CHEROKEE HOME FOR CHILDREN

ADMISSION APPLICATION FOR CHILDREN AND YOUTH

Date of Application: ____________________

Child/Youth's Full Name: ____________________ Date of birth ____________

Current Address: (Street,City,State,Zip) ____________________

Age ________ ☐ Male ☐ Female Social Security Number: ____________

Race: ______ Height ______ Weight: ______ Eye color: ______ Hair color: ______

CHURCH AFFILIATION: ____________________

Name of Guardian: ____________________ Phone number: ____________

Relation: ☐ Mother ☐ Father ☐ Other: ____________________

Guardian physical address: (Street,City,State,Zip) ____________________

APPLICATION SUBMITTED BY: ____________________

Agency (if applicable): ____________________ Title/Relationship to Child: ____________

Address: (Street,City,State,Zip) ____________________

Email Address: ____________________

How did you hear about CHC? ____________________

ALTERNATE EMERGENCY CONTACT

List names, current addresses, phone numbers and relationship to the child.

1. ____________________
2. ____________________
3. ____________________
4. ____________________

I give permission for Cherokee Home for Children to contact all necessary parties (phyisicians, schools, etc.) regarding treatment issues, symptoms, behaviors, or other information necessary for the treatment of my child.

Parent/Guardian Signature: ____________________ Date: ____________

Child's Name:____________________

Cherokee Home For Children

FAMILY INFORMATION

•BIOLOGICAL/ADOPTIVE MOTHER:

NAME: ________________________ EMAIL ADDRESS: ________________
HOME PHONE: ______________ CELL: ____________ WORK: ______________
ADDRESS: ______________________ SOCIAL SECURITY NUMBER: ____________
AGE: ______ MARITAL STATUS (Explain): ____________________________

•BIOLOGICAL/ADOPTIVE FATHER:

NAME: ________________________ EMAIL ADDRESS: ________________
HOME PHONE: ______________CELL: ____________ WORK: ______________
ADDRESS: ______________________ SOCIAL SECURITY NUMBER: ____________
AGE: ______ MARITAL STATUS (Explain): ____________________________

•STEPPARENT

NAME: ________________________ EMAIL ADDRESS: ________________
HOME PHONE: ______________ CELL:____________ WORK: ______________
ADDRESS: ______________________ SOCIAL SECURITY NUMBER: ____________
AGE: ______ MARITAL STATUS (Explain): ____________________________

•STEPPARENT

NAME: ________________________ EMAIL ADDRESS: ________________
HOME PHONE: ______________ CELL: ____________ WORK: ______________
ADDRESS: ______________________ SOCIAL SECURITY NUMBER: ____________
AGE: ______ MARITAL STATUS (Explain): ____________________________

•OTHER SIGNIFICANT ADULT

NAME: ________________________ EMAIL ADDRESS: ________________
HOME PHONE: ______________ CELL: ____________ WORK: ______________
ADDRESS: ______________________ SOCIAL SECURITY NUMBER: ____________
AGE: ______ MARITAL STATUS (Explain): ____________________________

•OTHER SIGNIFICANT ADULT

NAME: ________________________ EMAIL ADDRESS: ________________
HOME PHONE: ______________ CELL: ____________ WORK: ______________
ADDRESS: ______________________ SOCIAL SECURITY NUMBER: ____________
AGE: ______ MARITAL STATUS (Explain): ____________________________

•SIBLINGS

NAME ADDRESS GENDER AGE TELEPHONE

- ____
- ____
- ____
- ____
- ____
- ____
- ____

YOUTH DESCRIPTIONS

BRIEF DESCRIPTION OF NEED FOR PLACEMENT:

PRESENTING PROBLEMS: (Check all that apply and please provide clarifying statements to any checked items that need further explanation)

☐ Irritable
☐ Impulsive
☐ Stealing
☐ Temper outburst
☐ Stubborn
☐ Lying
☐ Withdrawn
☐ Disobedient
☐ Daydreaming
☐ Behavior problems at school
☐ Academic difficulties
☐ Truancy
☐ Fearful
☐ Mean to others
☐ Destructive
☐ Overactive
☐ Self-mutilating
☐ Head banging
☐ Short attention span
☐ Distractible
☐ Rocking
☐ Shy
☐ Gang involvement
☐ Use of weapons
☐ Poor adult relations
☐ Other (explain):
____

Has the child resided outside of the home? ☐ Yes ☐ No

List the number of out of home placements?

