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

Application for Admission
Application for Admission

Residential  FC  TFC

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

Date Received: ____________

Applicant Information

Name: _______________________________________________________________ Prefers to be called:____________________

Date of Birth: _______________ Verified: ☐ Yes ☐ No Age: ________ Sex: ☐ M ☐ F Race: ______________
Tribal Affiliation: ______________ ICWA Status Confirmed: ☐ Yes ☐ No ☐ N/A

Social Security No. _____________________________ Place of Birth (City, County, State):________________________________

Mailing Address: ___________________________________________ City, State, Zip:____________________________________

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

Family Information

Biological Parents

Name:_____________________________________________________________ Phone No. ______________________________

Address:____________________________________________________ City, State, Zip:________________________________

Date of Birth: ___________ Date of Death: ____________ Race/Ethnicity: __________________ Religion:__________________

Marital Status:______________________ Email Address:_________________________________________________________

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

Name:_____________________________________________________________ Phone No. ______________________________

Address: ___________________________________________________ City, State, Zip: __________________________________

Date of Birth:______________________ Relationship to Applicant: ☐ Step ☐ Adoptive ☐ Other

Have proceedings been initiated to terminate parental rights for 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:____________________
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Child's Siblings (Include half siblings, step siblings, and adoptive siblings)

Name: ___________________________________________ Phone No. ________________________________

Last       First       MI

Address: ___________________________________________ City, State, Zip: __________________________

Date of Birth: ____________ Relationship to Applicant: ____________ Presently living with: ____________

Name: ___________________________________________ Phone No. ________________________________

Last       First       MI

Address: ___________________________________________ City, State, Zip: __________________________

Date of Birth: ____________ Relationship to Applicant: ____________ Presently living with: ____________

Name: ___________________________________________ Phone No. ________________________________

Last       First       MI

Address: ___________________________________________ City, State, Zip: __________________________

Date of Birth: ____________ Relationship to Applicant: ____________ Presently living with: ____________

Other Relatives

Name: ___________________________________________ Phone No. ________________________________

Last       First       MI

Address: ___________________________________________ City, State, Zip: __________________________

Date of Birth: ____________ Relationship to Applicant: ____________

Name: ___________________________________________ Phone No. ________________________________

Last       First       MI

Address: ___________________________________________ City, State, Zip: __________________________

Date of Birth: ____________ Relationship to Applicant: ____________

Name: ___________________________________________ Phone No. ________________________________

Last       First       MI

Address: ___________________________________________ City, State, Zip: __________________________

Date of Birth: ____________ Relationship to Applicant: ____________

Name: ___________________________________________ Phone No. ________________________________

Last       First       MI

Address: ___________________________________________ City, State, Zip: __________________________

Date of Birth: ____________ Relationship to Applicant: ____________
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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:__________________________________________________________________________
Address:_____________________________________________________________________ Phone:________________________
Child’s Appointed Surrogate Parent: ___________________________________________ Phone:_______________________
(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): ___________________________________
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: ____________________________________________
Number of unexcused absences: _________________________________________
Explain unexcused absences: ____________________________________________
Has child been previously been excluded from school for cause (suspension or expulsion)? □YES □NO
If yes, when: ________________________________________ Explain: ____________________________________________
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School Transcript Attached: ☐ Yes ☐ No Promised by date:__________________________

Latest Evaluation Information:
Achievement Evaluation (ex: Woodcock Johnson, etc.)
Date:__________________________ Achievement Test:__________________________
Results:________________________________________________________________________
______________________________________________________________________________

Psychological Evaluation (ex: WISC-III, etc.)
Date:__________________________ Achievement Test:__________________________
Results:________________________________________________________________________
______________________________________________________________________________

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: ____________________ How Long Ago: ____________________
☐ Aggressive or violent behaviors. Describe:_______________________________________________________________
☐ Harmful toward self or others. Describe:_______________________________________________________________
☐ Suicidal ideation, threats, or actions: Describe:________________________________________________________
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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)?  □ Yes  □ No

Name:_________________________________________________________ Phone No. ________________________________
Last   First      MI
Address: ___________________________________________________ City, State, Zip: __________________________________
Dates of Care:_______________________________________________________________________________________________
______________________________

Name:_________________________________________________________ Phone No. ________________________________
Last   First      MI
Address: ___________________________________________________ City, State, Zip: __________________________________
Dates of Care:_______________________________________________________________________________________________
______________________________

Name:_________________________________________________________ Phone No. ________________________________
Last   First      MI
Address: ___________________________________________________ City, State, Zip: __________________________________
Dates of Care:_______________________________________________________________________________________________
______________________________

Name:_________________________________________________________ Phone No. ________________________________
Last   First      MI
Address: ___________________________________________________ City, State, Zip: __________________________________
Dates of Care:_______________________________________________________________________________________________
______________________________
Is there history of delinquent behavior?  ☐ YES  ☐ NO
(If Yes, attach description including history of court 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: ________________________________________________________________________________________________

Identify the current needs of the child and family to which the agency is asked to respond:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

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.): _____________________________________________________________________________________________

What specific services of the agency are being requested on behalf of this family and child?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

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

Identify in the order of your priority all agencies to which this application is being made.
1._________________________________________________ 2.________________________________________________
3._________________________________________________ 4.________________________________________________
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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.

Print Name of □ Parent(s), □ Guardian, or □ Legal Custodian

Date

Signature of □ Parent(s), □ Guardian, or □ Legal Custodian

Date

Voluntary Placement Agreement:

Name of Agency holding Voluntary Placement Agreement:

Print Name of Representative of Agency holding Voluntary Placement Agreement

Date

Signature of Representative of Agency holding Voluntary Placement Agreement

Date

CARS Agreement:

Name of Agency with whom CARS Agreement was signed:

Print Name

Date

Signature

Date

Print Name of Representative of Agency with whom CARS Agreement was signed

Date

Signature of Representative of Agency with whom CARS Agreement was signed

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 Avery 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

For Hendersonville office services, return Application by mail to:
Crossnore School & Children’s Home, 709 5th Avenue W., Hendersonville, NC 28739
MASTER FILE CHECKLIST
Crossnore School & Children’s Home

*What to bring with you upon admission:

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

[ ] Application for Admission
[ ] Insurance Information
[ ] Medication Orders**
[ ] Court Order (Non-Secure)**

[ ] Birth Certificate
[ ] Social Security Card
[ ] Medical Records
[ ] Immunization Records
[ ] School Records
[ ] Social History
[ ] Psychological
[ ] Copy of Physical Examination
[ ] Voluntary Placement Agreement**
[ ] Juvenile Petition**
[ ] DSS Case Plan**
[ ] DSS Contact / Visitation Plan**
[ ] Picture of Student

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