



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.

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.

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.)

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?

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

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

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 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: _____

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? 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

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?

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

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: _____



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 Number _____

Name of Parent/Guardian _____

Parent/Guardian's Social Security Number _____

Signature of Parent / Guardian _____

Date (MO / DAY / YR) _____