Good Shepherd Children's Home
P.O. Box 519 • Murfreesboro, TN 37130
Phone: (615) 896-1459 • Office: (615) 900-4698
Email: info@gsch.net • Website: www.gsch.net

Application for Admission
(Overview)

Please print, using black or blue ink.

Date of Application: _____

Name of Child to receive services: _____

Name and relationship of person filling out application:

_____

State of current residence (**If from ANY state other than Tennessee, you must also fill out Form 100A "Interstate Compact for the Placement of Children" located at end of this application**): _____

What are the reasons you want to place your child at the Good Shepherd Children's Home?

- ☐ Lack of Finances
- ☐ Homeless
- ☐ Incarceration of Parent
- ☐ Drugs in the Home
- ☐ Court Order
- ☐ DCS Recommendation
- ☐ Alcohol
- ☐ Other: _____

Comments: _____

_____

How did you hear about the Good Shepherd Children's Home?

- ☐ Friend: _____
- ☐ Church/Pastor: _____
- ☐ Another Children's Home: _____
- ☐ Government Agency: _____
- ☐ Internet Search
- ☐ Other: _____

Do you have full legal custody of the child?* ☐ Yes ☐ No

*Please provide copies of court transcripts where applicable

I understand that by placing this child at the Good Shepherd Children's Home, I am ultimately responsible for the care and well-being of this child. I understand that though the GSCH agrees to the basic care of this child's needs, the laws in the State of Tennessee mandate that I am legally bound to be responsible for unmet financial responsibilities incurred while the child is in the care of the GSCH. I also understand that at such time the child is discharged from the GSCH, it is my responsibility to re-assume care of the child.

_____ _____

Signature of Parent/Guardian Date

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Application for Admission
(Bio-Psychosocial Assessment of Child)

This is a permanent record. All of the entries must be answered completely and truthfully. If information is unknown, every effort should be made to obtain it. If a question is not applicable, please use N/A. This record will be valuable in working with your family. When necessary, you may write on the back or use other paper to give complete information.

Unless otherwise noted, all questions should be answered regarding the child.

Please print, using black or blue ink.

Name of Child to receive services: _____

Address/City/State/Zip: _____

_____

Date of Birth (mm/dd/yyyy): _____ Sex: ☐ Male ☐ Female

Is this Child a U.S. Citizen? ☐ Yes ☐ No

Child's Social Security #: _____

Place of Birth (City, State): _____

Other Names Used (Alias, Nicknames): _____

Is this Child <u>your</u> natural-born Child? ☐ Yes ☐ No

If no, please explain (adopted, etc.): _____

Are you willing to participate in the care of this child when appropriate? ☐ Yes ☐ No

If no, please explain: _____

Does the child have a cell-phone? ☐ Yes ☐ No

CURRENT LIVING SITUATION

What is the Child's current living arrangement? _____

What is the number of persons, *other than the Child*, currently living in the home? _____

Please list all household members: (may use back side if necessary)

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

Are there any siblings or step siblings living *outside* the home? ☐ Yes ☐ No

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If yes, please list them below (may use the back side if necessary):

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

If any of the above is *under* the age of 18, please list reason for residing outside the home:

Name	Reason for Residence outside the home
_____	_____
_____	_____

How many times has this Child's residence changed within the last two years?_____

Please explain:_____

How would you rate the family's Socioeconomic Position (poor, middle, or upper class, etc.)?

☐ Above Average ☐ Average ☐ Below Average

Do you currently receive public assistance on behalf of this child? ☐ Yes ☐ No

Does this Child receive social security benefits? ☐ Yes ☐ No

If yes, what is the amount? _____ To whom paid? _____

Past Significant Events (Check any/all that apply):

☐ Does the parent/caregiver have a significant medical condition?
☐ Does the Child have a medical condition?
☐ Did the mother have post-partum adjustment problems?
☐ Is there any mental illness of the parent/caregiver?
☐ Is there substance abuse of parent/caregiver? (drugs, alcohol, etc.)
☐ Has there been a separation or divorce of parent/caregiver?
☐ Has the child gone through an adoption?
☐ Has the significant adult caregiver abandoned the child at any time?
☐ Has there been a death of either parent/caregiver?
☐ Is there mental retardation of either parent/caregiver?
☐ Is or has there been any incarceration of parent/caregiver?

