



HIGH PLAINS CHILDREN'S HOME

and Family Services, Inc.

APPLICATION FORM

I. CHILD INFORMATION

Full name: _____ Age: _____ Sex: _____ Race: _____

Date of Birth: _____ Place of Birth: _____

Was Child Adopted? _____ Name of Legal Guardian _____

Social Security Number: _____ Religion: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Home Address: _____ Home Phone Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

How long? _____

1. Does your child receive Social Security? _____ Amount _____

2. Does your child receive S.S.I.? _____ Amount _____

3. Does your child receive Medicaid benefits? _____ Medicaid # _____

II. FAMILY INFORMATION

Father's Full Name: _____ Age: _____ SSN: _____

Current address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Race: _____ Occupation: _____ Income: _____

Mother's Full Name: _____ Age: _____ SSN: _____

Current address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Race: _____ Occupation: _____ Income: _____

Stepfather's name: _____ Age: _____ SSN: _____

Current address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Race: _____ Occupation: _____ Income: _____

Stepmother's name: _____ Age: _____ SSN: _____

Current address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Race: _____ Occupation: _____ Income: _____

Brothers / Sisters Names:

_____ Age: _____ Address: _____

_____ Age: _____ Address: _____

_____ Age: _____ Address: _____

_____ Age : _____ Address: _____

_____ Age : _____ Address: _____

_____ Age : _____ Address: _____

III. REFERENCES

Please list five people (friends, relatives, minister, teacher or counselor) who know the child and are a positive influence:

<i>Name</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone number</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IV. FAMILY HEALTH HISTORY

1. Please indicate by number the medical history of all of the people listed below:

Child	_____	1.	Alcohol Abuse
Mother	_____	2.	Drug Abuse
Father	_____	3.	Diabetes
Brothers/Sisters	_____	4.	Allergies
Maternal Grandmother	_____	5.	Cancer/Leukemia
Maternal Grandfather	_____	6.	Heart Disease
Paternal Grandmother	_____	7.	Kidney Disease
Paternal Grandfather	_____	8.	Epilepsy
Aunts	_____	9.	Tuberculosis
Uncles	_____	10.	Mental Illness

2. Please list all serious incidents of illness, injury or treatment of emotional problems for your child:

<i>Date</i>	<i>Illness/Injury</i>	<i>Treatment</i>	<i>Doctor/Hospital</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Has your child ever had surgery? _____
4. Has your child ever been pregnant? _____ Treated for VD/STD/s? _____ When? _____
5. Please list all prescription medications your child has taken in the last three years:

<i>Medication</i>	<i>Dosage/Frequency</i>	<i>For treatment of</i>	<i>Doctor</i>
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Please use back or another page if needed

V. BEHAVIOR

1. What are your child's interests?

2. Which of the following identify your child's behavior:

- | | | |
|---|---|--|
| <input type="checkbox"/> Playing sports | <input type="checkbox"/> Watching television | <input type="checkbox"/> Overactive |
| <input type="checkbox"/> Playing in school band | <input type="checkbox"/> Depression | <input type="checkbox"/> Sing in Choir |
| <input type="checkbox"/> Attention deficit | <input type="checkbox"/> School Activities | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Watching sports | <input type="checkbox"/> Watching movies | <input type="checkbox"/> Clubs |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Runaway | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Sexual acting out | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Playing music | <input type="checkbox"/> Hanging out with friends | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Playing video games | <input type="checkbox"/> Church activities | <input type="checkbox"/> Anorexia |
| <input type="checkbox"/> Soiling pants | <input type="checkbox"/> Suicide attempt | <input type="checkbox"/> Overeating |
| <input type="checkbox"/> Injury to self | <input type="checkbox"/> Physical violence | <input type="checkbox"/> Bulimia |
| <input type="checkbox"/> Fire play/setting | <input type="checkbox"/> Sexually active | <input type="checkbox"/> Stealing |

