

**INSTRUCTIONS:** Please complete as much of the information on the application as possible. Leave blank any information you are unsure of, or do not have available. The application may be returned in person at the time of your appointment. You may also return the application via Secure Fax to (704)871-1769 prior to your appointment.

TO (Name of Agency): Barium Springs Home for Children

FROM (person/agency making application) \_\_\_\_\_

This complete application, with supporting documentation, provides the information necessary to decide whether to admit the child. If the child is admitted, the documents relating specifically to admission will be required.

If additional space is needed for any question, add an extra sheet or write on the back of the application; be sure to give question number for reference.

**I. FAMILY INFORMATION**

**CHILD:**

- 1. Name: \_\_\_\_\_  
Last First Middle
- 2. Prefers to be called: \_\_\_\_\_
- 3. Date of Birth: \_\_\_\_\_
- 4. Verified? Yes ( ) No ( )
- 5. Sex: ( ) Male ( ) Female
- 6. Race: \_\_\_\_\_
- 7. Social Security No. \_\_\_\_\_
- 8. Place of Birth:(City) \_\_\_\_\_  
(County): \_\_\_\_\_ State or Country: \_\_\_\_\_
- 9. Currently Living with: Biological Parent (s) ( ) Relative ( ) Foster Family ( ) Other Specify ( )

**BIOLOGICAL PARENTS:**

- 10. Father's Name: \_\_\_\_\_  
Last First Middle
- 11. Social Security No. \_\_\_\_\_
- 12. Address: \_\_\_\_\_
- 13. Phone No. \_\_\_\_\_
- 14. Date of Birth: \_\_\_\_\_
- 15. Date of Death: \_\_\_\_\_
- 16. Marital Status: \_\_\_\_\_
- 17. Mother's Name: \_\_\_\_\_  
Last First Middle
- 18. Social Security No.: \_\_\_\_\_
- 19. Address: \_\_\_\_\_
- 20. Phone No. \_\_\_\_\_
- 21. Date of Birth: \_\_\_\_\_
- 22. Date of Death: \_\_\_\_\_
- 23. Marital Status: \_\_\_\_\_

**CURRENT PARENTAL RELATIONSHIPS:** (The person(s), if other than biological parents, who will be working in a parental capacity with child while in care):

- 24. Father's Name: \_\_\_\_\_  
Last First Middle
- 25. Social Security No. \_\_\_\_\_
- 26. Date of Birth: \_\_\_\_\_
- 27. Relationship to Child: Step( ); Adoptive( ); Other Specify \_\_\_\_\_
- 28. Address: \_\_\_\_\_
- 29. Phone No. \_\_\_\_\_
- 30. Mother's Name: \_\_\_\_\_  
Last First Middle
- 31. Social Security No. \_\_\_\_\_
- 32. Date of Birth: \_\_\_\_\_
- 33. Relationship to Child: Step( ); Adoptive( ); Other Specify \_\_\_\_\_
- 34. Address: \_\_\_\_\_
- 35. Phone No. \_\_\_\_\_
- 36. Have proceedings been initiated to terminate parental rights for this child's Mother ( ) Father ( )  
If "yes", give the date of the final order terminating parental rights:  
of the mother ( ) of the father ( )
- 37. Has this child been adopted? ( ) If "yes" give date(s) of the final adoption order (s): \_\_\_\_\_

**38. CHILD'S SIBLINGS** (Include all half siblings, step siblings, adoptive siblings)

|            |                     |                    |                              |
|------------|---------------------|--------------------|------------------------------|
| Name _____ | Date of Birth _____ | Relationship _____ | Presently Living With: _____ |
|------------|---------------------|--------------------|------------------------------|

Page 2 of 4 Child's Name: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. CUSTODY**

39. Name of Legal Custodian: \_\_\_\_\_ 40. Phone No. \_\_\_\_\_

41. Address: \_\_\_\_\_

42. Name of Contact Person: \_\_\_\_\_ 43. Phone No. \_\_\_\_\_

44. Is a "Voluntary Placement Agreement" in effect? (\_\_\_\_\_) If "yes, give expiration date: \_\_\_\_\_

45. Check if there is any (\_\_\_\_\_) physical, (\_\_\_\_\_) medical, (\_\_\_\_\_) developmental, (\_\_\_\_\_) psychological problem which will require special attention in caring for this child. Attach a description of each problem checked.

46. Name any medications this child is now taking, and for what condition(s): \_\_\_\_\_

47. Name of child's physician: \_\_\_\_\_ 48. Phone No. \_\_\_\_\_

49. Address: \_\_\_\_\_

50. Name of child's dentist: \_\_\_\_\_ 51. Phone No. \_\_\_\_\_

52. Address: \_\_\_\_\_

**III. EDUCATIONAL INFORMATION**

(If this form is completed between school terms, please give the information pertaining to the previous school year. If assistance is needed in completing the form, please consult the child's school.)

53. Assigned School Grade (\_\_\_\_). In which grade (s) has the child been retained? (\_\_\_\_\_)

54. Attach copy of the child's report card for the latest reporting period.

55. School performance this year is: (\_\_\_\_\_) Better than; (\_\_\_\_\_) Equal to; (\_\_\_\_\_) Poorer than previous year.

