



Boles Campus
 204 Patience
 Quinlan, TX 75474
 903-883-9071
 Fax: 903-883-9086

Medina Campus
 21300 State Hwy 16 N
 Medina, TX 78055
 830 522-2200
 Fax: 830-589-7140

Denton Family Outreach Center
 101 Cardinal Drive
 Denton, Texas 76209
 940-220-5062

TOGETHER PROGRAM APPLICATION

Campus Preference: Boles Campus Medina Campus Denton Family Outreach

Please answer all questions completely. All Information is Confidential.

Identifying Information:

Date of Application

Name (First, Middle I, Last)

Maiden Name

Any other names you have gone by

Current Address

City:

State:

County:

Zip:

Email Address	Phone Number	Cell Phone Number	Work Number
Safe to leave you a message at this email? YES NO	Safe to leave you a message at this number YES NO	Safe to leave you a message at this number YES NO	Safe to leave you a message at this number YES NO

If Arms of Hope were unable to reach you at the above phone numbers, is there an alternate number in which you can be reached?

Driver's License/ID number:

State:

Expiration Date:

Do you have a valid Driver's License?

YES

NO

Suspended?

YES

NO

Is your Driver's License an Occupational License only?

YES

NO

List any other restrictions on your current Driver's Licenses:

Are you a legal citizen of the United States of America? YES NO

Date of Birth (M/DD/YYYY): Age:

Ethnicity: Social Security Number:

Person(s) referring you to Arms of Hope:

Relationship to Person(s): Phone:

What is your religious preference?

Briefly describe your religious beliefs:

If referred by a church, please list the name of the referring church:

List previous addresses beginning with the most recent, including other counties/states:

Address	Dates	Reason for Moving

Marital Status:

Separated Divorced Never Married Married
Widowed Single

(Ex) husband's name: Age:

Describe your current relationship with your (ex) husband:

If your (ex) husband has any criminal history (convictions/pending charges) briefly describe it:

List all previous marriages:

Name	Date of Marriage	Date of Divorce

(Ex) boyfriend's name:

Age:

Describe your current relationship with your boyfriend:

If your (ex) boyfriend has any criminal History (convictions/pending charges) briefly describe it:

Have you, any of your children or anyone you are associated with been involved with or affiliated with gang related activity YES NO

If yes, please explain:

Children:

Please list the child(ren) that would be moving on campus with you:

Child's Name	Child's Age	Child's Date of Birth	Child's Social Security #
Child's Grade	Father's Name	Custody of Child Joint Sole (mother) Sole (father)	What are visitation arrangements?
Child's Ethnicity	Immunization records current on this child Yes or No	Child Support amount received for this child \$ _____	Does this child have current health insurance Yes or No

Child's Name	Child's Age	Child's Date of Birth	Child's Social Security #
Child's Grade	Father's Name	Custody of Child Joint Sole (mother) Sole (father)	What are visitation arrangements?
Child's Ethnicity	Immunization records current on this child Yes or No	Child Support amount received for this child \$ _____	Does this child have current health insurance Yes or No

Child's Name	Child's Age	Child's Date of Birth	Child's Social Security #
Child's Grade	Father's Name	Custody of Child Joint Sole (mother) Sole (father)	What are visitation arrangements?
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Child's Name	Child's Age	Child's Date of Birth	Child's Social Security #
Child's Grade	Father's Name	Custody of Child Joint Sole (mother) Sole (father)	What are visitation arrangements?
Child's Ethnicity	Immunization records current on this child Yes or No	Child Support amount received for this child \$ _____	Does this child have current health insurance Yes or No

Please attach additional paper if needed to be able to supply information on any other children who would be moving to campus with you. **Please supply a copy of the custody agreement filed in the court system.**

Please list other child(ren) not moving with you to campus and explain his/her circumstances:

