



# Admission Application

## FAMILY CARE PROGRAM

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

**Applicant Information**  
 It is essential that every question be answered as fully as possible.  
 Incomplete or incorrect data will cause delay and possibly ineligibility of acceptance into the program.

Full Name:	Last	First	M.I.
Other Names: (Maiden, married, etc.)	Last	First	M.I.
	Last	First	M.I.
	Last	First	M.I.

Address:	Street Address		Apartment/Unit #
	City	State	ZIP Code

Home/Mobile Phone:		Safe to leave message?	Y	N
Work Phone:		Safe to leave message?	Y	N
Emergency contact Name/phone#:		Safe to leave message?	Y	N

Date of Birth:		SS#:		
DL#:		DL Suspended?	Y	N
E-mail:				

Race (circle all that apply):	White	African American	Hispanic	Asian/Pacific Islander	Other
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, explain: \_\_\_\_\_

Are you in any legal trouble (tickets, debt, etc.?)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you on probation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, explain: \_\_\_\_\_

Other counties you have lived in: \_\_\_\_\_

Have you been diagnosed with a mental illness? YES  NO  Have you had a psychological evaluation? YES  NO

If yes, when & what was diagnosis/results? \_\_\_\_\_

Have you ever attempted suicide? YES  NO  If yes, when? Did you receive treatment? YES  NO

What were the circumstances? \_\_\_\_\_

Have you received counseling? YES  NO  Do you have a history of physical or sexual abuse? YES  NO

Do you use or have a history of using drugs or alcohol? YES  NO  When was the last time you used?

If so, what substance(s)? Did you receive treatment? YES  NO

Do you use tobacco or smoke? YES  NO

Are you currently under a physician's care? YES  NO  If so, who?

Are you currently on medication(s)? YES  NO  If so, med/dosage?

Are you currently pregnant? YES  NO  If so, when is your due date?

Do you have crib, car seat, etc., which meet the current safety standards? YES  NO

Who will be responsible for transporting you to the hospital, appointments, etc., if needed?

Who will be responsible for the care of your children if you are unable to care for them?

Have you ever been a past resident in any of Hendrick Home for Children's programs? YES  NO

If yes, what program & when?

Have you ever received assistance from a shelter or other residential facility? YES  NO

If yes, name & address of facility:

What is the reason you are seeking placement in the FC program?


How do your children feel about living in the FC program?


Do you attend church? If so, where?

Name of person or agency referring you to HHC:

**Marital Status**

Marital status (circle one): Married Widowed Divorced/Separated Never Married Other

List Previous Marriages:

Name	Date of Marriage	Date of Divorce
Name	Date of Marriage	Date of Divorce
Name	Date of Marriage	Date of Divorce

List five references (use only one family member and one friend; others can include coworkers, landlords, pastor, etc.). Please complete the information fully.

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

Transportation			
Do you own/have a car?	YES <input type="checkbox"/> NO <input type="checkbox"/>	License Plate:	YR:                      Color:
		Make:	Model:
Insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Value of car:	Running Condition:

Education						
High School:				Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma:	
College:				Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:				Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

<b>Describe your relationship with your family of origin</b> (i.e., parents, grandparents, siblings, etc.)

**Work History**

<b>Company:</b>				Phone:		
Address:				Supervisor:		
Job Title:				Monthly Salary:	\$	
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Company:</b>				Phone:		
Address:				Supervisor:		
Job Title:				Monthly Salary:	\$	
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Company:</b>				Phone:		
Address:				Supervisor:		
Job Title:				Monthly Salary:	\$	
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**Financial Resources, Assets, and Assistance**

Do you own real estate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Value:	Loan balance:	Current:
Do you have medical insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of company:		
Do you receive Medicaid benefits?	YES <input type="checkbox"/> NO <input type="checkbox"/>	For Whom?		
Do you receive TANF benefits?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Amount per month:	\$	
Do you receive WIC benefits?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Amount per month:	\$	
Do you receive SS benefits?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Amount per month:	\$	
Do your children receive SS benefits?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Amount per month:	\$	

