



Application for Admission – DHR Referring

Haddie's Home
P.O.Box 1525 Opelika, AL 36803
334.744.9680 (office) 334.203.1763 (fax)
intake@haddies.org
www.haddieshome.com

Date of Application: _____ Date Placement Needed By: _____

Youth's Name: _____
First Middle Last

DOB: _____ Age: _____ Social Security #: _____

Insurance: _____ Medicaid #: _____

Birthplace: _____
City County State

Religion: _____ Race: _____

Legal Custodian: _____
Name Title Agency

Address: _____
Street City County State Zip

_____ Phone Emergency Phone Fax Email

_____ Signature of Legal Custodian/DHR Social Worker Referring County Date

CURRENT INFORMATION

Date DHR awarded custody: _____ Date of Next Court Hearing: _____

Reason youth was originally removed from home: _____

Current Placement: _____
Name Address Placement Dates

Reason for change in placement: _____

Reason for referral/need for placement at Haddie's Home: _____

Previous Placement History: (attach additional pages as necessary)

1. Name/Type of Placement: _____ Dates: _____
2. Name/Type of Placement: _____ Dates: _____
3. Name/Type of Placement: _____ Dates: _____
4. Name/Type of Placement: _____ Dates: _____

Please list the reasons for placements in the child care facility, group home, or similar programs listed above:

Has the youth been rejected for admission to another child care facility, group home, or similar program? (describe)

Level of care recommended by MAT: _____ Date of MAT: _____

Basic self-care skill? Yes No If no, please explain: _____

History of elopement: Yes No If yes, please explain: _____

History of cruelty to animals: Yes No If yes, please explain: _____

History of Substance Use/Abuse: Yes No If yes, please explain: _____

FAMILY INFORMATION

This section must be filled out completely, regardless of where the youth resides (unless TPR has occurred). If natural/stepparents/adoptive parents 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.

