



Sherwood & Myrtie

Foster's Home

for Children

Application for Placement

DATE: _____ CHILD'S INFORMATION:

SAFETY: *Attaining physical, psychological, social, and moral safety*

LAST NAME: _____ FIRST: _____ MIDDLE: _____

STREET ADDRESS: _____ APT/UNIT: _____

CITY: _____ STATE: _____ COUNTY: _____ ZIP: _____

HOME PHONE: _____ DAYTIME PHONE: _____

SOCIAL SECURITY NUMBER: _____ GENDER: ___ AGE: ___ DOB: _____

PLACE OF BIRTH: CITY: _____ COUNTY: _____ STATE: _____

COUNTRY: _____ CITIZEN: YES ___ NO ___

HAIR COLOR: _____ EYE COLOR: _____ WEIGHT: ___ HEIGHT: ___ RACE: _____

NAME OF GUARDIAN: _____

RELATION (IF NOT BIOLOGICAL PARENT): _____

NAME OF PERSON FILLING OUT APPLICATION IF NOT GUARDIAN: _____

RELATION: _____ REFFERAL SOURCE: _____

Identify all who have legal custody of applicant and by what right (Such as biological parents, adoptive parents, managing conservator, possessory conservator, etc. For verification, please provide documentation i.e. divorce decree, custody papers, etc.)

I give permission for Foster's Home for Children to contact all necessary parties (physicians, schools, etc.) regarding treatment issues, symptoms, behaviors, or other information necessary for the treatment of my child _____.

Parent/Guardian Signature: _____ Date: _____



Child's Name: _____

FAMILY INFORMATION:

• **BIOLOGICAL/ADOPTIVE MOTHER:**

NAME: _____ EMAIL ADDRESS: _____
HOME PHONE: _____ CELL: _____ WORK: _____
ADDRESS: _____ AGE: _____
MARITAL STATUS (Explain): _____

• **BIOLOGICAL/ADOPTIVE FATHER:**

NAME: _____ EMAIL ADDRESS: _____
HOME PHONE: _____ CELL: _____ WORK: _____
ADDRESS: _____ AGE: _____
MARITAL STATUS (Explain): _____

• **OTHER SIGNIFICANT ADULT:**

NAME: _____ EMAIL ADDRESS: _____
HOME PHONE: _____ CELL: _____ WORK: _____
ADDRESS: _____ AGE: _____
MARITAL STATUS (Explain): _____

BRIEF DESCRIPTION OF NEED FOR PLACEMENT:



Child's Name: _____

EMOTION: *Managing emotion, acting intelligently, trading actions for words*

PRESENTING PROBLEMS: (Mark with an X all that apply; Please provide clarifying statements to any checked items that need further explanation)

- | | | |
|--|---|---|
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Temper outbursts | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Daydreaming |
| <input type="checkbox"/> Behavior problems at school | <input type="checkbox"/> Academic difficulties | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Mean to others | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Overactive | <input type="checkbox"/> Self-mutilating | <input type="checkbox"/> Head banging |
| <input type="checkbox"/> Short attention span | <input type="checkbox"/> Distractible | <input type="checkbox"/> Rocking |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Gang involvement | <input type="checkbox"/> Use of weapons |
| <input type="checkbox"/> Poor adult relations | <input type="checkbox"/> Other (Please explain) | <input type="checkbox"/> Cruelty to animals |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Fire setting | <input type="checkbox"/> Running away |
| <input type="checkbox"/> Arrested | <input type="checkbox"/> On probation | |

Has the child resided outside of the home previously? If so, please indicate the number of out-of-home placements, why the child was placed outside of the home, where the child was placed, and length of time.

Please list dates and give details. If possible, provide a discharge summary.

