

HENDRICK HOME FOR CHILDREN  
FAMILY CARE PROGRAM

2758 Jeanette Abilene, TX 79602  
(325)692-0112 Fax (325)692-6813

FOR OFFICE USE ONLY:

SUPERVISOR: \_\_\_\_\_

ACCEPTED: Y N

CLASSIFICATION: \_\_\_\_\_

**APPLICATION FOR ADMISSION**  
Please answer all questions completely

**DATE:** \_\_\_\_\_

**NAME:**

**DATE OF BIRTH:**

*First Middle Last*

Other Names Used (Married, Maiden, etc)

*First Middle Last*

*First Middle Last*

RACE: (circle one) White African-American Hispanic Asian/Pacific Islander Other

CURRENT ADDRESS:

*Street /PO Box City/State Zip Code*

HOME PHONE:

safe to leave msg? Y N

WORK PHONE:

safe to leave msg? Y N

EMERGENCY CONTACT:

safe to leave msg? Y N

OTHER CITIES/COUNTIES/STATES LIVED IN: \_\_\_\_\_

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

HAVE A DRIVER'S LICENSE?

YES NO

YOUR LICENSE SUSPENDED?

YES NO

SS#

DL#

ARE YOU A U.S. CITIZEN YES NO

ARE YOU ELIGIBLE TO WORK/GO TO SCHOOL IN THE U.S.? YES NO

HAVE YOU EVER RECEIVED ASSISTANCE FROM A SHELTER OR OTHER RESIDENTIAL FACILITY? YES NO

IF YES, NAME AND ADDRESS OF FACILITY

HAVE YOU EVER BEEN A PAST RESIDENT IN ANY OF OUR PROGRAMS? YES NO

IF YES WHAT PROGRAM AND WHEN?

PERSON REFERRING YOU TO HENDRICK HOME:

**MARITAL STATUS**

(circle one) MARRIED    WIDOWED    NEVER MARRIED    DIVORCED SEPARATED  
OTHER                      RECONCILING

EXPLAIN CURRENT RELATIONSHIP STATUS:  
\_\_\_\_\_

SPOUSE/PARTNER:  
\_\_\_\_\_

LENGTH OF TIME IN RELATIONSHIP:  
\_\_\_\_\_

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

SPOUSE EMPLOYER: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_

SS#: \_\_\_\_\_ DL#: \_\_\_\_\_

LIST PREVIOUS MARRIAGES:  
\_\_\_\_\_

*Name* \_\_\_\_\_ *Date of Marriage* \_\_\_\_\_ *Date of Divorce* \_\_\_\_\_

*Name* \_\_\_\_\_ *Date of Marriage* \_\_\_\_\_ *Date of Divorce* \_\_\_\_\_

*Name* \_\_\_\_\_ *Date of Marriage* \_\_\_\_\_ *Date of Divorce* \_\_\_\_\_

DO YOU ATTEND CHURCH? \_\_\_\_\_ YES NO

NAME OF CHURCH: \_\_\_\_\_

NAME OF PASTOR: \_\_\_\_\_

ARE YOU CURRENTLY SEEING A DOCTOR? \_\_\_\_\_ YES NO

DOCTOR'S NAME: \_\_\_\_\_

HAVE YOU EVER HAD A PSYCHOLOGICAL EVALUATION? \_\_\_\_\_ YES NO

HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL ILLNESS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHEN AND WHAT WAS THE DIAGNOSIS?  
\_\_\_\_\_

HAVE YOU EVER ATTEMPTED SUICIDE OR HAD SUICIDAL THOUGHTS? YES NO

IF YES WHEN? \_\_\_\_\_

WHAT WERE THE CIRCUMSTANCES? \_\_\_\_\_

DID YOU RECEIVE TREATMENT? YES NO

HAVE YOU EVER RECEIVED COUNSELING? YES NO

DO YOU USE DRUGS OR ALCOHOL? YES NO

IF YES, WHAT SUBSTANCE? \_\_\_\_\_

HAVE YOU USED DRUGS OR ALCOHOL IN THE PAST? YES NO

IF YES, WHAT SUBSTANCE? \_\_\_\_\_

HAVE YOU USED ANY DRUGS OR ALCOHOL WITHIN THE LAST 90 DAYS? YES NO

HAVE YOU EVER RECEIVED TREATMENT FOR SUBSTANCE ABUSE? YES NO

IF YES, WHERE AND WHEN? \_\_\_\_\_

DO YOU USE TOBACCO? YES NO

HAVE YOU EVER BEEN PHYSICALLY OR SEXUALLY ABUSED? YES NO

WHAT MEDICATIONS ARE YOU ON? \_\_\_\_\_

WHAT HOSPITALIZATIONS HAVE YOU HAD? \_\_\_\_\_

ARE YOU PREGNANT? YES NO

IF YES, WHAT IS YOUR DUE DATE? \_\_\_\_\_

WHO WILL BE RESPONSIBLE FOR TRANSPORTATION TO HOSPITAL, APPOINTMENTS, ETC.. IF NEEDED? \_\_\_\_\_

WHO WILL BE RESPONSIBLE FOR THE CARE OF OTHER CHILDREN WHILE YOU ARE UNABLE TO CARE FOR THEM? \_\_\_\_\_

DO YOU HAVE CRIB, CAR SEAT, ETC., WHICH MEET THE CURRENT SAFETY STANDARDS? YES NO

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A MISDEMEANOR OR FELONY CRIME? (Omission will lead to termination of this application) YES NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU ON PROBATION? \_\_\_\_\_ **YES NO**