Briefly explain: _____

3. What kind of music does your child enjoy? _____

4. Who does your child look up to? _____

5. What does your child do well? _____

6. What is your child's greatest strength? _____

7. Who is your child's best friend? _____

8. Does your child date or have a close friend of the opposite sex?

9. Describe your child's behaviors and/or attitudes which are the most upsetting to you:

10. Has your child had a psychological evaluation? ____ How many? ____ When was the last one? ____ *A copy of the most recent evaluation should be enclosed.*

11. Has your child been in counseling? _____

Name and address of counselor _____

City _____ State _____ Zip _____

VI. EDUCATIONAL HISTORY

- 1. Name of School: _____ Grade: _____ Special education: _____
- 2. School address: _____ City: _____ State: _____ ZIP: _____
- 3. School phone: _____ Counselor: _____
- 4. What is your child's favorite subject? _____
- 5. What is your child's least favorite subject? _____
- 6. Has your child failed a grade or been held back? _____ Which grade? _____
- 7. Does your child get into trouble in school? _____
- 8. Has your child been suspended or expelled from school? _____

VII. PLACEMENT HISTORY

Please list all places your child has lived when out of your home (substitute placements).

Friend or relative:

<i>Name</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Date</i>	<i>Reason placement ended.</i>
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Foster home/Children's Home

<i>Name</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Date</i>	<i>Reason placement ended.</i>
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Hospital/Residential Treatment Program

<i>Name</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Date</i>	<i>Reason placement ended.</i>
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VIII. GOALS OF PLACEMENT

1. What is your child's greatest need? _____

2. How will placement at High Plains Children's Home meet those needs? _____

3. What can you do to help meet those needs while your child is in care? _____

4. Since most children return to their own home after placement, how will things be different when your child returns home? _____

5. How often do you plan to have contact with your child during placement? _____

6. How will placement effect your home life? _____

Please answer the following questions **YES** or **NO** or respond to the highlighted section.

1. Does your child lie for no apparent reason? _____
2. Does your child lie or blame others to cover his own behaviors? _____
3. Does your child follow simple instructions? _____
4. Does your child make excuses for not following instructions? _____
5. Does your child do household chores? _____
6. Does your child have a curfew? _____ Does your child keep the curfew? _____
7. Does your child accept correction? _____
8. Does your child have *one* best friend, a *few* close friends or *many* casual friends? _____
9. Does your child make friends easily? _____
10. Does your child lead or follow in relationships with other children? _____
11. Does your child have close relationship with family members? _____
12. Does your child show affection to members of the family? _____
13. Does your child ever hurt him/herself? _____
14. Does your child ever hurt other people? _____
15. Does your child curse at family members? _____ Friends? _____ Other adults? _____
16. Does your child ever threaten to hurt him/herself or others? _____
17. Does your child steal from others? _____
18. Does your child destroy the property of others? _____
19. Does your child cry often or appear depressed? _____
20. Does your child show interest in the world around him/her? _____

Please answer the following questions briefly.

21. Describe your child's behavior when he/she is angry. _____

22. Describe your child's behavior in relationship to his/her age. _____

23. Describe your child's role in your family. _____

24. Describe how your child deals with conflicts. _____

25. Describe your child's self esteem. _____

26. Describe your child's personal hygiene. _____

IX. CRIMINAL HISTORY

Child: (Please list all arrests and charges involving your child)

Date _____ *Charges* _____ *Disposition* _____

X. COMMENTS

Please add any comments or other information you would like to share:

SIGNATURE(S) _____

DATE: _____



HIGH PLAINS CHILDREN'S HOME

and Family Services, Inc.

RELEASE OF MEDICAL, SOCIAL, ACADEMIC AND PSYCHIATRIC INFORMATION

I hereby authorize _____ to release any medical, social, academic and psychiatric information concerning _____ to High Plains Children's Home and Family Services, Inc. and I hereby release any and all liability to me for giving out such medical, social, academic and psychiatric information.

This authorization shall continue in effect until such time as High Plains Children's Home and Family Services, Inc. is no longer responsible for the above named person or party.

Parent/Managing Conservator

Date Signed:

Witness

Witness