

# American Children's Home

## Application & Evaluation Form for Services

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Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Grade \_\_\_\_\_ Special Needs for School \_\_\_\_\_

Last School attended and address:

\_\_\_\_\_

Date of DSS Custody: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Does this child belong to an Indian Tribe: ( ) Yes ( ) No

Program ( ) Residential Program (5-18) ( ) P.A.L. (16-21) ( ) Emergency Care (5-18)  
( ) Traditional Foster Care (birth-21) ( ) Therapeutic Foster Care (3-18)  
( ) Diagnostic Assessment

Referral Made by: \_\_\_\_\_ County: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Phone #: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Currently Living With: \_\_\_\_\_

Purpose of Placement: Provide a safe, secure, structured environment. \_\_\_\_\_

Permanency Plan: \_\_\_\_\_

Parent Information: (optional)

Mother's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employment: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Parental Rights Terminated? (If yes, when?) \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employment: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Parental Rights Terminated? (If yes, when?) \_\_\_\_\_

Significant Other Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employment: \_\_\_\_\_

Siblings:

Name	Date of Birth	Relationship	Currently Living Situation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Past Services: DSS Basics\_\_\_ Family Preservation\_\_\_ Mental Health\_\_\_ Foster Home\_\_\_  
Residential Care\_\_\_ Training School\_\_\_ Wilderness Camp\_\_\_ Detention\_\_\_ Hospital\_\_\_

Placement History: (dates and address please)

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

Behavior Concerns:

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

Social/Family History:

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

Psychological / Psychiatric Evaluation DSM IV:

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

Individual Counseling Needed: \_\_\_\_\_

Health Factors- (Seizures, Diabetes, Known Allergies)

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Current Medications (list) \_\_\_\_\_

Juvenile Justice Involvement- Undisciplined \_\_\_\_\_ Delinquent \_\_\_\_\_ Charges Pending \_\_\_\_\_ Probation \_\_\_\_\_

Legal Issues:

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Relevant Factors- Religious \_\_\_\_\_ Racial \_\_\_\_\_ Cultural \_\_\_\_\_ Ethnic \_\_\_\_\_ Other \_\_\_\_\_

History of Substance Abuse- Maternal \_\_\_\_\_ Paternal \_\_\_\_\_ Youth \_\_\_\_\_ Other (specify) \_\_\_\_\_

List of Substances: Alcohol \_\_\_\_\_ Cocaine \_\_\_\_\_ Crack \_\_\_\_\_ Marijuana \_\_\_\_\_ Other \_\_\_\_\_

Child & Family Strengths, resources & existing support systems:

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