If so, please indicate type, name, reason and length of placement.

1. ____
2. ____
3. ____
4. ____

Date of discharge from most recent out-of-home placement: ______________________________
Name of Facility: ____
Reason for discharge: ____

Has the child ever been adopted? If so, when? Please explain.

Has the child even been in foster care or under CPS care? If so, when? Please explain.

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

Is the child currently sexually active? ☐ Yes ☐ No
Have they been tested for STDs/Pregnancy ? ☐Yes ☐ No Results:

Is the child considered a danger to others? ☐ Yes ☐ No
Is the child considered a danger to self? ☐ Yes ☐ No (If yes to either, please explain.)

Does the child have a history of the following? (Check all that apply)

☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect ☐ Abandonment
Please explain:

Is there a history of substance abuse: ☐ Yes ☐ No (If yes, check all that apply)

☐ Alcohol ☐ Tobacco Products ☐ Cocaine/Crack ☐ Marijuana ☐ Inhalants ☐ Methamphetamine

Give brief description of degree of usage or other drugs abuse:

Has the child ever been diagnosed with the following? ☐ Yes ☐ No (if yes, check all that apply)

☐ Insomnia
☐ Obsessive-Compulsive Disorder
☐ ADD
☐ Eating Disorder
☐ ADHD
☐ Schizophrenia
☐ Depression
☐ Psychosis
☐ Bipolar Disorder
☐ Oppositional-Defiant Disorder
☐ Attachment Disorder
☐ Conduct Disorder
☐ Enuresis or Encopresis
☐ Other:____________________

Please explain:

Has the child been prescribed any psychotropic medication? If so, please list medication and dosage:

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.

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 hospital.

Can you provide a discharge summary? Yes ____ No ____

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? ____

What is the child's GAF? ____

Has the child been diagnosed MR? ____

Has the child ever been in the custody of the courts? Why? Where? How Long?

Has the child ever been arrested? On probation?

Please list and explain the events and/or losses that could have had a traumatic/negative impact on the child. (i.e. any abuse, loss of family member, divorce, etc.)

Please list and explain any significant adult history (i.e. drug abuse, alcohol abuse, imprisonment, etc.) that may have had a traumatic/negative impact on the child.

Please list any other events that may have had a traumatic/negative impact on the child:

How does the child handle stress/stressors: ____

List fears your child has expressed: ____

What types of friends does your child associate with?

☐ Males ☐ Females ☐ Older ☐ Younger ☐ Same age

☐ Peers with criminal behavior ☐ Large group of peers

Would you consider your child to be a: ☐ Leader ☐ Follower ☐ Loner?

Describe some of your child's interests and activities when alone:

Describe some of your child's interest and activities with family members:

Describe some of your child's interest and activities with friends:

SOCIAL/BEHAVIORAL INFORMATION: (Check all that apply and provide clarifying statements to any checked items that need further explanation)

☐ Unable to share
☐ Has a strong desire for sameness and routine
☐ Uncooperative with others
☐ Authority conflicts with others
☐ Has strong outbursts of anger
☐ Tends to crave attention
☐ No real relationships with others
☐ Seems sensitive to criticism, lacking in self confidence
☐ Isolates self away from family
☐ Needs encouragement to take part in new situations
☐ Spends little time at home
☐ Trouble getting along with other children
☐ Fights with brothers and/or sisters
☐ Tends to be active and aggressive or assaultive
☐ Child rarely brings friends home
☐ Tends to be heedless, lack carefulness, be impulsive
☐ Runs away from home
☐ Tends to get over excited in play with other children
☐ Talks about hurting self or others
☐ Parents have met most of our child's friends
☐ Destroys property
☐ Family unaware of what child is doing when not home
☐ Runs away from home
☐ Evasive/hostile when questioned about activities
☐ Sexual misbehavior
☐ Cruel to animals
☐ Steals
☐ Lies
☐ Disobeys curfew
☐ Self destructive
☐ Alcohol usage
☐ Drug usage
☐ Uses profane language
☐ Prefers to play alone/does not make friends easily

Comments:

