

**HENDRICK HOME FOR CHILDREN**  
**INTAKE & APPLICATION FOR ADMISSION**

**A. IDENTIFYING DATA:**

1. FULL NAME OF CHILD: \_\_\_\_\_
2. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_
3. WITH WHOM IS THE CHILD LIVING? \_\_\_\_\_
4. PERSON WITH LEGAL GUARDIANSHIP OF CHILD: \_\_\_\_\_
5. PRESENT ADDRESS: \_\_\_\_\_
6. HOW LONG HAS THE CHILD LIVED AT THIS ADDRESS? \_\_\_\_\_
7. TELEPHONE NUMBER: \_\_\_\_\_
8. AGE: \_\_\_\_\_
9. SEX: \_\_\_\_\_
10. HEIGHT: \_\_\_\_\_
11. WEIGHT: \_\_\_\_\_
12. EYE COLOR: \_\_\_\_\_
13. HAIR COLOR: \_\_\_\_\_
14. SOCIAL SECURITY NUMBER: \_\_\_\_\_
15. LAST SCHOOL GRADE COMPLETED: \_\_\_\_\_
16. IS CHILD A LEGAL CITIZEN? \_\_\_\_\_

**B. BIOLOGICAL PARENTS OF CHILD:**

1. **BIOLOGICAL MOTHER OF CHILD:** \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
PRESENT ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_

MARITAL STATUS (CIRCLE ONE):    SINGLE        MARRIED        DIVORCED  
   SEPARATED    WIDOWED        COHABITING

NAME OF SPOUSE: \_\_\_\_\_

RELIGION: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

POSITION/OCCUPATION: \_\_\_\_\_

SALARY: \_\_\_\_\_

ANY COURT RECORD?: \_\_\_\_\_

IF MOTHER IS DECEASED:

    CAUSE OF DEATH: \_\_\_\_\_

    PLACE OF DEATH: \_\_\_\_\_

    DATE OF DEATH: \_\_\_\_\_

2. **BIOLOGICAL FATHER OF CHILD:** \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

MARITAL STATUS (CIRCLE ONE):    SINGLE    MARRIED    DIVORCED  
   SEPARATED    WIDOWED    COHABITING

NAME OF SPOUSE: \_\_\_\_\_

RELIGION: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

POSITION/OCCUPATION: \_\_\_\_\_

SALARY: \_\_\_\_\_

ANY COURT RECORD?: \_\_\_\_\_

IF FATHER IS DECEASED:

CAUSE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

**C. PERSON RESPONSIBLE FOR RELATIONSHIP WITH HENDRICK HOME:**

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

**D. PRESENTING PROBLEMS:**

1. DESCRIBE THE MAJOR REASON FOR SEEKING PLACEMENT WITH HENDRICK HOME:

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

2. HAS THE CHILD DEMONSTRATED ANY OF THE FOLLOWING BEHAVIORS? PLEASE EXPLAIN:

DRINKING: \_\_\_\_\_

SMOKING: \_\_\_\_\_

DRUG ABUSE: \_\_\_\_\_

TRUANCY: \_\_\_\_\_

RUNNING AWAY: \_\_\_\_\_

EXCESSIVE LYING: \_\_\_\_\_

TROUBLE WITH POLICE OR ON PROBATION?: \_\_\_\_\_

DEPRESSION: \_\_\_\_\_

SUICIDAL THOUGHTS OR ATTEMPTS: \_\_\_\_\_

EATING DISORDERS: \_\_\_\_\_

SEXUAL PROMISCUITY: \_\_\_\_\_

THEFT: \_\_\_\_\_

SELF-DESTRUCTIVE BEHAVIOR: \_\_\_\_\_

AGGRESSIVE BEHAVIOR: \_\_\_\_\_

FEARS: \_\_\_\_\_

3. PLEASE LIST AND DESCRIBE ANY OTHER BEHAVIORAL PROBLEMS EXPERIENCED WITH THIS CHILD:

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

4. HAS THE CHILD RECEIVED TREATMENT FOR ANY EMOTIONAL, PSYCHOLOGICAL, BEHAVIORAL, OR FAMILY PROBLEMS? PLEASE EXPLAIN:

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

5. LIST ANY PREVIOUS PLACEMENTS OUTSIDE THE HOME: \_\_\_\_\_

\_\_\_\_\_

6. LIST THE CHILD'S STRENGTHS:

PHYSICAL: \_\_\_\_\_

SOCIAL: \_\_\_\_\_

FAMILY: \_\_\_\_\_

PSYCHOLOGICAL: \_\_\_\_\_

**E. FAMILY BACKGROUND:**

**1. BIOLOGICAL MOTHER OF CHILD:** \_\_\_\_\_

CURRENT OCCUPATION & EMPLOYMENT: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

