

Child Application:

Child Full Legal Name: _____

Age: _____ Grade: _____ DOB: _____ Birthplace: _____ SS#: _____

Sex: _____ Race: _____ Religion: _____

Height: _____ Weight: _____ Hair: _____ Eye Color: _____

Distinguishing Marks: _____

Last resided with: _____ Relationship: _____

Physical Address: _____
Street City State Zip

Postal Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Legal Guardian: _____ Relationship: _____

Address: _____ Home Phone: _____

Prior Placements (Include foster care, hospitalizations, etc.):

Name: _____ Date: _____

Address: _____
Street City State Zip

Name: _____ Date: _____

Address: _____
Street City State Zip

Name: _____ Date: _____

Address: _____
Street City State Zip

DHS or CPS Custody: Y or N Date(s): _____

Placement Reason: _____

Discharge Reason: _____

Court Record: _____ Date(s): _____

Reason(s): _____

Case Worker/PO Name: _____

Phone #: _____

Reason(s): _____

How Does Child Feel About Placement At Tipton Home?

Presenting problem: describe reason for placement at the Tipton Children's Home.

List Child's Interests, Hobbies, Etc.

(1) _____ (2) _____ (3) _____ (4) _____

Family History: Relatives Or Other Interested Persons:

Name: _____ Relation: _____

Address: _____ Phone: _____
Street City State Zip

Name: _____ Relation: _____

Address: _____ Phone: _____
Street City State Zip

Sibling (1)

Name: _____ DOB: _____

Address: _____ Phone: _____
Street City State Zip

Sibling (2)

Name: _____ DOB: _____

Address: _____ Phone: _____
Street City State Zip

Sibling (3)

Name: _____ DOB: _____

Address: _____ Phone: _____
Street City State Zip

Birth order: Only | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | Baby | Adopted | Twin

Biological Mother: _____

DOB: _____ SS#: _____

Address: _____
Street City State Zip

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)

x Name of spouse/live in: _____

Biological Father: _____

DOB: _____ SS#: _____

Address: _____
Street City State Zip

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 Psychological/Social/Medical History: "x" each applicable box

	Mother	Father	Sibling 1	Sibling 2	P/M Aunt/Uncle	P/M Grandmother/Father
Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes or TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A/B/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial:

Is child entitled to any aid from:

(1) Social Security: Y or N Amount: \$ _____ SS# _____

Name of Benefactor: _____

(2) Veterans Benefits: Y or N Amount: \$ _____ Claim# _____

Source Name: _____

(3) Child Support: Y or N 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 Children's 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? Y / N Which grade(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, please explain: _____

Been Suspended

Expelled

In-School Detention

Saturday School

Truant

If so, please explain: _____

Current school: _____

Address: _____
 Street City State Zip

Previous school(s):

Name: _____

Address: _____
 Street City State Zip

Dates attended: _____

Name: _____

Address: _____
 Street City State Zip

Dates attended: _____

Medical History:

Regular Physician: _____

Address: _____
 Street City State Zip

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)	Doctor	Location(s)	Reason(s)
Serious illness(s) Y <input type="checkbox"/> or N <input type="checkbox"/>				
Broken bone(s) Y <input type="checkbox"/> or N <input type="checkbox"/>				
Hospitalization(s) Y <input type="checkbox"/> or N <input type="checkbox"/>				
Surgeries Y <input type="checkbox"/> or N <input type="checkbox"/>				
Immunizations Y <input type="checkbox"/> or N <input type="checkbox"/>				
A handicap Y <input type="checkbox"/> or N <input type="checkbox"/>				
Tetanus shot Y <input type="checkbox"/> or N <input type="checkbox"/>				

Does the child have any medical, dental, visual or psychological problems? Y or N

If Yes, please explain: _____

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? Y or N

If Yes, please explain: _____

Does the child wear glasses/contacts? Y or N

If Yes, when was child's last exam? _____ Dr. _____

Address: _____

Street City State Zip

Does the child wear braces? Y / N Last Dental Exam? _____ Dentist Name: _____

Address: _____

Street City State Zip

Phone: _____

Cavities? Y / N

Has the child attended counseling? Y or N Has the child had a psychological evaluation? Y or N

Psychologist name: _____

Address: _____

Street City State Zip

Does the child have any tattoos? Y or N

Date of each: _____ Done Professionally or Homemade?

