

EAST TENNESSEE CHRISTIAN HOME AND ACADEMY

P.O. BOX 1147, 517 ALLEN AVE.

ELIZABETHTON, TN 37644

(423) 542-4423 or (423) 542-2330

APPLICATION FOR ADMISSION

Date: _____

Child Information

Child's Name: _____ Age: _____ D.O.B. _____

Street Address: _____ City: _____ State: _____ Zip: _____

Place of Birth: _____ County of Residence: _____

Natural or Adopted Child: _____ Sex: _____ Height: _____ Weight: _____

Social Security Number: _____ - _____ - _____

Legal Guardian(s): _____

Relationship to Child: _____

Has child ever been in foster care? Yes _____ No _____

If yes, please explain reason for placement and length of stay:

Please check all forms of identification you have for child:

Birth Certificate _____ Social Security Card _____ Valid ID _____ Custody Forms _____

Referral Information

Person/Agency Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Relationship to Child: _____

Natural or Adoptive Mother

Name: _____ Maiden Name: _____

D.O.B: _____ SSN: ____ - ____ - _____ Birth Place: _____

Home Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Occupation: _____ Employer Name: _____

Employer Address _____ Employer Phone: _____

Marital Status: _____ Spouse's Name (current or last): _____

D.O.B: _____ Birth Place: _____

Date of Marriage: _____ Date of Divorce or Death: _____

Spouse's Occupation: _____ Spouse's Employer: _____

Employer Address: _____ Employer Phone: _____

Previous Marriages (Names): _____ Dates: _____

_____ Dates: _____

_____ Dates: _____

Natural or Adoptive Father

Name: _____

D.O.B: _____ SSN: ____ - ____ - _____ Birth Place: _____

Home Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Occupation: _____ Employer Name: _____

Employer Address _____ Employer Phone: _____

Marital Status: _____ Spouse's Name (current or last): _____

D.O.B: _____ Birth Place: _____

Date of Marriage: _____ Date of Divorce or Death: _____

Spouse's Occupation: _____ Spouse's Employer: _____

Employer Address: _____ Employer Phone: _____

Previous Marriages (Names): _____ Dates: _____

_____ Dates: _____

_____ Dates: _____

Siblings

Name: _____ D.O.B: _____

Address: _____

Name: _____ D.O.B: _____

Address: _____

Name: _____ D.O.B: _____

Address: _____

Name: _____ D.O.B: _____

Address: _____

Others in Household of Child

Name: _____ Sex: _____ Age: _____

Relationship to Child: _____ Occupation: _____

Name: _____ Sex: _____ Age: _____

Relationship to Child: _____ Occupation: _____

Name: _____ Sex: _____ Age: _____

Relationship to Child: _____ Occupation: _____

Name: _____ Sex: _____ Age: _____

Relationship to Child: _____ Occupation: _____

Reason for Placement and Future Planning

Briefly describe child's challenges and why you are seeking placement for the child:

How long has the problem been evident? _____

Has child ever received treatment before? Yes ____ No _____

If yes, describe child's experience and why placement was terminated:

What do you feel has caused the challenges the child is experiencing:

How much desire does the child have for change and/or help?

What is the child's attitude toward placement?

How long are you planning for the child to stay at East Tennessee Christian Home and Academy?

What is the long term plan for your child? (i.e. return to parents, independent living, etc.)

If the family is to be involved in future planning, will they actively seek help for themselves?

If yes, with whom or what agency? _____

If no, explain why not: _____

Social History

Describe child's background experiences (infancy, traumas, successes, etc.)

Describe child's interests and recreational habits: _____

Describe child's sleeping and eating habits: _____

Describe any sexual behavior difficulties: _____

Describe how child expresses emotion (sadness, happiness, anger, etc.): _____

Describe child's attitude toward persons in authority: _____

Describe child's strengths and/or assets that will aid in treatment: _____

Describe any history of runaways or delinquent behavior: _____

Has child used alcohol? _____ Other drugs? _____ If yes, describe extent of use:

Describe child's relationship with mother and father: _____

Describe child's relationship with siblings: _____

Describe child's relationship with other children: _____

General impression of child's emotional health: _____

Anticipated adjustment to group living: _____

Educational Information

Current grade placement: _____ Years behind in grade placement: _____

Grades failed or repeated: _____ Reason: _____

School last attended: _____

School Address: _____ City: _____ State: _____ Zip: _____

How many different schools has child attended? _____

Describe reasons for change in school: _____

Describe overall school adjustment: _____

Give dates and grade for the following:

Excess absenteeism: _____ Truancy: _____

Temporary Expulsion: _____ Permanent Expulsion: _____

Withdrawal: _____ Behavior Problems: _____

Subjects of apparent difficulty: _____

Subjects where child excels: _____

Describe any special education, tutoring, or training: _____

Does your child have a current IEP (Individualized Education Plan)? Yes ____ No ____

If yes, school and date of last IEP: _____

Last tested IQ: _____ Achievement Test Scores: _____

Medical Information

Does child have any major illnesses or handicaps? Yes _____ No _____

If yes, please explain _____

Please list current prescription medications child is taking and reasons for taking medications:

Medication: _____	Reason: _____
_____	_____
_____	_____
_____	_____

Does child currently receive Medicare? Yes _____ No _____

If no, does child have current medical insurance? Yes _____ No _____

Provider: _____

Policy Number: _____

Professional Contact/Services

Psychiatrist: _____ Date of Services: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Psychologist: _____ Date of Services: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Social Worker: _____ Date of Services: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____