Mother's Information

Name: _____ DOB: _____

_____ Street _____ City _____ State _____ Zip

Phone (H) _____ (C) _____ (W) _____

Race: _____ Nationality: _____ Religion: _____

Place of Employment/Title: _____ Social Security #: _____

Highest Grade Completed: _____ Marital Status: _____

Any significant health or Psychiatric issues: Yes No

If yes, please explain: _____

Father's Information

Name: _____ DOB: _____

Street City State Zip

Phone (H) _____ (C) _____ (W) _____

Race: _____ Nationality: _____ Religion: _____

Place of Employment/Title: _____ Social Security #: _____

Highest Grade Completed: _____ Marital Status: _____

Any significant health or Psychiatric issues: Yes No

If yes, please explain: _____

Step-Mother's Information

Name: _____ DOB: _____

Street City State Zip

Phone (H) _____ (C) _____ (W) _____

Race: _____ Nationality: _____ Religion: _____

Place of Employment/Title: _____ Social Security #: _____

Highest Grade Completed: _____ Marital Status: _____

Any significant health or Psychiatric issues: Yes No

If yes, please explain: _____

Step-Father's Information

Name: _____ DOB: _____

Street City State Zip

Phone (H) _____ (C) _____ (W) _____

Race: _____ Nationality: _____ Religion: _____

Place of Employment/Title: _____ Social Security #: _____

Highest Grade Completed: _____

Marital Status: _____

Any significant health or Psychiatric issues: Yes No

If yes, please explain: _____

Siblings (Full, Half, Step, Adoptive) Attach additional pages as needed

1. Name: _____ Relation: _____ DOB: _____

_____ Street _____ City _____ State _____ Zip

Current Custody Status: _____ Phone #: _____

Any significant health or Psychiatric issues: Yes No

If yes, please explain: _____

2. Name: _____ Relation: _____ DOB: _____

_____ Street _____ City _____ State _____ Zip

Current Custody Status: _____ Phone #: _____

Any significant health or Psychiatric issues: Yes No

If yes, please explain: _____

3. Name: _____ Relation: _____ DOB: _____

_____ Street _____ City _____ State _____ Zip

Current Custody Status: _____ Phone #: _____

Any significant health or Psychiatric issues: Yes No

If yes, please explain: _____

4. Name: _____ Relation: _____ DOB: _____

_____ Street _____ City _____ State _____ Zip

Current Custody Status: _____ Phone #: _____

Any significant Health or Psychiatric issues: Yes No

If yes, please explain: _____

5. Name: _____ Relation: _____ DOB: _____

Street

City

State

Zip

Current Custody Status: _____ Phone #: _____

Any significant Health or Psychiatric issues: Yes No

If yes, please explain: _____

6. Name: _____ Relation: _____ DOB: _____

Street

City

State

Zip

Current Custody Status: _____ Phone #: _____

Any significant Health or Psychiatric issues: Yes No

If yes, please explain: _____

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

1. Name: _____ Relation: _____

Street

City

State

Zip

Phone (H) _____ (C) _____ (W) _____

What kind of resources: _____

2. Name: _____ Relation: _____

Street

City

State

Zip

Phone (H) _____ (C) _____ (W) _____

What kind of resources: _____

3. Name: _____ Relation: _____

Street

City

State

Zip

Phone (H) _____ (C) _____ (W) _____

What kind of resources: _____

4. Name: _____ Relation: _____

_____ Street _____ City _____ State _____ Zip

Phone (H) _____ (C) _____ (W) _____

What kind of resources: _____

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

1. Name: _____ Type of Professional: _____

_____ Street _____ City _____ State _____ Zip

Phone (H) _____ (C) _____ (W) _____

What kind of resources: _____

2. Name: _____ Type of Professional: _____

_____ Street _____ City _____ State _____ Zip

Phone (H) _____ (C) _____ (W) _____

What kind of resources: _____

MEDICAL HISTORY

Describe overall health and any physical concerns: _____

Scars, tattoos, body piercings (where, describe) _____

Allergies: _____ Food: _____

Describe if yes Medication: _____

Environment: _____

Medical Concerns: _____ Dental: _____

Describe if yes Vision: _____

Hearing: _____

Gynecological: _____

List any major illnesses/injuries: _____

Youth's Doctor

Name	Address	Phone
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Youth's Dentist

Name	Address	Phone
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1. Youth's Mental Health Provider Dates Seen: from _____ to _____

Name	Address	Phone
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2. Youth's Mental Health Provider Dates Seen: from _____ to _____

Name	Address	Phone
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Current/Previous Medication (if any)

1. Name	Reason	Dosage	Frequency	Current?
_____	_____	_____	_____	_____
2. Name	Reason	Dosage	Frequency	Current?
_____	_____	_____	_____	_____
3. Name	Reason	Dosage	Frequency	Current?
_____	_____	_____	_____	_____
4. Name	Reason	Dosage	Frequency	Current?
_____	_____	_____	_____	_____
5. Name	Reason	Dosage	Frequency	Current?
_____	_____	_____	_____	_____
6. Name	Reason	Dosage	Frequency	Current?
_____	_____	_____	_____	_____

EDUCATION

Most Recent School: _____ Grade: _____

Dates Attended	Address	Fax	Phone
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Previous School: _____ Grade _____

Dates Attended	Address	Fax	Phone
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Previous School: _____ Grade _____

Dates Attended	Address	Fax	Phone
Has the youth ever repeated a grade?: _____		If yes, which grade(s): _____	
Is the youth enrolled in Special Education?: _____		Current IEP?: _____	
If yes, describe: _____			
Learning Disabilities? (describe): _____			
Behavior concerns in school? (describe): _____			
What extra-curricular Activities does the youth participate in?: _____			

SOCIAL SUMMARY

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

2. 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?

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

4. Developmental History and Early Childhood Information: Include anything significant about the child’s early life – whether she walked, talked, etc. at a normal age, any severe knocks or bruises. Behavioral patterns as an infant such as “good baby” or cried all the time.

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

6. Describe any significant events which have occurred in the child’s life – death or parent, victim of child abuse/neglect, etc.

7. Has the youth ever been in trouble with the law, on probation, etc.? If so, please explain and provide name and contact information of current JPO.

8. Personal and Family History Prior to Placement:
 - a. Beginning with birth, who did the youth live with (name and relationship) and where was this?

 - b. Describe the relationship with caretaker(s) up to this point; was it strained, positive and then turned negative, etc...

 - c. Length of time youth lived with each caretaker

 - d. Describe anything that could have changed the youth’s behavior that you are aware of

 - e. Reason(s) for changing caretakers

SUPPORT INFORMATION

Is there a court order directing support payments on behalf of youth? yes no if yes, include copy of court order

Does the youth receive any Social Security / SSI / Veteran’s benefits? yes no if yes, amount _____
 To whom are benefits paid: _____

Does the child receive an Adoption Subsidy? yes no if yes, amount _____

If the youth is admitted to Haddie’s Home, any benefits are to follow the youth (per federal requirements)

Name and Social Security # of deceased person(s): _____

Does the family receive public assistance funds? yes no if yes, amount

Case worker’s Name/County: _____

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

Does the child have a DHR Adoption worker? If yes, name and phone number: _____

VISITATION

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

Haddie's Home Treatment Team reviews all requests for visitations, calls, and correspondence a youth has with her biological parents, guardians, family members, foster parents, mentors, resources, or friends. This contact may be supervised for various reasons with supervision needs determined by the treatment team, DHR worker, or the court system. Visitation as well as other forms of contacts will be discussed and an assessment made during a Pre-Placement visit. Periodically each youth's contact list will be reviewed and is subject to change based on the Treatment Team's determination. Please complete the Haddie's Home Visitation/Contact form completely to ensure the youth's contact list is accurate.

