

CHILD APPLICATION:

FULL LEGAL NAME _____

AGE _____ GRADE _____ DOB _____ BIRTHPLACE _____

SS-NUMBER _____ SEX _____ RACE _____

RELIGION _____ HEIGHT _____ WEIGHT _____

HAIR _____ EYE COLOR _____

DISTINGUISHING MARKS _____

LAST RESIDED WITH _____ RELATIONSHIP _____

ADDRESS _____

PHYSICAL ADDRESS _____ POSTAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

LEGAL GUARDIAN _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____

PRIOR PLACEMENTS (Include foster care, hospitalizations, etc.):

Name _____ Address _____ Date _____

Name _____ Address _____ Date _____

Name _____ Address _____ Date _____

DHS OR CPS CUSTODY _____ DATE/S _____

PLACEMENT REASON _____

DISCHARGE REASON _____

COURT RECORD _____ DATE/S _____

REASON/S _____

CASE WORKER/PO NAME _____

PHONE # _____

REASON _____

HOW DOES CHILD FEEL ABOUT PLACEMENT AT TIPTON HOME?

PRESENTING PROBLEM: DESCRIBE REASON FOR PLACEMENT AT THE TIPTON HOME.

LIST CHILD'S INTERESTS, HOBBIES, ETC. (1) _____ (2) _____
(3) _____ (4) _____

FAMILY HISTORY: RELATIVES OR OTHER INTERESTED PERSONS

NAME RELATION

ADDRESS PHONE

NAME RELATION

ADDRESS PHONE

SIBLINGS: (1) _____

NAME DOB ADDRESS PHONE

(2) _____

NAME DOB ADDRESS PHONE

(3) _____

NAME DOB ADDRESS PHONE

BIRTH ORDER: ONLY; 1ST; 2ND; 3RD; 4TH; 5TH; 6TH; 7TH;BABY, ADOPTED, TWIN

BIOLOGICAL MOTHER: _____

NAME DOB SS#

ADDRESS

HOME PHONE CELL PHONE

OCCUPATION EMPLOYER

MONTHLY SALARY

WORK PHONE

LENGTH OF EMPLOYMENT

IF DISABLED, DECEASED, INCARCERATED, OR UNEMPLOYED GIVE DATES, AGE OF CHILD AT ONSET AND REASON/S

NAME OF SPOUSE/LIVE IN _____

BIOLOGICAL FATHER: _____

NAME _____ DOB _____ SS# _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

OCCUPATION _____ EMPLOYER _____

MONTHLY SALARY _____ WORK PHONE _____ LENGTH OF EMPLOYMENT _____

IF DISABLED, DECEASED, INCARCERATED, OR UNEMPLOYED GIVE DATES, AGE OF CHILD AT ONSET AND REASON/S

NAME OF SPOUSE/LIVE IN _____

FAMILY-OF-ORIGIN PSYCHO/SOCIAL/MEDICAL HISTORY:

MOTHER FATHER SIBLING 1 SIBLING 2 P/M AUNT/UNCLE P/M GRANDMOTHER/FATHER

DRUG USE _____

DIVORCE _____

SEXUAL ABUSE _____

MENTAL DISORDER _____

EDUCATION LEVEL _____

TEMPERMENT _____

COUNSELING _____

DIABETES OR TB _____
HEPATITIS A B C _____

FINANCIAL: IS CHILD ENTITLED TO ANY AID FROM:

(1) SOCIAL SECURITY _____ AMOUNT \$ _____
SS# _____

NAME OF BENEFACTOR _____

(2) VETERANS BENEFITS _____ AMOUNT \$ _____
CLAIM# _____

SOURCE NAME _____

(3) CHILD SUPPORT _____ AMOUNT \$ _____
SS# _____

NAME OF BENEFACTOR _____

(4) OTHER SOURCE OF INCOME _____
AMOUNT \$ _____

******I CERTIFY THAT I AM NOT UNDER ANY FINANCIAL OBLIGATION WHILE MY CHILD IS A RESIDENT AT THE TIPTON HOME
THEREFORE, I WILL PROVIDE \$0 TOWARDS THE CHILD'S SUPPORT.**

SIGNATURE _____ DATE _____

EDUCATION: USUAL GRADES OF STUDENT [A B C D F]

HAS THE CHILD EVER:

