

Common Application for Placement of Children in Residential Care

Instructions: This is an interactive form. Please complete all form fields, save the document and email this document to info@hughcenter.org or fax to 409-983-6408.

LEVEL OF CARE ASSESSMENT

A. Screening Profile

Child's Name	Date of Birth	Age	Social Security No.
Sex M F	Ethnicity	Primary Language	Place of Birth (city, state, country)
Height	Weight	Religious Preference	Child's Person ID No.
Child's Current Location or Placement			Country of Citizenship

1. Briefly describe your impressions of the child including present problems:

Briefly describe the child's strengths:

2. Special Needs, Problems and Behaviors

Is child considered a danger to self? Yes No	Is child considered a danger to others? Yes No	Number runaways from home:	Number runaways from placement:
Any history of setting fires? Yes No	Special Program Needs? Maternity Preparation for Adult Living Other: Specify:		
Other Significant Problems or Behaviors			

3. Juvenile Justice History

Does the child have a history of involvement with the juvenile justice system?..... Yes No Unknown

If Yes: Number of referrals to juvenile authorities:	Number of adjudications for delinquent acts:	Number of adjudications for CINS offenses:	Current Offense
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4. Placement History

Has the child been placed away from home before? Do not include stopover placements such as emergency shelters, detention, TYC Reception Center, informal placements with relatives, or return(s) to home..... Yes No Unknown

If yes: Number of previous out-of-home placements:	Number of failed adoption placements:	LOC of current/most recent out-of-home placement:
Date of discharge from most recent out-of-home placement:		

Reason for Discharge:

5. Substance Abuse History

Does the child have a history of substance abuse?..... Yes No Unknown

If yes, indicate degree of substance abuse:

Alcohol Unknown None Mild Moderate Severe	Inhalants Unknown None Mild Moderate Severe
Marijuana Unknown None Mild Moderate Severe	Cocaine/Crack Unknown None Mild Moderate Severe
Other Drugs (Specify)	
Mild Moderate Severe	
Is specialized program required? Yes No Unknown	
If yes, specify:	

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6. History of Abuse and Neglect

Does the child have a history of abuse or neglect?..... Yes No Unknown
If yes, indicate degree:

Physical Unknown None Mild Moderate Severe	Sexual Unknown None Mild Moderate Severe
Emotional Unknown None Mild Moderate Severe	Neglect Unknown None Mild Moderate Severe

Abandonment?..... Yes No Unknown

7.-8. Family/Parental Involvement

Managing Conservator Mother Father FPS Other	Mother's Parental Rights Terminated Yes No	Father's Parental Rights Terminated Yes No
Will family/others participate in treatment or cooperate with others? Yes No	Can child return home? Yes-Permanently No-Not At All For Visits Only Unknown	

9. Education

Highest Grade Completed	Currently Enrolled in School? Yes No	Educational Needs Regular Classes Vocational Resource Special Education	
History of Truancy? Yes No Unknown		On Campus Other (specify):	
IQ Scores: Full Verbal Performance Scale	Date of Most Recent IQ Test	Name of Test	
	Unknown		

10. Physical Health/Disabilities

Does the child have a diagnosed or suspected health condition or disability?..... Yes No Unknown
If yes, describe the condition and treatment required, if any:

Condition Acute Chronic Unknown	Severity Mild Moderate Severe Unknown	Requires Specialized Treatment Yes No Unknown
List Current Medications		List Allergies

11. Mental Health

Does the child have mental health needs requiring treatment?..... Yes No Unknown

Date of most recent psychological or psychiatric evaluation:.....

DSM III Diagnosis:

Condition Acute Chronic Unknown	Severity Mild Moderate Severe Unknown	Requires Specialized Treatment Yes No Unknown
Psychotropic medications prescribed? Yes No Unknown If yes, specify:		
Referring Agency/Organization	Agency Contact Person	Telephone No. (Inc. A/C)
Agency Address		
Name of Person Completing Form	Title	Date Completed
Where Placed--Facility Name and Location		

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A. Recommended level of care.....

List the key elements, in order of importance, that led you to the recommended Level of Care:

- 1. Most important:**
- 2. Next most important:**
- 3. Third most important:**

Other considerations or comments, if any:

B. Billing Level of Care.....

If the billing level of care is different from the recommended level of care, explain:

C. Referral/Admissions Packet

C O N T E N T S		
SECTION 1--Social and Developmental Assessment	SECTION 5--Substance Abuse History	SECTION 9--Education
SECTION 2--Special Needs, Problems, and Behaviors	SECTION 6--History of Abuse/Neglect	SECTION 10--Physical Health/Disabilities
SECTION 3--Juvenile Justice History	SECTION 7--Family History	SECTION 11--Mental Health
SECTION 4--Placement History	SECTION 8--Financial Information	SECTION 12--Other Attachments

SECTION 1--Social and Developmental Assessment

Describe the child's general social and developmental history. Feel free to expand the description of your impressions of the child. Be sure to include all of the following:

- A. A description of the circumstances that led to the child's referral.**
- B. The immediate and long-range goals of placement.**
- C. A description of the child's relationship with other significant adults and children.**
- D. A description of the child's behavior, including both appropriate and inappropriate behavior:**
- E. The child's developmental history and current level of functioning.**

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Briefly describe the child's history of delinquency. Include a description of contributing factors, and any patterns delinquency you detect. Indicate whether the child is a follower or a leader.

