

Application for Admission
Haddie's Home
P. O. Box 1525 Opelika, Al. 36804

Date of Application: _____

Child's name _____
Last First Middle

Date of Birth _____ Social Security No. _____

Birthplace _____
City County State

Age _____ Race _____ Nationality _____ Religion _____

Sex ___ M ___ F Present School Grade _____

Legal Guardian _____
Name Relationship

Street Address City County State Zip

Phone _____

Signature of Legal Guardian

Other Professionals acquainted with the child's case who should be involved in the plan of care:

Name Street City State

Contact Information: Phone W _____ C _____

Name Street City State

Contact Information: Phone W _____ C _____

CURRENT FAMILY INFORMATION: This section must be filled out completely, regardless of where the child resides. If natural or stepparents are deceased, write in the name and last known address, then indicate "deceased" and give date of death. If there is no such person state "none". Social Security numbers must be included.

Father

Last First Middle

Address _____
Street / P.O. Box _____ Zip _____

City State

Phone # (H) _____ (W) _____ (Cell) _____

Date of Birth _____ Nationality _____ Religious Preference _____

Place of employment _____ Soc. Sec. # _____

Address _____
Street/P.O. Box City State Zip

Highest school grade completed _____ Marital Status: ___M___S___D___W

Mother

Last First Middle

Address _____
Street / P.O. Box _____ Zip _____

City State

Phone # (H) _____ (W) _____ (Cell) _____

Date of Birth _____ Nationality _____ Religious Preference _____

Place of employment _____ Soc. Sec. # _____

Address _____
Street/P.O. Box City State Zip

Highest school grade completed _____ Marital Status: ___M___S___D___W

Step-Father

Last First Middle

Address _____
Street / P.O. Box

City State Zip

Phone # (H) _____ (W) _____ (Cell) _____

Date of Birth _____ Nationality _____ Religious Preference _____

Place of employment _____ Soc. Sec. # _____

Address _____
Street/P.O. Box City State Zip

Highest school grade completed _____ Marital Status: ___M___S___D___W

Step-Mother

Last First Middle

Address _____
Street / P.O. Box

City State Zip

Phone # (H) _____ (W) _____ (Cell) _____

Date of Birth _____ Nationality _____ Religious Preference _____

Place of employment _____ Soc. Sec. # _____

Address _____
Street/P.O. Box City State Zip

Highest school grade completed _____ Marital Status: ___M___S___D___W

BROTHERS OR SISTERS (Full, Half, or Step)

Name:
D.O.B:
Relation:
Current Address:

Name:
D.O.B:
Relation:
Current Address:

Name:
D.O.B:
Relation:
Current Address:

Name:
D.O.B:
Relation:
Current Address:

Name:
D.O.B:
Relation:
Current Address:

List any other relatives and/or adults you feel may be significant resources for background information or important to contact for the child's future support, visits, employment, education or career planning (if not listed above).

Name _____

Address _____

Phone: W _____ H _____ Cell _____

What Resources:

Name _____

Address _____

Phone: W _____ H _____ Cell _____

What Resources:

SUPPORT INFORMATION

Is there a court order directing support payments on behalf of this child? _____ If yes, include court order.

Does this child have health insurance? _____ If yes, name of company _____

Name of Subscriber _____ Contract Number _____

Does this child receive any Social Security / SSI / Veteran's benefits? _____ If yes, amount? _____

To whom are benefits paid _____

Does the child receive an Adoption Subsidy? _____ If yes, amount? _____

If the child is admitted to Haddie's Home, any benefits are to follow the child, per federal requirements.

Name and Social Security Number of deceased person(s) _____

Does this family receive public assistance funds? _____ If yes, amount? _____
Caseworker's Name _____

To what extent would the child's parents, relatives or concerned persons be willing to help support this child at Haddie's Home? _____

Is the child known to Juvenile Court? _____
If yes, give details _____

Does the child have a DHR family services social worker? _____

If yes, name? _____ County _____ State _____

SCHOOL INFORMATION

School the child is currently attending _____
Mailing address of the School _____

Street City State Zip

Please give name and phone number of the school official with whom we can discuss the child's school history

Previous schools attended _____ From _____ To _____
Previous schools attended _____ From _____ To _____
Previous schools attended _____ From _____ To _____

Has the child ever repeated a grade? _____ If yes, which grade(s)? _____

Is the child enrolled in Special Education? _____
If yes, level? _____ Are there learning disabilities? _____
Behavior problems? _____

Does this child have problems in school? _____
If yes, state nature of problems _____

Extra-Curricular Activities _____

PLEASE LIST CHILD CARE FACILITY OR FOSTER HOMES IN WHICH THE YOUTH HAS RESIDED Date entered-Name & Address of Institution and Reason for admission:

Reason for dismissal:

Has the child ever been rejected for admission to another child care facility, group home, or similar program? _____

If so, why?

MEDICAL HISTORY

Describe overall health and any physical problems:

Any known Allergies: Food, Medicines, environmental etc..; please list below:

Vision/Hearing problems, if so explain below:

List any major illnesses or injuries:

Child's Doctor _____
Name Address Phone

Child's Dentist _____
Name Address Phone

Mental Health Provider _____

Dates: From _____ To _____

CURRENT/PREVIOUS MEDICATION HISTORY, IF ANY

Type: _____ Dosage _____ Time Duration _____

Type: _____ Dosage _____ Time Duration _____

Type: _____ Dosage _____ Time Duration _____

SOCIAL SUMMARY

I. State the child's current living situation. Include the name and relationship of the person whom the child is living with at the time of request for placement. If this individual is not indicated on the front page, indicate his/her address and phone number.