- | | |
|---------------------------------|------------------------------------|
| _____ Children's Shelter | _____ Residential Treatment Center |
| _____ Children's Home | _____ TYC |
| _____ Substance Abuse Treatment | _____ Boot Camp/Military School |

Date of discharge from most recent out-of-home placement: _____

Name of Facility: _____

Reason for discharge: _____



Child's Name: _____

Has the child ever been in foster care or adopted? If so, when? Please explain.

Is the child currently, or has the child been sexually active in the past?

Is there any history of aggression? Please explain.

How does the child handle stress?



Child's Name: _____

Is the child considered a danger to others? Is the child considered a danger to self? Please explain.

ABUSE/NEGLECT HISTORY:

Does the child have a history of the following? (Yes or No)

_____ Physical Abuse

_____ Sexual Abuse

_____ Emotional Abuse

_____ Neglect

_____ Abandonment

Please explain:

Is there a history of abusing any of the following? (Yes or No)

_____ Alcohol

_____ Tobacco Products

_____ Cocaine/Crack

_____ Marijuana

_____ Inhalants

_____ Methamphetamine

_____ Vaping



Child's Name: _____

PSYCHOLOGICAL INFORMATION:

Has the child ever been diagnosed with the following? (Yes or No)

- | | |
|---------------------------|-------------------------------------|
| _____ Insomnia | _____ Obsessive-Compulsive Disorder |
| _____ ADD | _____ Eating Disorder |
| _____ ADHD | _____ Schizophrenia |
| _____ Depression | _____ Psychosis |
| _____ Bipolar Disorder | _____ Oppositional-Defiant Disorder |
| _____ Attachment Disorder | _____ Conduct Disorder |
| _____ Other: _____ | |

If so, please explain.

Has the child spoken about or attempted suicide? If so, explain. Please list examples of attempt(s), include dates, if the child was hospitalized and the length of their hospital stay.

Can you provide a discharge summary? Yes ____ No ____

Please provide a copy of any psychological and/or psychiatric evaluations.

Please indicate date and type of most recent evaluation. _____

What is the child's IQ? _____

Has the child been diagnosed MR? _____



Child's Name: _____

LOSS: *Feelings of grief and dealing with personal loss*

Please list and explain any events that may have had a traumatic/negative impact on the child:



Child's Name: _____

FUTURE: *Trying new roles, moving forward, creating hope*

EDUCATIONAL HISTORY:

Current Grade: _____

Current School and Address: _____

Favorite subject? _____ Least favorite subject? _____

Does the child participate in extracurricular activities? (If yes, please give detail)

____ Yes ____ No; _____

Please list any behavioral issues/problems the child has experienced at school and if they resulted in suspension or expulsion:

Please list any educational deficits and difficulties the child has experienced:

Types of classes the child attended/was placed in:

_____ Regular	_____ Learning Disability
_____ Continuation	_____ Opportunity (Gifted and Talented)
_____ Emotionally Handicapped	_____ Other

Did the child repeat a grade? (If yes, when, what grade, and reason)

____ Yes ____ No; _____

Does the child attend school on a regular basis? ____ Yes ____ No

Does the child appear motivated for school? ____ Yes ____ No



Child's Name: _____

MEDICAL INFORMATION

Does the child have a diagnosis or a suspected health condition or disability? Describe the condition and treatment required, if yes.

Note all health problems the child has had or has now: (Please also list the age and dates)

ALLERGIES: (Please list all allergies. Include allergies to drugs, food, and any *severe* allergies.)
Please explain each allergy in detail.



Child's Name: _____

List any medical/physical supports needed by the child. (i.e. glasses, hearing aids, etc.)

Is the child under orthodontic care? If yes, please list the dentist/orthodontist and contact information.