Describe the child's most recent criminal episode, contributing factors, the child's actions or role in the episode, and how this episode fits into the child's history of delinquency.

Does the child have gang affiliation? Yes No If yes, gang name: _____

Does the child admit to a gang affiliation? Yes No If yes, gang name: _____

Do any family members or relatives have gang affiliation?
 Yes No Unknown If yes, gang name(s): _____

TYC COMMITMENT		Yes	No
County	Commitment Date	Judge's Last Name	Court Name
Cause No.	Prosecuting Attorney's Name		Probation I.D. No.

TYPE OF COMMITMENT:		Direct Commitment	Revocation of Probation
Probation Failure		If yes, describe most serious offense for which on probation:	
Yes	No	Offense Code	
Reason for Failure			
Description of Current Offense			Offense Code
Weapon Used			Determinate Sentence
Firearm	Cutting Instrument	Blunt Object	Hands, Feet, etc.
Other	None	Unknown	Yes No
OFFENSE LEVEL		Felony	Misdemeanor
		Capital 1 2 3	A B C
		Specify:	
Gang Related		Date of Prior TYC Commitment	Description of Offense
Yes	No	Unknown	Offense Code

ATTACH ALL COURT ORDERS INVOLVING THE JUVENILE JUSTICE SYSTEM

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Section 4--Placement History

Start with the child's first out-of-home placement:

Date Placed	Name of Facility or Living Arrangement	License Type
Address		Contact Person Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned		Continued Contact of Child with Placement Recommended Yes No Unknown

Date Placed	Name of Facility or Living Arrangement	License Type
Address		Contact Person Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned		Continued Contact of Child with Placement Recommended Yes No Unknown

Date Placed	Name of Facility or Living Arrangement	License Type
Address		Contact Person Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned		Continued Contact of Child with Placement Recommended Yes No Unknown

Date Placed	Name of Facility or Living Arrangement	License Type
Address		Contact Person Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned		Continued Contact of Child with Placement Recommended Yes No Unknown

Date Placed	Name of Facility or Living Arrangement	License Type
Address		Contact Person Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned		Continued Contact of Child with Placement Recommended Yes No Unknown

Date Placed	Name of Facility or Living Arrangement	License Type
Address		Contact Person Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned		Continued Contact of Child with Placement Recommended Yes No Unknown

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SECTION 5--Substance Abuse History

- A. Describe the child's history of substance use, abuse, manufacture, possession, and/or delivery.
- B. Describe the child's family history of substance use, abuse, manufacture, possession, and/or delivery. Include not only parents and siblings, but also extended-family members (such as grandparents, aunts, uncles) even if they do not live in the same household as the child.
- C. Describe any treatment the child has received for substance abuse and the success or failure of this treatment. Include the lengths and dates of treatment, whether the program was residential or outpatient, whether the child completed the program, whether the family was included in the treatment and so on.

SECTION 6--History of Abuse and Neglect

A. Type of Abuse and Neglect (check all that apply):

Abandonment Reason to Believe Legally Confirmed/Adjudicated	Neglectful Supervision Reason to Believe Legally Confirmed/Adjudicated
Medical Neglect Reason to Believe Legally Confirmed/Adjudicated	Physical Neglect Reason to Believe Legally Confirmed/Adjudicated
Emotional Abuse Reason to Believe Legally Confirmed/Adjudicated	Physical Abuse Reason to Believe Legally Confirmed/Adjudicated
Sexual Abuse Reason to Believe Legally Confirmed/Adjudicated	

- B. What did the parent/perpetrator do? Summarize the role of each parent/perpetrator.
- C. What happened to the child? Summarize the extent of harm (or the substantial risk of harm) to the child.

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SECTION 7--Family History

Home Address (Street, City, State, Country, ZIP)	Telephone No. (inc. A/C)
Marital Status of Birth Parents Never Married Married Divorced Separated Widowed	
Marital Status of Adoptive Parents Never Married Married Divorced Separated Widowed	
Deaths in immediate family (list names, relationships, and the referred child's age at the time of each death):	
If adopted, what does the child know about his or her birth parents?	

Persons in Home

Father	Date of Birth*	Type of Parent Birth Adoptive Step	Social Security No.
Mother	Date of Birth*	Type of Parent Birth Adoptive Step	Social Security No.

BLOOD SIBLINGS	DATE OF BIRTH*

BLOOD SIBLINGS	DATE OF BIRTH*

OTHER CHILDREN	DATE OF BIRTH*

RELATIONSHIP / ROLE

OTHERS	DATE OF BIRTH*

RELATIONSHIP / ROLE

*Give approximate age if date of birth is unknown.

