



Baptist Children's Home

Residential Care Services

Dear Family:

We understand that the decision of whether or not to place your child at a residential care facility is one of the most important decisions you will ever make. We understand that this is a difficult time and a difficult choice. Our desire is to help you make the determination that will most benefit your son/daughter.

To determine the appropriateness of placement at Baptist Children's Home we initiate an information gathering process called "intake." The forms in this packet and the information that you will provide us are both important parts of this process. This information will help us make a more accurate evaluation of your son/daughter regarding our ability to meet his/her needs. To assist you in completing these forms and provide us with the most accurate information, please use the enclosed "check list."

The intake process will culminate with an intake interview held on our campus. The interview will include you, your son/daughter, and pertinent Baptist Children's Home staff members. We will use this interview to get to know you and your son/daughter better; to gather additional information about the situation; to communicate the agency's expectations for you and your son/daughter; and to give you a tour of the facility. A date for the intake interview will be established upon receipt of all application materials.

Throughout the intake process, we will constantly be evaluating your child's needs and our program's ability to meet them. Should we at any time during the process feel that placement at B.C.H.F.S. is inappropriate, we will notify you and provide referral assistance to help you obtain appropriate services.

Should we decide to accept your son/daughter for placement, a physical and a dental exam will be needed. If he/she has had these exams recently, copies will suffice. The Medical History and Immunization Record must be completed.

The intake process takes time, so please return the forms and information as soon as possible. Many applications are received weekly so it is imperative that the application be returned quickly. Once we receive the application packet you'll have thirty days to set up an interview. If a date is not established in this time period your file will be closed. We look forward to serving you. If you have any questions, please feel free to call.

Sincerely,

Residential Care Staff
Baptist Children's Home & Family Services



Baptist Children's Home and Family Services

Private Insurance Release

I _____ Parent/Guardian of _____
give BCHFS permission to disclose and receive information to/from my insurance
company, _____, for the purpose of billing for residential care
services. A copy of my insurance card is attached.

Parent/Guardian

BCHFS Representative

SCHOOL REPORT
for
BAPTIST CHILDREN'S HOME

(Page 2 of 2)

Has child ever been suspended from school? **YES / NO** If yes, please explain: _____

Describe child's reaction to discipline: _____

Describe child's reaction to praise: _____

Would you describe child's IQ as: **AVERAGE /BELOW AVERAGE /ABOVE AVERAGE**

Is child performing to potential? **YES / NO**

What are child's strongest subjects? _____

What are child's weakest subjects? _____

How would you describe child's attention span? _____

How would you describe child's activity level? _____

How would you describe child's peer adjustment? _____

Does child come to school clean & adequately dressed? **YES / NO**

What is child's present class schedule, or, if summer, in what classes has the child registered for the coming year?

Do you feel placement out of the home and community may be helpful to the child?

Please attach a copy of child's transcript and IEP to this form. Include immunizations and any test scores that are available (W.R.A.T., P.I.A.T., IOWA, aptitude tests, etc.).

Signature

Title

BCH 8-11

*ATTENTION SCHOOL
PERSONNEL: Please
complete this form and return
or fax directly to this address.*

SCHOOL REPORT
for
BAPTIST CHILDREN'S HOME
949 County Road 1300 N
Carmi, IL 62821
Phone: 618-382-4165 ex. 208
Fax: 618-382-2586

(Page 1 of 2)

Date: _____

Child's Name: _____ Birth date: _____

Child's present grade classification: _____ If high school:

1) Number of credits accumulated: _____

2) Number of credits required for graduation: _____

Name & Address of School: _____

School Phone # _____ Principal's Name: _____

Guidance Counselor's Name: _____

Is child in Special Education classes? **YES / NO** If yes, please list classification: _____

How long has child been in present school system? _____

Frequent absences? **YES / NO** If yes, why? _____

Has child had psychological testing? **YES / NO** If yes, when? _____

Where can this report be obtained?