REPEATED A GRADE _____

WHICH ONE/S _____

BEEN IN SPECIAL ED OR REMEDIAL CLASS? _____

BEEN IN GIFTED OR TALENTED CLASSES _____ WHEN _____

BEEN IN SPEECH THERAPY CLASS _____

BEEN A DISCIPLINE PROBLEM AT SCHOOL _____

IF SO, EXPLAIN _____

BEEN SUSPENDED () EXPELLED () IN-SCHOOL DETENTION () SATURDAY SCHOOL () TRUANT ()

EXPLAIN _____

CURRENT SCHOOL AND ADDRESS _____

PREVIOUS SCHOOL/S: _____
 NAME ADDRESS DATES ATTENDED

 NAME ADDRESS DATES ATTENDED

 NAME ADDRESS DATES ATTENDED

MEDICAL HISTORY:

REGULAR PHYSICIAN _____ ADDRESS _____
 DO YOU HAVE HEALTH INSURANCE THAT CARRIES THE CHILD AS A DEPENDENT?
 ___Y___ N
 NAME OF INSURANCE _____ POLICY# _____

HAS THE CHILD HAD THE FOLLOWING?

	DATE/S	DR. & LOCATION/S	REASON/S
SERIOUS ILLNESS/S Y N	_____	_____	_____
BROKEN BONE/S Y N	_____	_____	_____
HOSPITALIZATION/S Y N	_____	_____	_____
SURGERIES Y N	_____	_____	_____
IMMUNIZATIONS Y N	_____	_____	_____
A HANDICAP Y N	_____	_____	_____
TETANUS SHOT Y N	_____	_____	_____

DOES THE CHILD HAVE ANY MEDICAL, DENTAL, VISUAL OR PSYCHOLOGICAL PROBLEMS?
 Y N IF YES, PLEASE EXPAIN _____

LIST ANY MEDICATION THE CHILD IS CURRENTLY TAKING OR HAS EVER TAKEN:
 NAME _____ DR. WHO PRESCRIBED IT _____
 REASON _____
 HOW LONG HAS CHILD BEEN TAKING THIS PRESCRIPTION? _____
 NAME _____ DR. WHO PRESCRIBED IT _____
 REASON _____
 HOW LONG HAS CHILD BEEN TAKING THIS PRESCRIPTION? _____
 NAME _____ DR. WHO PRESCRIBED IT _____
 REASON _____
 HOW LONG HAS CHILD BEEN TAKING THIS PRESCRIPTION? _____

IS THE CHILD ALLERGIC TO **MEDICATIONS, FOODS, BEE STINGS OR OTHER?** (CIRCLE THAN EXPLAIN)

DOES THE CHILD WEAR GLASSES/CONTACTS? ___Y___N

IF YES, WHEN WAS CHILD'S LAST EXAM? _____

DR. _____ ADDRESS _____

DOES THE CHILD WEAR BRACES? Y N

LAST DENTAL EXAM _____

DENTIST NAME _____ ADDRESS _____

CAVITIES? Y N

HAS THE CHILD ATTENDED COUNSELING? Y N

HAD A PSYCHOLOGICAL EVALUATION? Y N

PSYCHOLOGIST NAME AND ADDRESS _____

DOES THE CHILD HAVE ANY TATTOOS? Y N

DATE OF EACH _____

DONE PROFESSIONALLY OR HOMEMADE? _____

DOES THE CHILD HAVE OR EVER HAD ANY PROBLEM WITH THE FOLLOWING:

	YES	NO	DESCRIPTION AND DATE OF ONSET
ALLERGIES	_____	_____	_____
ASTHMA	_____	_____	_____
DIABETES	_____	_____	_____
HEART PROBLEMS	_____	_____	_____
HEARING LOSS	_____	_____	_____
WHOOPING COUGH	_____	_____	_____
SEIZURES	_____	_____	_____
MEASLES	_____	_____	_____
EAR TROUBLE	_____	_____	_____
FAINTING SPELLS	_____	_____	_____
DIPHTHERIA	_____	_____	_____
THROAT TROUBLE	_____	_____	_____

CHICKEN POX	_____	_____	_____
MUMPS	_____	_____	_____
KIDNEY PROBLEMS	_____	_____	_____
RHUMATIC FEVER	_____	_____	_____
SMALL POX	_____	_____	_____
HAY FEVER	_____	_____	_____
INFANTILE PARALYSIS	_____	_____	_____
SCARLETT FEVER	_____	_____	_____
HIGH BLOOD PRESSURE	_____	_____	_____
HYPERACTIVE/ADHD	_____	_____	_____
ALCOHOLISM	_____	_____	_____
AIDS/HIV OR STD'S	_____	_____	_____
TUBERCULOSIS	_____	_____	_____
HEPATITIS A B C	_____	_____	_____
SEXUAL RELATIONS	_____	_____	_____
ABORTION/S	_____	_____	_____
INCESTUOUS RELATIONS	_____	_____	_____
INTRAVENOUS DRUG USE	_____	_____	DATE OF LAST USE _____
HAS CHILD STARTED HER PERIOD YET?	_____	_____	_____

