



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

Application for Admission

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

Applicant Information

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

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. _____
Last First MI Social Security #: _____

Address: _____ City, State, Zip: _____

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

Marital Status: _____ Email Address: _____

Name: _____ Phone No. _____
Last First MI Social Security #: _____

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 parental capacity with child while in care):

Name: _____ Phone No. _____
Last First MI Social Security #: _____

Address: _____ City, State, Zip: _____

Date of Birth: _____ Relationship to Applicant: Step Adoptive Other

Name: _____ Phone No. _____
Last First MI Social Security #: _____

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: _____

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: _____

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: _____

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: _____

Application for Admission

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: _____
- 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)? 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. _____

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:

- | | |
|---|--|
| <input type="checkbox"/> Application for Admission | <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.**