Name & Address: _____

Phone # () _____

Is the child a discipline problem? **YES / NO** If yes, please explain _____

*ATTENTION SCHOOL
PERSONNEL: Please
complete this form and return
or fax directly to this address.*

SCHOOL ENROLLMENT-STATUS CONFIRMATION

This is to confirm that _____
(student's name) ...

(Please check all that apply.)

___ is currently enrolled in the _____ School District.

___ is not currently enrolled in the _____ School District.

___ is currently enrolled in a Special Education Program.
(Please indicate program. _____)

___ is not currently enrolled in a Special Education Program.

While this child is in placement at Baptist Children's Home, the school of attendance will be Carmi White County CUSD5. If the student has been attending a Special Education Program at the home school district, and is accepted for placement, the above listed school district...

___ is willing to provide for the continuing costs of the student's Special Education Program while in placement at Baptist Children's Home.

___ will not provide for the costs of the Special Education Program while the student is in placement.

SIGNED _____

OFFICIAL TITLE _____

TELEPHONE NUMBER _____

If you have any questions, please do not hesitate to contact
our intake worker @ Phone: 618-382-4165 ex. 208 Fax: 618-382-2586

**BAPTIST CHILDREN'S HOME
AUTHORIZATION FOR RELEASE OF INFORMATION
949 County Road 1300 N, Carmi, IL 62821**

I, _____ DOB: _____, hereby give permission to Baptist Children's Home to release or discuss any information concerning my treatment or care to/with all other persons and/or agencies involved in my welfare and treatment.

I understand:	<ol style="list-style-type: none">1) That I have the right to revoke this consent and that it must be done in writing.2) That unless expressly revoked by me, this release will remain in force for 1 year from the date of signed authorization.3) That I have the right to inspect and copy any and all information disclosed.4) That this grants B.C.H.F.S. staff the authority to discuss my case /treatment disposition with my parents/legal guardian.
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Child's Signature

Date

Legal Guardian's Signature

Date

Witness (can attest to the above individual's identity)

Date

<p>Under 12 - Only a parent/guardian's signature is required. 12-18 - Both parent/guardian and child must sign. Over 18 - Parent/guardian must sign if person is under guardianship. Otherwise, only child.</p>
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BCH: rev. 8-11/ Copies of this signed release shall serve as an original.

Baptist Children's Home and Family Services Residential Care

GENERAL INFORMATION

- Baptist Children's Home and Family Services' Residential Care Program is a residential care facility serving both males and females. We are licensed to serve maximum capacity of 48 children, ages 6-18. Our population typically consists of teen-agers representing a wide variety of personal issues. We serve dependent and neglected children as well as children with a variety of behavior problems such as runaway, truancy, school related problems, disruptions at home, drug and alcohol use, as well as other issues.
- Our residents attend public schools in Carmi and therefore, must be able to function in that setting.
- Residents live in homes (cottages) which house between 6 and 8 youth. They are supervised by a live-in Houseparent couple who is on duty 24 hours a day. Each resident's daily behavior is monitored by a behavior management system (token modified economy). They earn daily points, which can be exchanged for privileges.
- Other services include: Individual & Group Counseling / Family Counseling / Recreation Program/ Academic Tutoring / Foster Care & Adoption
- Fees for all services are determined on an individual basis, typically amounting to 10% of monthly family income, and are subsidized by Southern Baptists throughout the state of Illinois.

