



*Growing healthy futures for children and families by providing
a Christian sanctuary of hope and healing.*

Application for Admission

For Agency Use Only
FROM (person/agency submitting application): _____ Date Received: _____

Applicant Information

Name: _____ Prefers to be called: _____
Last First Middle

Date of Birth: _____ Age: _____ Sex: M F Race: _____ Tribal Affiliation: _____
ICWA Status Confirmed: Yes No N/A

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

Mailing Address _____ City, State, Zip: _____

Currently Living with: Biological Parent(s) Relative Foster Family
 Other (Specify): _____

Family Information

Biological Parents

Father's Name: _____ Phone No. _____
Last First MI

Address: _____ City, State, Zip: _____

Date of Birth: _____ Date of Death: _____ Race/Ethnicity: _____

Marital Status: _____ Email Address: _____

Mother's Name: _____ Phone No. _____
Last First MI

Address: _____ City, State, Zip: _____

Date of Birth: _____ Date of Death: _____ Race/Ethnicity: _____

Marital Status: _____ Email Address: _____

Current Parental Relationships (the persons, if other than the biological parents, who will be working in the parental capacity with child while in care):

Father's Name: _____ Phone No. _____
Last First MI

Address: _____ City, State, Zip: _____

Date of Birth: _____ Relationship to Applicant: _____

Mother's Name: _____ Phone No. _____
Last First MI

Address: _____ City, State, Zip: _____

Date of Birth: _____ Relationship to Applicant: _____

Have proceedings been initiated to terminate parental rights got the child's: Mother Father
If yes, give the date of final order terminating parental rights: Mother _____ Father _____

Has the child been adopted? YES NO If yes, give the dates of the final adoption orders: _____

Child's Siblings (Include half siblings, step siblings, and adoptive siblings)

Name	Date of Birth	Relationship	Presently Living With
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Custody

Name of Legal Custodian: _____ Phone No. _____

Address: _____

Name of Contact Person: _____ E-mail: _____

Is a "Voluntary Placement Agreement" in effect? Yes No If yes, give expiration date: _____

Medical Information

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.

Name any medications this child is now taking, and for what condition(s): _____

Medical Insurance Company: _____ Policy Number: _____

Name of child's physician: _____ Phone No. _____

Date of last Physical Examination: _____ (Attach a copy to application)

Address: _____

Name of child's dentist: _____ Phone No. _____

Date of last Dental Exam: _____

Address: _____

Name of child's eye doctor: _____ Phone No. _____

Date of last eye exam: _____

Address: _____

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

Name of current/last school attended: _____

Contact Person: _____ Phone No. _____

(EC Teacher, Counselor, School Social Worker, etc.)

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

School performance this year is: Better than Equal to Poorer than previous year.

Education Setting: Regular Class Special Education Other (Specify): _____

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Has child been classified as "special needs" under PL 94-142? YES NO If yes, check classification(s) below:
 ADD ADHD AU BEH C/B HI EMH TMH SPMH MU OI OHI SLD SLI VI

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: _____

Academic strengths: _____

Academic weaknesses: _____

School behavioral strengths: _____

School behavioral weaknesses: _____

Overall attitude toward school: _____

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

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

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

Additional School information pertinent to this application: _____

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 the "Social History" section; answer any of the questions below which are not addressed in the social history.

Tell what is going on in the family at this time. Describe the significant events which effect this family and child. Why must this child now live away from his/her parents?

Has the child experienced or exhibited any of the following?

- Physical Abuse By Whom: _____ How Long Ago: _____
- Sexual Abuse By Whom: _____ How Long Ago: _____
- Drug or alcohol use Type of Drug: _____
- Aggressive or violent behaviors. Describe: _____
- Harmful toward self or others. Describe: _____
- Suicidal ideation, threats, or actions: Describe: _____

Has the child ever sexually acted out on or offended on another child? YES NO If Yes, please explain: _____

Give a brief description of this child's:

Strengths: _____

Weaknesses: _____

Give a brief description of this family's:

Strengths: _____

Weaknesses: _____

What and/or who makes this child:

Glad _____

Sad _____

Mad _____

Fight _____

Run _____

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

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

Has the child had any previous out-of-home placement(s)? Please explain:

Is there history of delinquent behavior? YES NO

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

Is this child suicidal? YES NO (If Yes, attach history with description of attempts.)

Has this child ever had a psychiatric hospitalization? YES NO

If Yes, explain: _____

Planning

What is the permanent plan for this child? _____

Is there a current need to revise the permanent plan? YES NO

If Yes, explain: _____

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

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

Signatures

I (we), the undersigned, hereby apply to the Crossnore School & Children's Home 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: _____

*For Winston-Salem campus services, return Application by mail to:
Crossnore School & Children's Home, 1001 Reynolda Road, Winston-Salem, NC 27104
Or by Fax to: 336-728-4355*

*For Crossnore campus services, return Application by mail to:
Crossnore School & Children's Home, PO Box 249, Crossnore, NC 28616-0249
Or by Fax to: 828-733-1704*

MASTER FILE CHECKLIST
Crossnore School & Children's Home

*What to bring with you upon admission:

Crossnore School & Children's Home
MUST have upon admission:

- | | |
|---|--|
| <input type="checkbox"/> State Application | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Insurance Information | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Medication Orders** | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Court Order (Non-Secure)** | <input type="checkbox"/> Immunization Records |
| | <input type="checkbox"/> School Records |
| | <input type="checkbox"/> Social History |
| | <input type="checkbox"/> Psychological |
| | <input type="checkbox"/> Copy of Physical Examination |
| | <input type="checkbox"/> Voluntary Placement Agreement** |
| | <input type="checkbox"/> Juvenile Petition** |
| | <input type="checkbox"/> DSS Case Plan** |
| | <input type="checkbox"/> DSS Contact / Visitation Plan** |
| | <input type="checkbox"/> Picture of Student |

**** Some information may not be applicable to all children.**