

APPLICATION FOR SERVICE

Date _____ Date Placement Needed _____

This Complete application, with supporting documentation, provides the information necessary to decide whether to admit this child. If the child is admitted, the documents relating specifically to admission will be required. If additional space is needed for any questions, add an extra sheet and reference accordingly.

Personal Information

Name _____ Prefers to be called _____

Record Number _____

Date of Birth: _____ Age _____ Sex _____

Weight _____ Height _____

Religious Affiliation _____

County of Legal Custody _____ Place of Birth _____

Distinguishing Features (scars, tattoos, birthmarks, etc.) _____

Presenting Problems _____

IS THE CONSUMER AT RISK FOR SUICIDE? Yes _____ No _____

If yes explain: _____

Strengths: _____ Strong Family Base _____ At or Above Reading Level
_____ Good Personal Hygiene _____ Average IQ or Above
_____ Impulse Control _____ Good Social Skills
_____ Good Verbal Skills _____ Appropriate Coping Skills
Other(s): _____

Weaknesses: _____ Weak Family Base _____ Functionally Illiterate
_____ Low IQ _____ Poor Personal Hygiene
_____ Poor Social Skills _____ Easily Frustrated
Other(s): _____

Name _____ Record Number _____

Date of last Physical Exam _____ Dental Exam _____ Eye Exam _____

Needs to have within 30 days after admission? Yes _____ No _____

Known Allergies: _____ Yes _____ No _____ Contacts/Glasses: _____ Yes _____ No _____

Medical Insurance Company _____

Insurance policy Number _____

Name on Policy _____

Name of Child's Primary Physician _____ Phone _____

Name of Child's dentist _____ Phone _____

Referral Source Information

Referring Agency: _____ OJJ _____ AMH _____ DSS _____

Other _____

Case Manager's Name _____ Agency _____

Address _____ Phone _____

Legal Custodian _____ Relationship _____

Address _____ Phone _____

Emergency Contact(s):

Name _____ Phone _____

Name _____ Phone _____

Reason for

Referral: _____

Name _____

Record Number _____

Current Behavioral/Emotional Concerns

(Check all that apply)

- _____ Abandonment Issues _____ Anxiety _____ Arson/Firesetting
_____ Alcohol/Drug Abuse _____ Antisocial Behavior _____ Aggressive Physically
_____ Aggressive Sexually _____ Aggressive Verbally _____ Cruelty to Animals
_____ Bedwetting _____ Depression _____ Destroying Property
_____ Developmental Disability _____ Homelessness _____ Hyperactive
_____ Impulsiveness _____ Lying _____ Low Self-Esteem
_____ Loss/Grief Difficulties _____ Physical Impairment _____ Mental Retardation
_____ Parent Neglect Issues _____ Perception of Reality _____ Phobic Behavior
_____ Physical Disability _____ Oppositional/Defiance _____ Self-Destructive
_____ Sibling-Related Difficulty _____ Social Immaturity _____ Sexually Inappropriate
_____ Stealing _____ Suicidal _____ Running Away
_____ Truancy _____ Unruly/Ungovernable
_____ Other Issues/Concerns: _____

Primary Concern: Why must this child now live away from his/her parents? Why must child be moved now? _____

What and/or who makes this child

Glad? _____

Sad? _____

Mad? _____

Fight? _____

Run? _____

Name _____ Record Number _____

Placement History
(Attach additional sheet if necessary)

<i>Placement (Begin with Current Placement)</i>	<i>Dates (from-to)</i>	<i>Reason for Discharge</i>

Family Information

Biological Mother's Name _____

Address _____ Deceased? _____ Date _____

Phone _____

Race _____ Highest Educational Level _____

Criminal Record/History _____

Biological Father's Name _____

Address _____ Deceased? _____ Date _____

Phone _____

Race _____ Highest Educational Level _____

Criminal Record/History _____

Parents are: _____ Married _____ Separated _____ Divorced

_____ Never Married _____ Deceased

Have parental rights been terminated? _____ If so, when? _____

Number of siblings _____ Are any siblings in out-of-home placement? _____

If yes, please specify: _____ DSS/Foster Care _____ Relatives

_____ Incarcerated _____ Group Home

_____ Other: _____

Name _____

Record Number _____

Approved Contacts:

Name/Relationship	Address	Telephone Number	Types of Contact (supervised, letter, etc.)