RECREATIONAL PROGRAM

- Recreation is a positive and meaningful form of therapeutic service used at BCH. Its primary purpose is to contribute to the process of recovery and facilitate successful return to the community.
- This occurs through offering the opportunity for physical activity, emotional release, social involvement and creative expression that is essential for healthy adjustment.
- BCH youth participate in a variety of activities including fitness, ropes course activities, fishing, hunting, ceramics, parties, trips and sports.
- Our activities program is under the supervision and direction of our activities therapist who devises activities utilizing our extensive availability of resources. These include an elaborate ropes course meeting the highest industry standards, a full court gymnasium, and a large open campus providing opportunities for outdoor activities. Our ropes course includes a number of elements designed to challenge groups and individuals to overcome obstacles, and learn to utilize teamwork to overcome life's adversities. The gymnasium provides opportunities for basketball, volleyball, and a climbing wall, as well as other recreational games and activities.
- By participation in the recreation program and our athletic and ropes course activities, a lot of "losers" have been turned into "winners." Many children whose whole lives have seen one failure after another suddenly find success through these activities, and can say for the first time, "I belong! I'm good at this, and I can do it!"

SIGNATURE BLOCK

APPLICATION FOR ADMISSION MUST BE SIGNED BY CHILD'S LEGAL GUARDIAN

By signing this application I attest:

- That I have provided correct and accurate information on this application.
- That I have read, understand and agree to abide by the Direct Support policies of Baptist Children's Home as outlined in this application.
- That I agree to take an active role in my child's placement by:
 - *attending all scheduled case reviews.
 - *cooperating with all recommendations made by Baptist Children's Home staff.
 - *actively supporting all aspects of my child's treatment plan.

(FATHER)

(MOTHER)

ADDITIONAL BACKGROUND INFORMATION

ADDITIONAL RECORDS ARE NEEDED FROM THE FOLLOWING SOURCES:

- Tests/evaluations from psychiatric hospitalizations.
- Tests/evaluations/notes from private counselors.
- Tests/evaluations/IEPs from Special Education.
- Social history/court order/etc. from Probation Office.

List each applicable agency below, contact each of them, and request that they send any pertinent information to:

BAPTIST CHILDREN'S HOME
949 COUNTY RD 1300 N
CARMi, IL 62821
ATTN: INTAKE WORKER
Fax: 618-382-2586

If they request that you sign an information release form, their office will have one for you to sign. Do not use the one included in this package. It is for our use.

If they request that we contact them, PLEASE INFORM US and we will initiate the appropriate communication.

AGENCY NAME: _____

- 1) HAVE YOU CONTACTED THIS AGENCY? YES/NO
2) ARE THEY SENDING THE INFORMATION? YES/NO
3) IF #1 or #2 IS "NO", WHY NOT?

AGENCY NAME: _____

- 1) HAVE YOU CONTACTED THIS AGENCY? YES/NO
2) ARE THEY SENDING THE INFORMATION? YES/NO
3) IF #1 or #2 IS "NO", WHY NOT?

AGENCY NAME: _____

- 1) HAVE YOU CONTACTED THIS AGENCY? YES/NO
2) ARE THEY SENDING THE INFORMATION? YES/NO
3) IF #1 or #2 IS "NO", WHY NOT?

**BAPTIST CHILDREN'S HOME
DIRECT SUPPORT POLICY**

It is the goal of Baptist Children's Home to assist children and families without regard to economic status. Therefore, the cost of care is figured on a sliding scale based on family income and circumstances.

Monthly direct support payments for a child **are required** and may include one or more of the following:

- A. 10% of monthly family income
- B. Court ordered child support
- C. Veteran's benefits
- D. Social Security survivor's benefits
- E. Supplemental Security Income (SSI)
- F. Personal insurance coverage (Please check with your company.)

A direct support amount will be established prior to admission and the first payment made on the day of admission. Subsequent monthly payments will be made on a prearranged schedule. **Nonpayment of direct support may result in the discharge of your child.**

PLEASE LIST THE FOLLOWING MONTHLY INCOME SOURCES:

- A) HOUSEHOLD FAMILY INCOME \$ _____
- B) COURT ORDERED CHILD SUPPORT \$ _____
- C) VETERAN'S BENEFITS \$ _____
- C) SOCIAL SECURITY SURVIVOR'S BENEFITS \$ _____
- E) SUPPLEMENTAL SECURITY INCOME (SSI) \$ _____

Based on the above information and your monthly budget, please indicate the amount you feel you could contribute towards the monthly cost of having your child at BCH. This can be further discussed during the intake interview.