Child's Name	Child's Age	Child's Date of Birth	Father's Name
Child's Name	Child's Age	Child's Date of Birth	Father's Name
Child's Name	Child's Age	Child's Date of Birth	Father's Name
Child's Name	Child's Age	Child's Date of Birth	Father's Name

Circumstances:

Are you and your child(ren) currently safe and/or in a safe place while your application is under review? Y N

Are you currently pregnant? YES NO Due Date:

Is your Pregnancy considered a high risk pregnancy ? YES NO

If yes, please explain the risk:

Do you or your child(ren) have any existing illnesses? YES NO

If so, please explain

Please list all medications that you are currently prescribed/taking or have taken in the past:

Medication Name:	Dosage Prescribed:	Treatment of:

Please list all medications that your child(ren) are currently prescribed/taking or have taken in the past:

Who is the Prescription for:	Name of Medication:	Dosage:	Treatment for:

List any allergies you have:

List any allergies your child(ren) has/have:

Describe your relationship with your child(ren):

Describe your child(ren)'s relationship with his/her father:

Describe how your child(ren) get along with friends and teachers at school/daycare:

Describe each of your children's personality and behavior:

Has your child(ren) ever been sent home from school/daycare due to his/her behaviors? Y N

If yes, please explain:

Do you or your child(ren) have any history of :

Fire setting

Aggressive behavior

Cruelty to animals

Legal Issues

Suspension from school

Ever been Incarcerated

Alternative School assignment

If yes, please explain:

Is/are your child(ren) victims of neglect, abandonment, emotional, physical or sexual abuse?
CHECK all that apply. If yes to any, please explain:

How does/do your child(ren) feel about the idea of moving to Arms of Hope Campus?

Applicants Family Information:

Your Father's Name:

Address:

Father's Contact Number:

Your Mother's Name:

Address:

Mother's Contact Number:

List names of your siblings, addresses and phone numbers:

Describe your relationship with your parents:

Other Supportive Relatives:

Relationship	Name	Describe Relationship
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List other individuals or agencies that are familiar with your situation:

Name/ Agency	Address	Phone
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Personal Information:

Have you ever been in Foster Care or resided in a Group Care Residential Care Facility? Yes / No

Have you ever used drugs? YES NO Date of Sobriety:

List type and how often:

Do you use tobacco/vape products? YES NO If yes, how often?

Do you drink? YES NO If yes, how often?

When was the last time you used or drank?

Have you ever received treatment for substance abuse? YES NO

If yes, please explain

Did you successfully complete treatment for substance abuse? YES NO

If not, please explain

Have you or any of your child(ren) ever:

Been prescribed an anti-depressant, anti-anxiety or any other psychotropic medication? YES NO

If yes, please list the following information:

Prescription for	Name of Medication	Dosage	Treatment for

Do you have a family history of mental illness? YES NO

If yes, please explain:

Have you or any of your child(ren) attempted suicide or had any kind of suicidal thoughts? YES NO

If yes, please explain and be specific:

Do you have a family history of suicide (parents, grandparents, siblings, aunts/uncles)? YES NO

If yes, please explain

Have you or any of your child(ren) had any minor or major surgeries? YES NO

If yes, please explain:

Have you or any of your child(ren) had any previous serious illnesses? YES NO

If yes, please explain:

Have you or any of your child(ren) been hospitalized in the past 12 months? YES NO

If yes, please explain:

Have you or any of your child(ren) had a psychological evaluation? YES NO

Date of evaluation: Can you provide a copy of evaluation? YES NO

Who conducted the psychological evaluation?

Have you or any of your child(ren) been diagnosed with a mental illness? YES NO

If yes, when:

If yes, what is/are the diagnosis?

Have you or any of your child(ren) been treated for mental illness? YES NO

If yes, please briefly describe

Have you or any of your child(ren) been in a psychiatric hospital? YES NO

If yes, list the date(s) and reason(s) for hospitalization

Have you ever lived in a shelter? YES NO

If yes, when and where:

Have you ever been in counseling? YES NO Dates:

Have you ever been physically abused? YES NO

By whom?

