



P O Box 2070  
Cullman, AL 35056  
256-734-6720  
256-734-6721 (fax)

### PRIVATE PLACEMENT ADMISSION APPLICATION

The information requested below is designed to determine the needs of your child, and to determine if Childhaven will be a good fit for your child. Please answer each question in as complete a manner as possible. Missing information could result in an admission decision delay. Should you have questions, please call at the number above and ask for the intake counselor.

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

Name of person filling out application: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Are you the parent or legal guardian? \_\_\_\_\_

#### GENERAL INFORMATION:

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ child email: \_\_\_\_\_ facebook page? \_\_\_\_\_

Last Grade completed: \_\_\_\_\_

Weight: \_\_\_\_\_ Color of eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Race: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_ Religious preference\*: \_\_\_\_\_

\* Note: All children in placement and all staff attend and participate in worship activities at Churches of Christ. All applicants should make application with this awareness, and submission of this application is indication of acceptance of this policy.

#### REFERRAL INFORMATION:

Name of parent / legal guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_ facebook page? \_\_\_\_\_

Child being referred by: \_\_\_\_\_ parent \_\_\_\_\_ church \_\_\_\_\_ school \_\_\_\_\_ hospital \_\_\_\_\_ court \_\_\_\_\_ government agency, which one? (DHR, Child Protection Services, Juvenile Probation

office): \_\_\_\_\_  
Name of person making referral: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Is the child a ward of the state? \_\_\_\_\_

Please describe in detail the child's involvement with the courts, juvenile probation office, Department of Human Resources, Child Protection Services, or other involvement in the legal system:

Please describe any concerns or founded history of the child's drug, tobacco, or alcohol use:

**SCHOOL INFORMATION:**

Is child currently in school? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, give last date in school:

\_\_\_\_\_

Grade last completed: \_\_\_\_\_ School last attended:

\_\_\_\_\_

School Address: \_\_\_\_\_

Is child receiving special education service? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach latest IEP.

Is child out of school due to pending disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

Describe other school behavior issues:

FAMILY INFORMATION:

M o t h e r ' s            N a m e :            ( i n c l u d e            m a i d e n            n a m e ) :

Relation: \_\_\_\_ birth parent \_\_\_\_ adoptive parent \_\_\_\_ step parent \_\_\_\_ other

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone:

Employer name and address: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Relation: \_\_\_\_ birth parent \_\_\_\_ adoptive parent \_\_\_\_ step parent \_\_\_\_ other

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone:

Employer name and address: \_\_\_\_\_

Email: \_\_\_\_\_

Are Mother and Father currently: \_\_\_\_ married \_\_\_\_ separated \_\_\_\_ divorced \_\_\_\_ never married

In case of divorce, who is the non-custodial parent of referred child?

List all siblings and give age: \_\_\_\_\_

A r e    s i b l i n g s    a t    h o m e ?            I f    n o t ,    w h e r e ?

With whom is the child now living? \_\_\_\_\_

MEDICAL INFORMATION

Please include a copy of the AL Certificate of Immunization IMM 50 (Blue Slip) immunization form.

Please describe the applicant's present health condition:

Primary Physician / Family Doctor, provide name and contact information:

\_\_\_\_\_

\_\_\_\_\_

Is applicant currently being treated for any illness or disorder? (list)

Taking any medications? (list)

Any mental health disorders / diagnosis? Describe:

Has the child been hospitalized for Mental Health Treatment? When / Where:

IQ if known: \_\_\_\_\_

Does the applicant have any medical history of the following (check and explain)

Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ Visually Impaired \_\_\_\_\_  
 Hyperactive \_\_\_\_\_ Hearing Impaired \_\_\_\_\_ Hormone Imbalance \_\_\_\_\_  
 Menstrual Irregularities \_\_\_\_\_ Bulimia / Anorexia \_\_\_\_\_  
 High Blood Pressure \_\_\_\_\_ Asthma \_\_\_\_\_ Heart disease \_\_\_\_\_  
 Bedwetting \_\_\_\_\_  
 Any allergies? \_\_\_\_\_

Describe why you are seeking placement at Childhaven:

**VISITING PERSONS**

List all relatives, persons, and / or agencies who might visit the child.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List all who may NOT visit the child:

\_\_\_\_\_

\_\_\_\_\_

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Whom should we notify or call in the case of emergency or to discuss issues regarding the child?  
Please provide contact information. \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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