

CHILD APPLICATION FOR ADMISSION



Please attach a small, high quality photo of child.

My Father's Arrows, Inc.
4025 County Road 178 • Jay, FL 32565
Phone: (850) 675-4403
Website: www.myfathersarrows.org

THIS IS A PERMANENT RECORD. **All entries must be answered.** If information is unknown, every effort should be made to obtain it. This record will be very valuable in working with the child and/or family. If question asked is not applicable, please mark N/A. Feel free to attach more documentation if you need more space to answer. The final decision about admission will be made by the Executive Director with God's leading.

When would you hope to have your child admitted at MFA? _____

Do you need escort services for your child's admission? _____

CHILD INFORMATION

Male Female

Legal Name (First/Middle/Last)	Preferred Name	
Age	Birth (Mo./Day/Year)	Social Security No.
_____	_____	_____
Place of Birth (City/State/County)	Race	Height

US Citizen () yes () no

Ethnic Background: _____

Ht _____

Wt _____

Eye Color _____

Hair Color _____

Scars/Tattoos/Body Piercings/Birth Marks _____

GUARDIAN INFORMATION

Current Home Address for Child (Street/City/State/Zip)

County

() _____ - _____

() _____ - _____

Home Phone Number

Alternate Phone Number (If Applicable)

--Father--

Primary Custodial Father's Legal Name (First/Middle/Last)

Social Security No.

Address (Street/City/State/Zip)

Phone Number

Email: _____

Is this the father by legal adoption? Yes No

Is this the biological father? Yes No

If Yes, please indicate type of custody: Joint Sole (Full)

If No: _____

Biological Father's Name

Social Security No.

Address (Street/City/State/Zip)

Phone Number

Place of Birth (City/State/County)

--Mother--

Primary Custodial Mother's Legal Name (First/Middle/Last)

Social Security No.

() _____ - _____

Address (Street/City/State/Zip)

Phone Number

Email: _____

Is this the mother by legal adoption? Yes No

Is this the biological mother? Yes No

If Yes, please indicate type of custody: Joint Sole (Full)

If No: _____ - _____ - _____

Biological Mother's Name

Social Security No.

_____ () _____ - _____

Address (Street/City/State/Zip)

Phone Number

_____ Place of Birth (City/State/County)

Who has the child been living with? _____

Does this person have legal custody of this child? _____

List everyone that lives in the same house of the child and their age and relationship to this child:

Persons (other than parents/guardians) to notify in case of emergency and legal guardian can not be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

* Which emergency contact above would be willing/able to pick up your child in the event of emergency if we are unable to reach you?

Does the child attend church? Yes No Religious preference? _____

Has your child made a profession of faith and been baptized? () yes () no

If Yes: _____

Church Name/Denomination/Location/Phone Number

Has the child ever been in trouble with law enforcement officers of any type? Yes No

If Yes: _____

Date **Circumstance**

Has the child ever been arrested? Yes No

If Yes: _____

Date **Location (City/State/County)** **Charge**

Conviction **Sentence**

Has the child ever been in another residential care program or placement outside of your home?
Yes No

If Yes: _____

Name of Facility **Address (Street/City/State/Zip)**

() _____ - _____ - _____

Phone Number **Dates in Program (From Mo./Year to Mo./Year)**

Name of Facility **Address (Street/City/State/Zip)**

() _____ - _____ - _____

Phone Number **Dates in Program (From Mo./Year to Mo./Year)**

Name of Facility **Address (Street/City/State/Zip)**

() _____ - _____ - _____

Phone Number **Dates in Program (From Mo./Year to Mo./Year)**

Does the child have or ever had a significant physical or learning impairment or require a special education? Yes No

If Yes: _____

Please Explain and send IEP if applicable

Has the child in any way ever used alcoholic beverages, tobacco, or illegal drugs? Yes No

If Yes: _____

Please Explain

Has the child ever been suspended, expelled, or dropped from any school? Yes No

If Yes: _____

Please Explain

Has your child experienced: Domestic Violence? No _____ Yes _____

Physical Abuse? No _____ Yes _____

Sexual Abuse? No _____ Yes _____

Emotional Abuse? No _____ Yes _____

Neglect? No _____ Yes _____

Abandonment? No _____ Yes _____

If applicable, please describe any trauma that your child has experienced _____

What are the top three objectives that you desire to accomplish by enrolling your child in a residential program? (Ex: Anger management, Improved school performance, Healing from abandonment, Coping skills for ADD, Improved personal hygiene, Improved social skills, etc)

1. _____

2. _____

3. _____

What would you estimate to be an optimal length of stay for your child at MFA?

How do you plan to be involved in your child's growth while at MFA?

What kind of help/education/therapy do you believe you as a parent could benefit from while the child is at MFA?

Please give your evaluation of this child's attitude towards:

Bio Parents

Adoptive Parents

Correction and Discipline

Church

Friends (how does she get along with other?, who does she hang out with?)

School

What is your child's current grade level? _____

What type of discipline was used in your home? What was most effective?

Has your child ever run away? How many times? How long did they stay gone? What prompted them to run?

What kinds of activities does your child enjoy?

What are the special gifts/talents that your child has?

What rewards/recognitions does your child most appreciate and respond to?

Does your child have any communication barriers?