Comments: _____

Has the Child ever lived in any of the following settings (Check any/all that apply):

☐ Relative's home	☐ Foster Family	☐ Therapeutic foster care
☐ Group home	☐ Orphanage	☐ Correctional facility
☐ Emergency shelter	☐ Halfway house	☐ Residential substance abuse facility
☐ Detention facility	☐ Homeless	☐ Residential treatment center
☐ Hospital	☐ Other	

Comments: _____

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EDUCATIONAL/DAYCARE HISTORY

Current/Expected Grade Level: _____

Name of School or Day Care: _____

Language(s) spoken: ☐ English ☐ Spanish ☐ Other: _____
Reading level: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
Writing level: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Does the Child present academic strengths? ☐ Yes ☐ No

If yes, please explain: _____

Has there been a history of academic problems? ☐ Yes ☐ No

If yes, please explain: _____

Have there been any educational evaluations performed on this Child? ☐ Yes ☐ No

Has the Child been held back in school? ☐ Yes ☐ No

If yes, please explain: _____

Does the Child exhibit behavioral problems at school? ☐ Yes ☐ No

If yes, please explain: _____

Has this Child been placed in Special Education? ☐ Yes ☐ No

If yes, please explain: _____

SOCIAL RESOURCES

Is the Child able to form and maintain relationships with family/friends? ☐ Yes ☐ No

Are there current problems with close relationships? ☐ Yes ☐ No

If yes, please explain: _____

What are the Child's favorite activities, hobbies, or interests?

_____

Does the Child have a girlfriend/boyfriend? ☐ Yes ☐ No

Is the Child sexually active? ☐ Yes ☐ No

Is/has the Child been involved with a Gang? ☐ Yes ☐ No

Specifically describe any mental, emotional, and/or behavioral problems the Child is currently experiencing. Please include AGE, CIRCUMSTANCES when problems began, and include how often/how long problems arise:

_____

_____

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CHILD'S ATTITUDE

Please give your evaluation of this Child's attitude toward:

1. You, the Parent/Guardian
   _____
   _____
2. School/Church/Other Authority Figures
   _____
   _____
3. Correction and Discipline
   _____
   _____
4. Does the Child habitually lie to you? ☐ Yes ☐ No
5. Does the Child frequently use illness to miss school or get out out of responsibility? ☐ Yes ☐ No
6. Has the Child ever run away? _____ How many times? _____
7. Please discuss any other problems the Child has that you feel need to be addressed:
   _____
   _____

Please check the most appropriate response:

PERSONALITY:	☐ Shy	☐ Outgoing	☐ Personable
MORALS:	☐ Low	☐ Average	☐ Above Average
APPEARANCE:	☐ Sloppy	☐ Average	☐ Neat
MENTAL ALERTNESS:	☐ Dull	☐ Average	☐ Sharp
TACT:	☐ Immature	☐ Average	☐ Keen
COOPERATION:	☐ Indifferent	☐ Self-Centered	☐ Socially Concerned
DEPENDABILITY:	☐ Immature	☐ Questionable	☐ Reliable
CHARACTER:	☐ Weak/Up or Down	☐ Average	☐ Consistent
MOTIVATION:	☐ Purposeless	☐ Usually Purposeful	☐ Highly Motivated
INFLUENCE:	☐ Negative	☐ Limited Contributions	☐ Respected
LEADERSHIP:	☐ Retiring	☐ Dependable	☐ Seeks Responsibility
EMOTIONAL STABILITY:	☐ Excitable	☐ Well-Balanced	☐ Stable

TRAUMATIC EVENTS

Is there current or past experience of being abused or neglected? ☐ Yes ☐ No

If yes, please explain: _____

Please list any other traumatic experience: _____

Has the Child received counseling for any past abuse? ☐ N/A ☐ Yes ☐ No

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PAST MENTAL HEALTH TREATMENT