\$ _____

FAMILY INFORMATION cont.

The child's **biological** parents are:

- 1) Married & living together
- 2) Never married & living together
- 3) Never married & not living together
- 4) Separated
- 5) Divorced
- 6) Other (explain) -

The child's **current** family situation is:

- 1) Both biological parents
- 2) Mom & step dad
- 4) Single mom
- 5) Dad & step mom
- 6) Relative
- 7) Single dad
- 9) Other

The child's legal guardian is what relationship to the child? _____

HOME VISITS

A necessary and required part of your child's treatment will be visits home. These visits occur at least once per month.

Do you agree to support this portion of your child's treatment? YES / NO

List other family members willing to be a visiting resource.

NAME	RELATIONSHIP	ADDRESS	PHONE #

HEALTH INSURANCE INFORMATION

Is your child covered by Medical Insurance? YES / NO

Name of Carrier or Provider: _____

Name of Insurance Company: _____

Policy or Group Number: _____ Type of Coverage: _____

Does your child have a Public Aid Medical Card? YES / NO

FAMILY INFORMATION cont.

STEP-FATHER/MOTHER: Name: _____ Birth date: _____

Race: _____ Social Security #: ____ / ____ / ____ Telephone #:(____) _____

Address: _____
(Street Address/City/State/Zip)

Occupation: _____ Business Phone #:(____) _____

Religious Affiliation: _____ Education Level: _____

Drug/Alcohol Use? YES / NO If yes, was treatment sought out? YES / NO

Any history of treatment for emotional or nervous disorder? YES / NO

If yes, please explain: _____

Any known family history of psychological or emotional problems? YES / NO

If yes, please explain: _____

Health: (Circle one) Poor / Fair / Good / Excellent

Branch of Service: _____ Dates of Service: _____

If either parent is deceased please complete the following:

Parent deceased: _____ Date of Death: _____

Place of Death: _____ Cause of Death: _____

Please list:

ALL MEMBERS OF HOUSEHOLD	AGE	RELATION TO CHILD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY INFORMATION cont.

BIOLOGICAL FATHER: (cont.)

Drug/Alcohol Use? YES / NO If yes, was treatment sought out? YES / NO

Any history of treatment for emotional or nervous disorder? YES / NO

If yes, please explain: _____

Any known family history of psychological or emotional problems? YES / NO

If yes, please explain: _____

Health: (Circle one) Poor / Fair / Good / Excellent

Branch of Service: _____ Dates of Service: _____

BIOLOGICAL MOTHER: Name: _____ Birth date: _____

Race: _____ Social Security #: ____ / ____ / ____ Telephone #:(____) _____

Address: _____

(Street Address/City/State/Zip)

Occupation: _____ Business Phone #:(____) _____

Religious Affiliation: _____ Education Level: _____

Drug/Alcohol Use? YES / NO If yes, was treatment sought out? YES / NO

Any history of treatment for emotional or nervous disorder? YES / NO

If yes, please explain: _____

Any known family history of psychological or emotional problems? YES / NO

If yes, please explain: _____

Health: (Circle one) Poor / Fair / Good / Excellent

Branch of Service: _____ Dates of Service: _____

LEGAL HISTORY cont.

Has your child been involved with the legal authorities in the past and not charged?
YES / NO

If yes, please explain: _____

Is there any family or household members who are, or have been involved with the legal authorities? YES / NO

If yes, please explain: _____

Is your child, or has your child, been associated with a gang? YES / NO

If yes, how long have they been involved?

If you are not sure, do you suspect a possible association with a gang? YES / NO

Are there any family or household members associated with a gang? YES / NO

If yes, how long have they been involved?

