



Residential Care Placement Application

Which Location Are You Applying: (please check one)	
<input type="checkbox"/> Boles Campus 7067 Peace, Quinlan, TX 75474 (903) 883-2088; fax (903) 883-4530	<input type="checkbox"/> Medina Campus 21300 State Hwy 16 N, Medina, TX 78055 (830) 522-2200; fax (830) 589-7140

I. CHILD'S INFORMATION				
Name: (Last, First, Middle)				
Street Address				
Apt/ Unit #		County		City
State		Zip		
Home phone #		Daytime Phone #		Cell Phone #
Ok to leave message Y/N		Ok to leave message Y/N		Ok to leave message Y/N
Social Security #		Date of Birth	Age	Gender
Birth Place		City	County	State
Country				
Hair Color		Eye Color	Height	Weight
Race				
Brief description for need of placement:				

II. Legal Custody			
Identify all who have legal custody of applicant. For Verification, please provide documentation (i.e. divorce decree, custody paperwork, ect)			
<input type="checkbox"/> Biological Parents	<input type="checkbox"/> Biological Mother Sole Custody	<input type="checkbox"/> Biological Father Sole Custody	<input type="checkbox"/> Managing Conservator
<input type="checkbox"/> Adoptive Parents	<input type="checkbox"/> CPS custody	<input type="checkbox"/> Grand parents	<input type="checkbox"/> Possessory Conservator
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

III. Family Information	
A. Biological/ Adoptive Mother:	
Home Phone:	Cell #: Work:
Address:	Social Security #:
City/Zip:	Email:
Age:	Marital Status: (Explain)

B. Biological/ Adoptive Father:	
Home Phone:	Cell #: Work:
Address:	Social Security #:
City/Zip:	Email:
Age:	Marital Status: (Explain)

C. Step parent/Guardian:	
Home Phone:	Cell #: Work:
Address:	Social Security #:
City/Zip:	Email:
Age:	Marital Status: (Explain)

D. Step parent/Guardian:	
Home Phone:	Cell #: Work:
Address:	Social Security #:
City/Zip:	Email:
Age:	Marital Status: (Explain)

E. Significant Other/Relative:	
Home Phone:	Cell #: Work:
Address:	Social Security #:
City/Zip:	Email:
Age:	Marital Status: (Explain)

F. Significant Other/Relative:	
Home Phone:	Cell #: Work:
Address:	Social Security #:
City/Zip:	Email:
Age:	Marital Status: (Explain)

G. Sibling Information:					
Name	Address (if not living in same household as Child)	Involved in Child's life Yes Or No	Gender	Age	Telephone Number

IV. BACKGROUND INFORMATION
A. Have you ever applied to one of our campuses? Please list date(s) and outcome of application.

B. Has the child resided outside of the home previously? If so, please indicate the number of out of home Placements, why the child was placed outside of the home, where the child was placed, and the length of time.
Date of discharge from most recent out of home placement:
Name of facility:
Reason for discharge:
Any additional information:

C. Has the child ever been adopted? If so, when? Please give details.

D. Has the child ever been in foster care or under CPS care? If so, when? Please give details.

E. Has the child ever been admitted to the following?								
<table border="0"> <tr> <td>_____ Children's Shelter</td> <td>_____ Residential Treatment Center</td> </tr> <tr> <td>_____ Children's Home</td> <td>_____ TYC</td> </tr> <tr> <td>_____ Substance Abuse Treatment</td> <td>_____ Boot Camp</td> </tr> <tr> <td>_____ Psychiatric Hospital</td> <td>_____ Incarcerated</td> </tr> </table>	_____ Children's Shelter	_____ Residential Treatment Center	_____ Children's Home	_____ TYC	_____ Substance Abuse Treatment	_____ Boot Camp	_____ Psychiatric Hospital	_____ Incarcerated
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_____ Children's Home	_____ TYC							
_____ Substance Abuse Treatment	_____ Boot Camp							
_____ Psychiatric Hospital	_____ Incarcerated							
If so, please list dates and give details.								
Can you provide a discharge summary?								

