



APPLICATION FOR PRIVATE ADMISSION

This application is the first step in the admissions process; it must be completed and returned before the child can be considered for placement

Date: _____

I. CHILD FOR WHOM APPLICATION IS BEING MADE

Name: _____

Social Security Number: _____

Medicaid Number: _____

Date of Birth: _____

Birthplace: _____

Sex: _____ Race: _____

II. REFERRAL

Legal Guardian of Child _____

Relationship to child _____ Phone _____

Address _____

Name of person completing this application _____

Relationship to child _____ Phone _____

Address _____

III. CURRENT LIVING SITUATION

Name of person with whom child is living _____

Address _____

Relationship to child _____

Persons living with child:

Full Name	Age	Sex	Relationship to child
Full Name	Age	Sex	Relationship to child
Full Name	Age	Sex	Relationship to child
Full Name	Age	Sex	Relationship to child

IV. FAMILY AND SOCIAL RELATIONSHIPS

Marital status of parent's _____

Information about parents:

	Natural Father	Natural Mother	Step-Father	Step-Mother
Full Name				
Address				
Home Phone				
Work Phone				
Name of Church				
Employer				
Occupation				
Health				

Siblings:

Full Name _____ Age Sex Placement _____

Full Name _____ Age Sex Placement _____

Full Name _____ Age Sex Placement _____

Full Name _____ Age Sex Placement _____

Other Interested Relatives:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Of the above relatives who is allowed phone contact with the child?

List any stressful events that have affected the family in the last 12 months, including death or illness of a family member, incarceration of a family member, parent's loss of job, etc.

How does child interact with the following people?

Parents: _____

Siblings: _____

Friends: _____

Authority figures: _____

Has the child ever been involved in illegal activities? If so, explain. _____

Please give additional information and examples of your child's behaviors, attitude & personality.

V. EDUCATIONAL HISTORY

School _____

School phone number _____ Current Grade _____

Guidance Counselor _____

Academic status: Pass _____ Fail _____

Disciplinary action taken (if any) _____

VI. MEDICAL INFORMATION

Current Counselor _____

Address _____

Phone Number _____

Type of insurance _____

Name of policy holder _____

Policy number _____

Allergies _____

Present medical conditions _____

Medications & Dosage _____

For females only:

Has child menstruated? _____ If not, has she ben told about it? _____

If so, is her menstrual history normal? _____

Special considerations: _____

VII. FINANCIAL RESPONSIBILITY

Financial sponsor name _____

Address _____

Home Phone _____

Work Phone _____

Sources of income for child and family:

Salary _____

Child Support _____

Social Security _____

Other _____

VIII. PLACEMENT

Does child know of plans for placement? _____

If so, how does child feel about possible placement? _____

Reason child was referred for possible placement: _____

Describe child's behavior and personality: _____

State your goals for placement – include estimated length of stay, what you hope Collins Home can do for your child, and your goals for change in your family during placement:

List all goals you have for the child to work on while in care _____

I PROCLAIM THAT ALL OF THE PREVIOUSLY GIVEN INFORMATION IN THIS APPLICATION IS TRUE AND FULLY EXPLAINED TO THE BEST OF MY KNOWLEDGE. IF ANY INFORMATION IS DETERMINED TO BE FALSE OR MISLEADING, I AGREE THAT IT CAN BE SUFFICIENT REASON FOR TERMINATION OF THIS APPLICATION OR POSSIBLE RELEASE OF THE CHILD FROM COLLINS CHILDREN'S HOME. I FURTHER UNDERSTAND THAT COLLINS CHILDREN'S HOME CANNOT BE HELD LIABLE OR RESPONSIBLE FOR ANY TYPE OF DAMAGE RESULTING FROM FALSE OR MISLEADING INFORMATION.

SIGNATURE OF PERSON COMPLETING APPLICATION

DATE

RELATIONSHIP TO CHILD

Please return completed application to:
Collins Children's Home
P.O. Box 745
Seneca, S.C. 29679-0745