### Child(ren) Information

<b>1. Full Name:</b>				<b>DOB:</b>				<b>Age/ Grade:</b>					
<b>SSN:</b>				<b>Race</b>		<b>Father's Name:</b>							
Child Support? YES <input type="checkbox"/> NO <input type="checkbox"/> \$						Custody of Child: Joint <input type="checkbox"/> Sole (mother) <input type="checkbox"/> Sole (father) <input type="checkbox"/>							
Visitation arrangements:													
Daycare/School:						Phone #:							
Has child ever been physically or sexually abused?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Has he/she ever received counseling?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
								Has child had a psychological evaluation?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, explain:						Drug Allergies:							
Medication & dosage:													
Has child been in legal trouble? If yes, explain:													
<b>2. Full Name:</b>				<b>DOB:</b>				<b>Age/ Grade:</b>					
<b>SSN:</b>				<b>Race</b>		<b>Father's Name:</b>							
Child Support? YES <input type="checkbox"/> NO <input type="checkbox"/> \$						Custody of Child: Joint <input type="checkbox"/> Sole (mother) <input type="checkbox"/> Sole (father) <input type="checkbox"/>							
Visitation arrangements:													
Daycare/School:						Phone #:							
Has child ever been physically or sexually abused?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Has he/she ever received counseling?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
								Has child had a psychological evaluation?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, explain:						Drug Allergies:							
Medication & dosage:													
Has child been in legal trouble? If yes, explain:													
<b>3. Full Name:</b>				<b>DOB:</b>				<b>Age/ Grade:</b>					
<b>SSN:</b>				<b>Race</b>		<b>Father's Name:</b>							
Child Support? YES <input type="checkbox"/> NO <input type="checkbox"/> \$						Custody of Child: Joint <input type="checkbox"/> Sole (mother) <input type="checkbox"/> Sole (father) <input type="checkbox"/>							
Visitation arrangements:													
Daycare/School:						Phone #:							
Has child ever been physically or sexually abused?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Has he/she ever received counseling?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
								Has child had a psychological evaluation?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, explain:						Drug allergies:							
Medication & dosage:													
Has child been in legal trouble? If yes, explain:													

4. Full Name:				DOB:		Age/ Grade:	
SSN:		Race	Father's Name:				
Child Support? YES <input type="checkbox"/> NO <input type="checkbox"/> \$			Custody of Child: Joint <input type="checkbox"/> Sole (mother) <input type="checkbox"/> Sole (father) <input type="checkbox"/>				
Visitation arrangements:							
Daycare/School:				Phone #:			
Has child ever been physically or sexually abused?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has he/she ever received counseling?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Has child had a psychological evaluation?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:				Drug allergies:			
Medication & dosage:							
Has child been in legal trouble? If yes, explain:							
5. Full Name:				DOB:		Age/ Grade:	
SSN:		Race	Father's Name:				
Child Support? YES <input type="checkbox"/> NO <input type="checkbox"/> \$			Custody of Child: Joint <input type="checkbox"/> Sole (mother) <input type="checkbox"/> Sole (father) <input type="checkbox"/>				
Visitation arrangements:							
Daycare/School:				Phone #:			
Has child ever been physically or sexually abused?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has he/she ever received counseling?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Has child had a psychological evaluation?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:				Drug allergies:			
Medication & dosage:							
Has child been in legal trouble? If yes, explain:							
6. Full Name:				DOB:		Age/ Grade:	
SSN:		Race	Father's Name:				
Child Support? YES <input type="checkbox"/> NO <input type="checkbox"/> \$			Custody of Child: Joint <input type="checkbox"/> Sole (mother) <input type="checkbox"/> Sole (father) <input type="checkbox"/>				
Visitation arrangements:							
Daycare/School:				Phone #:			
Has child ever been physically or sexually abused?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has he/she ever received counseling?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Has child had a psychological evaluation?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:				Drug allergies:			
Medication & dosage:							
Has child been in legal trouble? If yes, explain:							

Explain your family's circumstances and what you want to accomplish by moving to the HHC Family Care Program:


*I certify that my answers are true and complete to the best of my knowledge. If this application leads to placement in program, I understand that false or misleading information in my application or interview may result in my release.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Authorization to seek and obtain confidential information

To Whom It May Concern:

I, \_\_\_\_\_ do hereby authorize Hendrick Home for Children  
(Applicant'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, which pertains to me and/or my child(ren).

**Children's Names:**

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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 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 to 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 consumer reports or investigative consumer reports that may be requested about me by or on behalf of Hendrick Home.

