



BOYS & GIRLS
C O U N T R Y
A Home for Children

Dear Applicant,

We appreciate your inquiry into our program. It is our desire to serve you in a timely manner. Please follow the instructions of this application carefully. If you have questions regarding any portion of the application, please feel free to call. It is important that each section is completed accurately and as completely as possible.

INSTRUCTIONS

1. Fill out the application in ink.
2. Sign the Release of Information forms and return with the application.
3. Include with the application:
 - a. a current photograph, i.e., school picture or snapshot
 - b. immunization record
 - c. birth certificate
 - d. a copy of the child's social security card
 - e. a copy of the court order relating to the managing conservatorship of the child, i.e., divorce decree (if applicable)
4. Return the application to:

**BOYS AND GIRLS COUNTRY OF HOUSTON, INC.
ATTN: PLACEMENT SERVICES MANAGER
18806 ROBERTS ROAD
HOCKLEY, TEXAS 77447**

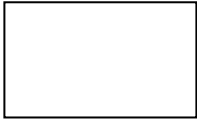
**By Fax: 281-351-4978
ATTN: PLACEMENT SERVICES MANAGER**

Once the application has been received and appropriate records have been reviewed, you will be contacted by the Placement Services Manager.

Thank you for your interest in Boys and Girls Country.

Sincerely,

Carol Gillespie
Placement Services Manager



BOYS AND GIRLS COUNTRY

18806 Roberts Road
Hockley, Texas 77447
281-351-4976

APPLICANT INFORMATION:

Child for whom this application is made:

Full Name: _____ Sex: _____
Child Goes By: _____ Age: _____ Race: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____ Religion: _____
Child Resides at: _____
With: _____ Relationship to Child: _____
Who Has Legal Custody of Child: _____
Is the child a U.S. Citizen: _____

FAMILY INFORMATION

Mother: _____ Age: _____ Date of Birth: _____
Maiden Name: _____ Social Security Number: _____
Address: _____ Home Telephone: _____

Level of Education: _____ Religion: _____
Current Marital Status: _____

Marital History:

<i>Full Name of Spouse</i>	<i>How Marriage was Terminated (Divorce, Death, etc.)</i>	<i>Date of Marriage and Termination</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children Born to This Parent:

<i>Full Name</i>	<i>Date of Birth</i>	<i>Father</i>	<i>Child's Residence</i>

Father: _____ Age: _____ Date of Birth: _____

Social Security Number: _____

Address: _____ Home Telephone: _____

Level of Education: _____ Religion: _____

Current Marital Status: _____

Marital History:

<i>Full Name of Spouse</i>	<i>How Marriage was Terminated (Divorce, Death, etc.)</i>	<i>Date of Marriage and Termination</i>

Children Born to This Parent:

<i>Full Name</i>	<i>Date of Birth</i>	<i>Mother</i>	<i>Child's Residence</i>

List All People in the Home:

<i>Full Name</i>	<i>Age</i>	<i>Relationship to Child</i>

PARENT EMPLOYMENT INFORMATION

Mother's Employer: _____ Occupation: _____
Employer: _____ Income: _____
Work Telephone: _____

Father's Employer: _____ Occupation: _____
Employer: _____ Income: _____
Work Telephone: _____

Income and Benefits Which the Child Receives:

Social Security:	Amount: _____
	Claim Number: _____
Child Support:	Amount: _____
TANF	Amount: _____
Other	Amount: _____

List all agencies or professionals (i.e., psychiatrist, counselor, social worker) who have contact with the family and know about the existing situation and problems:

Agency / Individual

Address

Telephone

Has this child ever been placed in any residential facility or psychiatric hospital? _____
If Yes, please give details surrounding placement, name(s) of facility, dates, reasons for placement, etc.

Does the child have a diagnosed or suspected health condition or disability? _____

Does the child have mental health needs that require treatment?

Does the child have a history of drug or alcohol abuse?

What does your child like to do for fun?

Briefly describe the child's strengths:

Has your child experienced abuse: _____sexual, _____emotional, _____physical, _____neglect, _____abandonment. If yes to any of the above who was the responsible party? _____

DEVELOPMENTAL / MEDICAL HISTORY

BIRTH

Length: _____ Weight: _____ Premature: _____ Full-term: _____

Birth defects: _____

Birth Injury: _____

Normal Delivery: _____ C-Section: _____

Health: _____ Hospitalization: _____

Any significant factors regarding pregnancy/birth of this child such as drug/alcohol/tobacco use of mother, health of mother, etc.:

DEVELOPMENT

Any delays/difficulties or significant factors in the following areas:

Speech: _____

Motor Skills (crawling/walking): _____

Physical: _____

Social: _____

Emotional: _____

IMMUNIZATIONS

Are immunizations current? _____ Any reactions to immunizations _____

If so, explain _____

HEALTH

Any allergies to medications or food items _____

If so, reaction and treatment _____

Any serious illness _____

Any significant injuries _____

Any hospitalizations _____

Any surgeries _____

GENERAL HABITS OR PROBLEMS

frequent headaches

diarrhea

constipation

frequent colds

enuretic

skin problems

heart murmur

vision problems

chicken pox - age: _____

frequent sore throats

ear aches

nose bleeds

dizziness

encopretic

asthma

seizures

hearing problems

If any items on previous page (general habits and problems section) were checked yes, please explain:

Medication history for physical, emotional/behavior disorders (i.e., hyperactivity, bedwetting, depression)

<i>condition</i>	<i>medication</i>	<i>dosage</i>	<i>length of time prescribed</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is child sick often with minor ailments? _____

Does child fake illness or complain frequently of ailments? _____

Any unreasonable fear of doctor/dentist or injections? _____

Any personal or nervous habits? _____

How is this child's personal hygiene/grooming? _____

Any sleep problems or significant factors related to sleep habits?

