

Missouri Baptist Children's Home
APPLICATION FOR PLACEMENT
 (Confidential)

Please Circle Campus where services are requested:

Main Campus 11300 St. Charles Rock Road Bridgeton, MO 63044 (314) 739-6811	Byrne Campus P. O. Box 447 Peculiar, MO 64078 (816) 779-5173	Hutchens Campus P. O. Box 568 Mt. Vernon, MO 65712 (417) 466-7844	Dalton Campus Route 4, Box 917 Lamar, MO 64579 (417) 466-7844	McMikle Campus 604 W. Washington East Prairie, MO 63845 (573) 649-2800
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Please Circle Kind of Service Requested: Residential Crisis Care Crisis Pregnancy Transitional Living

Person Completing Application: _____

Relationship: _____ Date: _____

Referral Source: _____

GENERAL INFORMATION:

Give the following information for children in need of placement:

	FULL NAME	Birthplace	DOB & Age	Race	Social Security Number
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Name/address of person child is currently living with:

Name _____ Telephone _____

Address _____ City, State, Zip _____

Name of legal guardian _____ Telephone _____

Address _____ City, State, Zip _____ County _____

INFORMATION ABOUT THE FAMILY:

(circle one)

A. Natural/Adoptive Father (*Full Name*) _____

Address _____ Social Security # _____

City, State, Zip _____ Telephone (Home) _____

B. Natural/Adoptive Mother (*Full Name*) _____

Maiden Name _____

Address _____ Social Security # _____

City, State, Zip _____ Telephone (Home) _____

FAMILY INFORMATION (CONT.):

C. Natural Parents:

Adoptive Parents (if applicable):

Ever Married? Yes No If yes, what date? _____ Ever Married? Yes No If yes, what date? _____
Divorced? Yes No If yes, what date? _____ Divorced? Yes No If yes, what date? _____
Separated? Yes No If yes, what date? _____ Separated? Yes No If yes, what date? _____
Father deceased? Yes No If yes, what date? _____ Father deceased? Yes No If yes, what date? _____
Cause of death _____ Cause of death _____
Mother deceased? Yes No If yes, what date? _____ Mother deceased? Yes No If yes, what date? _____
Cause of death _____ Cause of death _____

D. If parents have divorced and remarried, list current spouses:

Step-father (*full name*) _____
Address _____ City, State, Zip _____
Step-mother (*full name*) _____
Address _____ City, State, Zip _____

E. Siblings not seeking placement: (Attach another page if necessary.)

Full Name	Address	DOB
1. _____	_____	_____
2. _____	_____	_____

F. Names and addresses of grandparents:

G. Parent's Health History:

Natural Parents _____

Adoptive Parents (if applicable) _____

RELIGIOUS INFORMATION:

Child's current church _____
Address _____
City _____ State _____ Zip _____
Phone _____ Pastor _____
Do you attend church regularly? Yes No

SCHOOL HISTORY:

Child's current school _____ GED? _____

Address _____ City, State, Zip _____

Grade level _____ Has child failed a grade? Yes No If yes, which ones? _____

Is child in Special Education? Yes No Self-Contained? Yes No

Generally, what kind of grades does child make? A B C D F

Does child have an active Individualized Educational Plan? (IEP) Yes No IQ (if known) _____

Chronologically list schools attended: check those in which there were problems. Explain in Social History.

I hereby give permission for my child's school records to be reviewed by the potential receiving school prior to the formal intake decision. I also give permission for Missouri Baptist Children's Home to share pertinent information from my child's social history with the school as needed.

Signature _____

MEDICAL/HEALTH:

List any health problems, handicaps, allergies, or general medication of children: Birth Control Yes No

(PRESCRIBED BY PSYCHIATRIST)

**NAME OF PSYCHOTROPIC MEDICATION
CHILD IS CURRENTLY TAKING**

DOSAGE

**NAME OF PSYCHOTROPIC MEDICATION
CHILD HAS TAKEN IN PAST**

DOSAGE

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

BEHAVIOR REQUIRING JUVENILE INTERVENTION:

CHARGES FILED (theft, truancy, etc.) other than runaway

Date

JUVENILE OFFICER

PHONE

1. _____

2. _____

3. _____

EMOTIONAL/PHYSICAL/SEXUAL TRAUMA:

Has child incurred any emotional abuse? Yes No

Has child incurred any physical abuse? Yes No If so, please explain in social history.