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Applicant's signature

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Date

**PERSONAL DATA**

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Current Address</i>		<i>Dates Lived Here</i>
<i>Telephone Number</i>		
<i>Addresses for the past seven years: (include street, city, state, and zip code)</i>		<i>Dates Lived Here</i>

<i>Date of Birth</i>	<i>Other Names Used (include birth name)</i>	<i>Years Used</i>
<i>Social Security Number</i>	<i>Driver's License Number</i>	<i>State</i>
<i>Email Address (may be used for official correspondence)</i>		

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 past two year period preceding my request.

I certify that all the elements of the personal 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



HENDRICK HOME FOR CHILDREN  
FAMILY CARE PROGRAM  
*Required Admission Documents*

*Resident Must Provide the Following Documentation Prior to Admission:*

- \_\_\_\_\_ Copy of parent's TB test results
- \_\_\_\_\_ Copy of each child's Immunization Records
- \_\_\_\_\_ Copy of Social Security cards for parent and each child
- \_\_\_\_\_ Copy of Birth Certificates for parent and each child
- \_\_\_\_\_ Copy of Medicaid papers or medical insurance
- \_\_\_\_\_ Copy of parent's High School Diploma or GED Certificate of Equivalence
- \_\_\_\_\_ Copy of parent's College Transcript, if applicable
- \_\_\_\_\_ Copy of Driver's License for parent and any child if applicable
- \_\_\_\_\_ Copy of Proof of Car Insurance
- \_\_\_\_\_ Copy of Proof of Employment



## HENDRICK HOME FOR CHILDREN FAMILY CARE PROGRAM **RESIDENCE RULES**

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 in a faith-based environment. 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.

### **General Program Guidelines:**

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 in a faith-based environment. 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.

### **General Program Guidelines:**

- A. Resident is required to complete ALL program forms in full prior to admission. Documentation and forms must be updated upon Supervisor or Program Director request.
- B. Resident is required to work full-time (35-40 hours per week) or attend an educational program and work part-time (18-20 hours per week). Proof of employment is required (pay stubs must be provided monthly with program fee) and educational enrollment documentation must be provided each semester for parents and children).
- C. Resident will provide supervisor with copies of all pay stubs, bank statements, credit card/bill statements, loan statements, budget form and program fee by 5:00 pm on the 5<sup>th</sup> of each month to review for indebtedness and savings progress.
- D. Resident will pay \$25 program fee in cash by 5:00 pm on the 5<sup>th</sup> of each month. Late fees are applied after the 5<sup>th</sup> of each month at the rate of \$5.00 per day.
- E. Resident will provide updated contact information if there are any changes after completion of the initial application.
- F. Resident will attend **mandated scheduled** classes monthly designed to assist in improving success as an individual and parent. If resident cannot attend class due to an emergency, approval from Program Director is required. If a class is missed, a meeting with Program Director is mandatory.
- G. Residents will have a background check prior to admission. Resident will not be accepted or remain in the program if they have an assault or felony charge. Resident must report any arrests or charges that occur after admission, and these could result in dismissal from the FC Program in accordance with Child Care Licensing regulations.

- H. All school age children must attend area schools regularly and truancy is prohibited. Children should only be absent from school due to illness and parent will notify school regarding reason for absence.
- I. Personal mailboxes are available. Upon exit from the program, change of address cards will not be processed by the USPS. Resident must notify any necessary contacts or entity of the address change.
- J. Furnishing is provided by HHC and should not be moved. No furnishings or kitchen supplies provided by HHC should be taken upon exit from the program. No furnishings are to be brought into residential area without prior approval of supervisor or Program Director.
- K. Residents and their children should respect and care for all HHC property.

### **Housekeeping Guidelines:**

HHC feels blessed to have a nice facility to share with families. With that in mind, each resident will do their share of work to keep the living quarters clean and in order. Supervisors will assign chores weekly and monitor for satisfactory completion. Suites are subject to inspections by a supervisor at any time. Suite inspections will occur at least weekly, and findings documented in the FC software program for administrative review and forms left in the suite for the resident. After three unsatisfactory suite checks, resident will meet with the Program Director or Executive Vice President. Each resident is responsible for keeping the facility and living quarters clean and ready for inspections and in the event of a facility tour.

