NexGen ALLIANCE

Admission Application

NexGen Alliance ILA Program

VDSS Licensed Child-Placing Agency · 22VAC40-131 · Ages 17–21

Confidentiality notice. This application contains protected personal information. Complete, sign, and return securely to admin@nexgenallianceyouth.org, fax (757) 527-2771, or 733 Thimble Shoals Blvd, Suite 113, Newport News, VA 23606.

1 Referring Party Information

Name _____ Title / Role _____

Agency (LDSS / CSA / CPA / Other) _____ If Other, specify _____

Locality / County _____ Phone _____ Email _____

Preferred contact method _____ Date of referral _____

2 Youth Information

Full Legal Name _____ Preferred Name _____

Date of Birth _____ Age _____ SSN _____ Gender _____

Race / Ethnicity _____ Medicaid ID (if any) _____ Insurance _____

Current Placement — Name _____ Type _____

Current Placement — Address _____

Length of time in current placement _____ Legal custody status _____

Placing jurisdiction _____

Court order on file? ☐ Yes ☐ No

3 Guardian / Placing Worker Contact

LDSS worker — Name | Phone | Email

Guardian ad Litem — Name | Phone

Parent / Guardian (if applicable) — Name | Phone

Attorney (if any) — Name | Phone

4 Placement Needs

Requested service:

☐ ILA Placement Support ☐ Independent Living Skills ☐ Case Management

☐ Transportation ☐ All of the above

Requested placement date | Anticipated length of stay

Goals for placement:

5 Life-Skills & Readiness Assessment

Life-skills assessment completed within the past 90 days? ☐ Yes ☐ No (attach if yes)

ILA-readiness indicators:

Employment status | Education status (in school / graduated / GED / other)

IEP / 504? ☐ Yes ☐ No Driver's license? ☐ Yes ☐ No ☐ Permit Bank account? ☐ Yes ☐ No

6 Clinical & Behavioral History

Current diagnoses (list):

Current medications (name / dose / prescriber):

Allergies | Primary care physician — Name / Phone

Mental health provider — Name / Phone

Substance-use history (brief):

History of aggression / elopement / self-harm? ☐ Yes ☐ No (describe below)

Hospitalizations in last 12 months? ☐ Yes ☐ No (dates below)

7 Education

Current school

Grade

IEP / 504? ☐ Yes ☐ No (attach if yes)

Special education services

Academic goals:

8 Legal / Court Involvement

Current charges (if any)

Probation officer — Name

Phone

Court dates (upcoming)

Court order type

9 Documents Attached

- ☐ Court order
- ☐ Psychiatric evaluation
- ☐ Medical records
- ☐ Birth certificate
- ☐ Immunization record
- ☐ Current ISP
- ☐ IEP / 504
- ☐ Medication list
- ☐ Social Security card
- ☐ Other: _____
- ☐ Psychological evaluation
- ☐ Life-skills assessment
- ☐ Insurance card
- ☐ Photo ID

10 Signatures

Certification. I certify the information provided is accurate to the best of my knowledge and that the youth referred meets the eligibility criteria for a Licensed Child-Placing Agency ILA placement under 22VAC40-131 §440.

Referring Worker Signature	Printed Name	Title	Date
Supervisor Signature	Printed Name	Title	Date
Youth Signature (age 18+ or with guardian consent)		Date	

For NexGen Alliance use:

NexGen Alliance Reviewing Staff — Signature	Printed Name	Role	Date