

Arkansas Baptist Children's Homes & Family Ministries
Arkansas Baptist Home for Children
P.O. Box 427
Monticello, AR 71657-0427
Phone: (870) 367-5358 Fax: (870) 367-5856
Email: childrenshome@abchomes.org Website: www.abchomes.org

Admission Application

FORM INSTRUCTIONS: Please complete this application form carefully and completely. Please type or print legibly in ink. Feel free to fax the completed form and then mail the original to us.

IDENTIFYING INFORMATION

Today's Date: _____

Child's Name: _____		Called: _____	
First	Middle	Last	
Date of Birth: _____	Place of Birth: _____	Birth Certificate #: _____	
Race: _____	Gender: _____	Height: _____	Weight: _____
Color of Eyes: _____	Hair: _____	County of Residence: _____	
Child's Social Security Number: _____		Medicaid Number: _____	

Father's Name: _____		Social Security Number: _____	
Mailing Address: _____			
Street or PO Box	City	State	Zip
Physical Address: _____			
Street	City	State	Zip
Home Phone: _____	Business Phone: _____	Cell Phone: _____	
Home Email Address: _____		Work Email: _____	

Mother's Name: _____		Social Security Number: _____	
Mailing Address: _____			
Street or PO Box	City	State	Zip
Physical Address: _____			
Street	City	State	Zip
Home Phone: _____	Business Phone: _____	Cell Phone: _____	
Home Email Address: _____		Work Email: _____	

(If different from above)

Guardian Name: _____ Social Security Number: _____

Or Step-parent: _____ Social Security Number: _____

Or DCFS Caseworker: _____ On Call Number: _____

Mailing Address: _____
Street or PO Box City State Zip

Physical Address: _____
Street City State Zip

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Home Email Address: _____ Work Email: _____

EDUCATIONAL INFORMATION

Present Grade: _____ Special Ed? _____ 504 _____ Other? _____

Last School Attended: _____
Name City State

Please list the previous three schools attended, including name, city, and state:

School: _____ Dates or Grades Attended: _____

School: _____ Dates or Grades Attended: _____

School: _____ Dates or Grades Attended: _____

RECREATIONAL INTEREST & LIST OF STRENGTHS

List any recreational or leisure activities in which the child likes to participate and areas of strength:

REASON FOR REFERRAL (DCFS – Please include reason child entered custody & number of placements)

LEGAL INFORMATION

Who has legal custody of the child? _____

Does the child have a court record? _____ If yes, please list:

<u>Convicted of</u>	<u>Date</u>	<u>Sentence</u>	<u>Present Status</u>
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List probation officer or assigned FINS court officer information, if applicable:

<u>First Name</u>	<u>Last Name</u>	<u>Mailing Address (Street or PO Box)</u>	<u>City</u>	<u>State/Zip</u>	<u>area code + #</u>
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HEALTH INFORMATION

Describe any disabling conditions: _____

List any physical or mental health diagnoses: _____

List the child's allergies: _____

Does child take medication on regular basis? _____ If yes, please list all medications, the dosages, the diagnoses or conditions being treated, and the prescribing doctors:

<u>Medication</u>	<u>Dosage</u>	<u>Diagnosis, Condition, or Purpose</u>	<u>Doctor</u>
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List all in-patient hospitalizations and dates: _____

Name (s) and contact information of other social agencies and/or other mental health professionals with whom the child has been involved: _____

IMMEDIATE FAMILY INFORMATION

Father's Birth date: _____ Place of Birth: _____

Mother's Birth date: _____ Place of Birth: _____

Parents: Married: _____ Separated: _____ Divorced: _____ Never Married: _____

Date (s) Married: _____ Separation and/or Divorce: _____

Name(s) of other spouse(s): _____

If either parent is deceased, complete the following:

Name: _____ Date of Death: _____

Place of Death: _____ Cause of Death: _____

List names and birth dates of child's brothers and sisters, including half and step-brothers and half and step-sisters. Give addresses if they live away from home.

<u>NAME</u>	<u>SEX</u>	<u>BIRTH DATE</u>	<u>ADDRESS</u> Street or PO Box	<u>City/State/Zip</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List other persons presently living in your home: _____

RELATIVE INFORMATION

List the name, address, and telephone number of child's maternal and paternal grandparents, aunts, and uncles. Please indicate relationships.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u> Street or PO Box	<u>City/State/Zip</u>	<u>PHONE NO.</u> Area Code + #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RELIGIOUS INFORMATION

Religious affiliation or preference: _____

Does the child regularly attend church? _____

If yes, list the church's name, city, & state: _____

Is the child an official member of a church? _____

If yes, list the church's name, city, & state: _____

Has the child been baptized? _____ Date or Age of Baptism: _____

If yes, list the church's name, city, & state: _____

Has the child made a profession of faith? _____ Date or Age of Profession: _____

If yes, list the church's name, city, & state: _____

CHILD CARE AGREEMENT

I hereby request the Arkansas Baptist Children's Homes and Family Ministries to place my child,

_____, in residential care to be supervised by the agency. Without
First Middle Last

relinquishing my parental or custodial rights, I grant authority to the Arkansas Baptist Home for Children and to its staff to act in my place (*in parentis locus*) in all matters typically exercised by a parent or legal guardian.

