





Application for Placement

(Form revised 12/09)

Date of application: _____ Person completing application: _____

TO WHICH LOCATION ARE YOU APPLYING: (Please check one)

 <p>_____ Boles Children's Home</p> <p>7067 Peace, Quinlan, TX 75474 (903) 883-2088; (903) 883-4530 (fax)</p>	 <p>_____ Medina Children's Home</p> <p>21300 St HWY 16N, Medina, TX 78055 (830) 589-2871; (830) 589-7140 (fax)</p>
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I. CHILD'S INFORMATION

Last Name		First		Middle	
Street Address				Apt/Unit	
City	State			ZIP	
Home Phone #			Daytime Phone #		
Soc. Sec. Num.		Sex	Age	DOB	
Place of Birth	City	County		State	
Country					
Hair Color	Eye Color	Weight	Height	Race	

Brief description of need for placement:

List child's problems as you see them (use additional paper if necessary):

Please list any marks, tattoos, etc.:

II. LEGAL CUSTODY

Identify all who have legal custody of applicant and by what right (Indicate such as biological parents, adoptive parents, managing conservator, possessory conservator, etc. For verification, please provide documentation i.e. divorce decree, custody papers, etc)

Child's Name: _____

III. FAMILY INFORMATION

A. Biological/Adoptive Mother:

Name					
Home Phone #		Cellular #		Work #	
Address				Soc. Sec. Num.	
Age		Marital Status (Explain)			

B. Biological/Adoptive Father:

Name					
Home Phone #		Cellular #		Work #	
Address				Soc. Sec. Num.	
Age		Marital Status (Explain)			

C. Stepparent:

Name					
Home Phone #		Cellular #		Work #	
Address				Soc. Sec. Num.	
Age		Marital Status (Explain)			

D. Stepparent:

Name					
Home Phone #		Cellular #		Work #	
Address				Soc. Sec. Num.	
Age		Marital Status (Explain)			

E. Significant Others:

Name		Relationship			
Home Phone #		Cellular #		Work #	
Address					

F. Significant Others:

Name		Relationship			
Home Phone #		Cellular #		Work #	
Address					

G. Siblings: (Please provide names, addresses, and telephone numbers of any of the child's siblings)

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H. Please provide any additional information to help clarify the child's family and/or living situation.

Child's Name: _____

IV. BACKGROUND INFORMATION

A. Have you ever applied to one of our campuses? Please list date(s) and outcome of application.

B. Has the child resided outside of the home previously? If so, please indicate the number of out-of-home placements, why the child was placed outside of the home, where the child was placed, and length of time.

Date of discharge from most recent out-of-home placement:

Name of facility:

Reason for discharge

C. Has the child ever been adopted? If so, when? Please give details

D. Has the child ever been in foster care? If so, when? Please give details.

E. Has the child ever been admitted to the following?

_____ Children's Shelter	_____ Residential Treatment Center
_____ Children's Home	_____ TYC
_____ Substance Abuse Treatment	_____ Boot Camp

If so, please list dates and give details.

Can you provide a discharge summary?

F. Has the child been in the custody of the courts? If so, explain why and where (please give dates):

G. Has the child been arrested before? If so, please explain. Is the child on probation? If so, please include JPO contact information.

Child's Name: _____

H. Does the child have problems with bed wetting? If so, list how recently and how often. Is the child on any medication for this? Does the child have a problem with soiling?

I. Does the child have a history of running away? Please give details.

J. Is the child currently, or has the child been sexually active in the past? Please explain.

K. Is there a history of fire setting? Please explain.

L. Is there a history of cruelty to animals? Please explain.

M. Is there any history of aggression? Please explain.

N. Is the child considered a danger to others? Please explain.

O. Is the child considered a danger to self? Please explain.

V. ABUSE/NEGLECT HISTORY

Does the child have a history of the following?

