

## APPLICATION FOR ADMISSION

This is a confidential record. All entries must be answered. If information is unknown, every effort should be made to obtain it. This record will be very valuable in working and pastoral counseling with the child. If question asked is not applicable, please use the N/A (not applicable) letters. Write on the back or use other paper to give complete information. All information in **Part III** will be kept confidential by Training Center Board.

Please type or print, using ink

Name of person making application: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date of Application \_\_\_\_\_

Place of business: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Part I - General Information

Name of child for whom application is made: \_\_\_\_\_ M-F \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ S.S. # \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

Name and relationship of person responsible for child: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

If this child has a physical or mental handicap, indicate nature of handicap:

\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of eyes \_\_\_\_\_ Color of hair \_\_\_\_\_

Does this child receive Social Security benefits? \_\_\_\_\_

Amount \_\_\_\_\_ To Whom Paid \_\_\_\_\_

List any other benefits for which this child is eligible: \_\_\_\_\_

List any insurance policies which cover this child and provide a copy of the insurance card.

\_\_\_\_\_

Has the court appointed a legal guardian? \_\_\_\_\_ Whom? \_\_\_\_\_

Has this child been declared Dependent and Neglected by the Courts? \_\_\_\_\_

If so, where? \_\_\_\_\_

Has the local department of Social Services been contacted? \_\_\_\_\_

Where? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_ Name of worker \_\_\_\_\_

Has this child ever received benefits under the department of Social Services Aide to families with dependent children? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_ Worker contacted \_\_\_\_\_

Have you made application to another institution? \_\_\_\_\_

Where? \_\_\_\_\_

Has this child been involved in delinquent behavior or with the law? \_\_\_\_\_

Nature of problem \_\_\_\_\_

List distinguishing characteristics (physical or mental) \_\_\_\_\_

Has said child ever accused you or anyone else of any kind of abuse? \_\_\_\_\_

If yes, what were the allegations? \_\_\_\_\_. Did child services ever get involved? \_\_\_\_\_

If yes please explain. \_\_\_\_\_

**Part II - Family**

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Monthly Income \_\_\_\_\_ S.S. No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Highest grade completed in school \_\_\_\_\_

Other training \_\_\_\_\_

If deceased, date of death \_\_\_\_\_ Place \_\_\_\_\_ Cause of death \_\_\_\_\_

Can child have contact? \_\_\_\_\_ Church member? \_\_\_\_\_ Where? \_\_\_\_\_

Mental or physical handicaps \_\_\_\_\_

Divorced? \_\_\_\_\_ Remarried? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Monthly Income \_\_\_\_\_ S.S. No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Highest grade completed in school \_\_\_\_\_

Other training \_\_\_\_\_

If deceased, date of death \_\_\_\_\_ Place \_\_\_\_\_ Cause of death \_\_\_\_\_

Can child have contact? \_\_\_\_\_ Church member? \_\_\_\_\_ Where? \_\_\_\_\_

Mental or physical handicaps \_\_\_\_\_

Divorced? \_\_\_\_\_ Remarried? \_\_\_\_\_

List all other brothers and sisters in family, including stepbrothers and sisters:

**Name:**

**Birth Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you aware of any relatives or friends who might object to this placement? \_\_\_\_\_

List names and addresses of some and why they would object:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of pastor who knows this child. \_\_\_\_\_

\_\_\_\_\_

Name of School child presently attends \_\_\_\_\_

Name and address of child's last or present schoolteachers:

\_\_\_\_\_  
\_\_\_\_\_

Name, address and occupation of another person who knows this child well:

\_\_\_\_\_  
\_\_\_\_\_

### Part III - Reason for Making Application

Has this child lied to you? \_\_\_\_\_ How many times? \_\_\_\_\_

If child has run away, state how many times and for how long;

\_\_\_\_\_

Please explain in detail why this child needs to be placed in this home. Please fill out in detail and BE SPECIFIC!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give additional information that you feel is pertinent and would help us to know this child and the family situation better.

\_\_\_\_\_

I hereby certify that this information is true and accurate to the best of my knowledge and belief and that I bear to the child the relationship of \_\_\_\_\_

\_\_\_\_\_  
Signature

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**FOR OFFICE USE ONLY**

Date application mailed \_\_\_\_\_ Date Returned \_\_\_\_\_ Date Admitted \_\_\_\_\_

Application Reviewed by: \_\_\_\_\_ Other Information \_\_\_\_\_