

Bethel Bible Village – Children’s Residential Services Application Packet

ADMISSIONS PROCESS AND CHECKLIST

Keep this page for your information.

Phase I Start of the Admissions Process

Complete and return the items listed in Phase 1. Once we receive the items listed in Phase 1, we will review the packet to determine if the referral is appropriate for Phase 2.

- Completed Application
- Custody Court Order (if custody is not with birth parents)
- Any recent Psychological Assessments or Mental Health Evaluations

Phase 2 Family Meeting

The next step in the application process is a Family Meeting at Bethel Bible Village. This meeting will include the Child, Parent(s) or Guardian(s), our Admissions Counselor, and a Bethel Houseparent and/or Social Worker. At the meeting, we will obtain further details regarding the needs of the child and family and the child and family will learn more about our services and tour the campus.

Phase 3 Decision

If the family and Bethel staff determines that Bethel Bible Village is appropriate for the situation, the Admissions Counselor will arrange a date for the child to enroll. (The child will go onto a waiting list if there are no current openings for the particular program needed.)

At admission, the following items must be brought with the child:

- Results from a physical exam done within the previous 1 year
- Results from a vision exam done within the previous 1 year (may be included as part of the physical exam or done separately)
- Results from a dental cleaning done within the previous 6 months
- Original Birth Certif. and original Social Security Card or good copies of each
- Official Immunization (Shot) Record
- Health Insurance Card (if on a health insurance plan)
- Any medication the child is currently prescribed
- Withdrawal form from the child’s school (if admission during the school year)
- Child’s personal items discussed prior to admission

Contact David Shinn with any questions at (423) 842-5757 ext. 222

Or E-Mail: dshinn@bethelbiblevillage.org Return Application:

Fax: 423-842-5785, Mail or drop off Mon.-Fri. 8:00-5:00 at:

Bethel Bible Village, Admissions, 3001 Hamill Road, Hixson, TN 37343

Bethel Bible Village

AUTHORIZATION FOR RELEASE OF SCHOOL INFORMATION

The information obtained or released is for the purpose of providing services that may be necessary to assist the following person:

_____	_____
Child's Name	Date of Birth

I hereby authorize the release of all educational records to and from Bethel Bible Village and the following schools for the above named person:

Current School _____

Previous School _____

This authorization will allow the release of the child's educational information, including special education records, if applicable. I understand the information released will be used to determine present and/or future needs for the well-being of this child. All information will be placed in the child's file and will only be available to appropriate personnel and/or agencies.

This consent for release is given freely, voluntarily, and without coercion and is valid for one year from the date signed below.

_____	_____
Signature of Parent or Guardian	Date

_____	_____
Signature of Witness	Date

Bethel Bible Village

AUTHORIZATION FOR RELEASE OF INFORMATION

The information obtained or released is for the purpose of providing services that may be necessary to assist the following person:

Child's Name	Date of Birth
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I hereby authorize Bethel Bible Village's authorized personnel to contact the agency(s) or person(s) below to obtain or release information or records as needed for the above named person:

- 1. Psychological/Counseling records _____
(if applicable) Name of Agency/Phone Number
- 2. Department of Children's Services' records _____
(if applicable) Caseworker/Phone Number
- 3. Probation records _____
(if applicable) Probation Officer Name/Phone Number
- 4. Other – please specify _____
- 5. Other – please specify _____
- 6. Other – please specify _____

This authorization will allow Bethel to obtain/release medical, psychological, legal or other information for the child. I understand any information obtained/released will be used to determine present and/or future needs for the well-being of this child. All information will be placed in the child's file and will only be available to appropriate personnel and/or agencies.

This consent for release is given freely, voluntarily, and without coercion and is valid for one year from the date signed below. My signature indicates I am in agreement with the release of information as marked above.

Signature of Parent or Guardian Date

Signature of Witness Date

Bethel Bible Village

APPLICATION FOR ADMISSIONS

This application must be completed and returned to Bethel Bible Village in order to be considered for placement.