FAMILY INFORMATION

BIOLOGICAL FATHER: Name: _____ Birth date: _____

Race: _____ Social Security #: ____ / ____ / ____ Telephone #:(____) _____

Address: _____
(Street Address/City/State/Zip)

Occupation: _____ Business Phone #:(____) _____

Religious Affiliation: _____ Education Level: _____

SUBSTANCE ABUSE HISTORY cont.

Has your child received any treatment or counseling for substance abuse? YES/NO

If yes, please list:

AGENCY/HOSPITAL DATES IN TREATMENT

_____	_____
_____	_____
_____	_____

Please circle any items in the list below which apply to the child being referred:

- | | | |
|------------------------|-------------------------------|-------------------|
| Alcohol Use | Has Difficulty Falling Asleep | Sleeps A lot |
| Acts Bizarre | Has Difficulty Staying Asleep | Hears Voices |
| Known Gang Member | Suspected Gang Member | Eating Less |
| Known Gang Involvement | Runs With a "Bad Crowd" | Eating More |
| Drug Use | Short Attention Span | Truancy |
| Selfish | Bed or Pants Wetting | Low Self-Esteem |
| Stubborn | Running Away | Sexually Abused |
| Depressed | Over-sensitive | Physically Abused |
| Boastful | Sexual Misbehavior | Eating Disorder |
| Discouraged | Homosexual Behavior | Nail Biting |
| Shy | Overactive | Withdrawn |
| Disobedient | Sets Fires | Unreasonable |
| Temper Tantrums | Fighting | Demanding |
| Stealing | Lying | Greedy |
| Fearful (Of what?) | Irritable | Hostile |
| Domineering | Prefers Adults | Immature |
| Daydreams | Prefers to be Alone | Insensitive |
| Over-competitive | Won't Compete | Irresponsible |

LEGAL HISTORY

Does your child have a court record? YES / NO

If yes, please explain: _____

Is your child being ordered by the Courts to come to Baptist Children's Home? YES/NO

Is your child currently involved with the legal authorities and not charged? YES / NO

(Courts, Police Department, Probation Department)

If yes, please explain: _____

SOCIAL SERVICE HISTORY cont.

Describe the child's personality: _____

List the child's special interests or hobbies: _____

Who is your child especially close to? _____

How is your child's relationship with parents? _____

How is your child's relationship with siblings? _____

List any significant events that have occurred in the child's life: _____

SUBSTANCE ABUSE HISTORY

How often does your child use alcohol? (circle one)

1x per week / 2x per week / Almost Everyday / Everyday / Never / Not Sure

What illegal drugs has your child been known to use or experiment with? _____

How often does your child use the above listed drugs?

1x per week / 2x per week / Almost Everyday / Everyday / Never / Not Sure

Has your child ever inhaled fumes, such as paint, aerosol spray, glue, etc., for the purpose of getting high? YES / NO.

If yes, please list substances used. _____

SOCIAL SERVICE HISTORY cont.

Has the family ever been investigated or involved with the Department of Children and Family Services (DCFS)? YES / NO

If yes, please explain. (Include dates, reason for and outcome of investigation.) _____

Has your child ever been placed in a hospital or psychiatric unit for treatment or evaluation? YES / NO

If yes, please list:

HOSPITAL	REASON FOR HOSPITALIZATION	DATE(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Was your child on any medications while in hospital? YES/NO

If yes please list: _____

Reason for seeking placement at B.C.H.: _____

Have you applied for or received B.C.H. services in the past? YES / NO

If yes, please explain: _____

How long do you anticipate keeping your child in placement? _____

What is the child's attitude toward placement? _____

Has your child been placed out of the home before? YES / NO

If yes, please explain. (Include when, the reason and how long.) _____

HEALTH INFORMATION cont.

