equal to; (____) Poorer than previous year.

56. Education Setting: Regular Class (____); Special Education (____); Other (Specify): _____

57. Has youth been classified as "special needs" under PL 105-17? (____) If "yes" circle classification(s):

AU BED C/B HI EMD TMD SPD MU OI OHI SLD SLI VI

58. Name of current/last school attended: _____

59. Address: _____ 63. Phone No. _____

60. School Transcript: Attached: (____); Promised by date: _____

61: Latest Evaluation Information:

62. Achievement Evaluation (ex: Woodcock)

63. Date: _____ Assessment/Test: _____

64. Results: _____

65. Psychological Evaluation (ex: WISC-III, etc.)

Date: _____ Assessment/Test: _____

Results: _____

66. Attendance record for school year: Number of days in attendance: _____

Number of excused absences: _____

Number of unexcused absences (suspension, expulsion, truancy, etc.): _____

Explain:

67. Academic strengths: _____

68. Academic weaknesses: _____

69. School behavioral strengths: _____

70. School behavioral weaknesses: _____

71. Recommended school information pertinent to this application: _____

CORNERSTONE – PREPARATION FOR RESPONSIBLE INDEPENDENT LIVING
APPLICATION FOR SERVICE/ADMISSION

Page 4 of 7

Name of Applicant: _____

72. Recommended educational plan/program (IEP, etc.): _____

73. Other special needs/talents, including extra-curricular activities and interests: _____

74. Additional School information pertinent to this application: _____

IV. SOCIAL HISTORY

The following information will help agency staff understand the youth's and family's needs and how best to meet these needs. If a written social history is available, it may be substituted for Section IV (questions 75-84). Answer any of the questions below which are not addressed in the social history.

75. Tell what is going on in the family at this time. Describe the significant events which effect this family and child: _____

76. Give a brief description of this family's:

a. Strengths: _____

b. Weaknesses: _____

77. Give a brief description of the youth's:

a. Strengths: _____

b. Weaknesses: _____

78. What and/or who make this youth:

a. Glad? _____

b. Sad? _____

c. Mad? _____

d. Fight? _____

CORNERSTONE – PREPARATION FOR RESPONSIBLE INDEPENDENT LIVING
APPLICATION FOR SERVICE/ADMISSION

Page 5 of 7

Name of Applicant: _____

e. Run? _____

79. From what agencies/professionals has the family sought or been given help? Specify services and results: _____

80. What religious/support systems are available to this youth and family? (Name/phone of contact person): _____

81. Why must this youth now live away from his/her parents? Attach description of previous out-of-home placement(s):

82. Is there history of delinquent behavior? (_____) (If “yes” attach description including history of core involvement and a copy of any court order currently in effect)

83. Is this youth suicidal? (_____) If yes, attach history with description of attempts.

84. Identify the current needs of the youth and family to which the agency is asked to respond:

V. PLANNING

(This section requires equal attention to the family and the youth in answering the questions.)

85. What is the permanent plan for this youth? _____

86. Is there a current need to revise the permanent plan? (____) If “yes,” explain: _____

87. State the goals toward which the family and youth are working to achieve the permanent plan:

CORNERSTONE – PREPARATION FOR RESPONSIBLE INDEPENDENT LIVING
APPLICATION FOR SERVICE/ADMISSION

Page 6 of 7

Name of Applicant: _____

88. What specific services of the agency are being requested on behalf of this family and youth:

89. How will the requested services help the family and youth achieve their permanent plan?

90. Identify in order of your priority all agencies to which this application is being made:

(1) _____ (3) _____

(2) _____ (4) _____

91. Give the name/role of other volunteers/professionals assigned to this youth (Guardian ad Litem, Child Advocate, Court Counselor, etc.):

a. _____ e. _____

b. _____ f. _____

c. _____ g. _____

d. _____ h. _____

VII. SIGNATURE(S)

I (we), the undersigned, hereby apply to the (Name of Agency) _____ for services named above on behalf of the named child for whom I (we) hold legal custody and/or placement

CORNERSTONE – PREPARATION FOR RESPONSIBLE INDEPENDENT LIVING
APPLICATION FOR SERVICE/ADMISSION

Page 7 of 7

Name of Applicant: _____

authority. I (we) certify that the information contained in this application and the attachments is true and accurate to the best of my (our) knowledge. I (we) agree to share additional information pertinent to this application as requested by the agency. I (we) also agree to cooperate with the agency and to support the plan of service to which we mutually agree.

Signature of Parent(s)/Legal Custodian: _____ Date: _____

Signature of Representative of Agency: _____ Date: _____

Holding Voluntary Placement Agreement: _____ Date: _____

***If you have any questions regarding the completion of this application please call
Cornerstone between 9 am and 5 pm at (828) 777-5715**