



Post Office Box 366206, Bonita Springs, Florida 34136
Phone: (239) 597-7070 • Fax: (239) 992-1432

APPLICATION FOR PRE-ADMISSION

Date: _____

Name of Counselor/Case Manager requesting placement _____

Case Management Organization: _____

Name, address, and telephone number of where the child will be, or was removed from:

CHILD FOR WHOM ADMISSION IS DESIRED

Name (full): _____

Social Security #: _____ Birth date: _____ Race: _____ Gender: _____

Biological parents: _____ Phone #: _____

Address: _____

Parents/Primary Care Taker at time of removal: _____

Note Please identify any siblings of the child listed above, and if they are allowed to contact them. Please include contact information when applicable.*

Specific Reason(s) For Placement: Long Term___ / Short Time___ / Disruption___

Medical/Dental/Psychological Information

Physical problems (i.e. vision, speech, hearing) _____

Is child prescribed medication at this time? _____ Type _____

How often? _____

Has child had a psychological evaluation? _____

Administered by whom? _____ Date: _____

Address: _____ Telephone: _____

History of homicidal: _____ or suicidal: _____ ideation/attempts?

If Yes, please explain: _____

Drug or alcohol usage? _____

If Yes, please explain: _____

List any allergies: _____
All medication(s) need to accompany the child when placed

Name of Medical Doctor: _____ Telephone: _____

Name of Therapist: _____ Telephone: _____

Name of Psychiatrist: _____ Telephone: _____

Name of Dentist/Orthodontist: _____ Telephone: _____

If child is covered by Medicaid, please state number: _____

If child is covered by Private insurance, please state number: _____

Legal Information

Have the Biological parent's rights been terminated? Yes: _____ No: _____

If Yes, When: _____

Person having custody: _____ Relationship: _____

Address : _____ Phone: _____

City, county, state, and court in which custody received: _____

Date of court order _____ Case number _____ Judge _____

Previous court hearing? _____ Dates _____

Action taken _____

Is child adopted? _____. If so, when? _____

Has the child been accused and/or charged with a sexual offence? Yes: _____ No: _____

If yes, date of incident: _____

Victim(s): _____

Explain: _____

School Information

Name of School _____ Grade _____

Teacher: _____ Phone: _____

Guidance Counselor: _____ Phone: _____

Upon admission, or shortly thereafter (30 days), the following *applicable* items should be presented to place in file:

(A) Medical and Clinical Records

1. Copy of Medicaid and Insurance Cards
2. Student Medical Examination
3. Psychosocial/Comprehensive Assessment
4. Addendum to Student Medical Examination (as appropriate)
5. Psychological Evaluation
6. Any Additional Psychological Information
7. Copy of Immunization Record
8. Clinical Assessments

(B) School

1. Copies of report cards
2. Progress reports
3. Awards
4. Incident reports
5. Copies of suspension/expulsion notice
6. Educational testing results

(C) Official Papers

1. Valid copy of birth certificate
2. Copy of social security card
3. Baptismal certificate (if applicable)
4. Copy of order for change of custody

- 5. Copy of divorce record (if applicable)
- 6. Court orders
- 7. Notice to Clerk of Court (if applicable)

Parent/Custodian's Plan for Future of Child

REFERENCES (List agencies, DCF/CBC workers, and important persons in child's life.)

Name	Address	Telephone	Relationship

Please answer all questions, giving as much information as possible, and try not to leave any spaces blank. If you are uncertain about an area, please complete the question as accurately as possible and indicate your uncertainty by the use of a question mark “?”.

It is our policy to close the inquiry if this form has not been returned within 30 days. Remember, this is one phase of the application procedure. Further study will be necessary to determine whether admission is appropriate. We appreciate your patience and full cooperation.

AS THE PARENT/LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, I (WE) DO HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE.

Name _____

Telephone _____

Relationship to child _____

Date _____

Name _____

Telephone _____

Relationship to child _____

Date _____