



New Life Children's Home



"Where GOD Is Changing Children's Lives"

Office - P.O. Box 885, Newport, AR. 72112

Phone - (870)-217-9125 or (870)-523-8413; Fax - (870)-264-9300

E-Mail - newlifechildrenshome10@yahoo.com

Website - projectnewstart.org

ADMISSIONS CHECKLIST

Child's Name _____ Date of Birth _____

Date Received _____ Social Security No. _____

DOCUMENTATION

COMMENTS

- | | | |
|---|----------|--------------------------|
| 1. Complete School Records: | Received | <input type="checkbox"/> |
| 2. Immunization Records: | Received | <input type="checkbox"/> |
| 3. Recent Psychological Testing | Received | <input type="checkbox"/> |
| 4. Medical Exam within the last 60 days: | Received | <input type="checkbox"/> |
| 5. Copy of child's birth certificate: | Received | <input type="checkbox"/> |
| 6. Copy of Social Security Card: | Received | <input type="checkbox"/> |
| 7. Copy of child's Medicaid/Insurance card: | Received | <input type="checkbox"/> |

For Ranch Use Only

Approval: Denied Admission:

NOTES



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APPLICATION FOR ADMISSION

THIS SECTION TO BE COMPLETED BY:
PARENTS, LEGAL GUARDIAN, OR REFERRING AGENCY

CHILD'S INFORMATION

Name: _____ Date: _____ Race: _____

Age: _____ Sex: _____ Religion: _____ SS#: _____

Place of Birth: _____ Date of Birth: _____

How long has child been a resident of Arkansas? _____

Present Address: _____

Is child receiving Social Security? _____ Amount \$ _____/month

Who has custody of this child? _____

Person to contact in case of EMERGENCY: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

Information on Biological Father

Name: _____ Age: _____

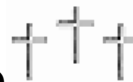
Last

First

Address: _____ Phone: _____



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Information on Biological Mother

Name: _____ Age: _____

Last

First

Middle

Address: _____ Phone: _____

PARENT'S MARITAL STATUS

Still Married: _____ Divorced: _____ Re-Married: _____

Other: (Please explain) _____

OTHER FAMILY INFORMATION: Step-Parents; Foster Parents or Guardians

Father: _____ Age: _____

Last

First

Middle

Present Address: _____ Phone: _____

Mother _____ Age _____

Last

First

Middle

Present Address _____ Phone _____



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LIST THE NAMES AND AGES OF ALL BROTHERS AND SISTERS:

1. _____
2. _____
3. _____
4. _____
5. _____

Any related family information that would help us provide the best service for this child (include relationship(s) with extended family members (example: grandparents, aunts, uncles, etc.) :

SPIRITUAL DEVELOPMENT/COMMUNITY INVOLVEMENT:

1. Church/Religious Affiliation _____
2. How often attended _____
3. This child's attitude and involvement _____
4. This child's involvement with other organizations (such as Scouts, 4-H, school clubs, etc.) _____

HISTORY OF YOUTH

Place of Birth: _____

1. Circumstances in family at time of pregnancy and birth _____



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2. List any changes that have occurred in the family since youth's birth. (Divorces, reconciliations, additional family members, job changes, relocations, deaths, etc. (Include dates of changes.)

3. Developmental history (Use back of page or additional sheets if needed). Anything that is unusual (early or late) in the youth's development.(Walking, talking, feeding, etc.)

4. Unusual events that happened during the first 5 years of life:

5. Unusual events between ages 6 and 12:

6. Unusual events after age 13 (Please give age & event)

7. Other unusual/important event(s) that may be a cause for concern.

8. List any past medical or physical problems (including accidents, hospitalizations, and illnesses)

Dates	Incident	Comments
____/____/____	_____	_____
____/____/____	_____	_____



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9. List any out-of-the home placements beginning with the most recent (include correctional, non-correctional facilities, foster homes, etc.)

Dates	Name and Address	Reason for leaving
_____/_____/_____	_____/_____/_____	_____
_____/_____/_____	_____/_____/_____	_____

10. Court and Law Enforcement encounters (If applicable)

Dates	Offenses	Disposition
_____/_____/_____	_____/_____/_____	_____
_____/_____/_____	_____/_____/_____	_____

11. Runaway History

Dates	Farthest	Usual person/place	Longest
	Traveled	of destination	Time Gone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Description of youth's personality: _____

13. Name some strengths of this youth: _____

14. Explain this youth's ability to accept discipline/assume responsibility: _____



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15. Add anything that you think might help us understand this child better: _____

PRESENT FAMILY CHARACTERISTICS

1. Persons living in youth's home at present time:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Youth's attitude toward present family: _____

4. Briefly describe the child's current living situation: _____

5. Have the natural parents, adoptive or step-parents had any involvement with the following:

Police/law enforcement? Yes _____ No _____

Mental Illness? Yes _____ No _____

Alcoholism/Drugs? Yes _____ No _____

If any are marked yes, please explain:



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6. Does this child have a history of "acting out" behaviors such as assaulting others, destruction of property, cruelty to animals, fire setting, running away, suicidal gestures, sexual promiscuity, self-mutilation (examples – self- inflicted burns, cuts, etc.)?