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU IN ANY LEGAL TROUBLE? (traffic tickets, hot checks, etc) \_\_\_\_\_ **YES NO**

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

LIST PREVIOUS ADDRESSES BEGINNING WITH THE MOST RECENT: \_\_\_\_\_

<i>Address</i>	<i>Dates</i>	<i>Reason for moving</i>
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<i>Address</i>	<i>Dates</i>	<i>Reason for moving</i>
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<i>Address</i>	<i>Dates</i>	<i>Reason for moving</i>
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<i>Address</i>	<i>Dates</i>	<i>Reason for moving</i>
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WHO DO YOU FEEL IS A PART OF YOUR SUPPORT SYSTEM? \_\_\_\_\_

<i>Name</i>	<i>Relationship</i>	<i>Address</i>	<i>Phone</i>
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<i>Name</i>	<i>Relationship</i>	<i>Address</i>	<i>Phone</i>
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<i>Name</i>	<i>Relationship</i>	<i>Address</i>	<i>Phone</i>
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DESCRIBE RELATIONSHIP WITH YOUR PARENTS/STEP PARENTS: \_\_\_\_\_

DESCRIBE YOUR RELATIONSHIP WITH SIBLING AND OTHER FAMILY MEMBERS:

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LIST 5 CHARACTER REFERENCES. YOU MAY ONLY USE 1 FAMILY MEMBER AND 1 FRIEND, OTHERS WOULD INCLUDE COWORKERS, LANDLORDS, PASTOR, ETC.

1.

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Yrs Acquainted</i>

2.

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Yrs Acquainted</i>

3.

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Yrs Acquainted</i>

4.

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Yrs Acquainted</i>

5.

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Yrs Acquainted</i>

**EDUCATION**

GRADE COMPLETED :

DO YOU HAVE G.E.D. H.S. DIPLOMA/COLLEGE DIPLOMA? YES NO

ARE YOU CURRENTLY ENROLLED IN AN EDUCATIONAL PROGRAM? YES NO

IF YES, WHERE?

DESCRIBE ANY OTHER JOB TRAINING/EDUCATION YOU HAVE COMPLETED:

HAVE YOU EVER RECEIVED A LOAN FOR EDUCATIONAL PURPOSES? YES NO

IF YES, PLEASE LIST:

ARE YOU IN DEFAULT ON ANY OF THE LOANS LISTED? YES NO

IF YES, PLEASE LIST:

**WORK HISTORY**

LIST EMPLOYMENT BEGINNING WITH PRESENT EMPLOYER:

1.

<i>Business Name</i>	<i>Address</i>	<i>Phone</i>	<i>Supervisor</i>	
<i>Position</i>	<i>Hourly Wage</i>	<i>Salary</i>	<i>Dates of Employment</i>	<i>Reason for Leaving</i>

2.

<i>Business Name</i>	<i>Address</i>	<i>Phone</i>	<i>Supervisor</i>	
<i>Position</i>	<i>Hourly Wage</i>	<i>Salary</i>	<i>Dates of Employment</i>	<i>Reason for Leaving</i>

3.

<i>Business Name</i>	<i>Address</i>	<i>Phone</i>	<i>Supervisor</i>	
<i>Position</i>	<i>Hourly Wage</i>	<i>Salary</i>	<i>Dates of Employment</i>	<i>Reason for Leaving</i>

4.

<i>Business Name</i>	<i>Address</i>	<i>Phone</i>	<i>Supervisor</i>	
<i>Position</i>	<i>Hourly Wage</i>	<i>Salary</i>	<i>Dates of Employment</i>	<i>Reason for Leaving</i>

**CHILDREN**

1.

<i>Full Name</i>	<i>Age</i>	<i>Date of Birth</i>	<i>SS#</i>
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GRADE: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

CUSTODY OF CHILD: (circle one)      Joint      Sole (mother)      Sole (father)

WHAT ARE VISITATION ARRANGEMENTS? \_\_\_\_\_

RACE: \_\_\_\_\_ CHILD SUPPORT \$ \_\_\_\_\_ IMMUNIZATION RECORDS?    YES NO

NAME OF DAYCARE/SCHOOL & PHONE NUMBER:

HAS THIS CHILD EVER HAD A PSYCHOLOGICAL EVALUATION?	YES	NO
HAS HE/SHE EVER RECEIVED COUNSELING?	YES	NO
DOES HE/SHE USE DRUGS OR ALCOHOL?	YES	NO
HAS HE/SHE EVER USED DRUGS OR ALCOHOL?	YES	NO
DOES HE/SHE USE TOBACCO?	YES	NO
HAS HE/SHE EVER BEEN PHYSICALLY/SEXUALLY ABUSED?	YES	NO

WHAT MEDICATIONS IS HE/SHE ON?