Orientation: Haddie's Home operates on a point system. All youth will be placed on orientation level upon arrival. In order to make the transition to Haddie's Home a positive adjustment for each youth, visitation, phone calls, and mail will be limited for the first 30 days as outlined in the point system.

All visits must be scheduled at least 72 hours in advance, this must be confirmed via written documentation. Visitations take place on the 2nd and 4th Sunday of each month between the hours of 1 pm – 5 pm. If distance is a problem for the family, considerations and exceptions will be handled on an individual basis.

Types of Visitation/Contact

- **Supervised:** Youth's initial visitation will be supervised by the house parents, child care worker, counselor, social worker, mentor, or intern. Once orientation is complete the youth may move to unsupervised visitation based on the recommendation of the treatment team and DHR approval. All visitation requiring the need of supervision will be limited to 2-hours and MUST be scheduled no less than 72 hours prior to visitation
- **Unsupervised:** Visitation at Haddie's Home without direct supervision, but not allowed to leave the Haddie's Home campus/grounds for any reason. Visitors are prohibited from interacting with other youth.
- **Off-Campus:** Visitors may take the youth off Haddie's Home campus/grounds to shop, eat, go to a movie etc., this is a privilege and guidelines must be adhered to by visitors. A specified time will be given for expected return (based on youth's level system) and should be followed.
- **Home pass:** Youth must be picked up between 4 pm – 5 pm on the scheduled day (typically Friday) and must adhere to the rules and guidelines set forth in the home pass contract. Youth must return at the designated time and day (typically Sunday). Home pass eligibility will be based on the youth's progress in the points system, DHR approval, and youth's behavior.
- **Mail:** All mail is screened unless it is with the youth's DHR worker, DHR adoption worker, GAL, JPO, or attorney/court system
- **Phone Calls:** Haddie's Home allows phone contact with only approved individuals, this may include parents, siblings, aunts, uncles, cousins, grandparents, step-family, adoptive family, foster family, home-church representatives, mentors (official/assigned), positive friends, or other positive resources. All phone calls are screened unless it is to/from the youth's DHR worker, DHR adoption worker, GAL, JPO, or attorney/court system



Visitation/Contact Permission/Restriction Form

Haddie's Home limits contact to only the approved individuals listed below. DHR Workers, GAL, or JPO do not have to be listed below and have unrestricted access to the youth.

Youth Name: _____ DOB: _____ Referring County: _____

Social Worker: _____ Office Phone: _____ Emergency Phone: _____

Name	Relation	Address	Phone	Approved Types of Contact (points system)
				<input type="checkbox"/> Mail <input type="checkbox"/> Phone Calls <input type="checkbox"/> Supervised Visitation <input type="checkbox"/> Unsupervised Visitation <input type="checkbox"/> Off Campus Visitation <input type="checkbox"/> Home passes
				<input type="checkbox"/> Mail <input type="checkbox"/> Phone Calls <input type="checkbox"/> Supervised Visitation <input type="checkbox"/> Unsupervised Visitation <input type="checkbox"/> Off Campus Visitation <input type="checkbox"/> Home passes
				<input type="checkbox"/> Mail <input type="checkbox"/> Phone Calls <input type="checkbox"/> Supervised Visitation <input type="checkbox"/> Unsupervised Visitation <input type="checkbox"/> Off Campus Visitation <input type="checkbox"/> Home passes
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Name	Relation	Address	Phone	Approved Types of Contact (based on points system)
				<input type="checkbox"/> Mail <input type="checkbox"/> Phone Calls <input type="checkbox"/> Supervised Visitation <input type="checkbox"/> Unsupervised Visitation <input type="checkbox"/> Off Campus Visitation <input type="checkbox"/> Home passes
				<input type="checkbox"/> Mail <input type="checkbox"/> Phone Calls <input type="checkbox"/> Supervised Visitation <input type="checkbox"/> Unsupervised Visitation <input type="checkbox"/> Off Campus Visitation <input type="checkbox"/> Home passes
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