Are there any special condition/restrictions for visits home?

Are there any custody issues / restraining orders / orders of protection we should be made aware of?

Is there a family history of: ___ Criminal Activity ___ Child Abuse
 ___ Treatment Disruption ___ Psychiatric Illness
 ___ Substance Abuse ___ Suicide
 ___ Inappropriate Sexual Behavior
 ___ Other: _____

Social History

The following information will help agency staff understand the child's and family's needs and how best to meet these needs. If a written social history is available, it may be substituted for this section. Please answer the questions below which are not addressed in your submission.

Tell what is going on in the family at this time. Describe the significant events which affect this family and child.

Give a brief description of this family's

Strengths _____

Weaknesses _____

Name _____ Record Number _____

School Information

Last School Enrolled _____

District _____ Grade _____

Child's appointed Surrogate Parent (if any) _____

Phone no. _____

Special Classes: _____ EMH _____ LD _____ BEH _____ MU

_____ Resource _____ Homebound

_____ Other: _____

Academic Strengths _____

Academic Weaknesses _____

School Behavioral Strengths _____

School Behavioral Weaknesses _____

Extra-curricular activities / interests _____

Does client have an IEP? _____ Yes _____ No _____ Date _____

Does client have a BIP? _____ Yes _____ No _____ Date _____

Is there a history of truancy? _____ Yes _____ No _____ Grade(s) Repeated _____

Suspensions/Expulsions for last two school years _____

Attendance record for school year: _____ Number of days in attendance _____

_____ Number of excused absences _____

Latest Evaluation Information:

Achievement Evaluation (ex: Woodcock Johnson, etc.) _____ Date _____

Assesment/Score _____

Results _____

Psychological Evaluation (ex: WISC-III, etc.) _____ Date _____

Assesment/Score _____

Results _____

Additional school information pertinent to this application _____

Name _____

Record Number _____

Court History

Does child have a criminal record? Yes _____ No _____

Offense

Conviction Dates

Pending Charges

Court Dates

Is child on probation? Yes _____ No _____

Is this a court-ordered placement? Yes _____ No _____

Agency Involvement

Indicate all agencies currently involved with this client:

_____ DSS _____ AMH _____ DJJ _____ Voc. Rehab.
 _____ Mental Health _____ Big Brothers/Big Sisters
 _____ Other: _____

Give the name/role of other professionals and volunteers assigned to this child, e.g. Guardian Ad Litem, Child Advocate Court Counselor, etc.:

From what agencies/professionals has the family sought and/or been given help? Please specify services and results

Name _____

Record Number _____

What Religious resources/support systems are available to or have been utilized by this child and family?
(Name/phone number of contact person) _____ Identify the current needs of
the child and family to which the agency is asked to respond.

Planning

What is the permanent plan for this child?
State the goals toward which the family and child are working to achieve the permanent plan.

What specific services of the agency are being requested on behalf of this family and child?

How will the requested services help the family achieve their permanent plan?

I/We the undersigned, hereby apply to Blessed Alms, Inc. for services named above on behalf of the named child for whom I/we hold legal custody and /or placement authority. I/We certify that the information contained in this application and any attachment and any attachment is true to the best of my/our knowledge. I/We agree to share additional information pertinent to this application as requested by the agency. I/We also agree to cooperate with Blessed Alms and to support the plan of service to which we mutually agree.

Signature of Parent or Legal Guardian

_____ Date

Signature of Representative of Agency
Holding Voluntary Placement Agreement

_____ Date