WHAT HOSPITALIZATIONS HAS HE/SHE HAD?

HAS HE/SHE EVER BEEN CONVICTED OF A CRIME *(If yes, please explain):*

IS HE/SHE ON PROBATION? *(If yes, please explain):*

IS HE/SHE IN ANY LEGAL TROUBLE? *(if yes, please explain)* YES NO

2.

<i>Full Name</i>	<i>Age</i>	<i>Date of Birth</i>	<i>SS#</i>
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GRADE: FATHER'S NAME:

CUSTODY OF CHILD? *(circle one)* Joint Sole(mother) Sole (father)

WHAT ARE VISITATION ARRANGEMENTS?

RACE CHILD SUPPORTS IMMUNIZATION RECORDS? YES NO



NAME OF DAYCARE/SCHOOL & PHONE NUMBER: \_\_\_\_\_

HAS THIS CHILD EVER HAD A PSYCHOLOGICAL EVALUATION? YES NO  
HAS HE/SHE EVER RECEIVED COUNSELING? YES NO  
DOES HE/SHE USE DRUGS OR ALCOHOL? YES NO  
HAS HE/SHE EVER USED DRUGS OR ALCOHOL? YES NO  
DOES HE/SHE USE TOBACCO? YES NO  
HAS HE/SHE EVER BEEN PHYSICALLY/SEXUALLY ABUSED? YES NO

WHAT MEDICATIONS IS HE/SHE ON? \_\_\_\_\_

WHAT HOSPITALIZATIONS HAS HE/SHE HAD? \_\_\_\_\_

HAS HE/SHE EVER BEEN CONVICTED OF A CRIME *(If yes, please explain)*: \_\_\_\_\_

IS HE/SHE ON PROBATION? *(If yes, please explain)*: \_\_\_\_\_

IS HE/SHE IN ANY LEGAL TROUBLE? *(if yes, explain)* YES NO

3. \_\_\_\_\_  
*Full Name* *Age* *Date of Birth* *SS#*

GRADE: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

CUSTODY OF CHILD: *(circle one)* Joint Sole *(mother)* Sole *(father)*

WHAT ARE VISITATION ARRANGEMENTS? \_\_\_\_\_

RACE: \_\_\_\_\_ CHILD SUPPORT \$ \_\_\_\_\_ IMMUNIZATION RECORDS? YES NO

NAME OF DAYCARE/SCHOOL & PHONE NUMBER: \_\_\_\_\_

HAS THIS CHILD EVER HAD A PSYCHOLOGICAL EVALUATION?	YES	NO
HAS HE/SHE EVER RECEIVED COUNSELING?	YES	NO
DOES HE/SHE USE DRUGS OR ALCOHOL?	YES	NO
HAS HE/SHE EVER USED DRUGS OR ALCOHOL?	YES	NO
DOES HE/SHE USE TOBACCO?	YES	NO
HAS HE/SHE EVER BEEN PHYSICALLY/SEXUALLY ABUSED?	YES	NO

WHAT MEDICATIONS IS HE/SHE ON?

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WHAT HOSPITALIZATIONS HAS HE/SHE HAD?

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HAS HE/SHE EVER BEEN CONVICTED OF A CRIME *(If yes, please explain):*

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IS HE/SHE ON PROBATION? *(If yes, please explain):*

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IS HE/SHE IN ANY LEGAL TROUBLE? *(if yes, please explain)*      YES      NO

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4.

*Full Name*

*Age*

*Date of Birth*

*SS#*

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GRADE:

FATHER'S NAME:

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CUSTODY OF CHILD: *(circle one)*

Joint

Sole *(mother)*

Sole *(father)*

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WHAT ARE VISITATION ARRANGEMENTS?

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RACE:

CHILD SUPPORT \$

IMMUNIZATION RECORDS?

YES NO

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NAME OF DAYCARE/SCHOOL & PHONE NUMBER:

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HAS THIS CHILD EVER HAD A PSYCHOLOGICAL EVALUATION?	YES	NO
HAS HE/SHE EVER RECEIVED COUNSELING?	YES	NO
DOES HE/SHE USE DRUGS OR ALCOHOL?	YES	NO
HAS HE/SHE EVER USED DRUGS OR ALCOHOL?	YES	NO
DOES HE/SHE USE TOBACCO?	YES	NO
HAS HE/SHE EVER BEEN PHYSICALLY/SEXUALLY ABUSED?	YES	NO

WHAT MEDICATIONS IS HE/SHE ON?  
\_\_\_\_\_

WHAT HOSPITALIZATIONS HAS HE/SHE HAD?  
\_\_\_\_\_

HAS HE/SHE EVER BEEN CONVICTED OF A CRIME *(If yes, please explain)*:  
\_\_\_\_\_  
\_\_\_\_\_

IS HE/SHE ON PROBATION? *(If yes, please explain)*:  
\_\_\_\_\_  
\_\_\_\_\_

IS HE/SHE IN ANY LEGAL TROUBLE? *(if yes, please explain)*      YES      NO  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE CHILDREN NOT LISTED? *(If yes, please explain)*      YES      NO  
\_\_\_\_\_