DATE OF LAST MENSTRUAL CYCLE _____ # OF DAYS () AGE OF ONSET _____

POSSIBILITY OF BEING PREGNANT? _____

DATE OF LAST INTERCOURSE _____

DESCRIBE CHILD'S SEXUAL PECULLARITIES OR IDEATIONS

HAS THE CHILD USED/OR IS CURRENTLY USING **UNPRESCRIBED DRUGS**, ALCOHOL, OR ANY FORM OF TOBACCO?
 (EXPLAIN) _____

HAS THE CHILD BEEN ABUSED?
 PHYSICALLY? _____

EMOTIONALLY? _____

SEXUALLY? _____

SPIRITUALLY? _____

HAS THE CHILD THREATENED **SUCIDE**? **Y N** IF YES, HOW MANY TIMES (_____)

PLEASE _____

WHAT WAS HAPPENING WITH THE FAMILY AT THAT TIME? _____

HAS THE CHILD RAN AWAY OR THREATENED TO **RUN AWAY**? **Y N**

IF YES, HOW MANY TIMES (_____)

PLEASE EXPLAIN _____

WHAT WAS HAPPENING WITH THE FAMILY AT THAT TIME? _____

NAME _____ AGE _____

DATE OF ENTRY _____ PERSON/S ANSWERING _____

This is a list of problems that the child may or may not be having. Please indicate the frequency of each problem by circling the appropriate number.

Rate the following on a 0-10 scale system: 0=never, 1=rarely, 2-3=seldom, 4-5=occasionally, 6-7=often, 8-9=frequently, 10=always/extremely.

1	AFRAID OF NEW SITUATIONS.....	0	1	2	3	4	5	6	7	8	9	10
2	WORRIES TOO MUCH.....	0	1	2	3	4	5	6	7	8	9	10
3	SAD OR UNHAPPY MOST OF THE TIME.....	0	1	2	3	4	5	6	7	8	9	10
4	SELF-CENTERED OR STUCK UP.....	0	1	2	3	4	5	6	7	8	9	10
5	POOR PERSONAL APPEARANCE.....	0	1	2	3	4	5	6	7	8	9	10
6	WASTES TIME.....	0	1	2	3	4	5	6	7	8	9	10
7	OTHERS TAKE ADVANTAGE OF CHILD.....	0	1	2	3	4	5	6	7	8	9	10

8	SHY OR TOO QUIET.....	0	1	2	3	4	5	6	7	8	9	10
9	IMMODEST ABOUT BODY, SHOWS OFF.....	0	1	2	3	4	5	6	7	8	9	10
10	SETS GOALS TOO HIGH.....	0	1	2	3	4	5	6	7	8	9	10
11	DENIES HAVING DONE WRONG.....	0	1	2	3	4	5	6	7	8	9	10
12	TELLS THINGS THAT DID NOT OCCUR.....	0	1	2	3	4	5	6	7	8	9	10
13	CLINGS TO ADULTS.....	0	1	2	3	4	5	6	7	8	9	10
14	RESTLESS SLEEP.....	0	1	2	3	4	5	6	7	8	9	10
15	HAS TROUBLE FALLING ASLEEP.....	0	1	2	3	4	5	6	7	8	9	10
16	CRIES OFTEN.....	0	1	2	3	4	5	6	7	8	9	10
17	SOILS SELF OR CLOTHING (URINATION OR BOWEL)	0	1	2	3	4	5	6	7	8	9	10
18	WETS THE BED.....	0	1	2	3	4	5	6	7	8	9	10
19	ACTS OLDER THAN ACTUAL AGE.....	0	1	2	3	4	5	6	7	8	9	10
20	RESTLESS, OVERACTIVE.....	0	1	2	3	4	5	6	7	8	9	10
21	FEELINGS HURT EASILY.....	0	1	2	3	4	5	6	7	8	9	10
22	ACTS YOUNGER THAN ACTUAL AGE.....	0	1	2	3	4	5	6	7	8	9	10
23	POOR SELF-IMAGE.....	0	1	2	3	4	5	6	7	8	9	10
24	TAKES CORRECTION POORLY.....	0	1	2	3	4	5	6	7	8	9	10
25	BLAMES OTHERS FOR MISTAKES.....	0	1	2	3	4	5	6	7	8	9	10
26	BAD RELATIONS WITH ADULTS.....	0	1	2	3	4	5	6	7	8	9	10
27	HAS DEPRESSED ATTITUDE.....	0	1	2	3	4	5	6	7	8	9	10
28	HAS FREQUENT HEADACHES.....	0	1	2	3	4	5	6	7	8	9	10