Has child ever been the victim of known/suspected sexual molestation? Yes No If yes, please explain in social history.

Has child ever sexually molested anyone? Yes No If yes, please explain in social history.

Has child had any known or suspected sexual activity? Yes No

If yes, with what age and gender? _____

Any known pregnancies? Yes No If yes, what were the results? _____

DRUG/ALCOHOL HISTORY:

Please provide a summary of this child's drug/alcohol use to date. Which drugs, how often, how long, etc.?

CHILD'S BEHAVIORS:

Has child ever run away? Yes No If yes, how many times? _____ With Others? Yes No

How long is child generally gone? _____

How does child survive when gone? _____

Does child usually turn self in? Yes No

Has child ever attempted suicide? Yes No If yes, explain in social history.

Has child had a history of self-mutilation? Yes No If yes, explain in social history.

Any history of setting fires? Yes No If yes, explain in social history.

Any history of aggressive physical behavior? Yes No If yes, explain in social history.

Any history of aggressive verbal behavior? Yes No If yes, to whom? _____

What kinds of things make child angry, and how does child react? _____

HABITS OR PROBLEMS: (PLEASE CHECK)

Overactive	_____	Short Attention Span	_____	Tobacco	_____
Withdrawn	_____	Fearful of Others	_____	Hypochondria	_____
Nightmares *	_____	Temper Tantrums	_____	Truancy (skipping school)	_____
Soils Pants or Bed	_____	Sudden Mood Swings	_____	Follower	_____ (positive _____ negative _____)
Eating Disorders *	_____	Wets Pants or Bed	_____	Leader	_____ (positive _____ negative _____)
Flashbacks *	_____	Rebellious	_____	Other	_____

* *If yes, explain in Social History*

SOCIAL HISTORY QUESTIONS:

Describe specific behaviors (i.e. runaway, theft, discipline problems) that are presently prompting placement:

PLACEMENT AND TREATMENT HISTORY:

PLEASE LIST ALL PLACEMENTS OUTSIDE OF HOME: (include family, relatives, adoptive, agencies, hospitals, etc.)

On a scale from one to ten, please rate the helpfulness of the placements. (1 is not helpful – 10 is very helpful)

CHRONOLOGICAL PLACEMENT HISTORY PLACEMENT	BEGAN MONTH/YEAR	ENDED MONTH/YEAR	REASON FOR ENDING PLACEMENT	RATING
1. CURRENT				
2. PREVIOUS				
3. PREVIOUS				
4. PREVIOUS				
5. PREVIOUS				
6. PREVIOUS				
7. PREVIOUS				
8. PREVIOUS				

LIST ANY ADDITIONAL SERVICES THE CHILD AND/OR FAMILY HAVE RECEIVED IN THE PAST:
(include hospitalizations, psychological, psychiatric, social services - public or private, etc.)

AGENCY	CONTACT PERSON	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

FINANCIAL INFORMATION (only applies to privately placed clients)

PLEASE INCLUDE DOCUMENTATION TO SHOW GROSS INCOME.

Father/Guardian's Employer: _____ Occupation: _____

Employer's Address: _____ Phone: _____

Mother/Guardian's Employer: _____ Occupation: _____

Employer's Address: _____ Phone: _____

Client's Employer: _____

TOTAL HOUSEHOLD INCOME: \$ _____ CHILD SUPPORT: _____ SSI/VA _____

How much can you contribute to your child's support while at Missouri Baptist Children's Home? \$ _____

Final amount will be determined at intake.

INSURANCE INFORMATION:Do you have medical or dental insurance on your child? Yes No

Type of Coverage _____ Company _____

Policy No. _____ Group No. _____

MISCELLANEOUS INFORMATION:Can you provide clothing? Yes No Transportation for family contacts? Yes No