

APPLICATION FOR SERVICE

For Agency Use Only
Date Received _____

TO: **CROSSNORE SCHOOL, INC.**

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: _____ 2. Prefers to be called: _____
Last First Middle

3. Date of Birth: _____ 4. Age: _____ 5. Sex: _____ 6. Race: _____

7. Social Security No. _____ 8. Place of Birth (City, State): _____

Mailing Address _____ City, State, Zip: _____

9. Currently Living With: Biological Parent(s) _____ Relative _____ Foster Family _____ Other (Specify): _____

BIOLOGICAL PARENTS:

10. Father's Name: _____ 11. Social Security No. _____
Last First Middle

12. Address: _____ 13. Phone No. _____

14. Date of Birth: _____ 15. Date of Death: _____ 16. Marital Status: _____

17. Mother's Name: _____ 18. Social Security No. _____
Last First Middle

19. Address: _____ 20. Phone No. _____

21. Date of Birth: _____ 22. Date of Death: _____ 23. Marital Status: _____

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

24. Father's Name: _____ 25. Social Security No. _____
Last First Middle

26. Date of Birth: _____ 27. Relationship to child: Step ____; Adoptive ____; Other (Specify) _____

28. Address: _____ 29. Phone No. _____

30. Mother's Name: _____ 31. Social Security No. _____
Last First Middle

32. Date of Birth: _____ 33. Relationship to child: Step ____; Adoptive ____; Other (Specify) _____

34. Address: _____ 35. Phone No. _____

Page 2 of 5 for (Child's Name): _____

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, and adoptive siblings)

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Presently Living With:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. CUSTODY

39. Name of Legal Custodian: _____ 40. Phone No. _____

41. Address: _____

42. Name of Contact Person: _____ 43. E-mail: _____

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

45. Check if there is any (____) physical, (____) medical, (____) developmental, or (____) 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 the previous school year. If assistance is needed in completing the form, please consult the child's school.)

53. Name of current/last school attended: _____

54. Contact Person: _____ 55. Phone No. _____
(EC Teacher, Counselor, School Social Worker, etc.)

56. Assigned School Grade (____) In which grade(s) has this child been retained? (_____)

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

58. School performance this year is: (____) Better than; (____) Equal to; (____) Poorer than previous year.

59. Education Setting: Regular Class (____); Special Education (____); Other (Specify): _____

60. Has child been classified as "special needs" under PL 94-142? (_____) If "yes" circle classification(s):

ADD ADHD AU BEH C/B HI EMH TMH SPMH MU OI OHI SLD SLI VI

61. School Transcript: Attached: (____); Promised by date: _____

62. Attendance record for school year: Number of days in attendance: _____

Number of excused absences: _____

Has child been previously been excluded from school for cause (suspension or expulsion)? Yes ____ No ____

If yes, when: _____ Explain: _____

63. Academic strengths: _____

64. Academic weaknesses: _____

65. School behavioral strengths: _____

66. School behavioral weaknesses: _____

67. Overall attitude toward school: _____

68. Recommended educational plan/program (IEP, etc.): _____

69. How does child relate to teachers? Male: _____ Female: _____

70. Other special needs/talents, including extra-curricular activities and interests: _____

71. 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 IV (questions 72-81). Answer any of the questions below which are not addressed in the social history. Please provide the name and telephone number of a person who knows this child if unable to answer the following questions: _____

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

73. Give a brief description of this family's:

a. Strengths: _____

b. Weaknesses: _____

74. Give a brief description of the child's:

a. Strengths: _____

b. Weaknesses: _____

75. What and/or who make this child:

a. Glad? _____

b. Sad? _____

c. Mad? _____

d. Fight? _____

e. Run? _____

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

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

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

79. 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)

80. Is this child suicidal? (_____) If yes, attach history with description of attempts.

81. 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.)

82. What is the permanent plan for this child? _____

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

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

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

86. How will the requested services help the family and child achieve their permanent plan?

87. Identify in order of your priority all agencies to which this application is being made:

- | | |
|-----------|-----------|
| (1) _____ | (3) _____ |
| (2) _____ | (4) _____ |

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

VI. ATTACHMENTS

89. 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 of the named child and family:

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

VII. SIGNATURE(S)

I (we), the undersigned, hereby apply to the **Crossnore School, Inc.** 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.

Signature of Parent(s)/Legal Custodian: _____ Date: _____

Date: _____

Signature of Representative of Agency
Holding Voluntary Placement Agreement: _____ Date: _____

*Return Application by mail to: PO Box 249, Crossnore, NC 28616
Or by Fax to: 828-733-1704*

Admission Checklist
What to bring with you the day of admission:

- | | |
|--------------------------------|-------------------------------------|
| _____ Birth Certificate | _____ Immunization Records |
| _____ Social Security Card | _____ School Records |
| _____ Insurance Information | _____ Social History |
| _____ Court Order (Non-Secure) | _____ Psychological |
| _____ DSS Case Plan | _____ Voluntary Placement Agreement |
| _____ Physical Examination | _____ Juvenile Petition |
| _____ Medical Records | _____ Phone Card for Resident |

** Some information may not be applicable to all children