### **Suite Guidelines:**

- A. No food or drink, other than water, allowed in the suite area except when approved by supervisor for cases of illness.
- B. Beds must be made daily.
- C. Trash must be emptied regularly.
- D. Bathrooms must be left clean daily.
- E. Suites must be swept/vacuumed as needed or at least once a week.
- F. No clothing in piles or stacks in closet or suite areas. Clothes must be in hampers or laundry baskets.
- G. Computer area outside residential suite must be neat and clean.
- H. No candles, incense, or open oil/wax diffusers allowed in suites.

### **Computer & Study area Guidelines:**

Computers provided for residents are to assist with schoolwork; therefore, this is a priority. Residents must yield computer use to those who need it for that purpose. Visiting inappropriate sites is forbidden and grounds for immediate dismissal. The supervisor will monitor computer history.

- A. Elementary children will not use the computer without supervision by the parent.
- B. Visitors or guests will not use the computer without permission of the supervisor.
- C. HHC will provide ink. Printing should be limited to budget, bank statements, school, or homework and/or required documentation to maintain financial resources.
- D. Residents **MAY NOT DOWNLOAD** additional programs or sites from the web at any time, nor add any programs or software.

### **Common Area Guidelines:**

- A. Residents must dress appropriately when in shared areas.
- B. If breastfeeding in a public or common area, mothers must use a blanket to cover.
- C. No food or drink allowed in any area other than the kitchen/dining area.
- D. Residents will keep dining and living areas neat and clean.
- E. Floors swept/mopped regularly to prevent insect infestations.
- F. Movies, toys, books, clothing, trash, blankets and/or pillows returned to suites each night.
- G. Report any spills or damage to furniture in shared area to supervisor.
- H. No cosmetic changes to the facility allowed, such as painting, papering, or covering any surface without permission from the administration.
- I. No holes in the walls (i.e., picture hanging) without permission from the hall supervisor.

### **Cooking/Kitchen area Guidelines:**

Parents will prepare food for their own families daily as needed. Supervisors will assign each family their own refrigerator and pantry space for food. Immediately after each use, residents will put all items away and the kitchen left clean. HHC provides “shared items” of cooking utensils, pots/pans, dishes, and glasses. HHC provides cleaning supplies as needed.

- A. No meals should begin before 6:00 am or after 9:00 pm unless approved by the supervisor.
- B. Kitchen dishes, utensils and appliances provided by HHC should remain in kitchen area.  
Residents may use and store their own kitchen dishes and utensils in their designated pantry.
- C. Upon completion of cooking or eating, each family will clean up after themselves at that time.
- D. No dishes allowed on counters or in sink overnight.
- E. Sink cleaned after each use, and dishwasher unloaded daily.
- F. Food items will always have cover – in the freezer and refrigerator.
- G. Supervisors will inspect refrigerators randomly for cleanliness.
- H. Stove tops and counters cleaned daily.

### **Dining Hall Guidelines:**

Residents may attend Breakfast & Lunch free of charge when the dining hall is open. HHC invites all residents to “Sunday Lunch” on scheduled Sundays. Dress should be appropriate Sunday church wear (Jeans and a nice shirt are okay but no sweats, shorts, tank tops, etc.). Families are encouraged to participate in Sunday Lunch for the opportunity to fellowship. Parents may also utilize these events to teach children about manners and proper etiquette.

- A. Weekday morning breakfast served Monday - Friday at 7:15 am during the school year and 8:15 am during the summer.
- B. Children attending breakfast will be dressed for the day. Shoes must be worn at all times.
- C. Weekday lunches served buffet style at noon Monday – Thursday unless closed for special events.
- D. Parent will always supervise Preschool and Elementary aged children.
- E. Each family should clean up their table and the surrounding floor area, as well as assisting with other cleanup needs.

### **Laundry and Storage Guidelines:**

Clothing, bedding, and towels should be washed regularly. Supervisor will determine if hall needs laundry schedules, which residents must adhere to, so all residents have access as needed.

- A. Always remove all clothes from washer and dryer as soon as cycle is complete.
- B. Clean dryer filter after each use.

- C. Do not leave laundry in baskets or piled in laundry room.
- D. Keep laundry materials neatly in designated areas and do not use other residents' supplies without permission.
- E. Halls and suites are open to tours regularly. Please be discrete when hanging underwear/lingerie in your suite.
- F. Clothing left in the laundry room unattended will be removed by the supervisor as needed.
- G. Report any needed repair or concerns to the supervisor immediately.