PREVIOUS EMPLOYERS & LENGTH OF EMPLOYMENT: \_\_\_\_\_

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

**LIST & DESCRIBE ALL MARRIAGES. Include length, age at time of marriage, date of marriage, number of children produced in each:**

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

**LIST & DESCRIBE ALL DIVORCES. Include date of divorce, reason for divorce:**

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

SCHOOLS ATTENDED: \_\_\_\_\_

HIGHEST GRADE/DEGREE COMPLETED: \_\_\_\_\_

**DESCRIBE MOTHER'S RELATIONSHIP WITH CHILD, INCLUDING POSITIVE & NEGATIVE ASPECTS:**

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

**HISTORY OF SEXUAL, PHYSICAL, EMOTIONAL ABUSE?** \_\_\_\_\_

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

2. **BIOLOGICAL FATHER OF CHILD:** \_\_\_\_\_

CURRENT OCCUPATION & EMPLOYMENT: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

PREVIOUS EMPLOYERS & LENGTH OF EMPLOYMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST & DESCRIBE ALL MARRIAGES.** Include length, age at time of marriage, date of marriage, number of children produced in each:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST & DESCRIBE ALL DIVORCES.** Include date of divorce, reason for divorce:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCHOOLS ATTENDED: \_\_\_\_\_

HIGHEST GRADE/DEGREE COMPLETED: \_\_\_\_\_

**DESCRIBE FATHER'S RELATIONSHIP WITH CHILD, INCLUDING POSITIVE & NEGATIVE ASPECTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HISTORY OF SEXUAL, PHYSICAL, EMOTIONAL ABUSE?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. **STEPMOTHER OF CHILD:** \_\_\_\_\_  
PRESENT ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_  
HIGHEST LEVEL OF EUDCATION COMPLETED: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
POSITION/OCCUPATION \_\_\_\_\_  
SALARY: \_\_\_\_\_  
ANY COURT RECORD?: \_\_\_\_\_  
ANY HISTORY OF PHYSICAL, SEXUAL, EMOTIONAL ABUSE?: \_\_\_\_\_  
\_\_\_\_\_

4. **STEPFATHER OF CHILD:** \_\_\_\_\_  
PRESENT ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_  
HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
POSITION/OCCUPATION \_\_\_\_\_  
SALARY: \_\_\_\_\_  
ANY COURT RECORD?: \_\_\_\_\_  
ANY HISTORY OF PHYSICAL, SEXUAL, EMOTIONAL ABUSE?: \_\_\_\_\_  
\_\_\_\_\_

**5. MATERNAL GRANDMOTHER:** \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

POSITION/OCCUPATION \_\_\_\_\_

SALARY: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

ANY COURT RECORD?: \_\_\_\_\_

ANY HISTORY OF PHYSICAL, SEXUAL, EMOTIONAL ABUSE?: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

POSITIVE CHARACTERISTICS: \_\_\_\_\_

NEGATIVE CHARACTERISTICS: \_\_\_\_\_

IF DECEASED:

CAUSE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

**6. MATERNAL GRANDFATHER:** \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_



POSITION/OCCUPATION \_\_\_\_\_

SALARY: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

ANY COURT RECORD?: \_\_\_\_\_

ANY HISTORY OF PHYSICAL, SEXUAL, EMOTIONAL ABUSE?: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

POSITIVE CHARACTERISTICS: \_\_\_\_\_

NEGATIVE CHARACTERISTICS: \_\_\_\_\_

IF DECEASED:

