

Harvest Free Will Baptist Child Care Ministries, Inc.
Application for Admission

Note: This form must be completed in full by the person having legal custody of the child by the time of admission. Children cannot be admitted without a completed application

Harvest is dedicated to non-discrimination on any basis including race, color, age, sex, religion, or national origin.

Application Date _____

Date Placement is Needed _____

Type of Placement Requested Assessment Emergency Long-Term

1. Child Name _____
(First) (Middle) (Last)

2. SSN _____ Race _____ Sex Male Female DOB _____ Age _____

3. Place of Birth _____ Legal Guardian _____

4. Child's current mailing address _____

5. Child's most recent physical address _____

6. Has child previously been placed out of the home Yes No
(If Yes, please detail—attach additional paper if necessary)

Where _____ Dates _____

Reason for placement _____

Reason for discharge _____

Where _____ Dates _____

Reason for placement _____

Reason for discharge _____

Where _____ Dates _____

Reason for placement _____

Reason for discharge _____

7. Has the child been involved with the Juvenile Court? Yes No (If Yes, please detail)

8. Is the child on probation? Yes No (If Yes, please detail) Supervised Unsupervised

Date placed on probation _____ Probation Officer's Name _____

Why is child on probation _____

PO's Mailing Address _____

Phone Number _____ Fax Number _____ After Hours Number _____

Does the child have any current or pending charges? Yes No (If Yes, please detail)

9. Does the child have a history of sexual abuse, sexually offending or sexually acting out? Yes No
(If Yes, please detail)

10. Does the child have a history of substance abuse and / or tobacco usage? Yes No
(If Yes, please list the substances you know the child has used)

11. Why is placement needed at Harvest Child Care Ministries? _____

FAMILY BACKGROUND

12. Father's Full Name _____ SSN _____
 DOB _____ Age _____ Place of Birth _____ Occupation _____
 Mailing Address _____
 Home Phone _____ Work Phone _____ Marital Status _____
 Serious Illnesses or Chronic Conditions (include substance abuse) _____

13. Mother's Full Name _____ SSN _____
 DOB _____ Age _____ Place of Birth _____ Occupation _____
 Mailing Address _____
 Home Phone _____ Work Phone _____ Marital Status _____
 Serious Illnesses or Chronic Conditions (include substance abuse) _____

14. Siblings:

Full Name	Sex	DOB	Resides With	Illnesses / Conditions

15. Other Interested Individuals (Grandparents, Aunts, Uncles, Step Parents, Foster Parents)

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

ACADEMIC INFORMATION

16. Current Grade _____ Regular Classes Special Education Other _____

17. Last School Attended _____ Phone _____

Address _____ Fax _____

18. Has child repeated any grades? Yes No Which Grades? _____

19. List school problems (include truancy, behavior problems, etc.) _____

20. What are the child's current educational needs? _____

MEDICAL INFORMATION

21. Date of last physical exam (if known) _____ Date of last TB Test (if known) _____

22. Are immunizations up to date? Yes No (If No, Please detail) _____

23. Date of last dental exam (if known) _____ Date of last eye exam (if known) _____

24. Does the child wear glasses or contacts? Yes No Does the child have braces? Yes No

25. Physician _____ Address _____ Phone _____

26. Dentist _____ Address _____ Phone _____

27. Optometrist _____ Address _____ Phone _____

28. Orthodontist _____ Address _____ Phone _____

29. Allergies _____

30. Detail all past medical history (i.e. surgeries, hospitalizations, injuries, diseases) *Note: if the child has had psychiatric hospitalizations, please include discharge summaries from all hospitalizations*

32. Dates of any psychological, psychiatric, or neurological exams and include such reports _____

31. What are the child's current medical or physical needs? _____

32. Is the child currently receiving counseling? Yes No (If Yes, Please explain where and why) _____

33. Do you feel it is possible to involve the family in counseling? Yes No

34. What are the child's mental health, emotional, psychological or behavioral support issues?

35. Current Medications:

Medication and Dosage	Prescribed By	Reason	Date of last prescription

INSURANCE INFORMATION

Virginia Medicaid Policy Number _____

Private Insurance Policy Number _____ Group Number _____

Information on Policy Holder (for private insurance only):

Name _____ DOB _____ SSN _____

Address _____ Phone _____

Employer _____ Address _____ Phone _____

36. Child's Previous Religious Affiliation (if any) _____

37. Pastor's Name (if known) _____ Phone _____

38. Length of your involvement with child _____

39. Briefly describe the child's environment and community _____

40. Would the admission of this child pose any significant risk to the child, other residents or staff of Harvest?

Yes No (If yes, please explain) _____

41. Restrictions on child's phone calls and / or visits _____

42. Does the child have any special protection needs? _____

43. What other service needs do you want addressed for the child that are not listed elsewhere on this application? _____

EMERGENCY CONTACT INFORMATION

40. Placing Agency / Guardian Name _____ Phone _____
Mailing Address _____ Fax _____
After Hours Number _____ Worker's Name _____ Direct Line or Ext _____
Worker's Home Phone _____ Pager Number _____ E-Mail Address _____
Supervisor's Name _____ Direct Line or Ext _____
Signature of Person Completing Application _____ Date _____
Relationship to child _____

Please submit this application via fax: 276-546-4491 / via mail: PO Box 259 Duffield, VA 24244 / via e-mail: robin@harvestccm.org

COPIES OF THE FOLLOWING DOCUMENTATION MUST BE PRESENTED AT THE TIME OF ADMISSION FOR PLANNED ADMISSIONS. THIS INFORMATION MUST BE SUBMITTED WITHIN 10 BUSINESS DAYS FOR EMERGENCY ADMISSIONS UNLESS OTHERWISE NOTED:

- Completed Application (must be submitted at time of admission for all admissions)
- Medicaid Card and / or Private Insurance Card
- Birth Certificate
- Social Security Card
- Custody Papers (for DSS or private placements)
- Court Order (for court ordered placements)
- Psychiatric history (Note: if a child is being admitted directly from a psychiatric hospitalization, a copy of the discharge summary from the hospital must be submitted at the time of admission)
- Immunization Record
- School Records (including current IEP if applicable)
- Current foster care plan (if applicable)
- Rules of probation (if child is on probation)
- Social History written by CSU (if child is on probation)

OFFICE USE ONLY

Date Received _____ Reviewed By _____

- Emergency Admission Planned Admission Assessment

Complete this section for planned admissions only:

Date Interviewed _____ Interviewed By _____

Pre-Placement Visit Date _____ Comments _____

Guardian who Accompanied Pre-Placement Visit / Interview _____

Information shared at Pre-Placement Interview and / or Admission:

- House / Unit Rules Dress Code Education Religious Activities Allowance Visitation
 Admission Criteria Population Staff Behavior Management Program Description

Guardian Who Accompanied Placement _____

Child Accepted on _____ Date of Admission _____

Child Appropriate / Placed on Waiting List on _____

Child Not Appropriate for Placement

Reason for Decision _____

Date of Reply to Applicant _____ By _____ By Phone Letter

Decision Approved _____ Date _____

(Executive Director)