



STANDARD APPLICATION for ADMISSION

Baptist Home for Girls
13976 Anthony Lane
Madill, OK 73446
Phone: 580-564-2218
FAX: 580-564-4722

Name	Date of Birth	Social Security Number

I understand that my records are protected under the Federal and State Confidentiality regulations and cannot be released without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time unless action has already been taken based upon it, and, that in any event, this consent expires automatically as described below.

“THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE.”

This consent expires: UPON TRANSMITTAL OF INFORMATION

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Executed this _____ day of _____, 20____

Signature of Child

Witness

Signature of parent, guardian, or authorized representative

FOR OFFICE USE ONLY:

I authorize _____
Name and address of person or agency releasing information

to release to: **Baptist Home for Girls, 13976 Anthony Lane, Madill, OK 73446, Phone: 580-564-2218, FAX: 580-564-4722**

the following information:

Date mailed: _____

Child's Name		Social Security Number	
Present Address Street/City/State/Zip			
DHS Number		County	
Date of Birth		Place of Birth City/State	
Sex	Nationality	Race	Grade
Height	Weight	Color of: Eyes	Hair
Father's Name		Social Security Number	
Present Address Street/City/State/Zip			
Place of Employment			
Home Phone		Work Phone	
Date of Birth		County	
Birthplace City/State		Nationality	Race
If Deceased: Date of Death		Place Of Death	Cause Of Death
Mother's Name		Social Security Number	
Present Address Street/City/State/Zip			
Place of Employment			
Home Phone		Work Phone	
Date of Birth		County	
Birthplace City/State		Nationality	Race
If Deceased: Date of Death		Place Of Death	Cause Of Death
Who has Legal Custody of this Child?			
Name		Relationship	
Address			
Place of Employment			
Home Phone		Work Phone	
If by Court Action, Give Type: <input type="checkbox"/> Divorce <input type="checkbox"/> Guardianship <input type="checkbox"/> Temporary <input type="checkbox"/> Adoption			
Court of Jurisdiction		Case Number	
Date of Most Recent Court Action (Please attach copy of most recent legal document)			

Name of person child is living with: _____

Relationship: _____ Address: _____

Street

City

State

Zip

Home Phone () - _____ Work # () - _____ Ext. _____

Cell Phone () - _____ Pager # () - _____ Pin# _____

Photograph of Child

Contact person, if no home phone (or in case of an emergency) _____

Name

() - _____

Relationship

Phone

Current Step-Father's Name		Social Security Number	
Present Address Street/City/State/Zip			
Place of Employment			
Home Phone		Work Phone	
Date of Birth		County	
Birthplace City/State		Nationality	Race

Current Step-Mother's Name		Social Security Number	
Present Address Street/City/State/Zip			
Place of Employment			
Home Phone		Work Phone	
Date of Birth		County	
Birthplace City/State		Nationality	Race

Age and relationship of others living in the home:

Name	DOB	Relationship

Name	DOB	Relationship

Father's Parents:

Name: _____

Address: _____
Street City State Zip

Mother's Parents:

Name: _____

Address: _____
Street City State Zip

Nearest Relative:

Name: _____
Relationship

Address: _____
Street City State Zip

MEDICAL INFORMATION

INSURANCE:

Name of person who carries the insurance: _____

Name of insurance company: _____

Policy number: _____ Certificate number: _____

Type of coverage: _____ Effective date: _____

Special instructions for use: _____

Does the child have a Medicaid card through the Welfare Department? _____

If yes, give number: _____ Renewal date: _____

Does the child take any medication? _____

If so, what? _____ How long? _____

Purpose _____



Name of last school attended: _____

Address: _____
Street City State Zip

Principal: _____
Name Phone

Counselor: _____
Name Phone

Child's Education:

Present grade in school: _____ What kind of grades does the child earn? _____

Relationship to teachers: _____

Relationship to other students: _____

Behavioral problems: _____

Other: _____

List any suspensions (give reasons): _____

Has the child ever:

- a. Been placed in special classes? LD EMH ED SED Other _____ (Type)
- b. Received remedial help? _____ Subject(s) _____
- c. Repeated a grade(s)? _____ Which grade(s) _____
- d. Received tutoring? _____ Subject(s) _____
- e. Been tested by school psychiatrist? _____ When? _____



Please explain why you think this child needs an out of home placement: (History of problem)

List any family issues that may contribute to the child's problems:

Describe previous attempts at correction:



List every family setting in which this child has lived (from birth to present age). Specify the relationship of the person caring for the child (natural parents, step-parents, grandparents, foster homes, other children's homes, etc.)

Age:

0-1 _____

9-10 _____

1-2 _____

10-11 _____

2-3 _____

11-12 _____

3-4 _____

12-13 _____

4-5 _____

13-14 _____

5-6 _____

14-15 _____

6-7 _____

15-16 _____

7-8 _____

16-17 _____

8-9 _____

17-18 _____

Is there any history of alcohol or drug dependency by either the child or any other family member?

Yes No

Describe this involvement: _____

Has the child been involved in cults, and/or gangs?

Has the child been involved with unlawful activity? (Shoplifting, robbery, vandalism) Please give dates/number of times.

Has this child ever been physically, emotionally, or sexually abused? If so, describe the abuse and events leading to it.

What do you feel are the child's family's strengths?

Weaknesses?

GENERAL INFORMATION

Other agencies involved: (For example, Child Welfare, Juvenile Court, Mental Health Clinic, Psychologist, Previous Placements, etc.)

Agency:
Worker's Name:
Address:
Phone:

Agency:
Worker's Name:
Address:
Phone:

Agency:
Worker's Name:
Address:
Phone:

Agency:
Worker's Name:
Address:
Phone:

Has psychological testing been done? By whom?

Name:	Phone:
Address:	City/State/Zip:

CONTRACT RESTRICTIONS:

List any individuals who may **NOT** have contact with the child if admitted into our care.

Reasons: _____

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

Are both parents in agreement about placement in our care? _____

What changes do you expect in the child in order to return home? _____

What changes can we expect in the parent(s) living, marital, financial, and home environment in order for the child to return?

CHILD NEEDS TO COMPLETE:

Your parents or guardians are in the process of making application for you to be admitted to our program. It is important that you have a say in this process. If you would answer the following questions, it would help us to know your feelings about coming to live with us.

- 1. Are you willing to come? _____
- 2. Why or why not? _____

Complete the following sentences:

- 3. The thing I like most is _____

- 4. The thing I hate most is _____

- 5. I make friends _____

- 6. My personality is _____

- 7. My interests and hobbies are _____



CHILD'S PAGE - 2
What I Like Best (An Interest Inventory)

My name is _____

I am _____ years old and am in the _____ grade at _____ School.

1. The color I like best is _____
2. My favorite food is _____
3. My favorite television program is _____
4. The subject I like best in school is _____
5. The things I like to collect are _____
6. My favorite sport is _____
7. The time of year I like best is _____
8. On vacation I like to _____
9. The job I like to help with at home is _____
10. The game I like best to play in the house is _____
11. The game I like best to play outside is _____
12. My best friend is _____
13. I like to read about _____
14. The name of the story or book I like best is _____
15. If I could have the animal I'd like for a pet, I would like to have a _____
16. The name I like best for a boy is _____
17. The person I would like most to be is _____
18. I would like to learn more about _____
19. Are people cooperative with you? Yes No Explain _____

20. What are your goals? _____



In the space below, draw a picture of your home. Include your family, the yard, trees, pets, etc.