_____ Physical Abuse	_____ Sexual Abuse
_____ Emotional Abuse	_____ Neglect
	_____ Abandonment

Please elaborate.

Child's Name: _____

VI. SUBSTANCE ABUSE HISTORY

Is there a history of use of :

_____ Alcohol	_____ Tobacco Products
_____ Cocaine/Crack	_____ Marijuana
_____ Inhalants	_____ Other: _____

Give brief decription of of degree of usage:

VII. PSYCHOLOGICAL INFORMATION

A. Has the child ever been diagnosed with the following?

_____ Insomnia	_____ Obsessive-Compulsive Disorder
_____ ADD	_____ Eating Disorder
_____ ADHD	_____ Schizophrenia
_____ Depression	_____ Psychosis
_____ Bipolar Disorder	_____ Oppositional-Defiant Disorder
_____ Attachment Disorder	_____ Conduct Disorder
	_____ Other: _____

If so, please explain.

B. Has the child been prescribed any psychotropic medication? Is so, please list medication and dosage.

C. Has the child spoken about or attempted suicide? If so, explain. Please list examples of attempt(s), include dates and if the child was hospitalized.)

D. Has the child been hospitalized for suicidal statements, acts, or for any psychological reason(s) If so, please list dates and reasons for hospitalization(s) as well as length of stay in hopsital.

Can you provide a discharge summary?

E. Please provide a copy of any psychological and/or psychiatric evaluations. Please indicate date and type of most recent evaluation.

What is the child's IQ?:

Child's Name: _____

VIII. MEDICAL INFORMATION

A. Does the child have a diagnosis or suspected health condition or disability? Describe the condition and treatment required.

B. Please list all allergies. Include allergies to drugs, food, and any severe allergies:

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C. Is there a history of:

_____ Mental Retardation	_____ Head Injury
_____ Seizures	_____ Sexually Transmitted Disease

If yes, please explain:

D. List any medical/physical impairments, i.e. glasses, hearing aids, etc.

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E. Is the child under orthodontic care?

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F. If the child is currently on any medication, please provide the following:

All medicine and dosages (please list the reason the medication was prescribed):

Prescribing doctor's name:		Phone #	
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G. Has the child been tested for:

_____ Hepatitis B	Results: _____
_____ AIDS	Results: _____
_____ Tuberculosis	Results: _____

H. Please give the following prenatal information regarding the child.

Normal pregnancy? _____ Yes _____ No

Normal delivery? _____ Yes _____ No

Please explain any problems:

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Did the mother drink alcohol or take drugs during the pregnancy? _____ Yes _____ No

To what extent?

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I. Please give the following developmental history information regarding the child.

Began walking at age: _____ Began talking at age: _____ Began school at age: _____

Any suspected or diagnosed neurological problems? Explain:

Child's Name: _____

IX. EDUCATION INFORMATION	
A. Current Information	
Name and location of school: _____	
Is the child home schooled? _____	Is the child currently attending school? _____
Grade Level: _____	Is the child in Resource classes or Special Education? _____
Is the child in Alternative school or In-School Suspension? If so, please explain reason and indicate length of time.	

B. School History		
Has the child been a discipline problem at school? If so, explain.		
Has the child ever been suspended from school? If so, explain.		
What is the child's attitude toward school and teachers?		
How is the child doing academically? What grades does the child typically make?		
List ALL previous school attended	Dates attended	Grades earned & special achievements

X. RELIGIOUS INFORMATION	
Child's church preference:	Church name & location:
Minister's name:	Phone #
Has the child been baptized? If so, when and where was the baptism?	

XI. OTHER INFORMATION	
Please note any other information that would help in serving this child (use additional pages if needed).	
If your child is accepted at one of our Arms of Hope locations, what are your expectations? What are some things that you would like to see your child work on?	
How did you hear about arms of Hope? Please list any referrals.	
*Please note: You will be required to provide financial information during the application process.	

Child's Name: _____