Yes _____ No _____ (please circle all that apply and explain)

7. Briefly describe your reasons for referring this child to NLCH:

8. What would you like your involvement to be if this child is placed here? _____

9. Who else will this child have as a support system? What will be their involvement? _____

EDUCATIONAL INFORMATION

1. Is child currently enrolled in school? _____ Current grade: _____

2. Name of school _____ Grade last completed: _____

3. Has youth ever been retained? _____ Which grade(s)? _____

4. What is child's grade average this year: _____

5. Child's attitude toward attending school? _____

6. School Behavior Rating: 0 = poor 1 = fair 2 = good 3 = excellent

____ Achiever

____ Attendance

____ Peer relationships



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___ Work habits ___ Independent worker ___ Appropriate behavior

___ Adjusts to change ___ Staff relationships ___ Extra- curricular involvement

1. Has school provided any additional services to this child? (Counseling, health services, Tutoring, etc) ___ Please specify: _____

8. Has there been Special Education classification?
Please specify _____

9. Has there been any Resource Room, Remedial or Supplemental help?
Please specify: _____

10. Please list areas of academic interests and strengths: _____

11. Please list all extra-curricular activities this child has been involved in during the past 2 years:

13. Are there any discipline problems with this child at school? _____
Explain: _____

14. What type of discipline has been most effective with this child? _____

15. Is there a history of truancy (skipping)? ___ Explain: _____

16. Has this child been suspended or expelled from school this past year? _____
Number of times: ___ Reason: _____



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17. Is there anything you can add to help us understand this child's educational needs?

19. List other schools child has attended: dates, levels, addresses (use back of this page if necessary)

MEDICAL HISTORY

1. Childhood Information:

A. Pregnancy and childbirth. List any problems while carrying your child (Illnesses, medications, emotional trauma) and the type of birth: (Forceps, premature, breech, Cesarean) _____

B. Development: List anything unusual (early or late) in your child's development (walking, weaning, talking, eating, etc.) _____

C. Medical History: List any serious illnesses, hospitalizations, accidents, injuries, operations child has had. Give dates if possible: _____

2. Allergies: Is your child allergic to any drugs/food/plants, etc.? _____

If so, list them: _____

3. Is your child on any medication at this time? Give reason and dosage, if possible.



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List prescription medications your child has been on in the past, reason for medication, duration, when stopped, and why. _____

4. Family History: Is there a history of the following in the family?

- | | | | |
|---------------|-------|---------------------|-------|
| Diabetes | _____ | Depression | _____ |
| Tuberculosis | _____ | High Blood Pressure | _____ |
| Heart disease | _____ | Sickle Cell Anemia | _____ |
| Cancer | _____ | Emotional Disorder | _____ |
| Liver disease | _____ | Arthritis | _____ |
| Alcoholism | _____ | Drug Dependency | _____ |
| Allergies | _____ | Asthma | _____ |
| HIV/AIDS | _____ | Other | _____ |

7. List any fractures child has had and the age they occurred: _____

8. Has your child ever had a seizure or seizure disorder? If so, explain:

9. Does this child wet the bed? If so, how often and under what circumstances?

10. Child's Personal Information

1. Height: _____

2. Weight: _____



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- 3. Hair Color: _____
- 4. Eye Color: _____
- 5. Left/right Handed: _____
- 6. Dentures: _____
- 7. Glasses/Contact Lenses: _____
- 8. Corrective Shoes: _____
- 9. Orthodontic Appliances: (braces) _____
- 10. Speech Impairment: _____
- 11. Artificial Limbs or Eye: _____
- 12. Hearing Difficulty: _____
- 13. Special Diet: _____
- 14. Date of onset of last menstrual period: _____

- 11. Last physical exam: (date) _____ (by whom) _____
- 12. Last dental exam: (date) _____ (by whom) _____
- 13. Last vision exam: (date) _____ (by whom) _____

TREATMENT HISTORY

14. List previous counseling services and related mental health history (outside of residential care, includes schools, clinics, social services, community services)