29	COMPLAINS OF ACHES AND PAINS.....	0	1	2	3	4	5	6	7	8	9	10
30	FEELS DEPRESSED A LOT.....	0	1	2	3	4	5	6	7	8	9	10
31	MAKES POOR GRADES IN SCHOOL.....	0	1	2	3	4	5	6	7	8	9	10
32	FIGHTS AT SCHOOL.....	0	1	2	3	4	5	6	7	8	9	10
33	DISCIPLINE PROBLEM AT SCHOOL.....	0	1	2	3	4	5	6	7	8	9	10
34	DOES NOT COMPLETE HOMEWORK.....	0	1	2	3	4	5	6	7	8	9	10
35	STEALS AT SCHOOL.....	0	1	2	3	4	5	6	7	8	9	10
36	GETS ANGRY EASILY.....	0	1	2	3	4	5	6	7	8	9	10
37	KEEPS ANGER TO SELF.....	0	1	2	3	4	5	6	7	8	9	10
38	DOES AS HE/ SHE PLEASES.....	0	1	2	3	4	5	6	7	8	9	10
39	STEALS FROM STORES, ETC.....	0	1	2	3	4	5	6	7	8	9	10
40	BAD RELATIONSHIP WITH OTHER KIDS.....	0	1	2	3	4	5	6	7	8	9	10
41	HAS EXPLOSIVE TEMPER TANTRUMS.....	0	1	2	3	4	5	6	7	8	9	10
42	BULLIES OTHER CHILDREN.....	0	1	2	3	4	5	6	7	8	9	10
43	STEALS AT HOME.....	0	1	2	3	4	5	6	7	8	9	10
44	USES PROFANITY.....	0	1	2	3	4	5	6	7	8	9	10
45	ABUSES OBJECTS (FURNITURE, ETC.).....	0	1	2	3	4	5	6	7	8	9	10
46	INAPPROPRIATE SEXUAL BEHAVIOR.....	0	1	2	3	4	5	6	7	8	9	10

47	USES TOBACCO (SMOKES, CHEW, ETC.).....	0	1	2	3	4	5	6	7	8	9	10
48	USES ALCOHOLIC BEVERAGES.....	0	1	2	3	4	5	6	7	8	9	10
49	USES DRUGS (SPECITY _____).....	0	1	2	3	4	5	6	7	8	9	10
50	GANG INVOLVEMENT/ INTEREST.....	0	1	2	3	4	5	6	7	8	9	10
51	LACK OF PARENTAL SUPERVISION.....	0	1	2	3	4	5	6	7	8	9	10
52	NEGLECT.....	0	1	2	3	4	5	6	7	8	9	10
53	LACK OF ECONOMIC RESOURCES.....	0	1	2	3	4	5	6	7	8	9	10
54	EASILY DISTRACTED.....	0	1	2	3	4	5	6	7	8	9	10
55	LIKES SCHOOL.....	0	1	2	3	4	5	6	7	8	9	10
56	EXHIBITS LEADERSHIP QUALITIES.....	0	1	2	3	4	5	6	7	8	9	10
57	RESPONSIBLE, FOLLOWS RULES.....	0	1	2	3	4	5	6	7	8	9	10
58	CONSIDERATE, HELPFUL.....	0	1	2	3	4	5	6	7	8	9	10
59	AFFECTIONATE	0	1	2	3	4	5	6	7	8	9	10
60	HAPPY GO LUCKY, PLAYFUL	0	1	2	3	4	5	6	7	8	9	10
61	ENTERTAINS SELF WELL.....	0	1	2	3	4	5	6	7	8	9	10
62	SAD/CRIES.....	0	1	2	3	4	5	6	7	8	9	10