DOES CPS HAVE CUSTODY OF ANY OF YOUR CHILDREN?      YES      NO

IF YES, EXPLAIN:  
\_\_\_\_\_

ARE YOU OR HAVE YOU BEEN INVOLVED WITH CPS?      YES      NO

IF YES, EXPLAIN:  
\_\_\_\_\_

DESCRIBE HOW YOUR CHILDREN INTERACT W/FRIENDS & TEACHER'S AT SCHOOL:  
\_\_\_\_\_

DESCRIBE YOU CHILDREN'S PERSONALITY AND BEHAVIOR:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIBE YOUR RELATIONSHIP WITH YOUR CHILDREN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIBE YOUR CHILDREN'S RELATIONSHIP WITH GRANDPARENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW DO YOUR CHILDREN FEEL ABOUT THE IDEA OF LIVING IN THE FAMILY CARE PROGRAM?** \_\_\_\_\_  
\_\_\_\_\_

**OTHER COMMENTS ABOUT YOUR CHILDREN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSPORTATION**

**DO YOU HAVE A CAR? YES NO YEAR MAKE MODEL** \_\_\_\_\_

**COLOR: LICENSE PLATE#** \_\_\_\_\_

**INSURANCE VALUE:** \_\_\_\_\_

**RUNNING CONDITION:** \_\_\_\_\_

**FINANCIAL RESOURCES, ASSETS AND ASSISTANCE**

DO YOU OWN REAL ESTATE? YES NO VALUES LOAN BAL\$

IS YOUR PAYMENT CURRENT? YES NO

WHAT OTHER MAJOR ITEMS DO YOU OWN?

BRIEFLY LIST FURNITURE AND OTHER HOUSEHOLD GOODS THAT YOU OWN:

DO YOU HAVE MEDICAL INSURANCE? YES NO

IF YES, NAME OF INSURANCE COMPANY:

DO YOU RECEIVE MEDICAID BENEFITS? YES NO

DO YOU RECEIVE T.A.N.F.? (if yes, list monthly allowance ) \$ YES NO

DO YOU RECEIVE WIC ASSISTANCE? YES NO

DO YOU RECEIVE FOOD STAMPS? (if yes, list monthly allowance) \$ YES NO

DO YOU OR YOUR CHILDREN RECEIVE SOCIAL SECURITY BENEFITS? YES NO

IF YES, LIST MONTHLY ALLOWANCE: \$

**EXPLAIN YOUR FAMILY'S CIRCUMSTANCES AND WHAT YOU WANT TO ACCOMPLISH BY MOVING TO THE FAMILY CARE PROGRAM**

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## MONTHLY BUDGET REPORT

One of the provisions of participating the HHC Family Care Program is showing an effort to save money. This is a program goal for the betterment of your family. Residents agree to supply a monthly financial statement as proof of their effort and progress in the program. This report is to record you actual income /expenses each month.

Name: \_\_\_\_\_

Employed by: \_\_\_\_\_ College: \_\_\_\_\_

**INCOME:**

Cash on hand	_____	Total Monthly Earnings	_____
Checking balance	_____	Weekly/Bi-Weekly	_____
Savings balance	_____	Child support/TANF	_____
Food Stamps	_____	Financial Aid/Grants	_____
Other/Tips, Gifts	_____		

My child works @: \_\_\_\_\_ Monthly estimate income: \_\_\_\_\_

**EXPENSES:**

Childcare	_____	Rent	_____
Car payment	_____	Car Insurance	_____
Gasoline	_____	Car miscellaneous	_____
Health insurance	_____	Medical expense	_____
Tuition/Book etc.	_____	Beauty/Hair	_____
Groceries	_____	Dining out	_____
Cell phone	_____	Clothing	_____
Loans	_____	Lay away	_____
Credit card	_____	Credit Card	_____
Utilities	_____	Other	_____
		Total monthly expenditures	_____
		Difference of income/expense	_____

**INDEBTEDNESS:**

Creditor	Due Date	Amount Paid	Current Balance	Past Due/Penalties/etc
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**NOTES:**

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

This financial information and statement of indebtedness is accurate to the best of my knowledge. I have provided copies of my check stubs, checking/savings account statements and all school records. I understand that if I intentionally falsify information or fail to provide required proof of information, I can be terminated from the program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**AUTHORIZATION TO SEEK AND OBTAIN CONFIDENTIAL  
INFORMATION**

**To Whom It May Concern:**

I, \_\_\_\_\_ do hereby authorize Hendrick Home for Children  
(Client's Name)

to obtain any medical, psychological, social, or school information from any employer, person, agency, school, or hospital, having such information in its possession, that pertains to me and/or my child(ren).

**Children's Names** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



**DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN REPORTS FOR PROGRAM ADMISSION PURPOSES**

*Please Read Carefully Before Signing the Authorization*

**DISCLOSURE**

In considering you for our program, Hendrick Home for Children may request and rely upon one or more reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a “consumer report is written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making a client-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and

Before the Company can obtain a consumer report or investigative consumer report about you for client assessment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, and also the name, address, and telephone number of the reporting agency.