Does child have any medical/physical problems that need attention at this time?

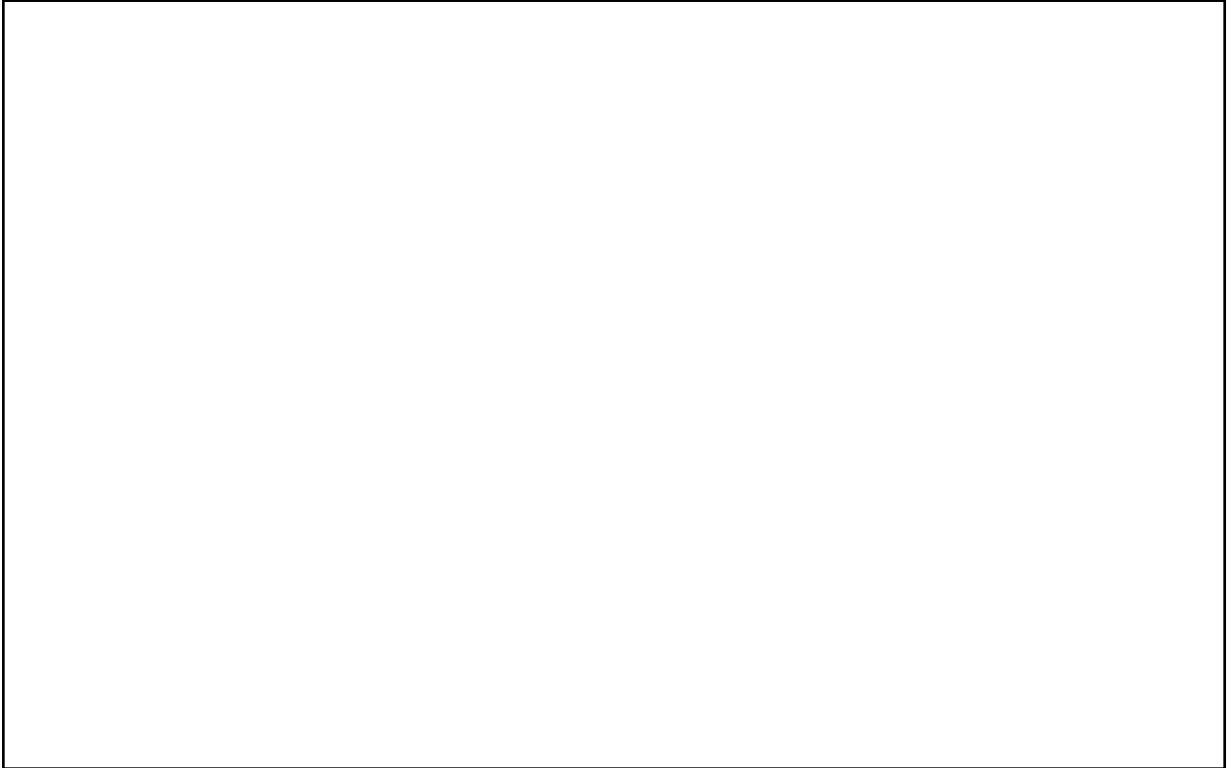
Overall health _____

Health Insurance _____

Hair Color: _____

Eye Color: _____

Please explain your reason(s) for seeking placement for this child:

A large, empty rectangular box with a black border, intended for the user to provide reasons for seeking placement for the child.

What is the child's understanding of placement at Boys and Girls Country and how does he/she feel about it?

A large, empty rectangular box with a black border, intended for the user to describe the child's understanding of placement and their feelings about it.

SCHOOL INFORMATION

School Presently Attending: _____
(if summer, last school attended)

Grade Placement: _____ Type: Regular Ed. Special Ed.
(Check One)

If in Special Ed:
Handicap Condition: LD ED Speech ESL MR Adaptive Behavior
(Check those that apply)

Instructional Setting: Resource Self-Contained Homebound Mainstreamed

Grades Retained: K 1 2 3 4 5 6 7 8 9 10
(Check those that apply)

School Problems: Disrespectful Uncooperative Unmotivated Irresponsible
(Check those that apply)

School Attendance: Regular Truant
(Check one)

Has the child ever been suspended or expelled from school? _____
If so, state grade(s) and circumstances:

List all schools this child has attended:

Grade	Name of School	Address	District
K -	_____	_____	_____
1 -	_____	_____	_____
2 -	_____	_____	_____
3 -	_____	_____	_____
4 -	_____	_____	_____
5 -	_____	_____	_____
6 -	_____	_____	_____
7 -	_____	_____	_____
8 -	_____	_____	_____
9 -	_____	_____	_____

AUTHORIZATION TO RELEASE INFORMATION

TO: _____ DATE: _____

RE: _____ DOB: _____

ADDRESS: _____

This is your authorization to release to Boys and Girls Country any medical, social, educational or psychological information concerning my child.

Signature of Parent or Guardian

Witness