

Dear Parent(s) / Guardians:

We know this may be a difficult time for you as you seek answers for your family. We want to be of assistance to you, but we also need your help in gathering information.

THE FOLLOWING ITEMS ARE REQUIRED:

1. **Application Packet** - Every page must be complete * *
If you need assistance, please call the receptionist at 405-691-7781. You may FAX your application to our office at 405-691-6015; however, we must have the original consent forms before we can send for your child's records.

* * (Incomplete information - the refusal of the child / youth or family to provide information may delay or stop the intake process.)
2. **Consent for Release of Confidential Information** forms - several are included - the top section must be completed and must be signed by the parent/guardian. (See above notice regarding original consent forms/FAX information.)
3. **Education testing** - Due to our working relationship with the Moore Schools, we can consider L.D. children, but we need testing (last three years), categorical I.E.P., and annual review if placed last year.
4. **Custody** - If there has been a divorce or a court decision regarding custody, please have papers available showing who has custody, joint custody, or adoption decree, etc.
5. **Other** - Immunization records, birth certificate, and current physical exam (within 30 days of admission date) will be required if child is accepted for placement.

You can expedite the admission process by sending the following with your application:

- > Legal information regarding custody or adoption
- > Psychological evaluations or testing
- > Information from other agencies or placements

Upon completion of the Application materials, and signing of Consent for Release forms, return to:

**Oklahoma Baptist Homes for Children
ATTENTION: Admissions/Intake
16301 South Western
Oklahoma City, OK 73170**

When your application is received, our office staff will send for the materials from schools, counselors, etc. A social worker team will review your application and notify you of their decision. If your child can be accepted for placement, we will call you to schedule an interview. Otherwise we will assist you in referrals of other agencies/facilities which may be able to offer you their services.



APPLICATION FOR ADMISSION SHORT FORM – PART A

Baptist Children's Home
16301 South Western
Oklahoma City, OK 73170
Phone: 405-691-7781
FAX: 405-691-6015

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)			



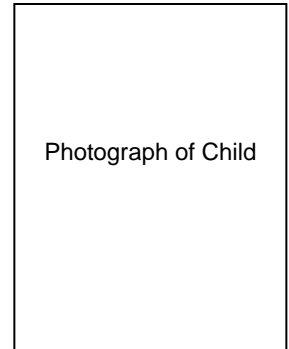
Name of person child is living with: _____

Relationship: _____ Address: _____
Street

_____ City _____ State _____ Zip

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

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



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

_____ Name
 () - _____
 _____ Relationship _____ Phone

Age and relationship of others living in the home:

Name	DOB	Relationship

Name	DOB	Relationship

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 and suspensions (give reasons): _____

Placed in special classes (check if applicable): LD EMH ED SED Other _____
(Type)

Mark items below, in order of their importance, which indicate problem areas that have led to your decision to request placement.

Note: Please attach additional pages in order to explain marked items.

- | | | |
|--|---|--|
| <input type="checkbox"/> Over active | <input type="checkbox"/> Fighting | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Under active | <input type="checkbox"/> Violent | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Physical limitation | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Soiling (lack of bowel control) |
| <input type="checkbox"/> Eating problems | <input type="checkbox"/> Striking others (who?) | <input type="checkbox"/> Sexually preoccupied |
| <input type="checkbox"/> Sucks thumb | <input type="checkbox"/> Use of weapons | <input type="checkbox"/> Fondling |
| <input type="checkbox"/> Bites nails | <input type="checkbox"/> Property destruction | <input type="checkbox"/> Molestation |
| <input type="checkbox"/> Chews objects | <input type="checkbox"/> Stealing | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Lying (Excessive) | <input type="checkbox"/> Homosexual behavior |
| <input type="checkbox"/> Whines | <input type="checkbox"/> Sneaking out/ curfew violation | <input type="checkbox"/> Bizarre behavior |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Runaway | <input type="checkbox"/> Harmful to animals |
| <input type="checkbox"/> Moody | <input type="checkbox"/> School truancy | <input type="checkbox"/> Fire starting |
| <input type="checkbox"/> Temper problems | <input type="checkbox"/> School behavior | <input type="checkbox"/> Rap / hard rock music |
| <input type="checkbox"/> Withdrawal | <input type="checkbox"/> School performance | <input type="checkbox"/> Violent movies / video games |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Tobacco use (what?) | <input type="checkbox"/> Gang / subculture groups |
| <input type="checkbox"/> Harmful to self | <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Occult, cults, satanism |
| <input type="checkbox"/> Suicide attempt/ threat | <input type="checkbox"/> Drug use (what?) | <input type="checkbox"/> Other (explain) _____ |

Please explain why you think the child needs an out of home placement and the family hardships that have lead to seeking out of home placement. (History of problem)

Describe previous attempts to resolve family conflict and negative behaviors:



Describe the history of alcohol or drug dependency by either the child or any other family member:

Describe the child's involvement in cults and/or gangs: _____

Has the child been involved in activities such as shoplifting, robbery, or vandalism? Describe:

Has the child ever experienced or witnessed any type of abuse, violence or neglect?

