



Introduction

Thank you for your interest in BaMidbar’s Mifne Therapeutic Young Adult Program for summer 2021. Throughout this document, please note that “the applicant” refers to the prospective student, regardless of who is taking the time to fill out this application. When completed, please return this form to admissions@bamidbartherapy.org, and someone from the BaMidbar admissions team will be in touch to confirm that we have received your application and to schedule a clinical interview. You may also contact us at that same address with any application or admissions-related questions.

Applicant Information

Applicant Information:

Full Name: _____

Preferred Name: _____

Preferred Pronouns: _____

Date of Birth: _____

Home Address: _____

Email Address: _____

Phone: _____

Can the applicant be contacted and included on emails and correspondence regarding BaMidbar, enrollment, and this application? YES NO

Who is filling out this application?

The Applicant (the prospective student)

Other

If anyone other than the applicant is filling out this application:

Full Name: _____

Relationship to the applicant: _____

Home Address: _____

Email Address: _____



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Phone: _____

Is there anyone else (spouse, parent, etc.) you would like to include on emails and correspondence regarding BaMidbar, enrollment, and this application? YES NO

If yes, please share the following information:

Full Name: _____

Relationship to the applicant: _____

Home Address: _____

Email Address: _____

Phone: _____

How did you first hear about BaMidbar? Please give the name(s) and contact information of the referral source.

Can we contact this individual? YES NO

What are your goals? What do you/the applicant hope to achieve or gain while at BaMidbar? How do you hope to benefit from this experience?



What are the main reasons that led you to consider BaMidbar at this time?

Mental Health History

What current symptoms does the applicant experience? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Impulsivity |
| <input type="checkbox"/> Appetite Issues | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Avoidance | <input type="checkbox"/> Libido Changes |
| <input type="checkbox"/> Crying Spells | <input type="checkbox"/> Loss of Interest |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Excessive Energy | <input type="checkbox"/> Racing Thoughts |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Risky Activity |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Sleep Changes |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Suspiciousness |

Please describe all previous and current DSM-5 diagnoses.



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What medications and/or herbal supplements does the applicant currently use and why?

Does the applicant struggle to take their medication regularly? Please explain.

Please list all previous medications prescribed in the last three years.

Please list all previous mental health care providers and dates of treatment.

Additional Information:

Is there anything else you would like us to know regarding the applicant's mental health history?



Personal History

Family History

With whom does the applicant usually live?

Who raised the applicant? Where did they grow up?

Was the applicant adopted? YES NO

If yes, at what age? _____

How would you describe the applicant's relationship with their parent(s)/guardian(s)?

Does the applicant have any siblings? Please list their ages.

Are the applicant's parents married? YES NO

Did the applicant's parents divorce? YES NO

If yes, how old was the applicant at that time? _____

Did the applicant's parents remarry? YES NO

If yes, how old was the applicant at that time? _____



Do any family members struggle with medical conditions? Please describe.

Do any family members struggle with mental health conditions? Please describe.

Present Situation

What is the applicant's current relationship status?

If the applicant has a partner, how would you describe their relationship with that partner?

What is the applicant's legal gender?

What is the applicant's gender identity?

What is the applicant's sexual orientation?

Is the applicant sexually active? YES NO

Does the applicant have children? YES NO



If yes, how would you describe their relationship with their children?

What role (if any) does Judaism play in the applicant's life?

Has the applicant ever tried the following? Check all that apply, and list frequency/dates of use.

Substance	Used?	Frequency/Dates
Alcohol		
Tobacco		
Marijuana		
Hallucinogens (LSD)		
Heroin		
Methamphetamines		
Cocaine		
Stimulants (Pills)		
Ecstasy		
Methadone		
Tranquilizers		
Pain Killers		



Has the applicant ever been treated for drug/alcohol abuse? If yes, when?

Does the applicant smoke cigarettes? ___ YES ___ NO

If yes, how many per day? _____

Does the applicant drink caffeinated beverages? ___ YES ___ NO

If yes, how many per day? _____

Has the applicant ever abused prescription drugs? ___ YES ___ NO

If yes, which ones? _____

Additional Information

Is there anything else you would like us to know regarding the applicant's personal history?

