

ADOLESCENT APPLICATION

Name _____ Age _____ Birthdate _____

Home Address _____ City _____

State _____ Zip _____ Phone # _____

Date: _____

1. What do you see as the current problem? _____

2. Why do you think there is a need for an intervention outside of the home? _____

3. Is there anyone in your family that you feel understands you? _____

4. How do you get along with your Father? _____

Mother? _____

Sister? _____

Brother? _____

5. Whom do you like most in your family? _____

6. Whom do you like least in your family? _____

7. What do you like best about your family? _____

8. What do you like least about your family? _____

ADOLESCENT APPLICATION (cont'd)

9. Do you like school? _____

10. What is your favorite subject in school? _____

11. What do you dislike about your school? _____

12. Do you find it difficult to make friends? _____

13. What do you like most about yourself? _____

14. If there was one thing you could change about yourself, what would it be? _____

15. What are your feelings about leaving home and being a part of the **Heartlight** program? _____

16. Do you think you need to be separated from you present situation? Why? _____

17. Is there anything you would like to add that might help us understand you better? _____

18. In what way do you think Heartlight could be a benefit to you? _____

19. Describe yourself. _____