II. Reason for Referral.

A. Describe the situation which led to the need for placement; the current problems the family and child are undergoing; and identify the reason the caretaker is no longer able to care for the child. Please include child's performance at school.

B. Does the child agree to come to Haddie's Home? _____

III. Any attempts which have been made to correct current issues being experienced with the child? This could be things such as having the child live with other parent, other relatives, in foster care, Behavioral resources etc. It could also be counseling or lesser means, such as restriction, time-out, etc.

IV. Developmental History and Early Childhood Information: Include anything significant about the child's early life - whether he/she walked, talked, etc., at a normal age; any severe knocks or bruises. Behavioral patterns as an infant such as a "good baby" or cried all the time.

Describe early responses to parenting - whether he/she obeyed, did the opposite of what was asked, or ignored parents.

Describe any significant events which have occurred in the child's life - death of parent, victim of child abuse/neglect, etc.

V. Has child ever been in trouble with the law, on probation, etc.? If so, please explain:

VI. Personal and Family History Prior to Placement:

A. Beginning with birth, who did the child live with (name and relationship)?

B. Where did the child live?

C. Describe the Relationship with caretaker(s) up to this point; was it strained, positive and then turned negative?

Describe anything that could have changed the child's behavior that you are aware of:

D. Length of time child lived with each caretaker.

E. Reason(s) for changing caretakers.

HADDIE'S HOME INC.- Visitation Policy

Haddie's Home is a long-term placement facility and the following policies for visitation reflects our pursuit for long-term care of the children.

Supervised: Haddie's Home Child Care Team deem it necessary that visitations, calls, or correspondence a child has with her biological parents, guardians, family members, or friends be supervised for various reasons. Visitation as well as other forms of contacts will be addressed and an assessment made during a Pre-Placement visit. Periodically each child's correspondence with visitation is subject to change if the Child Care Team establishes that adjustments need to be made. If at any time a visit, call or mail is being monitored or supervised that particular contact is notified that the supervision is taking place. Visits that have need of supervision will have a two hour limitation on the visit.

First 30 Days: In order to make the transition to Haddie's Home a positive adjustment for the girl to their new home and environment visitation, phone calls, and mail from their biological parents, guardians, family members, or friends made prior to their arrival are not allowed for the first 30 days.

Types of Visitation

1. **Supervised:** Child's visitation will be supervised by the house parents or Social Worker. Visitors should remain in a designated area while visiting the child.
2. **Unsupervised:** Visitation at Haddie's Home without direct supervision but not allowed to leave the Haddie's Home property for any reason.
3. **Off-Site Visitation:** Visitors may take the child off of Haddie's Home property to shop, eat, go to a movie etc.,but this is a privilege and guidelines must be adhered to by visitors. A specified time will be given for expected return and should be followed.

**** Certain individuals may be listed in pre-placement visit that are not allowed to see child due to various reasons that may be disclosed by court system and/or legal guardian. This will all be determined at the time of pre-placement.**

All visits will need to be scheduled ahead of time due to outings and activities at Haddie's Home. If distance is a problem for the family considerations will be handled on an individual basis. From time to time, we may receive children through Juvenile Court. We will work with court

representatives concerning visitation, etc. For example, if the judge has ordered NO FAMILY VISITS for a certain length of time or if the visit is supposed to be supervised by Haddie's Home staff or court staff; we will work with the court system. Otherwise, visitation will be the same. In addition to the above visitation guide, Haddie's Home will schedule two extended visits with the family twice a year; usually around Christmas and summer break.

ALL VISITS MUST BE PREARRANGED BY PHONE FOLLOWED UP WITH WRITTEN DOCUMENTATION WITH DIRECTOR OR SOCIAL WORKER.

VISIT RESTRICTION / PERMISSION

____ There are no restrictions. All visitation will be left up to a Haddie's Home Representative for approval.

The following individuals have my permission to visit

Name	Type of visit	Time Limit
_____	_____	_____
_____	_____	_____

The following may have contact through mail and phones but no visitation

_____	_____
_____	_____

The following individuals MAY NOT have any contact or visitation

_____	_____
_____	_____

Parent/Guardian Date

Child Date

Social Worker Date

RELEASE OF INFORMATION

I _____ give permission for Haddie's Home, Inc. to request, obtain and share information pertaining to _____.

Information can be obtained from _____ along with any other resource deemed appropriate by Haddie's Home staff.

The information is to be used for the purpose of determining if placement is appropriate and on file for continuous use while Haddie's Home provides care for my child should he/she be placed at Haddie's Home.

Signature of Parent/Legal Guardian

Date

Along with the application, Haddie's Home will need the following information:

- * Copy of birth certificate and social security card
- * Copy of any custody/court orders pertaining to the child
- * Copy of insurance card or Medicaid card
- * Physical exam/dental exam
- * Copy of school grades and any educational testing completed on the child
- * psychological exam, two years current if available; in the event there is not a current evaluation will accept counselor's assessment prior to placement at Haddie's Home.
- * If assistance is needed in acquiring the psychological evaluation please make Haddie's Home aware so that they can seek out resources to aid in this process.

**additional information may be requested prior to placement