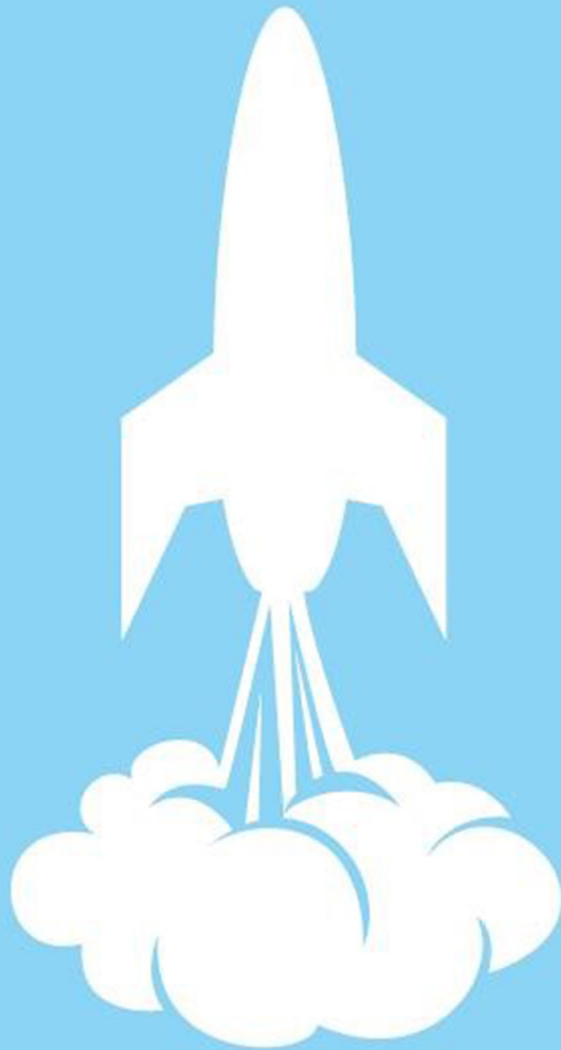


Application for Admission



APPLICATION PROCESS

Thank you for taking an interest in Launch. Please complete the following information as completely as you can and email the attached pages to our offices:

Launch Centers 115 Barrington Walk, Los Angeles, CA 90049
info@launchcenters.com
(310)779-4476

Once we receive this information, we will conduct a candid appraisal of the appropriateness of the applicant for Launch. The accuracy of the information given here will help us in effectively understanding the applicant. Keep in mind, that this is a screening application, designed to gather information in an expedient, yet thorough manner. Following admission, we may need your cooperation in requesting additional information. All applications are reviewed within 24-48 hours and appropriateness is determined.

Transportation:

Los Angeles International Airport (LAX) or Bob Hope Airport (BUR) are the most convenient airports to the Launch campus. For those flying privately, Van Nuys Airport (www.lawa.org) would provide the necessary requirements.

Admission Criteria: At the time of the physical admission to Launch, staff will do an assessment to ascertain whether or not the applicant is physically and mentally suitable for admission. Launch does not provide on-site medical, psychiatric stabilization or detoxification services. Should such services be needed, we have several places that we work closely with that can be utilized to provide such a service. Any such services are extraordinary and will be covered outside of Launch fees and tuition. We can coordinate admission to such places.

Launch can accommodate an applicant that has not completed a primary treatment program and once the person enters our program they must remain abstinent, except for prescribed medications. Launch is a voluntary program for young adults that have the legal rights to make their own decisions and determinations. If the applicant is recalcitrant, refusing and unwilling to participate in the program at any time during their stay or relapses into drug and alcohol use, Launch reserves the right to immediately discharge the applicant. At that point, we assume no responsibility for transportation, monitoring of the client or arrangements to another facility.

Forms of payment: We accept wire transfer, checks, cash and most major credit cards (Visa, MasterCard, American Express, & Discover).

How do I get them there? In some of the cases, our young adults seek us out. However, we understand the nature of young adult addiction and recovery, which is our primary expertise. We have relationships with experts in the field in intervention, primary treatment, transportation and in regards to many other situations. Our admissions counselors can help you devise a plan to benefit your particular situation. Give us a call.

CONTACT INFORMATION

APPLICANT

First Name	Last Name
Address	City State Zip
Phone #	Email
DOB/ SSN	Gender
Height/Weight	Where is young adult currently living?

PARENT/GUARDIAN/FINANCIAL SPONSOR (Primary)

Full Name	Relationship
Address	City State Zip
Phone#	Email
Employer	Job Title

FATHER

Full Name	Living or Deceased?
Address	City State Zip
Phone#	Email
Employer	Job Title
Stepmother/Significant Other's Full Name (if applicable)	

MOTHER

Full Name	Living or Deceased?
Address	City State Zip
Phone#	Email
Employer	Job Title
Stepfather/Significant Other's Full Name (if applicable)	

REFERRAL SOURCE

How did you find out about Launch?

If internet, please list keywords or phrases that you used to find us:

Did any specific professional refer you to us (educational consultant, psychiatrist, therapist, alumnus, family friend)?