A. BIOGRAPHICAL INFORMATION

Child's Name _____
First Middle Last Nickname

Child's Current Address _____
Street City State Zip

County (current) _____ Race _____

(Check one) Female Male Date of Birth _____ Age _____

Legal Custody Holder's Name (Legal Guardian) _____ Relationship to Child _____

Custody Holder's Address _____
if different from Child's Street City State Zip

Provide any of the following which we can use to contact you including to leave you a message:

_____ Cell _____ Home _____ Work _____

_____ Email Address _____

If the child does not live with the legal guardian, who does the child currently live with? _____

If applicable, how long has the child lived with this person? _____

How did you hear about Bethel? _____

B. EDUCATION – List all schools the child has attended in the last 2 school years, starting with the most recent.

Grade	Name of School	City/State	Special Education Services (Yes or No)

C. MEDICAL INFORMATION FOR THE CHILD

Does the child have any allergies? _____

List any surgeries or hospitalizations: _____

List any mental health diagnosis: _____

List any current medications: _____

List any past medications: _____

Does the child have any other significant health issues? _____

Date of last physical _____ **Date of last dental cleaning** _____

Please list below any of the following for the child currently or recently:

	Name	Phone Number	City/State
Physician			
Dentist			
Eye Doctor			
Counselor/ Therapist			
Other			

D. OUT-OF-HOME PROGRAMS (Such as treatment centers, mental health hospitals, group homes etc.)

List any past or current out-of-home programs the child has been to. (List the agency/provider, type of service, dates)

E. COURT INVOLVEMENT

Has the child ever been to juvenile court? Yes No

If yes, please provide age of child, reasons at court and outcomes: _____

F. FAMILY INFORMATION

	Biological Mother	Biological Father	Other Legal Guardian (If Applicable)	Any Other Adult in the Home with Child
First and Last Name				
City and State				
Phone Number				
How involved is this person?				
Age				
Name of church (if attend)				
Employer				
Work Schedule				
Marital Status				
Date of Marriage or Divorce				
Name of Spouse				
Describe General Health				
If Deceased, Date/Cause				

G. SIBLINGS

Name	Age	Lives in home with child (Yes or No)

H. LIST OTHER SIGNIFICANT PERSONS THAT ARE INVOLVED WITH THE CHILD (Include any family or non-family adults not already listed who have a close positive relationship with the child.)

Name	Relationship

I. INFORMATION ABOUT THE YOUTH

Concerns Checklist – To be completed by **Parent / Guardian** – You can check “In the last 6 months” and “More than 6 months ago” if it’s a recent and past issue, or you could check one of them, or check Never if it does not apply.

	In the last 6 Months	More than 6 Months ago	Never/ Does not apply	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not getting good grades in school
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Getting in-school or out of school suspensions
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Getting into fights
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling anxious/worried/stressed out
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling lonely
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling down or depressed
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-harm such as cutting or other harm to self
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wishing he/she was dead
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Holding in his/her anger (not expressing or discussing it)
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exploding with his/her anger
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaging things that belong to him/her or others
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stealing
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lying
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using alcohol
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using tobacco
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using other drugs or dealing drugs
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty coping with a family member’s drinking and/or drug use
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty coping with feelings about being adopted
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty coping with past physical abuse, emotional, or sexual abuse
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty coping with divorce or separation of his or her parents/guardians
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty coping with the death of someone close to him/her
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty getting along with family members
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty getting along with people outside of the family
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty getting along with authority figures
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having friends who are a bad influence
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Setting fires
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hurting animals
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not doing household chores
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor hygiene
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weight problems
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Being arrested or detained by the police
32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gang involvement
33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is or has been sexually active
34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pornography (internet or other)
35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate sexual behavior toward others
36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Running away
37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of friend due to move or death
38.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dealing with a break-up
39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting
40.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of a pet

J. Family History

Which of these have existed in the child's family?
(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Frequent moves | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Family isolated / No support system | <input type="checkbox"/> Physical illness |
| <input type="checkbox"/> Incarceration of parent | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Financial stress |
| <input type="checkbox"/> Other family violence | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Alcohol abuse or other drug abuse | <input type="checkbox"/> Suicide of parent |
| <input type="checkbox"/> Other (Please list) | |
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K. Statement of Truth

I hereby request that Bethel Bible Village consider providing services to _____.

All information provided is accurate to the best of my knowledge.

I understand that any deliberately false information is grounds for denial.

Signature of Custody Holder: _____

Date: _____

Financial Information

Bethel Bible Village desires, within the bounds of our resources, to serve all those applying who meet our criteria for admission. Funding for our services comes from both private charitable donations and from payments from residents' families. Each family is asked to pay an affordable monthly fee based on the family's ability to pay. Financial arrangements will be discussed further if it is determined that Bethel is an appropriate program for the needs of the child and family.

Return this packet to David Shinn by fax, mail or drop off at our campus.

Fax: (423) 842-5785
Mail or Drop Off Monday-Friday 8:00 am - 5:00 pm
Bethel Bible Village
3001 Hamill Road
Hixson, TN 37343

Other contact information:

Phone: (423) 842-5757 ext. 222
E-Mail: dshinn@bethelbiblevillage.org