Child's Name:______________________

Cherokee Home For Children

OTHER BEHAVIORS

- ☐ Worries/tense
- ☐ Restlessness/high activity level
- ☐ Hallucinations
- ☐ Easily excitable Boastful
- ☐ Easily depressed/discouraged
- ☐ Daydreams
- ☐ Withdraws/cries a lot
- ☐ Convulsive attacks/seizures
- ☐ Fainting
- ☐ Nightmares
- ☐ Sleep disturbances
- ☐ Physical complaints
- ☐ Bedwetting after age three
- ☐ Lack of bowel control
- ☐ Has difficulty learning
- ☐ Denies mistakes; blames others
- ☐ Fails to finish things
- ☐ Is distracted, has short attention span
- ☐ Is easily frustrated in their efforts
- ☐ Is excitable
- ☐ Is aggressive towards peers and/or adults
- ☐ Threatens or attempts to hurt self or others
- ☐ Is restless, always on the go
- ☐ Will not follow rules
- ☐ Is childish or immature
- ☐ Has moods that change drastically or quickly
- ☐ Is acting-out sexually
- ☐ Makes self defeating statements

Comments:

HOME ENVIRONMENT

Who is the primary disciplinarian? ________________________________

How have you disciplined your child?

- ☐ time out
- ☐ grounding
- ☐ loss of privilege
- ☐ spanking
- ☐ chores
- ☐ food withheld
- ☐ early bedtime
- ☐ logical consequences

Other: __________________________

When and how often has discipline been needed/necessary? ________________________________

What is the child's response to discipline? ____

With which family member does your child feel they can communicate best? ____________________

How would you describe your child's basic attitudes and feelings towards you as parents?

Habits/Tendancies

- ☐ Tends to explore with smell, deliberately smells objects
- ☐ Seems to crave being held, cuddled or touched
- ☐ Tends to be more sensitive to pain than others
- ☐ Tends to wear a coat all day when not needed
- ☐ Dislikes or is irritated by certain textures of clothing
- ☐ Avoids getting hands into paste or messy things
- ☐ Often seems to be overly active or wiggly
- ☐ Tends to bump, hit or push other children
- ☐ Dislikes foods of certain textures
- ☐ Tends not to feel pain as much as others
- ☐ Dislikes being touched unexpectedly
- ☐ Tends to be more ticklish than other children

Comments:

Please list known traumatic events in your child's past, i.e. sexual abuse, physical abuse, kid napping, witnessed violence, serious accidents or illnesses.

FAMILY

Please check any problems that have occurred in the child's family. Include other family members who are regularly involved with the family.

- ☐ Problems between parents (husband and wife)
- ☐ Problems between other family members
- ☐ Raising children and discipline
- ☐ Taking care of the house, meals or family health
- ☐ Not enough money for basic needs
- ☐ Housing problems
- ☐ Multiple moves
- ☐ Unwed parenthood
- ☐ Divorce
- ☐ Legal problems (custody, bills, rent, etc.)
- ☐ Trouble handling emotions or behavior
- ☐ Taking drugs
- ☐ Fighting outside the home
- ☐ Probation
- ☐ Problems between parents and children
- ☐ Managing money, budgeting
- ☐ Unemployed
- ☐ Having trouble holding a job
- ☐ Drinking too much
- ☐ Fighting at home
- ☐ Getting in trouble with the law
- ☐ Spent time in jail
- ☐ Health problems, disability or handicap
- ☐ Psychiatric hospitalization
- ☐ Developmental Disabilites/Mental retardation
- ☐ Other mental health counseling
- ☐ Mental illness
- ☐ Recent death of close relative

Cont.

Comments for family problems:

PREVIOUS TREATMENT OR PLACEMENTS

Please list counseling , therapy and treatment therapy your child has received during his/her life.
List dates, person seen, agency, address and phone numbers.

Provider:____
Problem: ____
Dates of Services: ____________________________________
Success or Failure:____________________________________

Provider:____
Problem: ____
Dates of Services: ____________________________________
Success or Failure:____________________________________

If your child is adopted, please give age at which adopted and circumstances of adoption. Please list all known prior placements between birth and placement with you.

1. ____
2. ____
3. ____
4. ____

EDUCATIONAL HISTORY

Grade: Type of Classroom: Special Education? ☐ Yes ☐ No

Current School and Address:

Favorite Subject: ____________________ Least Favorite Subject: ____________________

Extracurricular Activities? ☐ Yes ☐ No (if yes, please list and give detail below.)

1. ____
2. ____
3. ____
4. ____

Child's Name:______________________

Cherokee Home For Children

Behavioral Issues/Problems at School ? ☐ Yes ☐ No (if yes, please list and give detail below.)

Educational Deficits or Difficulties? ☐ Yes ☐ No (if yes, please list and give detail below.)

