

FULL APPLICATION FOR ADMISSION

Child's Name: _____ Soc. Sec. Number: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Race: _____ Height: _____ Weight: _____

Father's Name: _____ Soc. Sec. Number: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Business Phone: _____ Fax: _____

Date of Birth: _____ Place of Birth: _____ Race: _____

If Deceased – Date of Death: _____ Place of Death: _____

Cause of Death: _____

Mother's Name: _____ Soc. Sec. Number: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Business Phone: _____ Fax: _____

Date of Birth: _____ Place of Birth: _____ Race: _____

If Deceased – Date of Death: _____ Place of Death: _____

Cause of Death: _____

Who has legal custody of child? _____

Address of Guardian: _____ City: _____ State: _____ Zip: _____

If by Court action, give type: Divorce Guardianship Temporary Permanent

Court of Jurisdiction: _____ Case Number: _____

Date: _____ Parent or Guardian: _____

Witness: _____ Parent or Guardian: _____

SOCIAL HISTORY QUESTIONNAIRE

Please be as complete as possible.

Child's Name:

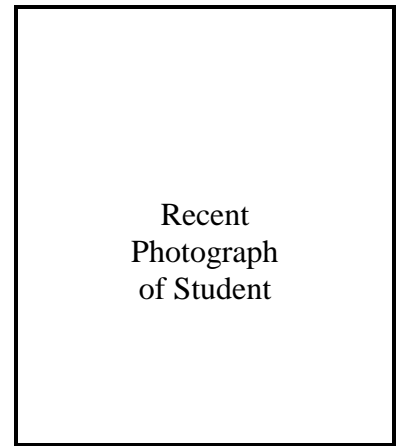
Last

First

Middle

Nickname

Date of Birth: _____ Age: _____ Grade: _____



Name of person child is living with: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Home phone: _____

Cell phone: _____ Work phone: _____

Emergency Contact: _____ Phone: _____

FAMILY INFORMATION

	Natural Father	Natural Mother	Current (Step) Father	Current (Step) Mother
Full Name				
Address City, State & Zip				
Telephone				
Soc. Sec. Number				
Nationality				
Religion				
Education Level				
Present Job				
Work Hours				
No. of Marriages				
Monthly Income				
Health Problems*				
Mental Problems*				
Legal Problems*				

* Please explain any health, mental or legal problems either on the back of this paper or on an extra paper.

FINANCIAL DISCLOSURE STATEMENT

MONTHLY INCOME (after taxes)

Father

Earned Income _____
Unemployment _____
Social Security _____
Other _____

TOTAL _____

Mother

Earned Income _____
Unemployment _____
Social Security _____
Other _____

TOTAL _____

Child

Earned Income _____
Unemployment _____
Social Security _____
Other _____

TOTAL _____

.....TOTAL INCOME _____.....

MONTHLY EXPENSES

Rent/Mortgage _____
Utilities _____
Telephone _____
Automobile Expenses _____
Groceries _____
Medical Payments _____
Insurance Payments _____

Education Expenses _____
Savings _____
Clothing _____
Recreation _____
Child Support _____
Installment Payments _____
Other _____

.....TOTAL EXPENSES _____.....

Financial Obligation:

Placements are \$1500.00 per month plus a \$200.00 yearly uniform fee and any medical expenses incurred.
There is a \$500.00 annual school fee and a \$100.00 non-refundable application and processing fee.

FATHER'S PARENTS

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

MOTHER'S PARENTS

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

NEAREST RELATIVE

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

CHILD'S BROTHERS

Name Date of Birth Living with

Name Date of Birth Living with

Name Date of Birth Living with

CHILD'S SISTERS

Name Date of Birth Living with

Name Date of Birth Living with

Name Date of Birth Living with

MEDICAL INFORMATION

INSURANCE COMPANY: _____

Name of Insured: _____

Policy Number: _____ Group Number: _____

Type of Coverage: _____ Ins. Co. Phone: _____

Special Instructions for Use: _____

DHS Medical Card Number: _____ CDIB Number: _____

ALLERGIES: _____

MEDICATION(S) CURRENTLY ON & REASONS: _____

SCHOOL INFORMATION

Last School Attended or in Current Attendance: _____

Address: _____ City: _____ State: _____ Zip: _____

Principal's Name: _____ Phone Number: _____

Counselor's Name: _____ Phone Number: _____

DESCRIBE YOUR CHILD'S EDUCATION –

List all schools attended: _____

Relationship with Teachers: _____

Relationship with fellow Students: _____

Behavioral Problems: _____

List any suspensions from school and give reasons: _____

Has your child ever been:

Placed in a special class? LD ED EMH Other _____

Received remedial help? Y N In what subjects? _____

Repeated a grade? Y N Which grade(s)? _____

List any Special Achievements in School: _____

Extra Curricular Activities: _____

List every family setting in which this child has lived from birth to present age. Specify the relationship of the person caring for the child (natural parents, step-parents, foster homes, children's homes, grandparents, etc.).

Age:

0-1 _____

1-2 _____

2-3 _____

3-4 _____

5-6 _____

7-8 _____

9-10 _____

10-11 _____

11-12 _____

12-13 _____

13-14 _____

14-15 _____

15-16 _____

16-17 _____

Is there any history of alcohol or drug dependency by either the child or any other family member?

If yes, by whom? _____ Describe this involvement: _____

Has your child been involved in cults, and/or gangs? _____

Has your child been involved in unlawful activity? (shoplifting, robbery, vandalism, etc.) Please give dates, number of times, etc: _____

Has your child ever been physically, emotionally, or sexually abused? If so, describe the abuse and events leading to it.

What do you feel are your families strengths? _____

What do you feel are your families weaknesses? _____

GENERAL INFORMATION

Other agencies involved (for example: Child Welfare, Juvenile Court, Mental Health Clinic, Psychologist, Previous Placements, etc.)

Agency & Case Workers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Agency & Case Workers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Agency & Case Workers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Agency & Case Workers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Has psychological testing been done? If so by whom?

Agency & Case Workers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Agency & Case Workers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

THIS PAGE IS TO BE FILLED OUT BY YOUR DAUGHTER.

Your parents or guardians are in the process of submitting an application for you to be admitted to our program. It is important for you to have a say in this process. Please answer the following questions as honestly as you can.

Do you want to come ? _____

Why or why not? _____

Do you think there is a need for you to be placed in a home such as this one? _____

Why or why not? _____

If you decide to come, what do you think will be the worst part for you? _____
