

SHULTS-LEWIS CHILD & FAMILY SERVICES, INC.

P.O. BOX 471
VALPARAISO, IN 46384

(Office) 219 / 462-0513
(Fax) 219 / 464-7828

INTAKE APPLICATION

DATE: _____

Person Filling Out Application: _____

Relationship To Child/Title: _____

Fill out the application as completely as possible. If there are questions, feel free to call for assistance in completing the information. * If you are mailing the application, please enclose a recent photo of your teen.

I. General Information:

A. Name of child: _____ SS# _____

Address: _____

City/State: _____ Zip: _____ Phone: _____

M ___ F ___ Age ___ Date of Birth _____ Place of birth _____

Hair _____ Eyes _____ Height _____ Weight _____ Race _____

Identifying marks: _____

Note: A physical examination is required as a condition of admission. This must be dated no more than 30 days prior to admission and must use the enclosed Shults-Lewis physical form or a form supplied by the physician.

Primary Medical Insurance Company: * _____

Address: _____

Policy #: _____ ID #: _____

Policy Holder's Name: _____

Secondary Insurance:* _____

Policy Holder's Name: _____ ID#: _____

(*Please supply all necessary insurance information at the time of placement and the insurance cards)

MEDICAID #: _____

Religious preference: _____

Note: All children in placement and all staff attend and participate in worship activities at Churches of Christ. All applicants should make application with this awareness, and submission of this application is indication of acceptance of this policy.

B. Legal Guardian _____
 Phone: _____ Address: _____

 Child is being referred by: Welfare Dept. _____ Probation Dept. _____
 Hospital _____ Family member _____ Friend _____ Church _____
 Other _____
 Is child a ward of court? Yes ____ No ____ (Attach order if yes)
 Is child on probation? Yes ____ No ____ (Attach order if yes)
 County/State: _____
 Name of agency: _____
 Phone: _____ Address: _____
 City/State: _____ Zip: _____
 Department Supervisor: _____
 Person/Caseworker making referral: _____
 Work Phone: _____ Emergency phone: _____
 Is child presently hospitalized, in detention or placement? Yes ____ No ____
 (If yes, give details-where, how long, etc.) _____

C. Child currently in school? Yes ____ No ____ Grade ____
 If NO give last date child was in school _____ Grade last completed: _____
 School last attended: _____ Grade: _____
 School address: _____
 Principal: _____ Phone: _____
 In special classes of any kind: Yes ____ No ____
 Specify (see below *): _____
 Student's I.Q. _____

*** Note whether mentally handicapped, emotionally handicapped, behavior disorder, learning disability, etc. Be very specific and attach or have sent by the school system the latest evaluation and/or individualized education plan. If child is in a special placement, we must have copies of testing, school records, and the educational plan before we can process the application further.**
Education Information continued.

Has child ever been tested, evaluated or recommended for special education or special classes?

Yes _____ No _____

If yes, give details:

II. Family Information

A. Parents (birth parents or adoptive parents):

Mother: _____ SS# _____

Address: _____

City/State: _____ Zip: _____

Date of birth: _____ Place of birth: _____

Home phone: _____ Work phone: _____

Employer: _____

Address: _____

Description of work/job title: _____

Religious preference: _____

Relationship to applicant: Birth parent _____ Adoptive parent _____

Step-parent _____ Other: _____

Marriage history: (Mother)

Name of spouse	Date married	Date ended	Reason	# Kids

Father: _____ SS# _____

Address: _____

City/State: _____ Zip: _____

Date of birth: _____ Place of birth: _____

Home Phone: _____ Work phone: _____

Employer: _____

Father information continued.

Address: _____

Description of work/job title: _____

Religious preference: _____

Relationship to applicant: Birth parent _____ Adoptive parent _____

Step-parent _____ Other: _____

Marriage history: (*Father*)

Name of spouse	Date married	Date ended	Reason	# Kids

- B. **Family history** (Complete all items which apply to this child. Public agencies must supply a complete social history and a case plan).

List all those with whom the child lives. Include names and relationships (birth parents, step-parents, etc.) of both adults and children in the home. Then list all step-parents/siblings who the child does not live with.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of divorce, who is non-custodial parent: _____

Does child visit non-custodial parent? Yes _____ No _____

Frequency: _____

Child is: _____ Adopted _____ Under guardianship

_____ By family unrelated by birth _____ By spouse of birth parent

_____ By other relatives (Specify): _____

Family History continued.

Date of guardianship or adoption: _____

_____ Birth parents rights terminated? Date: _____

Is either birth parent deceased? Yes _____ No _____

Specify: _____

The lines below represent years of the child's life. Indicate on the lines who child lived with for each year to the present. Include birth parents, adoptive parents, relatives, friends, institutions, foster homes, etc.