**AUTHORIZATION**

I have read and understand the foregoing Disclosure, and authorize Hendrick Home for Children to obtain and rely upon consumer reports or investigative consumer reports in considering me for their program. By my signature below, I authorize Hendrick Home for obtain any such reports and to share the information received with any person involved in the decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of Hendrick Home.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## ***Personal Data***

\_\_\_\_\_

**Last Name**

\_\_\_\_\_

**First Name**

\_\_\_\_\_

**Middle Name**

\_\_\_\_\_

**Current Address**

\_\_\_\_\_

**Dates Lived Here**

\_\_\_\_\_

**(Telephone Number)**

\_\_\_\_\_

*Addresses for the Past Seven Years: (include street, city, state, zip code)*

\_\_\_\_\_

*Dates of Residence*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Birth**

\_\_\_\_\_

**Other Names Used (include Maiden Name)**

\_\_\_\_\_

**Years Used**

\_\_\_\_\_

**Social Security Number**

\_\_\_\_\_

**Driver's License #**

\_\_\_\_\_

**State**

\_\_\_\_\_

**Email Address (may be used for official correspondence)**

I have the right to make a request to *IntelliCorp Records, Inc*, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which *IntelliCorp Records, Inc*, has previously furnished within the two year period preceding my request.

I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews may be sufficient grounds for rejection to the program.

\_\_\_\_\_

**Printed Name**

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Date**

## **Required Admission Documents**

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### **Resident Will Provide Before Admission:**

- Copy of TB Test Results
  - Copy of Immunization Records for Each Child
  - Copy of Social Security Cards for Each Child and Client
  - Copy of Medicaid Papers
  - Copy of Clients' and Children's Birth Certificates
  - Copy of High School Diploma or GED Certificate of Equivalence
  - Copy of Children's Report Card
  - Copy of Transcript, if applicable
  - Copy of Clients Drivers License and Children if Applicable
  - Copy of Proof of Car Insurance
  - Copy of Proof of Employment
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# Hendrick Home Family Care Program

## Residence Rules

*Revised 03/02/2014*

**The mission for the Hendrick Home Family Care Program is to provide a place of residence and guidance in life skills for single parents with children who are in a life transition. Our aim is to assist the parent as they establish and accomplish the goals to become self-sufficient and able to provide for their children. We offer a safe, healthy, happy, and supportive environment while providing a stable bridge toward healthy independent living for the family**

**Residents must agree and be aware of the special conditions and requirements of living within the program, to include Christian concern and acceptance for others they live with in a fair and tolerant manner, along with respect for property and individual family values.**

### **Housekeeping Responsibilities:**

We are blessed to have a nice facility to share, with that in mind, each resident will be expected to do their share of work to keep the living quarters clean and in order. Chores will be assigned by the hall supervisor, who will check to see if duties are performed satisfactorily. Rooms are subject to daily inspections by a supervisor at any time. Room check forms are completed and given to the administrative staff. After three unsatisfactory room checks you will be required to meet with the Executive Vice President of Family Services. Each client is responsible for keeping the families living quarters clean and straight and open for inspection (We have facility tours on occasion, and each apartment should be left in good order to be toured each day).

### **Apartment Guidelines:**

- a. Beds must be made daily
- b. Trash must be emptied daily
- c. Bathrooms must be left clean daily
- d. Rooms must be vacuumed as needed or at least twice each week
- e. No food or drink other than water is allowed in the apartment area
- f. No clothing in piles or stacks in closet or room areas
- g. No candles

- h. No incense allowed in rooms

### **Common Area Guidelines:**

- a. Eating and Living areas must be kept neat and clean at all times.
- b. Upon completion of cooking or eating, each family must clean up after themselves at that time.
- c. No dishes are allowed on counters or in sink overnight.
- d. Clients' refrigerators will be randomly checked for cleanliness.
- e. Thermometers must remain in refrigerators at all times (Health Dept)
- f. All food items must be covered – in the freezer & fridge (Health Dept)
- g. Stove tops and counters must be cleaned nightly.
- h. Sink must be cleaned daily / Dishwasher unloaded each day.
- i. Floors must be cleaned / swept –mopped, vacuumed each night to prevent insect infestation.
- j. Movies / Toys / Books / Clothing / Trash /Blankets or Pillows taken back to rooms each night.
- k. Computer area must be cleaned each night after use.
- l. Report any spills or damage to furniture or common area to supervisor.
- m. No one is allowed to make any cosmetic changes in the facilities, such as painting, papering, or covering any surface, without permission from the administration.
- n. Please refrain from making any holes in the walls (picture hanging, etc.) without permission from the hall supervisor.

### **Computer & Study Area:**

The computers are provided free to our residents to assist in schoolwork, therefore, this is a priority for use. Residents must yield computer use to those who need it for that purpose. Visiting inappropriate sites is strictly forbidden and is grounds for immediate dismissal. The computer history will be randomly checked to monitor its actions.

