



## CHILD APPLICATION FORM

**PARTIAL APPLICATIONS WILL NOT BE ACCEPTED BY OUR ADMISSION BOARD. THIS APPLICATION IS A PERMANENT RECORD.** If a question asked is not applicable, please mark N/A. Feel free to attach more documentation if you need more space to answer.

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 Age \_\_\_\_\_

Legal Name (First, Middle, Last) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth (Mo / Day / Yr) \_\_\_\_\_ Social Security Number \_\_\_\_\_

U.S. Citizen  Yes  No Place of Birth (City/State/County) \_\_\_\_\_

Race \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Scars/Tattoos/Body Piercings/Birth Marks \_\_\_\_\_

### GUARDIAN INFORMATION

Marriage Status (Married, Divorced, Single, Widowed, etc.) \_\_\_\_\_

Please indicate type of custody if special arrangements (joint, sole, etc.) \_\_\_\_\_

Detail of custody arrangements \_\_\_\_\_

Child's Current Home Address (Street/City/State/Zip/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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **FATHER**

Primary Custodial Father's Legal Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email \_\_\_\_\_

Is this the father by legal adoption?  Yes  No      Is this the biological father?  Yes  No

Occupation \_\_\_\_\_ Typical Work Schedule \_\_\_\_\_

## **MOTHER**

Primary Custodial Mother's Legal Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email \_\_\_\_\_

Is this the mother by legal adoption?  Yes  No      Is this the biological mother?  Yes  No

Occupation \_\_\_\_\_ Typical Work Schedule \_\_\_\_\_

Emergency contacts in the event parents / legal guardians 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? \_\_\_\_\_

## **CHILD'S BACKGROUND INFORMATION**

Does the child attend church?  Yes  No      Religious preference \_\_\_\_\_

Has the 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, please disclose the date and circumstances: \_\_\_\_\_

Has the child ever been arrested?  Yes  No      If yes, Location \_\_\_\_\_

Date \_\_\_\_\_ Conviction \_\_\_\_\_ Charge \_\_\_\_\_

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 in a residential care program or placement outside of your home?  Yes  No

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Dates in Program \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Dates in Program \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Dates in Program \_\_\_\_\_

Does the child have or ever had a significant physical or learning impairment or  Yes  No  
require a special education? If yes, please explain and send IEP if applicable.

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

If yes, please explain: \_\_\_\_\_

Has the child experienced:

Physical Abuse  Yes  No

Domestic Violence  Yes  No

Sexual Abuse  Yes  No

Emotional Abuse  Yes  No

Neglect  Yes  No

Abandonment  Yes  No

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

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How old was the child when he/she came to live with you? \_\_\_\_\_

How many placements did your child have prior to coming to live with you? \_\_\_\_\_

How old was the child when he/she was adopted? \_\_\_\_\_

Describe any significant change/loss in the adoptive home since the child came to live with you?  
(Ex: divorce, death, health crisis, etc.)

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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? \_\_\_\_\_

Do you agree to attend individual therapy while your child is in our care to address potential secondary trauma, boundary issues, and/or your personal trauma as needed?  Yes  No

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

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

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What are your plans for your child after they leave our care and/or when they turn 18?

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**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? \_\_\_\_\_

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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 any physical limitations or need any devices? \_\_\_\_\_

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) \_\_\_\_\_

**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     |
| <input type="checkbox"/> Difficulty Sleeping | <input type="checkbox"/> Cutting          | <input type="checkbox"/> Eating disorder    | <input type="checkbox"/> Sexualized Behaviors |

Please describe your child's sexualized behaviors and when they occurred: \_\_\_\_\_

List any suicidal thoughts/attempts with dates: \_\_\_\_\_

List any homicidal thoughts/attempts with dates: \_\_\_\_\_

Describe any self harm (cutting, picking) \_\_\_\_\_

How does your child express anger? \_\_\_\_\_

Does your child have any other history of bizarre or unusual behavior? If so, please describe it below.

\_\_\_\_\_

What are your goals for this child's life?

Reintegration into the family

Stability until the child is matched with an appropriate adoptive family

**\*Parents must indicate if the child is enrolled in adoption program**

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

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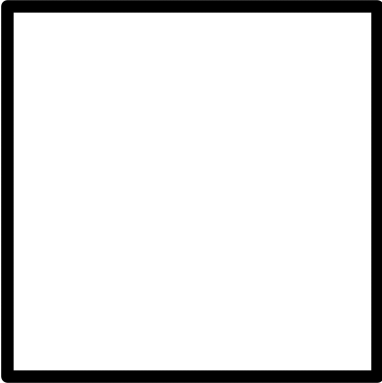
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a small,  
high quality photo of  
the child.



# **MEDICAL INFORMATION**

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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? If yes, name of doctor / facility and their phone number.

What therapies have been tried so far? \_\_\_\_\_

Has the child ever been sexually active, pregnant, or had an abortion? If yes, please explain. \_\_\_\_\_

Child's dentist and their contact information \_\_\_\_\_

Last dental appointment: \_\_\_\_\_ Last physical: \_\_\_\_\_

Orthodontics: \_\_\_\_\_ **\*Orthodontics must be removed prior to admission**

Allergies: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Surgical history: \_\_\_\_\_

Child's medical history: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Biological family medical history (if known): \_\_\_\_\_

Last eye exam: \_\_\_\_\_      Contacts?  Yes  No      Glasses?  Yes  No

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



## FINANCIAL STATUS

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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.

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?

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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:

Year 1: \_\_\_\_\_

Year 2: \_\_\_\_\_



## APPLICATION AGREEMENT

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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:

1. Child's original Birth Certificate
2. Child's updated Immunization Certificate
3. Child's original Social Security Card
4. Copies of all medical records and record of current physical exam
5. Copy of divorce, custody, and/or adoption papers
6. Proof of Income
7. Proof of all personal benefits coming to the child (SSI, child support, subsidies)
8. Copies of all dental records
9. Copies of all school records
10. All Insurance Information including original cards
11. Copy of parent/guardian Social Security Cards
12. Copy of parent/guardian Driver's Licenses

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.

**Date (Mo / Day / Year):** \_\_\_\_\_

**Name of Parent / Guardian:** \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_

*My Father's Arrows*  
4025 County Road 178 | Jay, FL 32565  
(850) 675-4403 | info@myfathersarrows.org



## AUTHORIZATION TO RELEASE INFORMATION

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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 Number** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

**Parent/Guardian's Social Security Number** \_\_\_\_\_

**Signature of Parent / Guardian** \_\_\_\_\_

**Date (MO / DAY / YR)** \_\_\_\_\_