Tennessee Baptist Children's Homes

Application for Admission to TBCH Residential Care Program

(Confidential Family Section)

APPLICANT

Person Completing Application: _____ Date: _____

Relationship to Child(ren): _____ Referral Source: *(please be specific):* _____

GENERAL INFORMATION

Please provide the following information for each child in need of placement (use additional page if necessary):

Name	Date of Birth	Gender		Name	Date of Birth	Gender

Please list any siblings that you are currently not seeking placement for (use additional page if necessary):

Name	Date of Birth	Gender		Name	Date of Birth	Gender

Please provide the following information for the person(s) with whom the child(ren) is currently living:

Full Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address(es): _____ Phone Number(s): _____

Family Size: Number of Children in the Home 17 Years Old or Younger: _____
Number of Adults in the Home 18 Years Old or Older: _____

Is the person the child(ren) is currently living with the legal guardian? ☐ Yes ☐ No
If no, please provide information for legal guardian(s)

Name(s): _____ Phone Number(s): _____

Address(es): _____

INFORMATION ABOUT THE FAMILY

☐ Adoptive
☐ Biological Father's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Currently Employed: ☐ Yes ☐ No If yes, where: _____

☐ Adoptive
☐ Biological Mother's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Currently Employed: ☐ Yes ☐ No If yes, where: _____

Biological Parents:			Adoptive Parents or Current Caregiver:		
Ever Married	☐ Yes	☐ No	Ever Married	☐ Yes	☐ No
Divorced	☐ Yes	☐ No	Divorced	☐ Yes	☐ No
Separated	☐ Yes	☐ No	Separated	☐ Yes	☐ No
Father Deceased	☐ Yes	☐ No	Father Deceased	☐ Yes	☐ No
Cause of Death			Cause of Death		
Mother Deceased	☐ Yes	☐ No	Mother Deceased	☐ Yes	☐ No
Cause of Death			Cause of Death		

If parents have divorced and remarried, list current spouses:

Step-Father's Name: _____ Step-Mother's Name: _____

Please list names and relationships of any significant adults in the life of this child/youth/family:

Name	Relationship

Does the child(ren) regularly attend church? ☐ Yes ☐ No ☐ Unknown If yes, please provide name of church

Church: _____ City: _____ State: _____

ADDITIONAL FAMILY INFORMATION

Has the Department of Children's Services (DCS) been involved with the family through any of the following?
if yes, please indicate county and state of services

Assistance from DCS/Community Service Agency	☐Yes	☐No	
Child(ren) place in the custody of DCS/DHS/DCFS	☐Yes	☐No	
Child Protective Services (CPS) Investigation	☐Yes	☐No	

Has a court (juvenile, family, criminal, etc) dealt with any member of the family regarding the following:
if yes, please indicate which family member

Child Support/Parentage	☐Yes	☐No	
Custody	☐Yes	☐No	
Unruly/Delinquent Petition	☐Yes	☐No	
Felony/Misdemeanor Charges	☐Yes	☐No	

Have any of the following services been used to avoid placement of the child(ren) in residential care:
If yes, please indicate who utilized the services

Family/Individual Counseling	☐Yes	☐No	
Home-based Services	☐Yes	☐No	
Other Services	☐Yes	☐No	

Have any of the following financial resources currently being used to care for the child(ren)?
If yes, please indicate amount per month.

Child Support	☐Yes	☐No	
Families First	☐Yes	☐No	
Social Security Funds	☐Yes	☐No	
Adoption Assistance	☐Yes	☐No	

What events led you to seek placement at TBCH?

When did these problems begin?

What would you like to see happen? (Goals for yourself/your child)

PARENT/GUARDIAN/PRIMARY CARETAKER HISTORY
(Use separate pages for each caretaker)

Name: _____ Physical Description: *(include parent/guardian/primary caretarker's eye color, hair color, height and weight)* _____

Highest level of education: _____

Date of Birth: _____ Occupation: _____ Relationship to Child: _____

GENERAL INFORMATION			
	YES	**NO**	**If yes, please provide details.**
Have you been in or are you currently in the military?	☐	☐	
Do you currently have health insurance?	☐	☐	
Have you used drugs or alcohol (past or present)?	☐	☐	
Do you have any significant health problems or disabilities (past or present)?	☐	☐	
Are you currently on any medications?	☐	☐	
Are you currently married?	☐	☐	
Do you have any charges currently pending?	☐	☐	
Have you ever been incarcerated?	☐	☐	

Father's Name: _____ Known Medical Conditions: _____

Address: _____

Mother's Name: _____ Known Medical Conditions: _____

Address: _____

FAMILY HISTORY

Did the parents listed above raise you? ☐ YES ☐ NO
If not please provide the names of the individual(s) who raised you and your relationship.

_____

Were you adopted? ☐ YES ☐ NO If yes, at what age? _____

Were there extended separations from your primary caregivers? ☐ YES ☐ NO

How often did you move/relocate as a child? ☐ Never ☐ 1-2 times ☐ 3-6 times ☐ 7-10 times ☐ 10 or more times

List any siblings (biological, adopted, half or step: _____

How would you describe the relationship with your mother (check one)?

☐ Loving ☐ Distant ☐ Neglectful ☐ Close ☐ Abusive ☐ Overprotective

Mother's ability to manage her life was (check one): ☐ Excellent ☐ Good ☐ Fair ☐ Poor

How would you describe the relationship with your father (check one)?

☐ Loving ☐ Distant ☐ Neglectful ☐ Close ☐ Abusive ☐ Overprotective

Father ability to manage his life was (check one): ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Please rate how strongly you agree with the below statements by choosing from 1 being Not at All to 5 being Completely.

As a child I found it easy to be close to my parent/caregiver. I trusted my parents/caregivers and was comfortable depending on them. I did not worry about being abandoned by my parents/caregivers or about them getting too close.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

As a child I was uncomfortable being close to my parents/caregivers. I found it difficult to trust my parents/caregivers completely or to depend on them. I got nervous when my parents/caregivers wanted to become too close. My parents/caregivers often wanted to be closer than I wanted them to be.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

As a child I often found my parents/caregivers did not want to get as close as I would have liked. I often worried that my parents/caregivers didn't really like me and wanted to distance the relationship. I preferred to do a lot with my parents/caregivers and this desire sometimes overwhelmed them.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Have your parents had or do they currently have any addictions? ☐ YES ☐ NO

Who disciplined you as a child? _____

Do you feel the discipline you received growing up was appropriate? ☐ YES ☐ NO
If no, please explain

What kind of relationship do you currently have with your family?

What would you like to see happen? (Goals for yourself/your child)