Has the Child ever been in the hospital for mental health treatment? ☐ Yes ☐ No

Has the Child ever been in outpatient care for mental health treatment? ☐ Yes ☐ No

Has the Child ever been in an in-school treatment program? ☐ Yes ☐ No

Has the Child ever been in a residential treatment center? ☐ Yes ☐ No

List any/all Treatment Facilities (use back if necessary):

Name of Facility _____ Location _____

Reason for Treatment _____ Start/End Dates _____

How did the Child do? _____

Was treatment completed? ☐ Yes ☐ No

Name of Facility _____ Location _____

Reason for Treatment _____ Start/End Dates _____

How did the Child do? _____

Was treatment completed? ☐ Yes ☐ No

Did the Child have a positive experience in treatment? ☐ Yes ☐ No

Was the Child compliant with treatment recommendations? ☐ Yes ☐ No

Comments regarding treatment history:

_____

Do you feel that the Child is at risk for dangerous behaviors? ☐ Yes ☐ No

What situations increase the risk for dangerous behaviors?

_____

What does the Child do to cope with these risks?

_____

Describe any warning signs for the dangerous behaviors:

_____

LEGAL HISTORY OF CHILD

If there is a history of legal issues, please explain:

_____

Are there any arrest charges pending against this Child? ☐ Yes ☐ No

If yes, please explain: _____

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Have there been any previous arrests? ☐ Yes ☐ No

If yes, please explain: _____

Is/has the Child been on probation? ☐ Yes ☐ No

If yes, please explain: _____

Is/has the Child been under Court supervision? ☐ Yes ☐ No

If yes, please explain: _____

Does this Child have a history of violence toward self or others? ☐ Yes ☐ No

If yes, please explain? _____

DEVELOPMENTAL HISTORY

Did the mother sustain any major injury/illness while pregnant? ☐ Yes ☐ No

If yes, please explain: _____

Did the mother use tobacco, alcohol, marijuana, street, or prescription drugs during pregnancy? ☐ Yes ☐ No

If yes, please explain: _____

Was the delivery premature or overdue? ☐ Yes ☐ No

SUBSTANCE ABUSE HISTORY

Has the Child used drugs or alcohol? ☐ Yes ☐ No

If yes, please explain and list them by preference, with the most preferred listed first:

_____

_____

Is the Child currently using drugs or alcohol? ☐ Yes ☐ No

Does the Child use tobacco products? ☐ Yes ☐ No

Has the Child been exposed to substance abuse? ☐ Yes ☐ No

Does the Child currently live with a person using substances? ☐ Yes ☐ No

If yes, please describe: _____

_____

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FAMILY HISTORY

Have any family members had a history of mental illness? ☐ Yes ☐ No

If yes, please list family relation and describe illness (give diagnosis if known):

_____

Is there a family history of substance abuse? ☐ Yes ☐ No

If yes, please explain: _____

Is there a family history of criminal activity? ☐ Yes ☐ No

If yes, please explain: _____

Is there a family history of violent behavior? ☐ Yes ☐ No

If yes, please explain: _____

Is there a family history of medical problems? ☐ Yes ☐ No

If yes, please explain: _____

Are there family issues that need to be addressed in treatment? ☐ Yes ☐ No

If yes, please explain: _____

Does the Child have a positive relationship with his/her parents? ☐ Yes ☐ No

Does the Child have a positive relationship with his/her siblings? ☐ Yes ☐ No

Is there current DCS involvement? ☐ Yes ☐ No

If yes, please explain: _____

Has there been past DCS involvement? ☐ Yes ☐ No

If yes, please explain: _____

Has the court appointed a legal guardian? ☐ Yes ☐ No

If yes, whom? _____

Have you made application to another institution? ☐ Yes ☐ No

If yes, where? _____

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QUESTIONS IN THIS SECTION ARE REGARDING THE FATHER:

