

AIM House LLC

APPLICATION FOR ADMISSION

AIM House LLC carefully reviews each application for admission. The information requested of each applicant is important. Please take the necessary time to complete each section thoroughly and accurately.

GENERAL INFORMATION

Date _____ Applicant Name _____ Male Female

Address _____

City _____ State _____ Zip Code _____

Cell Phone Number _____ Email Address _____

Social Security Number _____ Date of Birth _____

Current Age _____ Birthplace _____

Weight _____ Height _____ Hair Color _____ Eye Color _____

Financial Sponsor Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Work Phone Number _____ Fax Number _____

Email Address _____

Emergency Contact (other than parents) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Work Phone Number _____ Email Address _____

MOTHER'S NAME _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Work Phone Number _____ Fax Number _____

Email Address _____

Occupation/Title _____ Education _____

Divorce Date _____ Deceased _____

FATHER'S NAME _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Work Phone Number _____ Fax Number _____

Email Address _____

Occupation/Title _____ Education _____

Divorce Date _____ Deceased _____

STEPMOTHER'S NAME _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Work Phone Number _____ Fax Number _____

Email Address _____

Occupation/Title _____ Education _____

STEPFATHER'S NAME _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Work Phone Number _____ Fax Number _____

Email Address _____

Occupation/Title _____ Education _____

APPLICANT INFORMATION

Was applicant adopted? _____ If yes, by whom? _____

At what age was the applicant adopted? _____

Please list all therapists who have seen the applicant for psychological testing and/or counseling.

Therapist Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Dates Seen _____

Reason Seen _____

Therapist Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Dates Seen _____

Reason Seen _____

Attach additional sheet, if necessary

Please list current placement as well as other placements outside the home. Include boarding schools, foster homes, hospitals, wilderness, etc.

Program Name _____

Address _____ Dates _____

Counselor _____ Phone Number _____

Reason _____

Program Name _____

Address _____ Dates _____

Counselor _____ Phone Number _____

Reason _____

FAMILY INFORMATION

Please list all siblings in chronological order (eldest first). Include the applicant and all step and half siblings. Please indicate if deceased.

Name _____ Age _____ Sex _____ Birth date _____ Lives with _____

Name _____ Age _____ Sex _____ Birth date _____ Lives with _____

Name _____ Age _____ Sex _____ Birth date _____ Lives with _____

Name _____ Age _____ Sex _____ Birth date _____ Lives with _____

Name _____ Age _____ Sex _____ Birth date _____ Lives with _____

Name _____ Age _____ Sex _____ Birth date _____ Lives with _____

Name _____ Age _____ Sex _____ Birth date _____ Lives with _____

Please use this space to provide additional information or to make explanations that will give us a better understanding of the applicant and family.

REFERRAL SOURCE INFORMATION

Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

EDUCATIONAL INFORMATION

AIM House LLC will need copies of the applicant's high school transcripts (if applicable). These records are critical in designing a successful program for the participant.

Please request that all school records be forwarded immediately to:

**Intake/Enrollment Director
AIM House LLC
2000 21st Street
Boulder, CO 80302**

Please list all schools the applicant has attended from 9th grade through 12th grade. Also include colleges or other relevant educational programs.

School Name _____

Address _____ City _____ State _____ Zip _____

Grade Level(s) _____ Diploma or Degree _____

Reason for change _____

School Name _____

Address _____ City _____ State _____ Zip _____

Grade Level(s) _____ Diploma or Degree _____

Reason for change _____

School Name _____

Address _____ City _____ State _____ Zip _____

Grade Level(s) _____ Diploma or Degree _____

Reason for change _____

Will applicant need tutoring in any subjects? _____

What are the applicant's best subjects? _____

Do you want specialized training in any area? _____

Additional Comments _____

AUTHORIZATION FOR HEALTHCARE

I, _____, parent/guardian of _____

Date of birth _____, hereby authorize any employee or representative of AIM house LLC to consent to any health care for my child for a one year period beginning on the date of enrollment. This authorization shall include, but is not limited to; consenting to vaccination, anesthesia, inoculation, dental or medical diagnosis or treatment, x-rays, surgery, and hospital care.

Parent/Guardian Signature _____ Date _____

MEDICAL/DENTAL INSURANCE INFORMATION

Insurance Company _____

Policy Holder _____

Policy Number _____

Group Policy Identification _____

Coverage:

Outpatient _____ Major Medical _____ Hospitalization _____ Dental _____

Insurance Billing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Name of person completing application _____

If not applicant, relation to applicant _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

I certify that all information in this application is true and complete to the best of my knowledge.

Signature of Applicant _____ Date _____

Signature of Preparer _____ Date _____