F. Has the child been in the custody of the courts? If so, explain why and where (please give dates):

G. Has the child been arrested before? If so, please explain. Is the child on probation? If so, please include JPO contact information and probationary terms.

H. Does the child have problems with bed wetting? If so, list how recently and how often. Is the child on any medication for this? Does the child have a problem with soiling?

I. Does the child have a history of running away? Please give details.
How Many times? Was any runaway incident longer than 24 hours in time?
Did they return on their own?

J. Is the child currently, or has the child been sexually active in the past? If Yes, have they been tested for STDs or Pregnancy? Results?

K. Is there a history of fire setting? Please explain.

L. Is there a history of aggression? Please explain.
What does this look like? (i.e. verbal aggression, verbal threats, throwing things, slamming doors, hitting others, etc)

M. Is the child considered a danger to others? Please explain.
Has anyone ever voiced concerns of safety of others around this child? Please explain.

N. Is the child considered a danger to self? Please explain.
Does this child have a history of self harm behaviors?
<input type="checkbox"/> Cutting <input type="checkbox"/> Suicide Threats <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Hospitalization for suicidal statements <input type="checkbox"/> Hospitalization for suicidal acts
Other: _____ <input type="checkbox"/> Ever spoken about suicide <input type="checkbox"/> Any family history of suicide <input type="checkbox"/> Hospitalization for any psychological reason(s)
Please explain examples of attempt(s), dates, frequency and length of all incidents or stay in hospital(s).
Can you provide a discharge summary?

V. ABUSE/NEGLECT HISTORY
Does the child have a history of the following?
<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Abandonment <input type="checkbox"/> Human Trafficking
Please elaborate.

VI. SUBSTANCE ABUSE HISTORY				
Is there a history of :				
How Often? (key)	1 - Trial	2 - Daily	3 - Weekly	4 -Monthly
_____ Alcohol	1 / 2 / 3 / 4	_____ Tobacco Products, including vaping	1 / 2 / 3 / 4	
_____ Cocaine/Crack	1 / 2 / 3 / 4	_____ Marijuana	1 / 2 / 3 / 4	
_____ Inhalants	1 / 2 / 3 / 4	_____ Abuse of Prescription Drugs	1 / 2 / 3 / 4	
_____ Methamphetamines	1 / 2 / 3 / 4	_____ Xanax	1 / 2 / 3 / 4	
_____ Ecstasy	1 / 2 / 3 / 4	_____ K-2	1 / 2 / 3 / 4	
For each item checked list frequency of usage per day/week/month:				
Any Treatment/classes taken? Please Explain				

VII. PSYCHOLOGICAL INFORMATION	
A. Has the child ever been diagnosed with the following?	
_____ Insomnia by Dr. _____	_____ Obsessive-Compulsive Disorder by Dr. _____
_____ ADD by Dr. _____	_____ Eating Disorder by Dr. _____
_____ ADHD by Dr. _____	_____ Schizophrenia by Dr. _____
_____ Depression by Dr. _____	_____ Psychosis by Dr. _____
_____ Bipolar Disorder by Dr. _____	_____ Oppositional-Defiant Disorder by Dr. _____
_____ Attachment Disorder by Dr. _____	_____ Conduct Disorder by Dr. _____
_____ Enuresis Or Encopresis by Dr. _____	_____ Other: _____
If so, Please explain:	

B. Has the child been prescribed any psychotropic medications? If so, please list the medication and dosage.

C. Please provide a copy of any psychological and /or psychiatric evaluations. Please indicate date and type of the most recent evaluation.
What is the child's IQ?
What is the child's GAF score?
Do you have a copy of WHODAS report?
Has the child ever been diagnosed MR?

VIII. MEDICAL INFORMATION/HISTORY	
A. Does the child have a diagnosis or suspected health condition or disability? Describe the condition and treatment required.	

B. Please list all allergies. Include allergies to drugs, food, latex, and any severe allergies. Explain what this looks like in your child and the current action plan/ treatment plan.

