



Southern
Christian
CHILDREN'S HOME

P. O. BOX 649 - MORRILTON, AR 72110
PHONE (501) 354-2428 - FAX (501) 354-2429

APPLICATION FORM

(This application will not be considered if not completely filled out. Do not write on back of pages. You are welcome to attach any additional comments with writing on the front of pages only.)

Child's Last Name: _____ First: _____ Middle: _____
Nickname: _____ SSN: _____ Age: _____ DOB: _____
Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____
Hair: _____ Tattoos: _____ Body Piercings: _____
Grade: _____ Religious Preference: _____ How Active? _____
Referred By: _____ Relationship to Child: _____
Referring Agency and Address: _____
Juvenile Officer: _____ Phone: _____
Juvenile Officer Address: _____

PRESENTING PROBLEM – A factual description of the circumstances requiring placement

Please describe the problem(s) as you see them. Include what you think may have caused these problems, and exactly why you are seeking placement at this time. Please include ways these problems have been handled before.

GUARDIAN INFORMATION

(Attach same details on additional guardians, if there are others.)

Guardian's Last Name: _____ First: _____
DOB: _____ Cell #: _____ Home #: _____
Work #: _____ Present Address: _____
City: _____ State: _____ Zip: _____
Employer/Job Title: _____ Hours: _____

FAMILY INFORMATION

Biological Mother's Last Name: _____ First: _____
DOB: _____ Cell #: _____ Home #: _____
Work #: _____ Present Address: _____
City: _____ State: _____ Zip: _____
Employer/Job Title: _____ Hours: _____
Frequency of Contact with Applicant: _____

Biological Father's Last Name: _____ First: _____
DOB: _____ Cell #: _____ Home #: _____
Work #: _____ Present Address: _____
City: _____ State: _____ Zip: _____
Employer/Job Title: _____ Hours: _____
Frequency of Contact with Applicant: _____

Other Family: (Circle One) Adoptive Step-Parent Grandparent Other: _____
Last Name: _____ First: _____
DOB: _____ Cell #: _____ Home #: _____
Work #: _____ Present Address: _____
City: _____ State: _____ Zip: _____
Employer/Job Title: _____ Hours: _____
Frequency of Contact with Applicant: _____

Siblings: Please list any siblings (full, half, or step). List ages and with whom the sibling is living. _____

BEHAVIORAL INFORMATION

(Please circle any behaviors you have seen in the last year. Any circled behaviors need explanations on the lines following)

Tense
Nervous
Anxious
Insecure
Fearful
Excessive Guilt
Frequent Crying
Intense Anger/Angers Easily
Grief Over a Major Loss
Confusion
Depression/Excessive Sadness
Immature
Impulsive

Poor Attention
Poor Concentration
Memory Problems
Mood Swings
Overly
Active/Hyperactive
Shy
Withdrawn
Won't Sleep Alone
Sleeps too Much
Disturbed Sleep
Walking in Sleep
Talking in Sleep
Bedwetting
Soiling in Pants

Nail Biting
Grinds Teeth
Thumb Sucking
Nightmares
Weight Problem
Eats Too Much
Eats Non-food Items
Coordination Problems
Delusions
Hallucinations
Overly tired
Disobedient
Unusual Fears

Has the applicant been physically abused? Y / N

Has the applicant been sexually abused? Y / N

Has the applicant been emotionally abused Y / N

Has the applicant been neglected? Y / N

If any of the above answers were 'Yes', please explain what happened, when, what age the applicant was, and if the abuse was reported: _____

Please circle any of the following that describes the applicant or is a situation they have experienced. Use the lines below to explain any circled items:

Family Divorce
Family Conflict
Conflict with Siblings
Conflict with Peers
Conflicts with School Officials
Resistance to Authority
Tantrums
Physical Fighting
Physical Aggression
Lying
Stealing

Verbal Abusiveness
Self-Mutilation or Abuse
Inappropriate Sexual Behavior
Destroys Property
Truancy
School Suspension
School Expulsion
Arrest
Runaway
Physical Abuse of Others

Abuse of Animals
Fire Setting
Suicidal Threats (verbal)
Suicide Attempts
Poor School Performance
Special Ed. Placement
Other School Problems
Alcohol Use
Drug Use
Tobacco Use
Gang Involvement