- a. No elementary children are allowed on the computer without supervision of the parent.
- b. No visitors or guests are allowed use of the computer without permission of the supervisor.
- c. Email may be checked daily – with consideration of others needing use of the computer for school or homework.
- d. The Home will provide ink, sparingly – up to three times per year, however we encourage only printing use for homework or school projects.
- e. Residents **MAY NOT DOWNLOAD** additional programs or sites from the web at any time, nor add any programs or software.

## **Cooking & Dining Regulations:**

### **Dining Hall**

Residents are invited for Breakfast & Lunch at any time free of charge. Each family will be expected to clean up after themselves at their tables. You are also welcome to attend "Sunday Lunch" with the Home on scheduled Sundays. Dress is appropriate Sunday church wear (slacks are accepted – but children cannot attend in play clothing). Manners must be taught at this time and in place. You must follow the guidelines of the supervisor in charge during this time. We encourage your participation and hope it will be a teaching time for your family – however, if your child is unruly or a distraction we will request you remove the child and try again at a later time.

- a. Weekday morning breakfast is served at 6:45 am during the school year. (8:15am during the summertime)
- b. Children must be dressed for the day.
- c. Weekday lunch buffet style at noon.
- d. Each family should clean up their table and around the floor area if needed.
- e. Children must be supervised at all times.

### **Cooking on Halls / Kitchen area:**

Parents will prepare food for their own families daily as needed. Each family will be assigned their own refrigerator and cabinet space for food. After each use / meal all items will be replaced and the kitchen left clean. The Home also provides "shared items" of cooking utensils, pots and pans, dishes and glasses. The Home provides cleaning supplies as needed. The Home maintains a food bank pantry that is open to each family. Please contact your hall supervisor for times to visit this pantry. The items are obtained from the *Abilene Food Bank* and are strictly for campus use in our Hendrick Home Programs. No food items may leave the campus for any reason and are prohibited from sale in any manner. We ask that you take what you need, but remember others as well. If you discover weevils in any products please turn it in to your supervisor who will notify the kitchen staff.

- a. No meals should begin before 6:00am or after 9:00pm unless approved by your hall supervisor.
- b. No food or drink is allowed in any area other than the kitchen or dining area at any time, with the exception of illness.
- c. You may use and store your own kitchen dishes and utensils separate from all others in your designated cabinet areas.

*Please refer to the Common Area Guidelines for rules concerning cooking and eating in this area.*

### **Child Care Regulations:**

In accordance with state regulations for our facility children must be supervised at all times. This is to be the sole responsibility of the parent. This program places a high priority on the safety and welfare of the children who are in it. There will be no exceptions for unsupervised children. The regulations below must be adhered to explicitly. The Home has several resources with the CDC and Welfare Organizations to help with this responsibility. Contact your hall supervisor if you need assistance.

- a. Each mother must secure childcare for her children off campus.
- b. Personal babysitters are not allowed to care for children on campus. All childcare must be secured off campus.
- c. Elementary children are only allowed to play on the playground or tennis court area without an adult. You must be able to see your child and watch carefully for his or her safety. Children must be walked across the street by an adult both to and from the play area. In addition, children may ride their bikes around the ball field with use of a helmet. (use discretion as to maturity of younger children).
- d. Middle school children or high school children may enjoy the park area independently.
- e. All visitors or overnight friends, must be approved by the supervisor with at least 24-hour notice of the visit. Clients are not allowed to have overnight visitors within the first ninety days of admission. An overnight Guest Form must be completed for each child during each visit.
- f. Clients may not leave their child with another resident for babysitting. Each parent is responsible for the welfare of their own child; infractions are grounds for dismissal from the program.

### **Hall Curfew Regulations:**

Each family must adhere to the campus curfew; it is in place under the best consideration of rest and stability for the children. If there are exceptions to consider (e.g. school activities, travel, night classes, or work) please review them with your hall supervisor for approval. These curfews are also a consideration for your hall neighbors and ensures steady one-on-one time with your children. It also allows you ample time to prepare for bed and your child to acquire a good night's sleep.

- a. Pre-School and Elementary children must be in their rooms with parent weeknights by 8:30pm (weeknights are Sun, M, Tu, W, Th).
- b. Middle School children are required to be in their rooms by 9:00pm weeknights.
- c. High School children must be in their rooms by 10:00pm on weeknights.
- d. Weekend curfew is overall on Friday and Saturday nights and is at 12:00am midnight. All residents must be in on the hall by this time.
- e. Supervisor will lock the hall doors by 10:00pm on weeknights and by 12:00am on weekends.
- f. Letting other residents in after these times is strictly prohibited and is grounds for dismissal from the program. Only a supervisor can allow residents inside after the curfew times (offense requires a supervisor meeting with the Executive Vice President of Family Services).
- g. In case of emergency or exceptions (working late/school activity/travel) notify or call your Supervisor. Special schedules will be considered.
- h. Clients and children must show respect to the hall supervisors and Hendrick Home staff at all times. Rebellious or defiant attitudes, abusive language, lying, and deliberate non-compliance to requests and regulations will not be tolerated and are grounds for dismissal.

