

MID-WESTERN CHILDREN'S HOME

P.O. Box 48
4585 Long-Spurling Road
Pleasant Plain, Ohio 45162

INTAKE APPLICATION

GROUP HOME CARE, FOSTER CARE AND ADOPTION

Date Person making referral Relationship to child

Address Phone

Placement desired for: Group Home Foster Adoption When is placement needed?

Name of child Birth Date Age Sex

SS# Birth Place City County State

Grade Level

Type of Program: Regular DH SBH Other

IQ FS Date of most current IQ Testing IEP yes or no

Race Hair Color Eye Color Height Weight

Any identifying marks? Who has custody of child? What type?

Check behaviors that describe child: Drug Abuse Mental Illness Hyperactive

Sleep Problems Stealing Encopresis Sexual Acting Out Lying

Fire Setting Running Enuresis Tantrums Physically Aggressive

Cruelty to Animals Self Mutilates Other

Child's Placement History (list present placement first): May we contact? yes no

Table with 5 columns: Dates, Placed With, Address, Phone, Relationship. Includes multiple rows for placement history.

1. Why is placement desired? _____

What is the long term plan? _____

2. Family Information:

Mother _____ DOB _____ Race _____ SS# _____

Address _____
Street City County State Zip

Home Phone _____ Work Phone _____ Occupation _____

Education Level _____ Religion _____

Father _____ DOB _____ Race _____ SS# _____

Address _____
Street City County State Zip

Home Phone _____ Work Phone _____ Occupation _____

Education Level _____ Religion _____

Are parents married? ___Yes ___No Date of Separation _____ Date of Divorce _____

Step-parent Name _____ DOB _____ Race _____ SS# _____

Address _____
Street City County State Zip

Home Phone _____ Work Phone _____ Occupation _____

Education Level _____ Religion _____

List brothers, sisters (including half or step), grandparents, or near relatives or adult friends:

Name	Race	Sex	Birth Date	Relationship	Address-Phone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. What are the child's assets, motivations, interests, hobbies? _____

4. What are the family's strengths? _____

5. Name, address, and phone number of last school attended. Please list any significant school problems not listed earlier and describe school progress, any type of special class or program recommended or attended with reasons and dates:

6. Dates of Child's last exams: Physical Exam _____ Eye Exam _____ Hearing Exam _____

List name, address and phone numbers of doctors:

Physician _____

Specialist _____

Optometrist _____

Dentist _____

7. Current Medications and Reasons for taking:

8. Please comment on the child's significant health history: _____

9. Please indicate any significant family health history: _____

10. List sources of any counseling, psychological or mental health services received by the child or any member of the immediate family. Please list dates and diagnoses. Please have these agencies phone or mail information to Mid-Western Children's Home.

11. Insurance plan covering the child: _____

I certify that the information in this application is correct.

Signature _____ Date _____ Relationship to Child _____