

**HAPPY HAVEN HOME FOR CHILDREN
2311 WAKEFIELD DR.
COOKEVILLE, TN 38501**

*APPLICATION FOR RESIDENTIAL CHILD CARE
(All questions must be answered truthfully)*

Date _____

Identifying Information

1. Name of child _____ Sex _____ SS# _____
 Age _____ Birthdate _____ Birthplace _____
 Height _____ Weight _____ Hair _____ Eyes _____ Race _____
 Identifiable Birth Marks _____
 Child's current address _____

 City State Zip

2. Person(s) having legal custody _____
 Relationship _____ Phone (____) _____
 Address _____
 Street City State Zip

3. Name of person to contact in case of emergency _____

 Home Phone(____) _____ Work Phone(____) _____

4. Type of Placement:
 _____ Parental Consent _____ Court Order _____ Social Services

The following information is required only if social services, probation officer, court or other professional services are involved in the case or is assisting with the referral.

5. Name of Worker _____ Position _____
 Agency _____ County _____
 Address _____
 Street City State Zip
 Phone(____) _____ Emergency Phone(____) _____

Parental Information

1. Father _____ SS# _____

(Circle One) Natural Step Adoptive

Birthdate _____ Birthplace _____

Current Address _____

City _____ State _____ Street _____ Zip _____

Home Phone(____) _____ Work Phone(____) _____

If deceased, give cause and date _____

Marriage/Divorce history (if any) _____

Religious Preference _____ Place of Worship _____

Place of Employment _____ Occupation _____

Employers Address _____
Street City State Zip

2. Mother _____ Maiden _____ SS# _____

(Circle One) Natural Step Adoptive

Birthdate _____ Birthplace _____

Current Address _____

Street City State Zip

Home Phone(____) _____ Work Phone(____) _____

If deceased, give cause and date _____

Marriage/Divorce history (if any) _____

Religious Preference _____ Place of Worship _____

Place of Employment _____ Occupation _____

Employers Address _____
Street City State Zip

Information on Child

1. List every family setting in which the child has lived (form birth to present age). Specify the relationship of the person caring for the child (natural parents, step-parents, grand-parents, foster homes, other children’s homes, hospital settings, etc.).

Age	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 _____	

2. Please list all siblings of child

<u>Name</u>	<u>Gender</u>	<u>Age</u>	<u>Place of residence</u>

3. What are your child’s motivations, interests, and hobbies?

4. How does your child spend free time? _____

5. What are your child’s strong points, assets, or abilities? _____

School Information

1. Last School Attended _____

Address _____ Phone(____) _____

Present Grade _____

Principal _____

Name

Telephone

Number

Counselor _____

Name

Telephone

Number

2. Describe your child's education. Give summary of:

Grades: _____

Relationship with teachers: _____

Relationship with other students: _____

Academic problems: _____

Behavioral problems: _____

Other: _____

3. List any suspension from school and give reasons: _____

4. Has child ever been:

a. Placed in a special class?

_____ (SLIC) Significantly Limited Intellectual Capacity

_____ (EH) Educationally Handicapped

_____ (PCD) Perceptually Communicative Disorder

_____ (SIED) Significantly Identifiable Emotionally Disturbed

_____ Other - Type _____

b. Received remedial help? _____ Subjects _____

c. Repeated a grade(s)? _____ Which grade(s)? _____

d. Received tutoring? _____ Subjects _____

e. Been tested by school or other psychometrics? _____ When? _____

By whom? _____

Developmental History

1. Pregnancy: Normal? _____ Yes _____ No If no, describe complications _____

Term of Pregnancy _____

2. Delivery: Anesthesia _____ Hours of hard labor _____

Baby weight: _____ lbs. _____ ozs.

