



*Collins*  
**CHILDREN'S  
 HOME**

**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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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*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 HOME AND FAMILY MINISTRIES. I FURTHER UNDERSTAND THAT COLLINS 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