C. Is there a history of any serious medical conditions or ongoing medical issues including but not limited to the following :
<input type="checkbox"/> Mental Retardation <input type="checkbox"/> Seizures frequency ___ daily ___ weekly ___ monthly ___ other <input type="checkbox"/> Head Injuries date of injury _____ treatment _____ <input type="checkbox"/> Sexually Transmitted Disease treatment _____ <input type="checkbox"/> Diabetes ___ Type I ___ Type II <input type="checkbox"/> Heart Murmur <input type="checkbox"/> _____ Other <input type="checkbox"/> _____ Other
If yes or other health conditions, please explain in detail.

D. List any medical/physical impairments, i. e. glasses, contacts, hearing aids, etc.

E. Is the child under orthodontic care? If yes, with which dentist or orthodontist and please provide contact information

F. If the child is currently on any medications, please provide the following :
All medicine and dosages(please list the reason the medication is prescribed):

G. Has the child been tested for :
<input type="checkbox"/> Hepatitis B date: _____ results _____ <input type="checkbox"/> AIDS date: _____ results _____ <input type="checkbox"/> Tuberculosis date: _____ results _____ <input type="checkbox"/> Hepatitis C date: _____ results _____

H. Please give the following prenatal information regarding the child:
Normal Pregnancy? Yes or No
Normal Delivery? Yes or No
Please explain any problems _____

-	Did the mother drink alcohol or take drugs during the pregnancy? To what extent? _____	Yes	or	No
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I. Please give the following developmental history information regarding the child.	
Began walking at age: _____	Began talking at age: _____
Began school at age: _____	
Any suspected or diagnosed neurological problems? Please explain.	

J. Please provide the following Insurance information:	
Medical Insurance	
Name of Insurance: _____	
Policy Holder's Name: _____	
Policy Number : _____	Group Number: _____
Dental Insurance	
Name of Insurance: _____	
Policy Holder's Name: _____	
Policy Number : _____	Group Number: _____
Vision Insurance	
Name of Insurance: _____	
Policy Holder's Name: _____	
Policy Number : _____	Group Number: _____
Any additional Insurance	
Name of Insurance: _____	
Policy Holder's Name: _____	
Policy Number : _____	Group Number: _____

IX. EDUCATION INFORMATION	
A. Name, address and phone number of child's current school:	
Is the child currently attending school?	Is child tardy to class?
Current grade level: _____	Is the child in Resource classes or Special Education?
Is the Child in Alternative school or In School Suspension? If so, please explain and indicate length of time:	
Days missed of school?	Truancy Issues?
OR is the child home schooled?	Curriculum used?

Grade level currently working on?	Can you provide a transcript?
Additional information:	

B. School History		
Has the child been a discipline problem at school? If so, explain.		
Has the child ever been suspended from school? If so, explain.		
What is the child's attitude towards school and teachers?		
How is the child doing academically? What grades does the child typically make?		
List ALL previous school attended	Dates attended	Grades earned & special achievements

X. RELIGIOUS INFORMATION		
Child's church preference:		
Church name & location:		
Minister's name & phone number:		
Has the child been baptized?		
If so, when and where was the baptism?		
How many times per week does the child attend church functions?		
Does the child actively participate in a youth group?		

XI. OTHER INFORMATION		
Please note any other information that would help in serving the child (use additional pages if needed).		
If your child is accepted at one of our Arms of Hope locations, what are your expectations?		
What are some things that you would like to see your child work on?		
How does the child feel about placement?		
How did you hear about Arms of Hope?		

Who referred you?

While your child is placed in residential care, do you or your family members plan on receiving counseling services, or other outpatient resources?"

Required financial information needed during the application process.

- Gross Family Income/Salary \$_____ Weekly
\$_____ Monthly
\$_____ Annually

- Please attach a Photo Copy of Guardians Driver's Licenses
- Please attach a Copy of Child's current shot records

- Please attach a Photo copy of Child's Birth Certificate
- Please attach a Photo copy of Child's Social Security Card
- Note you will be asked to provide the child's school withdraw record upon placement at Arms of Hope location