56. Education setting: Regular Class (\_\_\_\_); Special Education (\_\_\_\_); Other (Specify): \_\_\_\_\_

57. Has child been classified as "special needs" under PL 105-17? (\_\_\_\_) If "yes" circle classification (s):

AU BED C/B HI EMD TMD SPD MU OI OHI SLD SLI VI

58. Child's appointed Surrogate Parent: Name: \_\_\_\_\_

59. Phone No. \_\_\_\_\_ 60. Address: \_\_\_\_\_

61. Name of Current/last school attended: \_\_\_\_\_

62. Phone: \_\_\_\_\_ 63. Address: \_\_\_\_\_

64. School Transcript: Attached: (\_\_\_\_); Promised by date: \_\_\_\_\_

65. Latest Evaluation Information:

Achievement Evaluation (ex: Woodcock Johnsibm etc.)

Date: \_\_\_\_\_ Assessment/Test: \_\_\_\_\_

Results: \_\_\_\_\_

Psychological Evaluation (ex: WISC-III, etc.)

Date: \_\_\_\_\_ Assessment /Test: \_\_\_\_\_

Results: \_\_\_\_\_

66. Attendance for current school year: # of days in attendance: \_\_\_\_\_ # excused absences: \_\_\_\_\_

# of unexcused absences (suspension, expulsion, truancy, etc.) (\_\_\_\_\_)

Explain: \_\_\_\_\_

67. Academic Strengths: \_\_\_\_\_

68. Academic weaknesses: \_\_\_\_\_

69. School behavioral strengths: \_\_\_\_\_

70. School behavioral weaknesses: \_\_\_\_\_

71. Recommended school information pertinent to this application: \_\_\_\_\_

72. Recommended educational plan/program (IEP), etc.): \_\_\_\_\_

\_\_\_\_\_

73. Other special needs/talents, including extra-curricular activities and interests: \_\_\_\_\_

74. Additional school information pertinent to this application: \_\_\_\_\_

#### IV. SOCIAL HISTORY

The following information will help agency staff understand the child's and family's needs and how best to meet these needs. If a written social history is available, it may be substituted for Section V (questions no. 75-85). Answer any of the questions below which are not addressed in the social history).

75. Tell what is going on in the family at this time. Describe the significant events which effect this family and child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

76. Give a brief description of this family's

a. Strengths: \_\_\_\_\_

b. Weaknesses: \_\_\_\_\_

77. Give a brief description of the child's

a. Strengths: \_\_\_\_\_

b. Weaknesses: \_\_\_\_\_

78. What and/or who make this child

a. Glad? \_\_\_\_\_

b. Sad? \_\_\_\_\_

c. Mad? \_\_\_\_\_

d. Fight? \_\_\_\_\_

e. Run? \_\_\_\_\_

79. From what agencies/professionals has the family sought or been given help? Specify services and results:

\_\_\_\_\_  
\_\_\_\_\_

80. What religious resources/support systems are available to this child and family? (Name/phone of contact person)

\_\_\_\_\_  
\_\_\_\_\_

81. Why must this child now live away from his/her parents? Attach description of previous out-of-home placement (s):

\_\_\_\_\_  
\_\_\_\_\_

82. Is there history of delinquent behavior? (\_\_\_\_\_)

(If yes, attach description including history of core involvement and a copy of any court order currently in effect)

83. Has application been made to have this child certified as "Willie M."? (\_\_\_\_) Date of Certification: \_\_\_\_\_

84. Is this child suicidal? (\_\_\_\_\_) If yes, attach history with description of attempts)

85. Identify the current needs of the child and family to which the agency is asked to respond: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. PLANNING**

(This section requires equal attention to the family and the child in answering the questions.)

86. What is the permanent plan for this child? \_\_\_\_\_

87. Is there a current need to revise the permanent plan? (\_\_\_\_\_) If "yes", explain: \_\_\_\_\_

88. State the goals toward which the family and child are working to achieve the permanent plan:  
\_\_\_\_\_  
\_\_\_\_\_

89. What specific services of the agency are being requested on behalf of this family and child:  
\_\_\_\_\_  
\_\_\_\_\_

90. How will the requested services help the family and child achieve their permanent plant? \_\_\_\_\_  
\_\_\_\_\_

91. Identify in the order of your priority all agencies to which this application is being made:  
(1) \_\_\_\_\_ (3) \_\_\_\_\_  
(2) \_\_\_\_\_ (4) \_\_\_\_\_

92. Give the name/role of other volunteers/professionals assigned to this child (Guardian ad Litem, Child Advocate, Court Counselor, etc.) \_\_\_\_\_  
\_\_\_\_\_

**VI. ATTACHMENTS**

93. For each agency being considered, refer to the respective page of the CFSA-NC Directory of Member Agencies to determine what additional documentation is required as supporting information to the application. The documents listed below are attached to this application as supporting information to assist in the planning for the named child and family:

- |          |          |
|----------|----------|
| a. _____ | e. _____ |
| b. _____ | f. _____ |
| c. _____ | g. _____ |
| d. _____ | h. _____ |

**VII. SIGNATURE (S)**

I (we), the undersigned, hereby apply to the **Barium Springs Home for Children** for services named above on behalf of the named child for whom I (we) hold legal custody and/or placement authority. I (we) certify that the information contained in this application and the attachments is true and accurate to the best of my (our) knowledge. I (we) agree to share additional information pertinent to this application as requested by the agency. I (we) also agree to cooperate with the agency and to support the plan of service to which we mutually agree.

Parent(s) or Legal Custodian: \_\_\_\_\_

Signature(s)

Printed Name(s): \_\_\_\_\_

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

Signature of Representative of Agency  
holding Voluntary Placement Agreement: \_\_\_\_\_ Date: \_\_\_\_\_