CAUSE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

**7. PATERNAL GRANDMOTHER:** \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

POSITION/OCCUPATION \_\_\_\_\_

SALARY: \_\_\_\_\_ LENGTH OF EMPLOYMENT \_\_\_\_\_

ANY COURT RECORD?: \_\_\_\_\_

ANY HISTORY OF PHYSICAL, SEXUAL, EMOTIONAL ABUSE?: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

POSITIVE CHARACTERISTICS: \_\_\_\_\_

NEGATIVE CHARACTERISTICS: \_\_\_\_\_

IF DECEASED:

CAUSE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

**8. PATERNAL GRANDFATHER:** \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

POSITION/OCCUPATION \_\_\_\_\_

SALARY: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

ANY COURT RECORD?: \_\_\_\_\_

ANY HISTORY OF PHYSICAL, SEXUAL, EMOTIONAL ABUSE?: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

POSITIVE CHARACTERISTICS: \_\_\_\_\_

NEGATIVE CHARACTERISTICS: \_\_\_\_\_

IF DECEASED:

CAUSE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

**9. SIBLINGS OF CHILD:**

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

NAME OF BIOLOGICAL FATHER & MOTHER: \_\_\_\_\_

WITH WHOM IS THE SIBLING LIVING?: \_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

NAME OF BIOLOGICAL FATHER & MOTHER: \_\_\_\_\_

WITH WHOM IS THE SIBLING LIVING?: \_\_\_\_\_

DESCRIBE RELATIONSHIP W/SIBLINGS \_\_\_\_\_

\_\_\_\_\_

**10. SIGNIFICANT OTHERS:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DESCRIBE RELATIONSHIPS W/SIGNIFICANT OTHERS \_\_\_\_\_

\_\_\_\_\_

**F. DEVELOPMENTAL HISTORY OF CHILD:**

1. WAS PREGNANCY PLANNED? IF NO PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

2. TOTAL NUMBER OF PREGNANCIES OF BIOLOGICAL MOTHER: \_\_\_\_\_

ABORTIONS \_\_\_\_\_ MISCARRIAGES \_\_\_\_\_

3. NUMBER OF LIVING CHILDREN: \_\_\_\_\_

4. THIS CHILD REPRESENTS WHICH NUMBER OF THE PREGNANCIES: \_\_\_\_\_

5. DID THE MOTHER HAVE ANY ILLNESSES OR FALLS DURING THE PREGNANCY? IF YES, PLEASE EXPLAIN:

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6. DID THE MOTHER TAKE ANY MEDICATIONS DURING THE PREGNANCY?: \_\_\_\_\_  
DID THE MOTHER USE ANY DRUGS, DRINK ALCOHOL, OR SMOKE CIGARETTES?

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7. DO YOU FEEL THAT THE LIVING SITUATION IN THE HOME WAS COMFORTABLE DURING THE PREGNANCY? IF NO, PLEASE EXPLAIN:

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8. WAS THE BABY FULL-TERM? IF NO, PLEASE EXPLAIN:

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9. WAS THE BIOLOGICAL FATHER AT THE HOSPITAL FOR THE BIRTH OF THE CHILD? IF NO, PLEASE EXPLAIN:

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10. CHILD'S BIRTH WEIGHT: \_\_\_\_\_

11. WERE THERE ANY PARTICULAR PROBLEMS, ILLNESSES, OR DIFFICULTIES WITH THE DELIVERY OR THAT OCCURRED IN THE FIRST FEW HOURS AFTER THE BIRTH? IF YES, PLEASE EXPLAIN:

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12. HOW LONG DID THE BABY REMAIN IN THE HOSPITAL AFTER BIRTH? \_\_\_\_\_

13. DID THE MOTHER HAVE CONVULSIONS, HEMORRHAGES, INFECTIONS, NERVOUSNESS, OR POST-PARTUM DEPRESSION AFTER CHILDBIRTH? IF YES, EXPLAIN:

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14. DURING THE FIRST YEAR, THE BABY WAS:

HAPPY \_\_\_\_\_ FRIENDLY: \_\_\_\_\_ CUDDLY: \_\_\_\_\_  
IRRITABLE: \_\_\_\_\_ SHY: \_\_\_\_\_ DIDN'T LIKE TO BE HELD: \_\_\_\_\_

15. DID ANYONE ASSIST THE MOTHER IN CARING FOR THE BABY? DESCRIBE WHAT AGE, TIMES PER WEEK, AND WHO HELPED (FAMILY, BABYSITTERS, DAY CARE, ETC.)