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Significant Persons Out of Home

Father	Date of Birth*	Type of Parent Birth Adoptive Step	Social Security No.
Address (Street, City, State, Country, ZIP)		Telephone No. (Inc. A/C)	Currently Involved with Child Yes No
Mother	Date of Birth*	Type of Parent Birth Adoptive Step	Social Security No.
Address (Street, City, State, Country, ZIP)		Telephone No. (Inc. A/C)	Currently Involved with Child Yes No

OTHERS	DATE OF BIRTH*	RELATIONSHIP / ROLE

*Give approximate age if date of birth is unknown.

Characteristics of Individual Family Members with Whom Child has Lived:	NO	YES	FAMILY MEMBER(S)
1. Violent Toward Family Members			
2. Suicide			
3. Substance Abuse Problems			
4. Criminal Behavior			
5. Involving a Child in Criminal Behavior			
6. Mental Retardation or Limited Intellectual Ability			
7. Mental Illness or Disability			
8. Physical Illness or Disability			
9. Sexual Deviance			

Characteristics of the Family as a Whole with Whom Child has Lived:	Not At All Like Family	Somewhat/Sometimes Like Family	Very Much or Often Like Family		Not At All Like Family	Somewhat/Sometimes Like Family	Very Much or Often Like Family
1. Chronic Poverty				7. Difficult or Unacceptable to Express Emotions			
2. Chaotic Home Environment				8. Frequent Family Moves or School Moves			
3. Rigid, Inflexible				9. Child Moved from One Parent or Family Member to Another			
4. Smothering; Individualization of Members is Discouraged				10. Concern with Psychosomatic Complaints			
5. Enmeshed; Few Outside Involvements				11. Social Isolation			
6. Discipline Skills Lacking				12. Illiteracy			

Briefly describe the child's relationships with family members and significant others, both in and out of the home. Address both strengths and weaknesses.

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Briefly describe the overall family situation, highlighting the positive and negative aspects of the child's family environment including all the "Family Characteristics" checked on page 12.

Other significant information:

SECTION 8--Financial Information

Attach: A copy of client's Medicaid card, if any.

Name of Responsible Male	Disabled? Yes No	Occupation
Employer	Salary _____ per	
Employer's Address		
Other Income Source (1)	Amount	Other Income Source (2)
	Amount	Amount

Name of Responsible Female	Disabled? Yes No	Occupation
Employer	Salary _____ per	
Employer's Address		
Other Income Source (1)	Amount	Other Income Source (2)
	Amount	Amount

Is the family eligible for Medicaid? Yes No Unknown

Is the family currently receiving Medicaid? Yes No Unknown

Funds Applicable to Child:

VA -- Amount	VA No.	Received By		
Social Security -- Amount	Social Security No.	Received By		
CHAMPUS -- Amount	CHAMPUS I.D. No.	Received By		
AFDC/SPFC -- Amount	County Paid FC -- Amount	Child Support -- Amount	Paid By	County

Insurance Applicable to Child:

Insurance Company Name (1)	Policy Holder	Policy No.
Insurance Company Name (2)	Policy Holder	Policy No.
Insurance Company Name (3)	Policy Holder	Policy No.
Type of Insurance	Basic Medical Hospitalization Basic Dental Orthodontic Mental Health	

Other Resources Applicable to Child:

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SECTION 9--Education

- Attach: A. Current IEP (Individualized Education Plan)
 B. Most Recent ARD Committee report (if any)
 C. Transcript
 D. Adaptive Behavior Level Information (if any)

Name of Most Recent School Attended	School District
Address (fill in city and state at least, and street address if known)	

Describe any educational problems, needs, or behaviors not otherwise documented. Add any additional information you feel is important.

SECTION 10--Physical Health/Disabilities

- Attach: A. Medical Records
 (1) Physical Examination
 (2) Immunization Records
 B. Dental Records

Describe any physical health problems or disability not otherwise documented. Add any additional information you feel is important.

SECTION 11--Mental Health

- Attach (as appropriate):
 A. Psychological Report(s)
 B. Psychiatric Report(s)

Describe any mental health problems not otherwise documented. Add any additional information you feel is important.

SECTION 12--Other Attachments

- Attach: A. Birth Certificate or Other Birth Verification
 B. Legal Records (if any)
 C. Authorization Forms

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ATTACHMENT CHECKLIST

Child's Name	Date Completed
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DOCUMENT	ATTACHED	FORTH-COMING	NOT RELEVANT	NOT AVAILABLE BECAUSE
Birth Verification				
Birth Certificate.....				
Legal Records				
Commitment Order.....				
Other Court Orders.....				
Police Records.....				
Divorce Decree.....				
Custody Order.....				
Education				
Individual Education Plan (IEP)				
Admission, Review, Dismissal (ARD) Report.....				
Transcript.....				
Adaptive Behavior Level.....				
Physical Health/Disabilities				
Physical Examination.....				
Immunization Record.....				
Dental Record.....				
Mental Health				
Psychological Report(s).....				
Psychiatric Report(s).....				
Other				
Medicaid Approval/Application				
Medicaid Card.....				
Social Security Card.....				