List any other behavior concerns the applicant may have that have not already been covered:

Has the applicant ever been in an acute hospital stay? (Methodist, Bridgeway, Pinnacle Pointe, Millcreek, Vista) Y / N If Yes, when, and where? _____

Please list the applicant's out of home placements starting from the present. Include dates of those placements: _____

CHILD'S SUBSTANCE ABUSE INFORMATION

| Category | Age Started | Average Frequency in Past Year | Date of Last Use | Comments |
|---|-------------|--------------------------------|------------------|----------|
| ALCOHOL Beer, wine, liquor, wine coolers | | | | |
| CAFFEINE Coffee, tea, soda, No-doze, etc. | | | | |
| NICOTINE Cigarettes, chew, snuff, cigars | | | | |
| STIMULANTS Cocaine, crack, crank, speed amphetamines, "meth", ephedrine pseudoephedrine | | | | |
| CANNABIS Marijuana, hashish, weed, dope, hash oil, blunts, herb, chronic | | | | |
| SEDATIVE HYPNOTICS Barbiturates, muscle relaxants, tranquilizers, valium, xanax, sleeping pills | | | | |
| HALLUCINOGENS LSD, PCP, mushrooms, ketamine ecstasy, MCMA | | | | |
| INHALANTS Glue, paint, solvents, rush, nail polish, gasoline, white out | | | | |
| OPIOIDS Opium, morphine, heroin, codeine, methadone, oxycodone, oxycontin | | | | |
| OTHER Dextromethorphan, steroids, etc. | | | | |

Has the applicant received drug or alcohol treatment? Y / N

If Yes, when and where? _____

CHILD'S SCHOOL PERFORMANCE

Name of School: _____ Grade Level: _____

Grade Averages This Year (check one)

Average Above Average Below Average Failing Most Failing All

Has child ever repeated or skipped a grade? Yes No If yes, which?

Does child like school? Yes No Is absenteeism a problem? Yes No

Is child involved in sports, clubs, or other extra-curricular activities? Yes No

If yes, list below: _____

Has child had conflicts with teachers and school officials? Yes No

If yes, please explain:

Has child had conflicts with other students? Yes No

If yes, please explain. _____

Is child receiving any Special Education services? Y / N What areas? _____

What are the typical grades the child receives? _____

Does the child struggle with any subjects? _____

In the past 12 months, approximately how often does child:

Get sent to the office due to bad behavior: _____

Have in-school detention because of excessive tardiness: _____

Have in-school detention because of classroom behavior: _____

Miss school due to refusal to attend: _____

Miss school due to illness: _____

Number of times child has had out-of-school suspensions this school year? _____

Length of time suspended: _____

Reason child was suspended: _____

List other school performance information: _____

List name and addresses of last three schools: _____

CHILD'S MEDICAL INFORMATION

Please list any prescription medication the applicant is taking and the reason why:

Please list any non-prescription medication the applicant is taking and the reason why:

Has the applicant ever had a bad reaction to any medication? Y / N

If yes, what was the medication and what was the reaction? _____

Has anyone in the child's family ever been treated for emotional or mental health issues? Y / N If yes, please explain: _____

Does the child wear glasses or contacts? Y / N

When was the child's last eye doctor appointment? _____

When was the child's last PCP appointment? _____

Name and phone # of the child's current PCP? _____

When was the child's last physical? _____

When was the child's last dental appointment? _____

Name and phone # of the child's current dentist? _____

Name and phone # of the child's current therapist? _____

Please list any scars or other distinguishing marks on the child as well as any broken bones, surgeries, or other significant medical information: _____

FINANCIAL INFORMATION

Is the applicant covered by: ARKids A ARKids B Private Insurance None

Identification number: _____

Name of insured: _____

Does the child receive social security benefits? Y / N How much? _____

Does the child receive SSI? Y / N How much? _____

Does the child receive child support? Y / N How much? _____

I plan to provide Southern Christian Home \$_____ per month toward the support of my child.

I certify that the above information is true to the best of my knowledge regarding this child.

Printed name of person completing form

Date

Signature