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16. DURING THE FIRST YEAR OF THE BABY'S LIFE, WAS THERE ANYTHING THAT CAUSED UNHAPPINESS, ANXIETY, OR STRAIN WITHIN THE HOME? IF YES, EXPLAIN:

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17. DID THE CHILD EXPERIENCE ANY SLEEP DIFFICULTIES? (EX: WAKING UP, CRYING, GRINDING TEETH, HAD TO BE ROCKED TO SLEEP) IF YES, EXPLAIN:

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18. AGE CHILD WALKED: \_\_\_\_\_ TALKED: \_\_\_\_\_  
COMPLETED TOILET TRAINING \_\_\_\_\_

19. DESCRIBE ANY PROBLEMS THAT MAY HAVE INTERFERED WITH THESE DEVELOPMENTAL PROCESSES:

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20. DID THE CHILD EXPERIENCE ANY BEDWETTING, DAYWETTING, OR SOILING? IF YES, WHAT AGE?

\_\_\_\_\_ AT WHAT AGE DID THIS STOP? \_\_\_\_\_

**G. MEDICAL HISTORY OF CHILD:**

1. HAS CHILD EVER BEEN HOSPITALIZED? \_\_\_\_\_ IF YES, PLEASE LIST HOSPITAL, SURGERY, AND REASON FOR SURGERY:

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2. HAS CHILD EVER HAD A SEIZURE? \_\_\_\_\_ IF YES, DESCRIBE SYMPTOMS,  
FREQUENCY, WHAT AGE THEY BEGAN:

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DATE OF LAST SEIZURE: \_\_\_\_\_ MEDICATION: \_\_\_\_\_

3. IDENTIFY FAMILY MEMBERS WITH A HISTORY OF MENTAL ILLNESS OR MAJOR  
MEDICAL ILLNESS:

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4. LIST ANY ANTIDEPRESSANT OR PSYCHOTROPIC MEDICATIONS TAKEN BY FAMILY  
MEMBERS:

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WERE THESE MEDICATIONS EFFECTIVE? \_\_\_\_\_

5. DOES CHILD HAVE ANY HANDICAPS OR BIRTH DEFECTS? IF YES, EXPLAIN:

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6. LIST ANY CHRONIC HEALTH PROBLEMS: \_\_\_\_\_

7. LIST ANY KNOWN ALLERGIES: \_\_\_\_\_

8. LIST ANY MEDICATIONS REGULARLY TAKEN BY THE CHILD AND THEIR PURPOSE:

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9. DOES ANY FAMILY MEMBER HAVE A HISTORY OF:

<i>TUBERCULOSIS</i>	Y/N	<i>BREAST CANCER</i>	Y/N
<i>DIABETES</i>	Y/N	<i>OTHER CANCER</i>	Y/N
<i>HEART DISEASE</i>	Y/N	<i>HIGH BLOOD PRESSURE</i>	Y/N

10. DOES THE CHILD HAVE A HISTORY OF:

<i>TUBERCULOSIS</i>	Y/N	<i>FREQUENT HEADACHES</i>	Y/N
<i>DIABETES</i>	Y/N	<i>CANCER</i>	Y/N
<i>HEART/LUNG PROBLEMS</i>	Y/N	<i>MENSTRUAL ABNORMALITIES</i>	Y/N
<i>HIGH BLOOD PRESSURE</i>	Y/N	<i>BOWEL/STOMACH TROUBLE</i>	Y/N
<i>URINARY TROUBLE</i>	Y/N	<i>JOINT TROUBLE</i>	Y/N
<i>MUSCLE WEAKNESS</i>	Y/N		
<i>UNUSUAL WEIGHT LOSS</i>	Y/N		