List any medications your child is presently taking. (Include dosage.) _____

List all childhood diseases that your child has experienced: _____

List all allergies that your child has: _____

SOCIAL SERVICE HISTORY

Has your child ever been involved in counseling? YES / NO

If yes please list:

AGENCY	PURPOSE	DATES IN COUNSELING
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the family ever been involved in "family counseling?" YES / NO

If yes please list:

AGENCY	PURPOSE	DATES IN COUNSELING
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the seeking of services from Baptist Children's Home related to the situation(s) that prompted any of the counseling listed above? YES / NO

If yes, please explain. _____

NARRATIVE

WRITE A BRIEF DESCRIPTION OF WHY YOU ARE SEEKING PLACEMENT AT BAPTIST CHILDREN'S HOME.

EDUCATIONAL INFORMATION

Present Grade:_____ School Attending:_____

Address:_____ Telephone Number:(____)_____

Has child been placed in Special Education classes? YES / NO

If so, what kind?_____

Describe any problems being experienced in school:_____

Approximately when did these problems begin?_____

CHURCH AFFILIATION

Church:_____ Pastor:_____

Address:_____ Telephone #:(____)_____

HEALTH INFORMATION

Family Physician: _____

(Name, Address & Telephone Number)

List any serious or ongoing health problems that your child has had:_____

List any hospitalizations (Include dates, doctor in attendance and name of hospital.):_____

**APPLICATION FOR ADMISSION
BAPTIST CHILDREN'S HOME
949 County Road 1300 N, Carmi, IL 62821
Telephone (618) 382-4165**

(Page 1 of 13)

Date: _____

Name of individual completing application: _____

IDENTIFYING INFORMATION

Child's Name: _____ Birth Date: _____

Sex: _____ Race: _____ Social Security #: _____ / _____ / _____

Birthplace: _____
(City/State/County/Hospital)

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Birthmarks or Identifying Characteristics: _____
(Include location and description of any tattoos.)

Child's Present Address: _____
(Street/City/State/Zip/County)

Telephone Number: (_____) _____

Child's Legal Guardian: _____

Address: _____
(Street/City/State/Zip/County)

Home Phone: (_____) _____ Work Phone: (_____) _____

Email: _____

Who has physical custody of your child? _____

Is there currently a custody dispute involving your child? YES / NO

If yes, please explain: _____

List all outside agencies involved with the child (i.e. court, probation, DCFS, etc.). _____

Who referred you to Baptist Children's Home? _____

APPLICATION FOR ADMISSION BAPTIST CHILDREN'S HOME

This page has been designed as a check list to assist you in completing the forms accurately and gathering the information needed to process your child's application for placement.

1) APPLICATION FOR ADMISSION:

Make sure that....

- ___ a) **all** telephone numbers include area codes.
- ___ b) **all** addresses are complete.
- ___ c) **all** questions are answered as completely as possible.
- ___ d) legal guardians have signed application on page 13.

2) SCHOOL REPORT:

___ Take this form to the school your son/daughter attends. They will complete it and return it to us.

3) SCHOOL ENROLLMENT CONFIRMATION:

___ Take this form to the school your son/daughter is currently enrolled in. They will complete it and return it to us in the envelope attached to it.

4) AUTHORIZATION FOR RELEASE OF INFORMATION:

___ Sign & date this form. Do not fill in any other blanks.

5) ADDITIONAL DOCUMENTS TO BE SENT WITH APPLICATION:

- ___ a) Copy of child's **most recent** school grades.
- ___ b) Copy of child's birth certificate.
- ___ c) Copy of **most recent** tax return (or other proof of income).
- ___ d) Copy of divorce decree (if applicable).
- ___ e) Copy of proof of legal guardianship (if not stated in the divorce decree).
- ___ f) Copy of child's social security card.
- ___ g) Wallet size picture of child (if possible).
- ___ h) Copy of child's immunization record.
- ___ i) Copy of counseling/Counseling documentation.
- ___ j) Copy of any psychological evaluations.

6) PHYSICAL & DENTAL EXAMINATION:

These forms will be provided to you at the pre-placement interview. The examinations must be conducted **AFTER** your child is accepted but **BEFORE** the actual placement date.

Please complete all sections of the application and provide all information requested. Failure to do so in a timely manner will delay the processing of your child's application.