Father's Name: _____

Address: _____

Employer: _____

Employer phone number: _____

Social security number: _____ Race: _____

Birth Date: _____

May the Child have contact with the Father? ☐ Yes ☐ No

Is the Father a member at any church? ☐ Yes ☐ No

Does he attend regularly? ☐ Yes ☐ No

If yes, where? _____

Is the Father divorced? ☐ Yes ☐ No

If divorced, is he remarried? ☐ Yes ☐ No

Does the Father have any mental or physical handicaps? ☐ Yes ☐ No

If yes, please explain: _____

If deceased, what is the date/cause of death: _____

QUESTIONS IN THIS SECTION ARE REGARDING THE MOTHER:

Mother's Name: _____

Address: _____

Employer: _____

Employer phone number: _____

Social security number: _____ Race: _____

Birth Date: _____

May the Child have contact with the Mother? ☐ Yes ☐ No

Is the Mother a member at any church? ☐ Yes ☐ No

Does she attend regularly? ☐ Yes ☐ No

If yes, where? _____

Is the Mother divorced? ☐ Yes ☐ No

If divorced, is she remarried? ☐ Yes ☐ No

Does the Mother have any mental or physical handicaps? ☐ Yes ☐ No

If yes, please explain: _____

If deceased, what is the date/cause of death: _____

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MEDICAL HEALTH HISTORY

Name of Child: _____

Date of Birth (mm/dd/yyyy): _____

Name of Child's Pediatrician/Doctor: _____

City/State of Child's Doctor: _____

Rate the Child's general health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Please explain: _____

Have there been any significant illnesses or injuries? ☐ Yes ☐ No

If yes, please explain: _____

Are there any neuropsychological (brain) issues? ☐ Yes ☐ No

Please explain any other medical issues. Identify whether issues are current or in the past:

_____

_____

Is this Child covered under any medical insurance policy? _____

Please list names of medical insurance coverage as well as group and policy numbers:

Name of Insured	Name of Insurance Co.	Group Number	Policy Number
_____	_____	_____	_____
_____	_____	_____	_____

Are the Child's immunization records current? ☐ Yes ☐ No

(Please attach a copy of child's immunization record to application.)

Illnesses that the child has experienced: *(Please check all that apply.)*

Illness	**Explain**
☐ Asthma	☐ HIV/AIDS
☐ Epilepsy	☐ Hepatitis
☐ Diabetes	☐ Colitis
☐ Ulcers	☐ Skin Disease
☐ Alcoholism/Drug Use	☐ Heart Disorder
☐ Bleeding Gums	☐ Cancer
☐ High Cholesterol	☐ High Blood Pressure
☐ Migraine Headache (diagnosed)	
☐ Infectious Disease (specify)	_____
☐ Psychiatric Illness (specify)	_____
☐ Other: _____	

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Injuries *(Please check all that apply. Indicate date of last injury and explain below.)*

Injury	**Date**
☐ Head Injury	_____
☐ Back Injury	_____
☐ Broken Bones	_____
☐ Recurrent Ankle Injury	_____
☐ Recurrent Knee Injury	_____

☐ Other: _____

Please explain any of the above or list any special physical limitations: _____

_____

_____

Does the Child have any allergies, including reactions to foods, antibiotics or any other medications, nature (trees, grass, etc.), or other environmental reactions? ☐ Yes ☐ No

If yes, please explain: _____

Does the Child have any special dietary needs? ☐ Yes ☐ No

If yes, please explain: _____

Has the Child ever undergone surgery for any reason? ☐ Yes ☐ No

If yes, please explain: _____

Does the Child have any dental problems? ☐ Yes ☐ No

If yes, please explain: _____

Has the Child ever taken any prescription medications for any reason? ☐ Yes ☐ No

Has the Child taken any medications in the past two weeks? ☐ Yes ☐ No

Please list medication and reason taken: _____

_____

Was the Child compliant with taking medications in the past? ☐ Yes ☐ No

Please list all Prescription medications currently taken by the Child. *(Use back if necessary.)*

Medication Name: _____

Dosage: _____

Instructions for taking: _____

Reason prescribed: _____

How long will Child need to take this medicine? _____

Condition being treated: _____

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Medication Name: _____

Dosage: _____

Instructions for taking: _____

Reason prescribed: _____

How long will Child need to take this medicine? _____

Condition being treated: _____

SPIRITUAL CONSIDERATIONS

What is the Child's primary religious affiliation? _____

Has the Child ever asked Jesus into his/her heart? ☐ Yes ☐ No

Does the Child attend church regularly? ☐ Yes ☐ No

Do you, as the parent/guardian, attend church regularly? ☐ Yes ☐ No

What is the name and address of a pastor who knows this Child?