63	FEELS USELESS, HELPLESS.....	0	1	2	3	4	5	6	7	8	9	10
64	SULKES AND POUTS.....	0	1	2	3	4	5	6	7	8	9	10
65	WITHDRAWN/ PREFERS BEING ALONE	0	1	2	3	4	5	6	7	8	9	10
66	MOODY/EMOTION SHIFT QUICKLY	0	1	2	3	4	5	6	7	8	9	10
67	NERVOUS, FEARFUL, ANXIOUS	0	1	2	3	4	5	6	7	8	9	10
68	TOUCHY, RESENTS CRITICISM	0	1	2	3	4	5	6	7	8	9	10
69	SHOW EMOTION	0	1	2	3	4	5	6	7	8	9	10
70	BITES NAILS	0	1	2	3	4	5	6	7	8	9	10
71	GIVES UP EASILY	0	1	2	3	4	5	6	7	8	9	10
72	ARGUES, CRITICIZES OTHERS	0	1	2	3	4	5	6	7	8	9	10
73	CURSES, USE ABUSIVE LANGUAGE	0	1	2	3	4	5	6	7	8	9	10
74	CONS OTHERS/MANIPULATIVE	0	1	2	3	4	5	6	7	8	9	10
75	DEMANDS ATTENTION	0	1	2	3	4	5	6	7	8	9	10

76	RESENTS DISCIPLINE	0	1	2	3	4	5	6	7	8	9	10
77	SCRATCHES, CUTS OR HURTS SELF	0	1	2	3	4	5	6	7	8	9	10
78	PLAYS WITH FIRE/ MATCHES	0	1	2	3	4	5	6	7	8	9	10
79	DISTORTS THE TRUTH	0	1	2	3	4	5	6	7	8	9	10
80	CONFUSED, RAMBLED SPEECH	0	1	2	3	4	5	6	7	8	9	10
81	“BORROWS” WITHOUT PERMISSION	0	1	2	3	4	5	6	7	8	9	10
82	MAKES UNUSUAL REPETITIVE MOVEMENTS	0	1	2	3	4	5	6	7	8	9	10
83	NERVOUS HABITS (SPECIFY _____)	0	1	2	3	4	5	6	7	8	9	10
84	HITS, FIGHTS, ATTACKS OTHERS	0	1	2	3	4	5	6	7	8	9	10
85	THREATENS TO HURT OTHERS	0	1	2	3	4	5	6	7	8	9	10
86	MAKES FRIENDS EASILY	0	1	2	3	4	5	6	7	8	9	10
87	PASSIVE, EASILY INFLUENCED	0	1	2	3	4	5	6	7	8	9	10
88	WILLING TO SHARE WITH OTHERS	0	1	2	3	4	5	6	7	8	9	10
89	DEFENDS SELF	0	1	2	3	4	5	6	7	8	9	10

90	FORMS CLOSE RELATIONSHIPS	0	1	2	3	4	5	6	7	8	9	10
91	VANDALIZES, DESTROYS OBJECTS	0	1	2	3	4	5	6	7	8	9	10
92	USES WEAPONS (SPECIFY _____)	0	1	2	3	4	5	6	7	8	9	10
93	RUNS AWAY (# _____)	0	1	2	3	4	5	6	7	8	9	10
94	SNIFFS PAINTS, SOLVENTS, GASOLINE, ETC	0	1	2	3	4	5	6	7	8	9	10
95	SMOKES MARIJUANA	0	1	2	3	4	5	6	7	8	9	10
96	DEALS DRUGS	0	1	2	3	4	5	6	7	8	9	10
97	FORGERY/ THEFT BY CHECK	0	1	2	3	4	5	6	7	8	9	10
98	AUTOMOBILE THEFT	0	1	2	3	4	5	6	7	8	9	10
99	IMPULSIVE	0	1	2	3	4	5	6	7	8	9	10
100	HAPPY TO COME TO THE TIPTON HOME	0	1	2	3	4	5	6	7	8	9	10

EXPECTATION/ NEED ASSESSMENT

WHAT ARE YOUR EXPECTATIONS OF THE TIPTON HOME? _____

WHAT AREAS DOES THE CHILD NEED HELP WITH?

IF FOR SOME REASON THE CHILD CANNOT STAY AT THE TIPTON HOME PAST THE 30-DAY TRIAL PERIOD OR LATER, WHO WILL COME TO PICK UP THE CHILD?

NAME _____

ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

PAGER # _____ WORK PHONE # _____

A FRIEND'S # _____ A NEIGHBOR'S # _____

EMAIL ADDRESS _____

I HEREBY CONFIRM THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF GUARDIAN DATE

SIGNATURE OF CHILD DATE