*\* Special Consideration:*

High school children may be allowed to supervise younger children periodically with special consideration from the hall supervisor and approval from the Executive Vice President of Family Services. This is determined by the maturity and good character of the high school person as well as the respect shown by the younger siblings in obedience to the high school student. The high school student must be regarded in good standing by the hall supervisor, show respect for their mother and siblings, as well as passing in grades and citizenship at school. The high school student must also show responsibility in doing hall chores willingly. This is a privilege which must be approved prior and can be lost at any time if behavior changes or the privilege is abuse.



### **Telephone Use:**

Telephone service is supplied free of charge along with a group answering machine by the Home. Consideration and sharing for your hall neighbors is appreciated. The phones are also for use by middle school and high school children, however, they are also expected to abide by the guidelines.

- a. No direct long distance calls may be made from the Home's hall phones. Clients may make long distance calls with the use of a calling card (in case of an emergency-contact supervisor).
- b. The cordless phone may not be taken into the clients' private room for any reason and cannot be carried around the hall by a child or client.
- c. No outgoing or incoming calls are allowed after 10:00pm nightly.
- d. Young children may not make calls without the parent's permission or supervision.
- e. There is a courtesy 15 minute rule for all calls. No one person may use the phone for more than 15 minute at a time.
- f. Do not erase answering machine messages that are not yours. However, after listening to *your message* please erase it.

### **Guest & On Campus Visitors:**

Visitors are not allowed on the campus or residence halls without the expressed approval of the hall supervisor or Executive Vice President of Family Services. No male visitors will be permitted on campus at any time with the exception of the children's grandfather, a client's grown sons, or the clients brother, and these must receive prior approval. Family visitation is not discouraged – but it is requested "Off Campus."

- a. No male visitors on campus without approval of hall supervisor.
- b. No visitors are allowed on the halls during weeknights after 8:00pm at any time.
- c. No visitors allowed on residence hall on weekends after 12:00am midnight.
- d. No overnight guest permitted during the 90 day probation period.
- e. All overnight guests must complete an "Overnight Guest Form" prior to the stay / with each visit.
- f. Any overnight guest that is in high school or 18 years of age must be approved by the Executive Vice President of Family Services.
- g. Frequent guests will be required to submit to a Criminal Background check (this can also be requested at any time by the Hall Supervisor).
- h. Residents spending the nights off campus or traveling must notify your hall supervisor.
- i. Residents will be expected to have no overnight stays off campus for the first 90-days of residence in the Family Care Program. Should the resident have a situation which requires an overnight stay a form will be provided by the supervisor in charge. The request must be submitted to the supervisor three working days in advance of the event. The request will be reviewed by the Executive Vice President of Family Services and it will be approved or denied at that time. Children are exempt from this rule.
- j. No child of any age will be allowed to have overnight guests or visitors without the mother present.
- k. Dating teens may have guests in the common area always under supervision of the mother.
- l. An "Overnight Absence Form" must be filled out by client and approved by a licensed administrator within the first 90 days of admission to stay off campus overnight; after the probationary period of 90 days, it must be approved by your Hall Supervisor.
- m. An "Overnight Guest Form" must be filled out by client and approved by a licensed administrator within the first 90 days of admission; afterward all adult guests must be approved by a licensed administrator and minor guests only by your Hall Supervisor.

### **Personal Hygiene and Living Considerations:**

We are required by the state to have on file a TB test from each adult. Residents are responsible to secure this test, it must be on file for your continued stay in our program. Please turn in your test results to your hall supervisor to keep in your file. Immunization records are also required on each child residing in the program (these are available through your child's school). Please provide these records before admission to your hall supervisor.

- a. No smoking is permitted inside any campus building or parking area (includes your car). Smoking area is restricted to areas off campus.
- b. Use of cigarettes by adolescents or teens will not be tolerated.
- c. Use of alcohol and drugs is strictly prohibited and will not be tolerated on campus.
- d. Residents who have a past drug/alcohol addiction are required to enroll in drug/alcohol rehab program upon admittance approval (check with the Executive Vice President for Family Services for resources).
- e. ALL RESIDENTS and TEEN children in the program are subject at any time to RANDOM DRUG TESTING.
- f. Firearms or weapons including knives are strictly prohibited.
- g. Offensive language will not be permitted in conversation or toward supervisors.
- h. Adult or pornographic materials of any kind are not permitted.
- i. VHS/DVD movies with a rating of PG / G are allowed on the hall television for viewing at any time, however, movies with a stronger rating or with sexual or violent content may not be viewed in the common area (*check with your supervisor for concerns or questions and/or exceptions*).
- j. No incense burning is permitted at any time.
- k. Candles may not be burned in residents' rooms at any time (includes plug-ins).
- l. Personal hygiene is expected from all residents to include personal cleanliness in body and clothing. Please report any infestation of lice or illness to your Hall supervisor for assistance.
- m. As per our inspection from the City Fire Marshall the use of electric space heaters is strictly prohibited. Please notify your Hall Supervisor if your room is unusually cool during winter.