Does your child have sensory issues? (Ex: Walking on toes, Sensitive to labels inside shirts, Avoids certain textures, Often spinning around, Sensitive to lights/noises)

Does your child have any physical limitations or need any devices? _____

Please check any of the following characteristics/behaviors that are struggles for or apply to your child:

- | | | | |
|----------------------------------------------|-------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Shy or timid | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Daring | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Delusions | <input type="checkbox"/> Triangulation | <input type="checkbox"/> Distracted |
| <input type="checkbox"/> Unhappy | <input type="checkbox"/> Cruel to animals | <input type="checkbox"/> Fixated on fire | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Verbally abusive | <input type="checkbox"/> Destructive | <input type="checkbox"/> Physically Abusive | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Poor sleeper | <input type="checkbox"/> Paranoid |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Blames others | <input type="checkbox"/> Flirting | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Deceitful | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Immodest |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Defiant | <input type="checkbox"/> Cheating |
| <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Lazy | <input type="checkbox"/> Fakes illness | <input type="checkbox"/> Self pity |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Cursing | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Manipulative |
| <input type="checkbox"/> Pornography | <input type="checkbox"/> Explosive | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Prideful |
| <input type="checkbox"/> Bully | <input type="checkbox"/> Angry | <input type="checkbox"/> Promiscuous | <input type="checkbox"/> Playing in feces/urine |
| <input type="checkbox"/> Difficulty Sleeping | | | |

() Eating Disorders: _____

() Hx of Suicidal Thoughts/Attempts _____

() Hx of Homicidal Thoughts/Attempts _____

() Self Harm (cutting, picking) _____

How does your child express anger? _____

Does your child have any other history of bizarre or unusual behavior? No ____ Yes ____

If so, please describe _____

What are your goals for this child's life?

() **Reintegration into the family**

() **Stability until the child is matched with an appropriate adoptive family**

() **Long term placement**

Please provide any additional information necessary for effectively reviewing this application:

Medical Information

Child's Primary Physician and their contact information:

Has the child ever been treated for any nervous, mental, or emotional disorders, or seen a psychologist/mental health professional? Yes No

If Yes: _____ (_____) _____ - _____

Name of Doctor/Facility *Phone Number*

What therapies have been tried so far? _____

Has the child ever been sexually active, pregnant, or had an abortion? Yes No

If Yes: _____

Child's Dentist and their contact information:

Last Dental Appointment: _____ Any orthodontics? _____

Allergies: _____

Any special dietary needs? _____

Surgical History: _____

Child's Medical History:

Biological Family Medical History (if known):

Glasses () yes () no Contacts () yes () no Last eye exam? _____

Current Medications:

Are there any other medical issues that we should be aware of for your child?

Financial Status

The cost of residential care for your child varies by the individual needs of the child. Safety is always paramount, so some children may require more supervisor and specialized care than others. My Father's Arrows does not refuse care for a child based on the unavailability of funds, but it is important that you answer the following questions honestly to enable My Father's Arrows to formulate a financial plan to provide of the care of your child. In the event that there is inadequate funding to meet the needs of a child, My Father's Arrows, with your permission, will seek sponsorship funding.

Does the child receive social security benefits? () yes () no

Amount? _____ Frequency? _____ to whom paid? _____

Is there an adoption subsidy paid for this child? () yes () no

Amount? _____ Frequency? _____ to whom paid? _____

Have you requested an increase in your adoption stipend to cover the costs of residential care? _____

Is there other child support paid for this child? () yes () no

Amount? _____ Frequency? _____ to whom paid? _____

List any other benefits for which this child is eligible:

Legal Guardians Adjusted Gross Income from IRS tax form for the previous two years:

Do you have an insurance policy that covers the cost of residential care for your child?
If so, please list details of that coverage:

Application Agreement

I certify that the information included in this application is both complete and accurate.

I understand that the mere completion of this application does not guarantee vacancy or placement of any child. Placement of a child is confirmed only in writing.

I understand that any false statements on this application, or in any subsequent interviews (by phone or in person), will be sufficient cause for denial or dismissal.

I hereby grant permission to My Father's Arrows director or any of its agents to investigate any of the information included in this application.

I understand that if said child is accepted into My Father's Arrows program, I need to provide, at the time of placement (Do NOT send with application), the following items:

- Child's original Birth Certificate**
- Child's updated Immunization Certificate**
- Child's original Social Security Card**
- Copies of all medical records and record of current physical exam**
- Pregnancy test if applicable**

- Copy of divorce, custody, and/or adoption papers**

- Proof of Income**

- Proof of all personal benefits coming to the child (SSI, child support, subsidies)**

- Copies of all dental records**

- Copies of all school records**
- All Insurance Information including original cards**
- Copy of parent/guardian Social Security Cards**
- Copy of parent/guardian Driver's Licenses**
- First month tuition, Intake fee, Uniform fee (amount determined during placement process)**

Name of Parent/Guardian

Signature of Parent/Guardian

Date (Mo./Day/Year)

As a religious entity, My Father's Arrows is legally permitted to make enrollment decisions based upon religious criteria, including doctrinal and lifestyle issues. My Father's Arrows may only accept children who, both they and their parents, subscribe without reservation to My Father's Arrows' statement of faith and standards of conduct. My Father's Arrows does not discriminate on the basis of race, color, sex (as determined at birth and not subject to change), national origin, or any other characteristic protected by law.

Authorization to Release Information

I respectfully request and authorize you to provide My Father's Arrows, its director, or any of its agents with any and all information they request concerning my child. This information will be used in the assessment of qualifications for my child entering their program. I understand that such information may include school records, behavioral reports, disciplinary actions or appeals, medical records, and other confidential information. I further understand that information obtained by My Father's Arrows under this release will not be made available unto me.

A copy of this release shall be valid since My Father's Arrows holds the original authorization document.

I hereby release you and your organization from any liability or damage which may result from furnishing My Father's Arrows with the requested information.

Name of Child

Child's Social Security No.

Name of Parent/Guardian

Parent/Guardian's Social Security No.

Signature of Parent/Guardian

Date (Mo./Day/Year)