_____

_____

I do hereby attest and affirm that all of the above information I have provided is truthful and accurate to the best of my ability. I fully realize that providing false information is against the law and against the best interests of my Child. Any perjury on my part is punishable to the fullest extent of the law.

_____
Name of Parent/Guardian (Print)

_____ _____
Signature of Parent/Guardian Date

_____
Name of Parent/Guardian (Print)

_____ _____
Signature of Parent/Guardian Date

Please Type

One Form per Child

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO: TENNESSEE | **FROM:**

SECTION I – IDENTIFYING DATA

Notice is given of intent to place - Name of Child:

Social Security Number: - -

ICWA Eligible: ☐ Yes ☐ No

Sex:

Date of Birth:

Title IV-E eligibility: ☐ Yes ☐ No ☐ Pending

Race/Ethnicity:
☐ Multi-Racial
☐ White
☐ American Indian or Alaskan Native
☐ Asian ☐ Native Hawaiian / Other Pacific Islander
☐ Unable to determine/ unknown

Hispanic Origin:
☐ Yes ☐ No
☐ Black or African American

Name of Mother:

Name of Father:

Name of Agency or Person Responsible for Planning for Child:

Phone:

Address:

Name of Agency or Person Financially Responsible for Child:
SAME AS ABOVE

Phone:

Address:

SECTION II – PLACEMENT INFORMATION

Name of Person(s) or Facility Child is to be placed with:
GOOD SHEPHERD CHILDREN'S HOME

Soc Sec #:
Soc Sec #:

Address:
P.O.BOX 519 203 WOOD CRAFT, MURFREESBORO, TN 37133-0516

Phone:
615-896-1459

Type of Care Requested:
☐ Foster Family Home
☐ Group Home Care
☒ Child Caring Institution
☐ Residential Treatment Center
☐ Institutional Care-Article VI, Adjudicated Delinquent
☐ Parent
☐ Relative (Not Parent)
Relationship: _____
☐ Other: _____

☐ ADOPTION
☐ IV-E Subsidy
☐ Non IV-E Subsidy
To Be Finalized In:
☐ Sending State
☐ Receiving State

Current Legal Status of Child:
☐ Sending Agency Custody/Guardianship
☒ Parent Relative Custody/Guardianship
☐ Court Jurisdiction Only
☐ Protective Supervision
☐ Parental Rights Terminated-Right to Place for Adoption
☐ Unaccompanied Refugee Minor
☐ Other: _____

SECTION III - SERVICES REQUESTED

Initial Report Requested (if applicable):
☐ Parent Home Study
☐ Relative Home Study
☐ Adoptive Home Study
☐ Foster Home Study

Supervisory Services Requested:
☐ Request Receiving State to Arrange Supervision
☒ Another Agency Agreed to Supervise
☐ Sending Agency to Supervise

Supervisory Reports Requested:
☒ Quarterly
☐ Semi-Annually
☐ Upon Request
☒ Other: **AS ARRANGED**

Name and Address of Supervising Agency in Receiving State: GOOD SHEPHERD CHILDREN'S HOME ADDRESS ABOVE

Enclosed: ☐ Functional Assessment/Child's Social History ☐ Court Order ☐ Financial/Medical Plan ☒ Other Enclosures
☐ Home Study of Placement Resource ☐ ICWA Enclosure ☐ IV-E Eligibility Documentation

Signature of Sending Agency or Person:

Date:

Signature of Sending State Compact Administrator, Deputy or Alternate:

Date:

SECTION IV – ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC

☐ Placement may be made ☐ Placement shall not be made

REMARKS:

Signature of Receiving State Compact Administrator, Deputy or Alternate:

Date:

DISTRIBUTION (Complete six (6) copies): Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to: Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to: Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days. Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.