### **Spiritual Growth:**

Hendrick Home for Children was founded on Christian principles and this program is a ministry effort for families in Abilene. We believe the influence of Christian morals and principles are exceptionally beneficial to family success. With this in mind Family Care residents are expected to:

- a. Respect the rights of others, physically, emotionally and spiritually.
- b. Attempt earnestly to teach their children to respect others.
- c. To improve themselves and their children morally and spiritually.
- d. Families are encouraged to attend and become active in a local church.
- e. Enroll their children in church sponsored activities.
- f. Teach the principle of serving others by becoming active in a church ministry or program that amplifies this in the community.

• ***Additional:***

Upon availability, Hendrick Home for Children provides classes for residents which will assist in improving their success as a parent and person. Attendance is mandatory and classes will take place on the third Wednesday of every month. The topics will include but are not limited to:

- 1) Parenting Class
- 2) Finance Class
- 3) Relationship Class

### **Laundry & Storage:**

All personal clothing must be kept in the resident's suite, however dirty laundry must not be allowed to accumulate in the bedrooms or bathrooms. Each resident must make plans to wash clothing, bathroom towels and bedding regularly. If your hall has a laundry schedule you will be required to follow it closely. Be considerate of your neighbors by completing your laundry and not leaving clothing in the machines. Please follow the rules below:

- a. Always remove all clothes from washer and dryer when cycle is done.
- b. After each use, clean dryer lint filters.
- c. Fold or hang clothing in proper places / remove all clean clothing to your room / do not leave laundry in baskets or piled up in the laundry room.
- d. Keep your laundry materials neatly on shelves in areas provided (do not use your neighbors materials without permission).
- e. Be discrete with underwear and lingerie as the hall is open to tours. It is best to hang these in your residence bathrooms.

- f. Clothing left unattended will be removed by the supervisor as needed. Please report any needed repair or concerns to the supervisor immediately as needed.

**Miscellaneous:**

- a. Each approved client is required to have a criminal background check upon admission to the program.
- b. Each client will be assigned a mailing address. Upon exiting the program, change of address forms must not be filed with the post office. Residents must personally notify each individual or entity of the address change.
- c. All appropriate documents will be completed by resident.
- d. Each resident will provide contact numbers to their hall supervisor. This is to include cell phone, work phone and email address.
- e. Each client must provide their own bedding, bath towels, laundry products, toilet tissue, and personal hygiene products.
- f. All school age children must attend area schools regularly and truancy is prohibited. Children who are absent from school must be sick and the parent is required to contact the school principal with absence report.
- g. Clients are required to complete ALL Program Forms in full before admission.

Clients are required to provide a monthly program fee for program participation. The amounts are as follows:

- i. *\$25 monthly on the 1<sup>st</sup> of each month.*
- ii. *Late fees apply at the rate of \$5 per week after the 15<sup>th</sup> of each month.*
- iii. *Program fees are payable to the Hall Supervisor and any delinquent fees must be referred to the Executive Vice President for Family Services.*

- h. The home will provide minimal storage space for residents as requested in the 3<sup>rd</sup> floor attic.
- i. The Home will provide furnishings as available for resident's rooms upon request. Client's should respect and care for all home property.
- j. Clients must provide guardianship paperwork for all children complete without contact information upon admission.
- k. As per program guidelines all clients must work a minimum of 40 hours per week or attend an educational program and work 18 to 20 hours per week to remain in the program. Proof of employment is required (*pay stubs and enrollment documentation must be supplied and updated regularly; exceptions must be cleared with the Executive Vice President of Family Services.*)
- l. Each client will provide to the supervisor: copies of all pay stubs, bank statements and monthly budgets in order to review indebtedness progress. In

addition, personal grades for trade or college courses and copies of all children's report cards must be provided.

- m. Residents are required to share the responsibility of setting tables for Sunday lunch (whether attending or not) and picking up trash in designated area.

### **Illness regarding children or adults:**

Children or adults who are ill with fever, flu, contagious cough or stomach virus must be confined to their rooms until well. They are not permitted to mix with the hall residents, as to prohibit the spread of the illness. Soup, juice or soda will be permitted in the rooms for meals at this time. Clean up for illness is the responsibility of the parent, however, please contact the hall supervisor if additional care or cleaning is needed.

### **Unsatisfactory Conduct**

If a resident is found to have disregard for any of the rules or guidelines, or a request by the staff or supervisor, a report will be initiated by the supervisor in charge. The document will be filed in the residents file. If an offense is repeated or if additional offenses are filed a meeting with all Family Care Supervisors may be required. If further attention is needed to remedy the situation a meeting with the Executive Vice President of Family Services will be scheduled.

### **Exiting the Family Care Program**

Once a client has achieved their intended goals or decides to exit from the Hendrick Home for Children Family Care Program, they are required to schedule a discharge plan with their hall supervisor, Executive Vice President for Family Services and the caseworker. At that time, the client will be given an "Exit Survey". If the client completes the "Exit Survey" during that meeting, the client will receive a \$25 fee immediately for completing the survey. Hendrick Home staff encourages each client to complete the survey to better enhance the Family Care Program. All surveys are confidential and will not be shared with others.