Education and Employment History

Education

Is the applicant currently attending school?

If yes, what is the name of the applicant's current school? _____

What is the highest grade the applicant has completed? _____



Please list all previous schools and the applicant's GPA:

Middle School(s): _____

High School(s): _____

College(s)/University: _____

Has the applicant ever qualified for special education or disability status?

YES NO

Has the applicant ever had a CST (Child Study Team), IEP (Individualized Education Plan), or 504 (Medical Adaptation Plan) meeting? YES NO

If yes, which one? CST IEP 504

How would you describe the applicant's attitude towards school?

What is the applicant's aspiration towards school?

Employment

Is the applicant currently employed?

If yes, please describe the applicant's role.

How would you describe the applicant's attitude towards work?



Additional Information

Is there anything else you would like us to know regarding the applicant's academic or employment history?

Behavioral History

Has the applicant ever intentionally hurt him/herself? YES NO

If yes, please describe in detail, including dates.

Has the applicant had any physical confrontation in the home or with others? If yes, please describe in detail, including dates.



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Has the applicant ever had thoughts of suicide, made a plan, talked about suicide, or attempted suicide?

YES NO

If yes, please describe in detail, including dates:

Has the applicant ever had thoughts of hurting others, made a plan, talked about hurting others, or attempted to hurt others? YES NO

If yes, please describe in detail, including dates:

Does the applicant isolate him/herself from others? YES NO

If yes, please describe in detail:



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Does the applicant experience recurrent thoughts or repeated behaviors that they cannot control?

YES NO

If yes, please describe in detail, including dates:

Does the applicant spend significant amounts of time playing computer games, watching TV, browsing the internet, watching pornography, gambling, or participating in similar activities?

YES NO

If yes, please describe in detail:

Does the applicant currently or has the applicant ever counted calories, dieted, binged, purged, or otherwise controlled eating habits? YES NO

If yes, please describe in detail, including dates:



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Has the applicant ever been arrested, as a juvenile or as an adult? YES NO

Were they charged? YES NO

If yes, please describe in detail, including dates and charges:

Has the applicant ever run away? YES NO

If yes, please describe in detail, including dates:

Does the applicant have a history of vandalism? YES NO

If yes, please describe.



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Have you noticed a recent change in the applicant's behaviors? YES NO

If yes, please describe in detail, including when you noticed this change:

To the best of your knowledge, has the applicant ever been physically, sexually, and/or emotionally abused? YES NO

If yes, please explain.

Additional Information

Please provide any other pertinent information, and/or additional information not covered in this behavioral history that may assist us in developing a plan to help the applicant.



Physical Health History

Please list any surgeries, serious illnesses, and/or hospitalizations (include dates).

Please list any chronic medical conditions (diabetes, high blood pressure, GI struggles, etc.)

Does the applicant wear any of the following? (check all that apply)

- Glasses
- Contacts
- Braces
- Retainer

Please list any known allergies (including food, medication, environmental, etc.), how they are activated, and what happens.

Does the applicant carry an inhaler or epi pen? YES NO

If yes, please list the name/type of inhaler. _____



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Has the applicant ever been hospitalized for allergies/asthma? YES NO

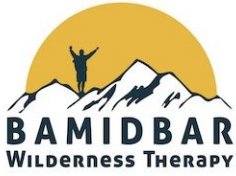
If yes, please describe (include date and reason).

Does the applicant currently get exercise? If yes, please describe (frequency, intensity, activity, etc.).

At BaMidbar, students live at an altitude of 8,000 feet above sea level and engage in regular physical activity. This can include hiking on average of 5-8 miles per day while carrying a backpack that may weigh up to 30% of the student's body weight. Please describe any pertinent medical/physical information that might inhibit physical activity.

Additional Information

Is there anything else you would like us to know regarding the applicant's physical health history?



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Final Comments

Is there anything else you want us to know that has not been captured in this application?