**Group Living/Personal Hygiene Guidelines:**

The State of Texas requires HHC to have on file a TB test from every adult living or working on campus. Residents are responsible for securing this test. Results must be on file prior to move in. Immunization records on each child residing in the program must be up-to-date and on file (records can be obtained from your pediatrician or child's school).

- A. In common areas, television or other media content must be G or PG rated. Personal media, such as iPads, video games, cell phones, music, etc. should be used with ear buds or headphones in order to not disturb other residents.
- B. Medication lists for residents and their children must be given to the hall supervisor for entry into the software system. Medication changes need to be reported to supervisor promptly.
- C. HHC prohibits the use of cigarettes, tobacco, or vapes on campus. Residents must go off campus to smoke and children cannot be left unsupervised in the suite.
- D. HHC prohibits the use of alcohol and/or drugs on campus.
- E. Residents who have a past drug/alcohol addiction history may require AA/NA meeting attendance, support groups or counseling with an LCDC or other trained professional in the field of chemical dependency.
- F. ALL RESIDENTS (including teens and children) living on the HHC campus are subject to random drug screening if deemed necessary.
- G. Firearms or weapons, including knives, are prohibited.
- H. Offensive language is prohibited in conversation toward supervisors, HHC staff or other residents.
- I. Residents possessing adult or pornographic materials of any kind is grounds for immediate dismissal.
- J. No burning of candles or incense or use of open diffusers with oils or waxes allowed.
- K. Personal hygiene expected of all residents to include personal cleanliness in body and clothing.
- L. Children or parents who are ill with fever, flu, strep throat, contagious cough, or stomach virus must remain confined to the suites until well. Supervisor may approve meals and liquids in the suites during illness. Clean up for illness is the parent's responsibility, however, parents needing assistance with additional care or cleaning can notify supervisor.
- M. Resident will report lice infestation and/or bed bugs to the supervisor immediately.
- N. Electric space heaters forbidden per the Abilene Fire Marshall. If there are issues with heat or AC, please notify your hall supervisor.
- O. Residents provide their own towels, laundry products, toilet tissue, & personal hygiene products.

**Recreation/Exercise Area Guidelines:**

- A. Children under age 17 must be supervised while they are in any HHC recreation area.
- B. No food or drinks in recreation areas except water in a closed container.
- C. A release form must be on file with the office before any resident can use exercise equipment. Children under age 13 are not allowed on exercise equipment. Children ages 13-16 can use

exercise equipment with parental supervision. Children ages 17 and older may use the equipment without supervision. Equipment must be wiped down after each use with antibacterial wipes.

- D. Children are to take off shoes when playing on the rubber playground equipment. Children are not to climb on furniture or game tables.
- E. Lights must remain on when any residents are using the recreation areas. Lights and TVs must be turned off when leaving the recreation areas.
- F. Recreation area (including restroom) must be left in a clean and orderly state after each use. All toys, games, bean bags, and remotes must be returned to their appropriate space. Trash is to be discarded.
- G. Resident will notify supervisor of any damage or repair need in any of the recreation areas.

### **Hall Curfew Guidelines:**

Each family must adhere to the campus curfew; it is in place under the best consideration for stability and rest for the children. Curfews are a consideration for your hall neighbors and ensures steady one-on-one time with your children. Curfew allows you ample time to prepare for bed and your child to acquire a good night's sleep.

- A. Preschool and Elementary aged children are required to be in their suites with their parent by 8:30 pm on weeknights (Sun, Mon, Tues, Wed, Thurs).
- B. Middle School aged children are required to be in their suites by 9:00 pm on weeknights.
- C. High School aged children are required to be in their suites by 10:00 pm on weeknights.
- D. Weekend curfew (Friday and Saturday) is 12:00 midnight. All residents must be in their suites by this time.
- E. Letting other residents in after curfew times is prohibited and is grounds for dismissal from the program. Only a supervisor can allow residents inside after curfew times (offense requires a resident meeting with the Program Director and/or the Executive Vice President).
- F. In case of emergency after 9:00 pm (i.e., working late, car issues), notify the Supervisor on call.
- G. Scheduled exceptions (i.e., school activity, travel) and special schedules will be considered with at least 24 hour written notice to your hall supervisor.
- H. Residents will have no overnight stays off campus for the first 90 days of residence in the Family Care Program. Exceptions due to emergency or family needs may be approved by the Program Director or Executive Vice President. Children are exempt from this guideline.
- I. Residents spending any nights off campus or traveling must complete the appropriate Overnight Absence form at least 24 hours prior to absence for approval from the supervisor. If an emergency requires an overnight absence during the 90-day probationary period, an Overnight Absence form must be filled out and approved by the FC Program Director or Executive Vice President.
- J. Parents and children **MUST SHOW RESPECT to all hall supervisors, HHC staff, and residents living on HHC campus.** Rebellious or defiant attitudes, abusive language, lying and deliberate noncompliance to requests and regulations will not be tolerated and are grounds for dismissal from the program.