Briefly explain:

Have you ever been sexually abused? YES NO

By whom?

Briefly explain:

Have you ever been involved in Human Trafficking? YES NO

If yes, briefly explain:

Explain your family's current circumstances and what you want to accomplish by moving into Arms of Hope Together Program:

What are your special interests and abilities

Have you received any loans for education at any time? YES NO

If yes, what was the amount and explain your loan situation:

Are you default on any loan? YES NO If yes, please explain

Work History:

List employment, beginning with the most recent:

Business name and address:

Supervisor:

Position:

Monthly Pay:

Dates Employed:

Hourly Wage:

Reason for Leaving:

Business name and address:

Supervisor:

Position:

Monthly Pay:

Dates Employed:

Hourly Wage:

Reason for Leaving:

Business name and address:

Supervisor:

Position:

Monthly Pay:

Dates Employed:

Hourly Wage:

Reason for Leaving:

What are your employment goals?

References:

Family Member Reference:

Name: Phone Number:
Address: Relationship:

Family Member Reference:

Name: Phone Number:
Address: Relationship:

Friend Reference:

Name: Phone Number:
Address:

Friend Reference:

Name: Phone Number:
Address:

Transportation:

Do you have a car? YES NO Year: Make: Model:
License plate number: Value:
Running Condition:
Is the car title in your Name?
Do you make payments on this car? YES NO If so what is the monthly payment?
Do you have current car insurance? YES NO
Insurance Company's Name and policy number?
Are your car's registration tags current? YES NO

Health Insurance and other assistance Information:

Do you have medical insurance? YES NO If yes, with whom?

Do you receive Medicaid Benefits? YES NO

Do all of your children have medical insurance? YES NO

If yes, with whom?

Do you receive WIC assistance? YES NO If yes, what is the amount?

Do you receive Social Security benefits? YES NO If yes, what is the amount?

Do you receive food stamps? YES NO If yes, what is the amount?

Do you receive TANF? YES NO If yes, what is the amount?

Do you receive child support payments? YES NO If yes, what is the amount?

Do you have to make child support payments? YES NO If yes, what is the amount?

Criminal History:

Are you currently on probation or parole? YES NO If yes, please explain

Do you or any of your child(ren) have any outstanding traffic tickets in the state of Texas or in another State(s)? YES NO

Are there warrants out for these outstanding tickets? YES NO
If yes, briefly explain:

Have you ever been convicted of a felony classified as an offense against a person or family member? YES NO

Have you been convicted of a felony classified as public indecency? YES NO

Have you been convicted of a felony violation of any law intended to control the possession or distribute any substance classified as a controlled substance in the Texas Controlled Substance Act? YES NO

Have you been convicted of a misdemeanor classified as an offense against the person or family or as a public indecency? YES NO

Do you have an indictment against you? YES NO

Are there any charges pending against you? YES NO

The information contained in this application is correct to the best of my knowledge. I understand that the completion of this application does not guarantee placement into Arms of Hope Programs.

Signature

Date

MONTHLY INCOME AND EXPENSES

INCOME
WAGES/JOB
CHILD SUPPORT
SOCIAL SECURITY
SSI
TANF
FOOD STAMPS
OTHER
TOTAL INCOME

EXPENSES
MEDICAL EXPENSES
RENT
TAXES
ELECTRIC
GAS
WATER
TELEPHONE
MAINTENANCE
SURCHARGES
CHILD SUPPORT PAYMENTS
INSURANCE
AUTO PAYMENTS
LIFE
HEALTH
SCHOOL LOAN PAYMENTS
OTHER
TOTAL EXPENSES

DEBTS

SOURCE	TOTAL OWED	MONTHLY PAYMENT	MONTHLY DUE DATE	AMOUNT PAST DUE

TOGETHER PROGRAM PARENT NEEDS SURVEY

Listed below are some needs commonly expressed by parents. Please put a check mark next to each item if you need help in that area.