_____ Please initial here if we have your permission to contact this person.

Full Name	Relationship
Address	City State Zip
Phone #	Email

REASON FOR REFERRAL

Chief complaint and symptoms (please be very specific including issues at home and school as well as any symptoms noticed such as mood changes, etc.)

APPLICANT HISTORY AND BACKGROUND

The information requested here will give us a picture of the applicant's appropriateness for Launch. Upon enrollment we request full and detailed educational records.

EDUCATION

What is the applicant's current grade level? Are they currently attending school?

Name of Current School:

Name of Previous School:

Is the applicant behind in credits? If yes, please explain:

Does the applicant have any college experience? If so, please describe.

Does the applicant have any learning differences, disabilities or other special needs?

EMPLOYMENT

Describe any work history and if there are any particular vocational interests:

PLACEMENT INFORMATION

What specific event precipitated your decision to seek treatment?

What are your specific goals for the applicant while receiving treatment?

Has the applicant expressed a desire to receive help? If so, why?

What would you describe as the applicant's strengths (intellectually, artistically, socially, physically, etc.)?

What would you describe as the applicant's challenges (intellectually, artistically, socially, physically, etc.)?

PREVIOUS INVOLVEMENT WITH PROFESSIONALS

Full Name or Program Name	Type of Service
Address	City State Zip
Phone #	Email
Dates of Service:	
By signing here I authorize the transfer of information between Launch and the professional listed here.	

Full Name or Program Name	Type of Service
Address	City State Zip
Phone #	Email
Dates of Service:	
By signing here I authorize the transfer of information between Launch and the professional listed here.	

Full Name or Program Name	Type of Service
Address	City State Zip
Phone #	Email
Dates of Service:	
By signing here I authorize the transfer of information between Launch and the professional listed here.	

EMOTIONAL/MENTAL HEALTH INVENTORY

Please check any of the following that apply to the applicant:

Behavior	Yes	No	Behavior	Yes	No
Anger			Obsessions/Compulsions		
Violence towards others			Stealing, Vandalism, Criminal Activity		
Intentionally hurting them self			Eating Issues		
Running Away			Isolation		
Suicidality			Substance-related issues		
Risky Sexual Behavior			Other Addictive Patterns		
Mood Issues			Legal Problems		

Does the applicant exhibit any of the following unusual behaviors?

Behavior	Yes	No	Behavior	Yes	No
Delusions			Hallucinations		
Paranoid Thinking			Nightmares		
Tics			Stuttering		
Bedwetting			Head Banging		

Please give explanation for any marked yes:

Has the applicant had any psychological testing? If yes, please describe (include date/reason):

Describe any mental health diagnosis given by licensed Mental Health Professionals:

Diagnosis	Date Given	Name of Professional

Ethnicity, race, religion, nationality, or sexual orientation. Please describe anything of note:

Please describe any major events the applicant has struggled with (divorce, moving, birth of a sibling, loss, death, abuse, illness etc.). Please include the date the event occurred:

DRUG AND ALCOHOL USE

To the best of your knowledge, please complete the following use history:

Substance	Yes	No	Age of First Use
Alcohol			
Cigarettes			
Marijuana			
Hallucinogens (PCP, LSD, Angel Dust, etc.)			
Inhalants (gasoline, paint, glue, etc.)			
Stimulants (cocaine, crack, methamphetamine, etc.)			
Opiates (heroin, methadone, etc.)			
Depressants (sedatives, barbiturates, etc.)			

For items checked yes, please elaborate, including age of first use. Give us some idea of the extent of their addiction.

CURRENT SOBRIETY LENGTH

How long has the applicant been abstinent from drugs/alcohol (if at all)?

Have they experienced any periods of sobriety?

OTHER ADDICTIVE PATTERNS

Describe any other significant addiction related issues:

LEGAL PROBLEMS

Does the applicant have any legal issues? If yes, please list any charges arrests, convictions, misdemeanors, felonies, probation and current legal status including court dates and contact person:

FAMILY HISTORY

Is there a family history of drug or alcohol abuse? If yes, please describe (include who/relationship, problem area, current status):

Is there a family history of mental illness (eg. Depression, anxiety, etc.)? If yes, please describe (include who/relationship, problem area, current status):

Was the applicant adopted? If adopted, at what age? Describe any important circumstances surrounding the adoption process or afterwards (including applicant's current relationship with birth parents, if any):

MEDICAL INFORMATION

General Health Condition?	Good	Average	Poor
Allergies? Yes/No If Yes, explain:			
Food Restrictions?			
List/Explain any Chronic conditions (asthma, heart murmur, diabetes, enuresis):			
History of surgeries/broken bones			
Has applicant ever been hospitalized other than for above described surgeries or fractures? If so, why and for how long?			

MEDICATIONS

Name of Medication	Date Prescribed	Dosage/Schedule	Reason for Medication

ADDITIONAL COMMENTS (add pages if necessary)

Is there anything else we should know about the applicant?

Name of Person Completing Application

Relationship

Date