AGE	CHILD LIVED WITH	AGE	CHILD LIVED WITH
0	_____	9	_____
1	_____	10	_____
2	_____	11	_____
3	_____	12	_____
4	_____	13	_____
5	_____	14	_____
6	_____	15	_____
7	_____	16	_____
8	_____	17	_____

C. Description of home life **(Remember, this should represent the family as a unit)**

Please mark the areas below: (+) Areas of Strength (-) Areas of Weakness

- _____ Our family communicates and listens well
- _____ Our family affirms and supports one another and is affectionate.
- _____ Our family teaches respect for others.
- _____ Our family helps develop a sense of trust.
- _____ Our family has a sense of humor and can play together.
- _____ Our family shares responsibility.
- _____ Our family teaches a sense of right and wrong.
- _____ Our family has many traditions we enjoy together.
- _____ Our family shares religious beliefs and values.
- _____ Our family respects one another's privacy.
- _____ Our family values service to others.
- _____ Our family encourages family table time and conversation.
- _____ Our family shares leisure time.
- _____ Our family admits to problems and seeks help with them.
- _____ Our family has a balance of interaction among members

Family History continued.

- D. Shults-Lewis requires that the parent, guardian or placing agency be involved with the resident's placement while in treatment. The involvement may be, but not limited to, on-campus counseling sessions, home visits by resident, as well as staffings with Shults-Lewis' professionals.

Please check if you are able to be involved with the resident's treatment.

YES _____

NO _____

- E. Does the referring parent, guardian or placing agency have reliable transportation to visit the Shults-Lewis campus?

YES _____

NO _____

III. Presenting problems

- A. Please place an X by all problems which are contributing to the placement, whether or not the problem is occurring at present.

_____ Out of Parental Control	_____ Family Violence
_____ Family Abandonment	_____ Family Deceased
_____ Family Divorce/Separation	_____ No Family
_____ Step-Family Conflict	_____ Adoption Disruption
_____ Alcoholic Family	_____ Runaway
_____ Eating Disorder	
_____ Failure of Previous Placement	_____ Completion of Previous Placement
_____ Neglect (please describe) _____	
_____ Physical Abuse of Child. By whom and when? _____	
_____ Sexual Abuse of child. By whom and when? _____	
_____ Victim of Rape. By whom and when? _____	

Other specific problems seen in the child's behavior:

_____ Behavior Problem in Classroom	_____ Truancy
_____ Expelled	_____ Suspended
_____ Friends are older	_____ Friends are younger
_____ Friends are same age	_____ Has little or no friends
_____ Picks bad friends	_____ Violence
_____ Aggression	_____ Homosexual Behavior
_____ Sexual abuse by child on whom/when? _____	
_____ Rape by child on whom/when? _____	
_____ Promiscuity	_____ Prostitution
_____ Vandalism	_____ Theft - Home
_____ Alcohol Use	_____ Theft - Community
_____ Drug Use	_____ Drug Selling
_____ Bedwetting	_____ Encopresis (soiling)
_____ Depression/Mental Disorders	_____ Extreme Anger/Rage
_____ Suicidal Thoughts (Ideation)	_____ Suicidal Behaviors

Other: _____

A. (cont.) For drug/alcohol use (Age when began and frequency of use):

List types of drug/alcohol use: _____

Has applicant ever been recommended or referred to a substance abuse program?

_____ Yes _____ No If yes, give details: _____

B. Please write a brief statement of why the child should be placed: _____

C. What are your goals for placement?

_____ Return to family upon resolution of placement issues
_____ Foster Care
_____ Adoption
_____ Independent Living
_____ Other _____

Specific treatment for:

_____ Physical Abuse
_____ Sexual Abuse
_____ Substance Abuse
_____ Eating Disorder
_____ School/Educational Needs
_____ Family Conflicts, Breakdown
_____ Authority, Anti-Social Issues
_____ Other _____

IV. Medical Information (Do not duplicate information already given on the Physical Examination and Health Record)

Please include a copy of immunization record (on back of physical form).

Record must include both month and year of immunization, or the immunization will have to be re-done)

If applicant has been sexually active, include:

Female: Pregnancy test results, Venereal disease test results

Male: Venereal disease test results

A. Does the applicant have any medical history of the following (please check and explain):

	CONDITION	AGE	CONTROLLED BY
_____	Diabetes	_____	_____
_____	Seizures	_____	_____
_____	Hyperactive	_____	_____
_____	Visually Impaired	_____	_____
_____	Hearing Impaired	_____	_____
_____	Hormonal Imbalance	_____	_____
_____	Menstrual Imbalance	_____	_____
_____	Bulimia/Anorexia	_____	_____
_____	High Blood Pressure	_____	_____
_____	Asthma	_____	_____
_____	Heart Disease	_____	_____
_____	Bedwetting	_____	_____
_____	Female/Pregnancy	_____	<u>Outcome</u>
_____	Male/Fathered child	_____	<u>Outcome</u>

B. Please describe the applicant's present health condition:

C. Allergies:

Foods: _____

Medications: _____

Other: _____

D. Is applicant currently being treated for any illness or disorder?

List all current medications with the doctor's name who prescribed it:

E. Hospitalizations:

Name of Hospital	Address of Hospital	Dates	Doctor's Name	Medical Problem
1.				
2.				
3.				
4.				

F. Has applicant been placed in confinement or restraints because of suicidal, aggressive or other behavior?

Yes _____ No _____

If yes, give details: _____