11. IS THE CHILD CURRENTLY COVERED BY HEALTH INSURANCE? \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

12. NAME OF CHILD'S CURRENT DOCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DATE OF LAST VISIT: \_\_\_\_\_

13. NAME OF CHILD'S CURRENT DENTIST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DATE OF LAST VISIT: \_\_\_\_\_

**H. EDUCATIONAL HISTORY OF CHILD:**

1. LIST SCHOOLS CHILD HAS ATTENDED AND WHAT GRADE ATTENDED AT EACH SCHOOL:

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

2. CHILD'S RESPONSE TO BEGINNING SCHOOL: \_\_\_\_\_

3. HAS CHILD BEEN IN RESOURCE CLASSES? \_\_\_\_\_ WHAT GRADES? \_\_\_\_\_

4. HAS CHILD BEEN DIAGNOSED WITH ADHD OR ANY LEARNING DISABILITIES? IF YES, EXPLAIN:

\_\_\_\_\_

5. HAS CHILD BEEN PRESCRIBED MEDICATION FOR ADHD OR LEARNING DIFFICULTIES? IF YES, WHAT MEDICATIONS & DOSAGE:

\_\_\_\_\_

6. WAS THE CHILD HELD BACK IN ANY GRADES? IF YES, LIST THE GRADE & EXPLAIN:

\_\_\_\_\_

7. IS THE CHILD INVOLVED IN EXTRACURRICULAR ACTIVITIES? \_\_\_\_\_ PLEASE LIST:

\_\_\_\_\_

8. DESCRIBE CHILD'S ACADEMIC PERFORMANCE: \_\_\_\_\_

\_\_\_\_\_

9. DESCRIBE CHILD'S BEHAVIOR IN SCHOOL: \_\_\_\_\_

\_\_\_\_\_

10. WHAT LEARNING RESOURCES ARE NEEDED IN ADDITION TO THE REGULAR CLASSROOM?

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11. IS SCHOOL ATTENDANCE REGULAR? IF NO, EXPLAIN:

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12. DESCRIBE ANY OTHER PROBLEMS THE CHILD HAS HAD IN RELATION TO SCHOOL:

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13. CHILD'S BEST OR FAVORITE SUBJECT: \_\_\_\_\_

**I. RECREATIONAL ACTIVITIES OF CHILD:**

1. DESCRIBE ANY RECREATIONAL ACTIVITIES, HOBBIES, ETC. THE CHILD ENJOYS:

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**J. RELIGION:**

1. IS THE CHILD A MEMBER OF A CHURCH? \_\_\_\_\_

2. NAME OF MINISTER AND CHURCH: \_\_\_\_\_

**K. GOALS OF PLACEMENT:**

1. IMMEDIATE GOALS: \_\_\_\_\_

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2. LONG-TERM GOALS: \_\_\_\_\_

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**L. VISITATION:**

1. LIST FAMILY MEMBERS THAT WILL BE ALLOWED CONTACT WITH THE CHILD WHILE THE CHILD IS IN OUR CARE:

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2. WHO WILL THE CHILD SPEND THEIR VISITATION WEEKENDS WITH WHILE IN OUR CARE:

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**M. EXPECTATIONS**

1. WHAT SERVICES DO YOU EXPECT TO RECEIVE FROM HENDRICK HOME FOR YOUR CHILD?

\_\_\_\_\_

\_\_\_\_\_

2. IS THIS PLACEMENT BEING SOUGHT BY AN AGENCY? \_\_\_\_\_

NAME OF AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CASEWORKER: \_\_\_\_\_

**N. IMPORTANT DOCUMENTS:**

THE FOLLOWING DOCUMENTS, OR COPIES OF DOCUMENTS, **MUST** ACCOMPANY THIS APPLICATION IN ORDER FOR A CHILD TO BE CONSIDERED FOR PLACEMENT:

1. BIRTH CERTIFICATE
2. SOCIAL SECURITY CARD
3. DIVORCE OR CUSTODY AGREEMENT
4. SHOT RECORDS
5. SCHOOL RECORDS
6. COPY OF MOST RECENT PHYSICAL AND DENTAL EXAMS
7. PSYCHOLOGICAL TESTING REPORTS (IF TESTING HAS BEEN DONE)
8. COPY OF MOST RECENT INCOME TAX RETURN