Have they ever repeated a grade? ☐ Yes ☐ No (if yes, please list and give detail below.)

Has the child ever had a tutor or other special help with school work?

Does the child attend school on a regular basis?

Have they ever been suspended or expelled? ☐ Yes ☐ No (if yes, please list and give detail below.)

What are their future educational goals? ☐ H.S./ GED ☐ College/Trade ☐ Military

MEDICAL INFORMATION

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

Note all health problems the child has had or has now: (Please also list the age and dates)

	Age		Age
☐ High fevers	_____	☐ Fainting	_____
☐ Dental Problems	_____	☐ Sinus Problems	_____
☐ Pneumonia	_____	☐ Dizziness	_____
☐ Weight Problems	_____	☐ Heart Problems	_____
☐ Flu	_____	☐ Tonsillectomy	_____
☐ Skin Problems	_____	☐ Hyperactivity	_____
☐ Encephalitis	_____	☐ Vision problems	_____
☐ Asthma	_____	☐ Diabetes	_____
☐ Meningitis	_____	☐ Hearing problems	_____
☐ Headaches	_____	☐ Tuberculosis	_____
☐ Seizures	_____	☐ Earaches	_____

Telephone: (800)-689-3292 or (325)-622-4201 FAX: (325) 622-4215 E-mail: chc@centex.net

Child's Name:______________________

Cherokee Home For Children

☐ Stomach Problems ______ ☐ Chicken Pox ______

☐ Unconsciousness ______ ☐ High fevers ______

☐ High/Low Blood ______ ☐ Accident prone ______

☐ Head injury ______ ☐ Other Illnesses (Please explain)

Other illnesses (cont) ____

ALLERGIES: List all allergies. Include allergies to drugs, food, and any severe allergies and explain in detail.

Medication:

Food:

Other:

List any physical impairments. (i.e. glasses, hearing aids, etc.)

Any orthodontic care? If yes, please list the dentist/orthodontist and contact information.

Please give a brief physical description of the child's health. Include any problems requiring frequent periodic attention such as seizures, diabetes, asthma, physical handicaps, etc.

List and give dates of childhood diseases:

Are the child's immunizations up to date? ☐ Yes ☐ No (Admission will require documentation)

Please list any previous injuries or periods of hospitalization.

Please list the child's family physician, any other physicians currently being seen and the reasons.

Child's Name:______________________

Cherokee Home For Children

List current medication(s)	Purpose
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________

Please give the following prenatal information regarding the child.

Normal pregnancy? Yes No Normal delivery? Yes No

Please explain any problems: ____

Type of Delivery: ____

Did the mother drink alcohol or take drugs during the pregnancy? Yes No If yes, to what extent?

Any suspected or diagnosed neurological problems? Yes No Explain:

Does the child currently have medical insurance? Yes No If yes, please indicate the type:

Medicaid CHIPS Private

What are your expectations of your child in placement:

What changes would you like to see in your child in the future:

What changes would you like to see in your family future:

RELIGIOUS INFORMATION

Child's church preference: ____________________ Church name and location: ____________________

Minister's name: ____________________________ Phone Number: ____________________________

Has the child been baptized? If so, when and where was the baptism? ____________________________

How many times per week do they attend church functions? __________________________________

Any Other Information:

Child's Name:______________________

Cherokee Home For Children

Please ensure that the application is fully completed to the best of your knowledge and submit the following items for review by fax, mail or email at chcsa@centex.net:

- Completed Application
- Proof of Guardianship
- Court Orders (if applicable)
- Psychological Eval (most recent)

Mailing Address for above items:
Cherokee Home for Children
ATTN: Social Services
P.O. Box 295
Cherokee, TX 76832

Upon review of the application, Social Services will respond through email or phone. If application indicates the Cherokee Home For Children is an appropriate fit for you and your child, an interview will be requested regarding placement.

If placement is made, the following items will be required at the time of placement:

- ☐ All school records including academic & disciplinary records for the last two years.
- ☐ Juvenile probation or police records (if applicable).
- ☐ Court order (if applicable).
- ☐ Medical exam including a TB test (within 30 days prior to placement).
- ☐ Dental exam (within 1 year prior to placement).
- ☐ Copy of Social Security Card
- ☐ Shot records
- ☐ Certified copy of birth certificate.

If we may be of further assistance, please contact Keri Davis, Valerie Valdez, or Israel Valdez at (325) 622-4201.

Thank you.