I agree to place my child with the Arkansas Baptist Home for Children for a minimum of six months unless otherwise requested by the staff of the Arkansas Baptist Home for Children. I agree to pick up my child within 12 - 24 hours of being notified of my child's release from the Arkansas Baptist Home for Children program, and possibly sooner, under extreme circumstances, i.e., the child's unwillingness to cooperate with Arkansas Baptist Home for Children staff until the arrival of the legal guardian.

I understand that the agency will advise me concerning my child's needs and any change in plans, except that I grant permission to the agency to make plans as may be necessary in an emergency when I cannot be reached.

I agree to keep the agency informed at all times of any change in my address and to cooperate in planning with the agency for the best interests of my child. It is understood that I can visit with my child; however, arrangements will be made with the agency prior to any visit and will be for the best interest of the child.

I understand that my child will be regularly exposed to religious instruction.

Signature of Parent or Guardian Date Signature of Parent or Guardian Date

MEDICAL RELEASE

State of Arkansas, County of _____ City of _____

This is to certify that the Arkansas Baptist Home for Children, its members and agents, have my full and free consent to perform such service, including medical, surgical and dental service as may, in the judgment of competent and licensed doctors, and/or competent mental health professionals, be necessary to promote the health and general welfare of my child/ward,

_____. The Arkansas Baptist Home for Children, both jointly and
First Middle Last
severally, are here with relieved of all legal liability expressed or implied, which may result from such service.

Signature of Parent or Guardian Date Signature of Parent or Guardian Date

ACTIVITIES RELEASE

I, as parent or guardian, give my child, _____, permission
First Middle Last

to participate in the Arkansas Baptist Home's Activities Program. I understand it will include bus trips to activities, both in and out of state, swimming, canoe trips, riding horses, and taking part in other activities both indoor and outdoor. It will also include all visits with Family Friends. I will not hold Arkansas Baptist Children's Home and Family Ministries responsible for accidents or injuries that may occur in these activities.

Signature of Parent or Guardian Date Signature of Parent or Guardian Date

Arkansas Baptist Children's Homes and Family Ministries'
Speaking, Report and/or Picture Permit

I hereby give my consent for a picture of _____, as well as information *about him* or
(Name of Child)
her to be used by the Arkansas Baptist Children's Homes and Family Ministries in the following **(check those for which you give consent)**:

_____ *Outlook*. This is the agency's quarterly newsletter which highlights children's accomplishments (such as awards, graduation, etc.) and activities (such as Christmas parties, outings, etc.) Also, information about agency plans, opportunities for supporting the agency, stories about alumni of the agency's programs, and upcoming activities are included in this publication.

_____ The agency's video presentation. These videos are primarily shown to sponsoring churches to inform them about the agency and encourage financial support. Children are not identified by name in these programs.

_____ The agency's brochures, flyers, or posters. These provide general information about the services of the agency and are given to supporters, referral resources, and families interested in using the services of the agency. Children are not identified by name in the brochures.

_____ For a sponsor(s). Many of our children have one or more sponsors who help provide for the child's care. Sponsorship gifts may provide for clothing, allowance, school supplies, birthday or Christmas gifts, and special needs. Christmas gifts, etc. Also, they often pray for the child and remember them with birthday cards, etc.

_____ The *Arkansas Baptist Newsmagazine (ABN)*. This is the newspaper of the Arkansas Baptist State Convention and a primary source of publicity about the agency. Children are not by identified by name.

_____ The agency's website and Facebook page on the internet. The website and Facebook page are used to promote the agency's ministry to prospective donors, clients, and employees. Children are not identified by name.

(Check one): I ___ give ___ do not give my consent for _____ to make public statements at
(Name of Child)

ABCHomes events. Children will not be pressured to speak and are free to decline any opportunity to speak.

The parent(s) or guardian(s) and the child are hereby notified that they may withdraw all or any portion of the above consent(s) by informing the Facility Director in writing of their desire to do so.

Signature(s) of Parent(s) or Guardian(s)

Date

Signature of Child

Date

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Phone: (870) 367-5358 Fax: (870) 367-5856

RELEASE OF INFORMATION

I, _____ / _____ hereby authorize
(Name of Client) (Date of Birth)

(Name and Address of Agency Requested) _____
to Release Information) _____

to release the following specific information from my record:

- | | | |
|--|---|--|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Psychological Test Evaluations |
| <input type="checkbox"/> Educational Testing | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Psycho-Educational Test Evaluations |
| <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Court Orders | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Disciplinary Reports | <input type="checkbox"/> Social History | <input type="checkbox"/> Therapy Notes |
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Intake Summary | <input type="checkbox"/> Psychiatric Notes |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Treatment Case Plan |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

To: _____

(Name and address of person or agency to whom disclosures to be made)

For the purpose of: Admission criteria and/or continued care

This authorization expires one year from the time it was granted. I understand that I can revoke this consent at any time prior to the actual release of the above specific information.

A copy of this authorization should be considered as valid as the original. Policy requires the file retention of all original documents.

Signature of Client, Parent, or Guardian

Witness

Date

Date

This information has been disclosed to you from the records whose confidentiality is prohibited by Federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization is NOT sufficient for this purpose.

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