



# HOUSE of HOPE®

Piedmont  
a home for healing teens

TODAY'S DATE: \_\_\_\_\_ IN-PERSON INTERVIEW DATE/TIME: \_\_\_\_\_

Person Calling: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Name of Child: \_\_\_\_\_ Age \_\_\_\_\_

D.O.B: \_\_\_\_\_ Current School Attending: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Behind? \_\_\_\_\_ Does Child Live With Parents/Guardian? \_\_\_\_\_

If not, Address: \_\_\_\_\_

Custody Arrangements \_\_\_\_\_ Is Child a Ward of the State? \_\_\_\_\_

\_\_\_\_\_ Adopted? \_\_\_\_\_ Age at Adoption? \_\_\_\_\_ Are

Parents Divorced? \_\_\_\_\_ Never Married \_\_\_\_\_ Remarried \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Name: \_\_\_\_\_

Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Active in Child's Life \_\_\_\_\_

Family Church: \_\_\_\_\_

Step Father's Name: \_\_\_\_\_

Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Step Mother's Name: \_\_\_\_\_

Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Is Parent/Guardian willing to commit to weekly counseling? \_\_\_\_\_

Parenting Class Weekly? \_\_\_\_\_

Does the Child have any outstanding medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, Describe (Attach another page if needed): \_\_\_\_\_

\_\_\_\_\_

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ADD/ADHD? \_\_\_\_\_ If yes, age child tested? \_\_\_\_\_ Current Medication: \_\_\_\_\_

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Has the Child been involved in: Alcohol \_\_\_\_\_ Drugs \_\_\_\_\_ Describe: \_\_\_\_\_

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Is Child sexually active? \_\_\_\_\_ Describe extent: \_\_\_\_\_

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Are there any legal issues pending? \_\_\_\_\_ Describe: \_\_\_\_\_

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Has the Child had professional counseling/psychiatric treatment? \_\_\_\_\_ Has CPS been involved in the family? \_\_\_\_\_ Open Case? \_\_\_\_\_ If so, Case Worker's Name: \_\_\_\_\_

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**EMPLOYMENT:**

Father/Step-father/Primary Male Guardian Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Previous employer (if less than 2 years): \_\_\_\_\_

Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

If Self-employed, name of business: \_\_\_\_\_

Type of business: \_\_\_\_\_ How long self-employed: \_\_\_\_\_

Do you receive any government assistance of any kind: Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much? \$\_\_\_\_\_ per month or per year

S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Annual Salary/Earnings: \_\_\_\_\_

Average monthly household expenses: Rent/Mortgage \$\_\_\_\_\_ Utilities \$\_\_\_\_\_

Car \$\_\_\_\_\_ Food \$\_\_\_\_\_ Medical \$\_\_\_\_\_ Recreation \$\_\_\_\_\_

Other \$\_\_\_\_\_

By signing below, I certify that the above information is correct. I understand that it is my responsibility to notify House of Hope Piedmont in the event that any of the information listed above should change.

\_\_\_\_\_  
Parent/Guardian/Responsible Party Signature Date

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Mother/Step-mother/Primary Female Guardian Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Previous employer (if less than 2 years): \_\_\_\_\_

Title/Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

If Self-employed, name of business: \_\_\_\_\_

Type of business: \_\_\_\_\_ How long self-employed: \_\_\_\_\_

Do you receive any government assistance of any kind: Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much? \$\_\_\_\_\_ per month or per year

S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Annual Salary/Earnings: \_\_\_\_\_

Average monthly household expenses: Rent/Mortgage \$\_\_\_\_\_ Utilities \$\_\_\_\_\_

Car \$\_\_\_\_\_ Food \$\_\_\_\_\_ Medical \$\_\_\_\_\_ Recreation \$\_\_\_\_\_

Other \$\_\_\_\_\_

By signing below, I certify that the above information is correct. I understand that it is my responsibility to notify House of Hope Piedmont in the event that any of the information listed above should change.

\_\_\_\_\_  
Parent/Guardian/Responsible Party Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Interview Fee Payment Method (\$50): \_\_\_\_ Credit Card \_\_\_\_ Check- Check#: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Parent/Guardian Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Interview Payment processed? Yes \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Approved monthly tuition: \$ \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tentative Intake Date: \_\_\_\_\_ Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_