Childcare needs
Budgeting skills
Finding medical resources
Finding dental resources
Parenting skills
Information about community resources
Discipline techniques
Job skills
Resume' writing
Increasing my self-esteem
Improving my relationship with others
Counseling needs for myself
Counseling needs for my child(ren)
Information about nutrition, feeding, buying food
Handling children's jealousy with his/her sibling(s)
Dealing with problems with relatives
Bible Studies
Help with education or GED
Being more assertive
Anger management
Time management skills
Career counseling
Help with alcohol addiction
Help with drug addiction
Help with smoking addiction
Help with pornography addiction
Organizational skills
Housekeeping skills
Any other needs not on list, please list

Name

Date

WHEN APPLYING FOR THE PROGRAM, PLEASE SUBMIT WITH YOUR APPLICATION A COPY OF ANY OF THE FOLLOWING THAT PERTAIN TO YOU AND YOUR CHILD(REN)

GED Certificate
High School Transcript
College /Trade School Transcript
Birth Certificates for entire family
Social Security Cards for entire family
Copy of Driver's Licenses/ID for entire family
Shot records for all children
TB shot records for entire family
Children's ARD /504 plans
Income / Paystubs
Child Support Orders and Amounts
Medicaid for entire family
Other Health Insurance for entire family
TANF
WIC
Tax Returns for last year
Court Order Visitation Papers
CCS
Hospitalization discharge summaries for any hospitalization for mental illness
Psychological evaluations for those who had one completed
CPS records
Police reports/arrest records if requested by intake specialist

Name

Date



Together Program Authorization for the Release of Information

I hereby authorize Arms of Hope-Boles, Denton Family Outreach Center and/or Medina Campus' to release information from records concerning: _____

(Name)

To: _____

(Name of person or Organization)

(Address)

I understand that such disclosure will be made for the following purpose: _____

and limited to the following specific types of information: _____

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance heron and in any event, shall expire six months from the date of signature.

Date Signature Witness

Address

I, the undersigned, do declare that I authorize the Together Program Staff of Arms of Hope- Boles Campus, Quinlan, Texas, Medina Campus, Medina, Texas and/or Denton Family Outreach Center, Denton, Texas to request information and records concerning, myself including any psychological evaluations from my physician, therapist, psychologist or any treatment facility for the purpose of giving social, medical and/or psychological services in my case. GIVEN UNDER my hand and by my own free will and accord this

_____ day of _____ 20____, at _____

Signature

Witness

Consent for Receiving Information

I give permission for Arms of Hope- Boles Campus, Denton Family Outreach Center and/or Medina Campus to contact the following:

(Person or Organization)

_____ regarding information about myself and/or my child(ren). GIVEN UNDER my hand and by my own free will and accord this

_____ day of _____ 20____, at _____

Signature

Date



Together Program Consent for Information Release

I, the undersigned, do declare that I authorize the Together Program Staff of Arms of Hope- Boles Campus, Quinlan, Texas, Medina Campus, Medina, Texas and/or Denton Family Outreach Center, Denton, Texas to request information and records concerning myself including any psychological evaluations from my physician, therapist, psychologist or any treatment facility for the purpose of giving social, medical and/or psychological services in my case. GIVEN UNDER my hand and by my own free will and accord this

_____ day of _____ 20_____, at _____

Signature

Witness

Authorization for Release of Information

I, _____, hereby grant permission to the administration of Arms of Hope- Boles Campus, Medina Campus and/or Denton Family Outreach Center to receive/release verbal and/or written information concerning the past and present medical and mental health status and treatment for me and/or my children.

This disclosure may be for the following purposes:

- Obtaining information for assessment
- Obtaining information for treatment
- Insurance or other third party reimbursement
- Admission, Review and Dismissal (ARD) educational meetings
- Other: _____

Restrictions

(if any):

Signature

Date