### **On-Campus Visitor Guidelines:**

Visitors are not allowed on the campus or residence halls without the approval of the hall supervisor, Program Director, or Executive Vice President. **No male visitors will be permitted on campus at any time** except for the children's grandfather, a resident's grown son or a resident's brother, and these must receive prior approval. HHC FC program encourages family visitation, but it must take place off campus.



- A. Any visitor on campus must sign a liability release prior to visit. If the visitor is under 18, a parent/guardian must complete. If a person does not wish to sign release, they or their children cannot be on campus.
- B. No visitors are allowed on the residence halls without supervisor approval.
- C. No visitors are allowed on the residence hall on weeknights after 8:00 pm.
- D. No visitors are allowed on the residence hall on weekends after 11:30 pm.
- E. No overnight visitors allowed during the 90-day probation period.
- F. Resident must complete the Overnight Guest Form for each overnight visitor at least 24 hours before the visit. Overnight Guest Form is to be given to the supervisor for approval.
- G. Frequent visitors over age 18 will be required to submit to a Criminal Background check. A Criminal Background check for any guest can be requested at any time by the Supervisor.
- H. No child of any age will be allowed to have overnight visitors without the parent present.
- I. Dating teens may have guests in the common area only when supervised by the parent.

### **Child Care Guidelines:**

Children **MUST** always be supervised. This is to be the sole responsibility of the parent. HHC places a high priority on the safety and welfare of the children who are in this program. There will be no exceptions for unsupervised children. The regulations below must be adhered to explicitly. HHC has referral resources for daycare, and you can contact your hall supervisor if assistance is needed.

- A. Each parent must secure childcare for their child(ren) off campus.
- B. Personal babysitters are not allowed to care for children on campus.
- C. Elementary age children are to be supervised while on the playground or outside. Middle and High school aged children may enjoy the park area independently with regular oversight by parent.
- D. Residents **MAY NOT** leave their child with another resident for babysitting. Parents are responsible for the care and welfare of their own child(ren); infractions are grounds for dismissal from the program.
- E. Family Care and Basic Care children visiting in one another's home is prohibited unless approved by Administrator of Programs and Family Care Program Director in advance. It is the parents responsibility to make certain children are adhering to this policy.

### **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 beneficial to family success. Family care residents are expected to:

- A. Respect the right of others, physically, emotionally, and spiritually.
- B. Teach children to respect others.
- C. Improve themselves and their children morally and spiritually.
- D. Families are encouraged to attend and become active in a local church.
- E. Teach the principle of serving others by becoming active in a church ministry or program that amplifies this in the community.

### **FC Program Exit Guidelines:**

Residents will exit as they achieve their goals, decide to exit, or are asked to exit because of ongoing misconduct or inability to adhere to program guidelines.

- A. Residents who disregard guidelines or a request by Supervisor or other HHC staff will have a report initiated by the Supervisor and placed in the resident's file. Repeated offenses or ongoing noncompliance with program requirements will necessitate a meeting with the resident, Supervisor(s), FC Program Director, and/or Executive Vice President.
- B. Residents who are requested to exit must vacate in the time frame given. Time frame for moving out is at the Vice President and/or Program Directors discretion (typically 72 hours dependent on adhering to program guidelines, respecting others, etc.). If threats or disruptive behaviors occur, residents will be required to vacate immediately.
- C. As residents achieve their intended goal, or decide they are ready to leave the FC program, a discharge plan meeting will be scheduled with the resident, supervisor, and FC Program Director. Resident will be given a confidential Exit Survey and will receive \$25 upon returning the sealed survey and keys to the supervisor or FC Program Director.