HENDRICK HOME FOR CHILDREN
INTAKE & APPLICATION FOR ADMISSION

A. <u>IDENTIFYING DATA:</u>

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. <u>BIOLOGICAL PARENTS OF CHILD:</u>

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. <u>FAMILY BACKGROUND:</u>

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. <u>DEVELOPMENTAL HISTORY OF CHILD:</u>

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:

_____

_____

6. DID THE MOTHER TAKE ANY MEDICATIONS DURING THE PREGNANCY?: _____

   DID THE MOTHER USE ANY DRUGS, DRINK ALCOHOL, OR SMOKE CIGARETTES?

_____

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

_____

_____

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

_____

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

_____

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:

_____

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:

_____

_____

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.)

    _____

    _____

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:

    _____

    _____

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

    _____

    _____

18. AGE CHILD WALKED:_____TALKED:_____

    COMPLETED TOILET TRAINING_____

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

    _____

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

    _____ AT WHAT AGE DID THIS STOP?_____

G. <u>MEDICAL HISTORY OF CHILD:</u>

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

    _____

    _____

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

   _____

   _____

   DATE OF LAST SEIZURE:_____MEDICATION:_____

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

   _____

   _____

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

   _____

   WERE THESE MEDICATIONS EFFECTIVE?_____

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

   _____

6. LIST ANY CHRONIC HEALTH PROBLEMS:_____

7. LIST ANY KNOWN ALLERGIES:_____

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

   _____

9. DOES ANY FAMILY MEMBER HAVE A HISTORY OF:

TUBERCULOSIS	Y/N	*BREAST CANCER*	Y/N
DIABETES	Y/N	*OTHER CANCER*	Y/N
HEART DISEASE	Y/N	*HIGH BLOOD PRESSURE*	Y/N

10. DOES THE CHILD HAVE A HISTORY OF:

TUBERCULOSIS	Y/N	*FREQUENT HEADACHES*	Y/N
DIABETES	Y/N	*CANCER*	Y/N
HEART/LUNG PROBLEMS	Y/N	*MENSTRUAL ABNORMALITIES*	Y/N
HIGH BLOOD PRESSURE	Y/N	*BOWEL/STOMACH TROUBLE*	Y/N
URINARY TROUBLE	Y/N	*JOINT TROUBLE*	Y/N
MUSCLE WEAKNESS	Y/N		
UNUSUAL WEIGHT LOSS	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. <u>EDUCATIONAL HISTORY OF CHILD:</u>

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 DISABILITES? 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?

_____

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

_____

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

_____

13. CHILD'S BEST OR FAVORITE SUBJECT:_____

I. <u>RECREATIONAL ACTIVITIES OF CHILD:</u>

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

_____

J. <u>RELIGION:</u>

1. IS THE CHILD A MEMBER OF A CHURCH?_____
2. NAME OF MINISTER AND CHURCH:_____

K. <u>GOALS OF PLACEMENT:</u>

1. IMMEDIATE GOALS:_____

_____

2. LONG-TERM GOALS:_____

_____

L. <u>VISITATION:</u>

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

_____

_____

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

_____

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