Incubator: _____ Yes _____ No If yes, please comment _____

Post Partum Depression _____ Yes _____ No

Other complications? _____

3. Infancy: _____ Nursed _____ Formula Age weaned _____

Colic? _____ Yes _____ No

Age First Words _____ Complete Sentences _____

Age Toilet Trained: _____ daytime _____ nighttime

Medical Information

1. Are there any allergies, health, or medication needs that our staff should be aware of?
This includes any allergies or reactions to medication. _____

2. Any restrictions of activity for medical reasons? _____ If yes, explain

3. Has child had any, or is currently , experiencing incidents of bedwetting or soiling? _____
If yes, when and how often? _____

4. Does family have health and medical insurance on child? _____ Yes _____ No

a. _____

Insurance Company Name	Policy
Number	

Street	City	State/Zip
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b. Is the family and child on AFDC? _____ Yes _____ No

AFDC# _____ County _____

Does the child have a Medicaid card through the welfare department? __ Yes __ No

c. If none of the above, who is responsible for medical care? _____

Address	City	State/Zip
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Reasons For Seeking Placement

1. Why is placement necessary? (Please be specific, include all behavioral and emotional problems.) _____

2. What are the long term goals and expectations of placement for child to return home?

3. Are both parents in agreement about placement?_____ If no, please explain why

4. What changes need to occur for the parent(s) living, marital, financial, and home environment in order for the child to return?_____

5. To your knowledge does child have any history of smoking cigarettes, using drugs, or drinking alcoholic beverages? If so, explain_____

6. Does child have any history of emotional, ritual, physical, or sexual abuse or neglect? If so, explain_____

7. Has any member of the child's family been found guilty of a misdemeanor, felony or imprisoned, jailed, or otherwise had problems with the law? If yes, give reasons and dates

8. Do any of the child's family members have a history of mental illness or emotional instability? If yes, state specific problems and place of treatment_____

9. List places of any counseling, psychological testing, or mental health services the child or family has received. Indicate date.

Place	Address	Reason
Place	Address	Reason
Place	Address	Reason

Testing?____Yes ____No Diagnosis_____

10. To the best of your knowledge what area do you feel the child is most in need of immediate counseling?_____

11. Has the child ever run away from home or another program? If yes, indicate frequency, how long child was gone and dates_____

12. List any and all restrictions concerning home visits, off campus visits, phone calls, persons, and why_____

13. List specific problem areas child has had with other caretaker_____

14. List specific problems child has had with other family members_____

15. Has the child ever been found guilty of a felony, misdemeanor, status offense or other wise had problems with the law? If yes, give dates and offenses_____

16. Using your best judgment, what is the major reasons placement is necessary? (Check any and all that apply)

Parents unable and/or unwilling to control the child

Inadequate parenting skills

Marital problems

Family conflicts

Marital separation or divorce

Abandonment and/or rejection by parents

Neglect and/or abuse

Behavioral/emotional problems

Transfer from another agency

Other (please be specific)_____

17. What has been the frequency pattern for the child getting into trouble in his/her problem areas(check one)

Less than once a month

Almost every week

About once each month

Almost daily

More than twice a month

Daily

18. Has the child ever exhibited any physical aggression towards others? ___ Yes ___ No
If yes, give dates and circumstances _____

19. Has the child been involved in cults and/or gangs? _____

20. Has the child ever been destructive to material objects such as furniture, toys, etc.
___ Yes ___ No If yes, give dates and circumstances _____

21. To your knowledge has the child ever been involved in any sexually oriented behavior
against another person, such as molestation, fondling, rape, homosexuality, etc.? _____

22. To your knowledge has the child ever been sexually active? If yes, describe the
nature and extent of sexual activity _____

23. Has the child ever been involved in behavior or activities that involved a knife, gun,
or other object used to inflict bodily harm against another person? _____

24. Has the child ever made any suicide attempts or threats? ___ Yes ___ No
If yes, explain when and with what method _____

25. Has the child ever been treated in a hospital for emotional or behavioral problems?

 Yes No If yes, explain _____

26. If applicant is a female, is she using or has she used any form of birth control? Has she ever been pregnant, had an abortion, or had a child? _____

27. Provide at least a paragraph or two explaining how the child's problem began and when. Include situations that may involve family, community, school, etc. Include any and all factors you feel could have contributed to the child's problem areas such as abuse, divorce, death of a parent, influence by peers, etc. (Important, do not omit - continue on back of page)

28. How much are you willing to pay Happy Haven Home to help defray the expense of caring for your child while he/she is in our care?

LIST OF THINGS PARENTS NEED TO BRING UPON INITIAL INTERVIEW:

1. Social Security Card
2. Insurance Card
3. Birth Certificate
4. Immunization Record
5. Any & all legal documents pertaining to the custody of child, adoption papers, divorce decrees with custody, etc.

DISCLAIMER:

Any false or misleading information or failure to disclose the truth on this application will be grounds for immediate dismissal of the resident from Happy Haven.