If the child is currently on any medication, please provide the name, dosage, prescribing doctor:

(Please list the reason the medication was prescribed)

Has the child been tested for:

_____ Hepatitis B Results and Date: _____

_____ AIDS Results and Date: _____

_____ Tuberculosis Results and Date: _____



Child's Name: _____

Please ensure the following items are included with your application:

- Completed Application Forms
- Proof of guardianship
- Court Orders (if applicable)
- Proof of citizenship

Mail the above to:

Foster's Home for Children
Attn: Harriet Frazier
P.O. Box 978
Stephenville, TX 76401

Call to make an appointment with Harriet Frazier for an initial interview and home tour, 254-968-2143 ext. 284; or e-mail placement@fostershome.org.

If an initial interview indicates that Foster's Home for Children is an appropriate fit for the child, a final interview will be conducted regarding placement.

If placement is made, the following items will be required at the time of placement:

- A current medical exam report
- A current dental exam report
- Immunization records
- Copy of Birth Certificate
- Copy of Social Security Card
- Insurance information
- School Transcript and current grades

NEW PLACEMENT REQUIREMENTS

REQUIREMENTS FOR MEDICAL EXAMINATION:

A physical must be conducted within 30 days of the date of the child's placement, or one will be done for you within 30 days after the child's placement.

REQUIREMENTS FOR DENTAL EXAMINATION:

A physical must be conducted within 60 days of the date of the child's placement, or one will be done for you within 60 days after the child's placement.

REQUIREMENTS FOR MEDICATION FORMS:

All over the counter and prescribed medication will be in the care of the Caregivers. A 30 day supply of medication, labeled by the child's attending doctor, should be brought at the time of placement.

REQUIREMENTS FOR PROOF OF GUARDIANSHIP:

If parents are divorced, a copy of the court order must accompany the application showing who has custody of the applicant.

REQUIREMENTS FOR SCHOOL RECORDS:

Please obtain a copy of the child's transcript, immunization records, current grades, and any educational testing. Please do not have the school send these to us, but instead have these available at the intake interview.



Child's Name: _____

GUIDELINES FOR GUARDIANS OF NEW PLACEMENTS

VISITATION

- Parents must request a visit through the Children's Services Department.
- A minimum of 3 days prior notice must be given.
- Visits are approved and coordinated by the case manager, with final approval by the Vice President of Children's Services.
- Each child's behavior is monitored closely by the staff. In certain instances, an off-campus visit will not be permitted.
- Prearranged visits by family on campus may be approved.
- Transportation for the visit will be provided by the family of the child.

TELEPHONE CALLS

- All calls to the home are answered by the caregivers.
- Permission must be granted by the caregivers before making long distance calls..
- Children are encouraged to write instead of call.
- A youth may only make one call per week unless the child's guardians live in two separate households.

COMMUNICATION

- Parents, family, and friends are encouraged to communicate regularly with their child.
- Parents are expected to remember their children with gifts and cards on special days and times during the year.

VACATIONS

- Vacation plans are made by the child's case manager.
- All vacations are approved by the Vice President of Children's Services.

IMPORTANT NOTIFICATIONS

- Guardians must notify Foster's Home Administration of any emergency before contacting the child.
- Guardians must notify Foster's Home Administration of any change of address or phone number.

PLEASE REMEMBER

- No weapons of any kind are allowed at Foster's Home.
- No smoking is allowed.
- No form of drugs, tobacco, or medication should be left with the child.
- No personal TVs are permitted. Electronic devices permitted by the case manager.
- The child may only bring a maximum of \$=0.00. After one week at Foster's Home, the child may begin receiving money as a part of the Campus Allowance/Work Program.
- No personal cars or motorcycles permitted. A child with a valid Driver's License is allowed to drive campus vehicles with the permission of the Vice President of Children's Services.
- Children may bring bicycles.
- No animals/pets permitted.
- Checks for child care must be made out to Foster's Home. The child's name and purpose of the check must be written on the check.
- Children are not permitted to receive money as gifts, except on special occasions with the case manager's approval.

If at any time you feel your rights have been violated, contact the Vice President of Children's Services, Chief Operating Officer, or the President/CEO immediately.