Agency/Location:	Dates:	Contact Person:	Activity/Service Provided:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To be completed by Parent/Guardian -- Please check all that applies to the child:

Past Present

- Not getting good grades in school
- Gets into fights at school
- Not doing his homework
- Feeling anxious



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Past Present

- Feeling lonely
- Wishing he/she was dead
- Feeling down or depressed
- Not motivated to do anything
- Not making and keeping good friends
- Having friends who are a bad influence
- Stuffing his anger
- Exploding with his anger
- Damaging things that belong to him or another
- Stealing
- Lying
- Using alcohol
- Using drugs
- Coping with a family member's drinking/drug use
- Coping with feelings about being adopted
- Coping with past physical or emotional abuse
- Coping with sexual abuse
- Coping with a divorce of his parents/guardians
- Getting along with family members
- Getting along with people outside of the family
- Setting fires



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Past Present

Gang involvement

Dealing drugs

Not doing household chores

Sexually active

Difficulty handling the death of someone close to him

Difficulty getting along with authority figures

Getting in-school or out of school suspensions

Being arrested or detained by the police

Involvement with the occult

Pornography (includes internet porn and 900 calls)

Running away

Loss of friend due to move or death

Name, address and phone number of person(s) completing this form:

Relationship to the child: _____

I certify that the information given on the preceding pages is true, complete, and accurate to the best of my knowledge.

Signature

Date



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Please attach copies of Medical Physical

Within the last 60 days

ADMMISION CANNOT BE PROCESSED WITHOUT THESE RESULTS

PCP: _____

Name

Clinic/ Office: _____

Phone

Address: _____

Street

City

State

Zip Code



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PLEASE ATTACH COPIES OF SCHOOL RECORDS

Admission cannot be processed without these records

PLEASE ATTACH A COPY OF CURRENT

ADMISSION CANNOT BE PROCESSED WITHOUT THESE RECORDS

IMMUNIZATION RECORDS

Copy of child's birth certificate

Copy of Social Security Card

Copy of child's Medicaid/Insurance card

PLEASE ATTACH A COPY OF PLACEMENT HISTORY

ADMISSION CANNOT BE PROCESSED WITHOUT THESE RECORDS



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Financial Information

It is necessary that NLCH be aware of all financial information pertaining to the child. Therefore, please supply the following information:

Do you or your child receive any of the following?

Social Security: _____ Amount per Month: \$ _____

Benefactor: _____

Social Security Number: _____

Supplemental Security Income: _____ Amount per Month: \$ _____

For Whom: _____

Which County: _____

AFDC: _____ Amount per Month \$ _____

Medicaid: Medicaid Number: _____

Food stamps: _____

Other Forms of Income: (Please Specify)

Amount per Month \$ _____

Amount per Month \$ _____

Child is Covered by Health Insurance: _____

Name of Company: _____

Policy Number: _____

Group Number: _____

Type of Coverage:



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Dental___

___ Vision

___ Major Medical

___ Cancer

___ Counseling

Drug___

___ Prescription (RX)

___ Hospital

___ Other _____

Amount of Deductible \$_____

___ Pre-certification Needed for Hospitalization

___ Limits have been exhausted



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Family Financial Statement of Income and Expenses

Legal Guardian: _____ Child's Name: _____

MONTHLY INCOME:

	Head of Household	Spouse
Gross Salary or Wages	\$ _____	\$ _____
Social Security, SSI, VA, Retirement	\$ _____	\$ _____
Alimony, Child Support	\$ _____	\$ _____
Adoption Subsidy	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
All Other Sources	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

MONTHLY EXPENSES:

Rent or Mortgage Payment	\$ _____	_____
Loan Payments (Total)		\$ _____
Clothing		\$ _____
Utilities (Electric, Gas, Telephone, etc...)-Average		\$ _____
Groceries, Personal Care, & Household Items-Average		\$ _____
Transportation (Gas, Maintenance, Repair, Insurance, etc...)-Average		\$ _____
Medical, Dental, Prescription Drugs-Average		\$ _____
Church and Other Charitable Contributions		\$ _____
Recreation / Entertainment		\$ _____
Property Taxes-Average		\$ _____
Income Taxes-Average		\$ _____
Life and Health Insurance-Average		\$ _____
Miscellaneous Expenses-Average		\$ _____
TOTAL MONTHLY INCOME		\$ _____
NET INCOME AFTER EXPENSES		\$ _____

Parent/Guardian Signature

Date

Please provide proof of income by submitting four(4) consecutive pay stubs, a W2 for the previous year, and a copy of the two most recent years tax returns for each legal guardian of the child. Please include any support received for your child.