Physical Emotional Sexual Explain: _____

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:

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.

Do you understand that you and your family have come to a place where it may be helpful for you to live outside the home? _____ Explain. _____

Complete the following sentences:

1. The thing I like most is _____

2. My interests and hobbies are _____

3. I make friends easily not very easily.

4. People describe my personality as _____

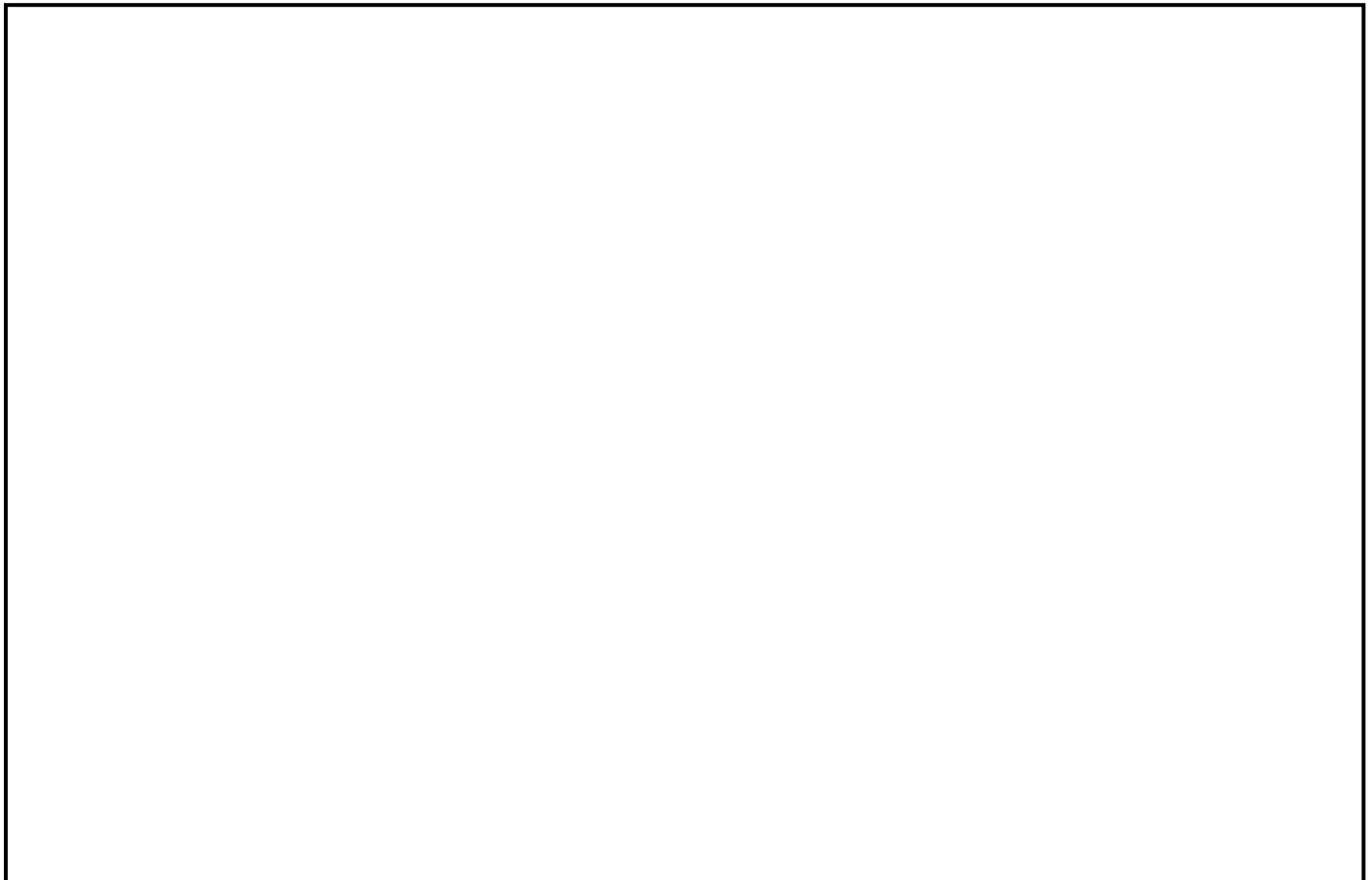
5. The thing I hate most is _____

My name is _____

1. The color I like best is _____
2. The things I like to collect are _____
3. The job I like to help with at home is _____
4. My best friend is _____
5. The person I would like most to be is _____
6. I would like to learn more about _____
7. Are people cooperative with you? Yes No Explain: _____

8. What are your goals? _____

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





CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Baptist Children's Home
16301 South Western
Oklahoma City, OK 73170
Phone: 405-691-7781
FAX: 405-691-6015

Table with 3 columns: 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 information about communicable or venereal diseases, which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immune deficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

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 Children's Home, 16301 S. Western, Oklahoma City, OK 73170, Phone: 405-691-7781, FAX: 405-691-6015 the following information: A copy of academic records, psychological test results, educational testing, current IEP, shot records, disciplinary records, or any other pertinent information Date mailed: _____



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