"x" each applicable box - Does The child have or ever had any problem with the following:

Allergies	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Asthma	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Diabetes	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Heart Problems	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Hearing Loss	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Whooping Cough	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Seizures	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Measles	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Ear Trouble	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Fainting Spells	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Diphtheria	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Throat Trouble	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Chicken Pox	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Mumps	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____

"x" each applicable box - Does The child have or ever had any problem with the following:

Kidney Problems	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Rhumatic Fever	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Small Pox	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Hay Fever	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Infantile Paralysis	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Scarlett Fever	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
High Blood Pressure	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Hyperactive/ADHD	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Alcoholism	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
AIDS/HIV or STD's	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Tuberculosis	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Hepatitis A/B/C	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Sexual Relations	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Abortion(s)	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Incestuous Relations	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of onset: _____
Intravenous drug use	Y <input type="checkbox"/> N <input type="checkbox"/>	Description: _____	Date of last use: _____
Has child started her period yet?	Y <input type="checkbox"/> N <input type="checkbox"/>	Date of last menstrual cycle: _____	# of days: _____ Age of onset: _____
Possibility of being pregnant?	Y <input type="checkbox"/> N <input type="checkbox"/>	Date of last intercourse _____	

Describe child's sexual peculiarities or ideations: _____

Has the child used/or is currently using unprescribed drugs, alcohol, or any form of tobacco?
 If so, please explain: _____

Has the child been abused?
 Physically? Y N Emotionally? Y N Sexually? Y N Spiritually? Y N
 Has the child threatened suicide? Y N If Yes, how many times? _____
 If so, please explain: _____

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 _____
 If so, 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: "x" each applicable box

0=Never, 1=Rarely, 2-3=Seldom, 4-5=Occasionally, 6-7=Often, 8-9=Frequently, 10=Always/Extremely

		0	1	2	3	4	5	6	7	8	9	10
1	Afraid of new situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Worries too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Sad or unhappy most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Self-centered or stuck up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Poor personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Wastes time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Others take advantage of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Shy or too quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Immodest about body, shows off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Sets goals too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Denies having done wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Tells things that did not occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Clings to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Restless sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Has trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Cries often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Soils self or clothing (urination or bowel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Wets the bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Acts older than actual age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Restless, overactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Feelings hurt easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Acts younger than actual age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Poor self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Takes correction poorly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Blames others for mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Bad relations with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Has depressed attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Has frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Complains of aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Feels depressed a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Makes poor grades in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Fights at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Discipline problem at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Does not complete homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Steals at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Gets angry easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Keeps anger to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Does as he/ she pleases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Steals from stores, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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		0	1	2	3	4	5	6	7	8	9	10
40	Bad relationship with other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Has explosive temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Bullies other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Steals at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Uses profanity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Abuses objects (furniture, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Inappropriate sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Uses tobacco (smokes, chew, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Uses alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Uses drugs specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Gang involvement/ interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Lack of parental supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Lack of economic resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Likes school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Exhibits leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Responsible, follows rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Considerate, helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Affectionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Happy go lucky, playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	Entertains self well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Sad/Cries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Feels useless, helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Sulks and pouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	Withdrawn/ prefers being alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Moody/emotion shift quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Nervous, fearful, anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	Touchy, resents criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Show emotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Bites nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	Gives up easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	Argues, criticizes others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	Curses, use abusive language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	Cons others/manipulative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	Demands attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	Resents discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	Scratches, cuts or hurts self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	Plays with fire/matches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	Distorts the truth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	Confused, rambling speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	“Borrows” without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0	1	2	3	4	5	6	7	8	9	10
82	Makes unusual repetitive movements										
83	Nervous habits (specify: _____)										
84	Hits, fights, attacks others										
85	Threatens to hurt others										
86	Makes friends easily										
87	Passive, easily influenced										
88	Willing to share with others										
89	Defends self										
90	Forms close relationships										
91	Vandalizes, destroys objects										
92	Uses weapons (specify: _____)										
93	Runs away (# _____)										
94	Sniffs paints, solvents, gasoline, etc.										
95	Smokes marijuana										
96	Deals drugs										
97	Forgery/ theft by check										
98	Automobile theft										
99	Impulsive										
100	Happy to come to Tipton Children's Home										

Expectation/Need Assessment:

What are your expectations of the Tipton Children's Home?

What areas does the child need help with?

If for some reason the child cannot stay at the Tipton Children's Home past the 30-day trial period or later, who will come to pick up the child?

Name: _____

Address: _____
Street City State Zip

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: _____

Save and return to tiptonchildrenshome@yahoo.com