



**Angels' Cove**  
*Pregnancy-Adoption-Foster Care*  
**Application for Minor**

Date: \_\_\_\_\_

Name of individual completing application: \_\_\_\_\_

<b>IDENTIFYING INFORMATION</b>
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Student'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)

Student's Present Address: \_\_\_\_\_  
 (Street/City/State/County)

Phone Number: (\_\_\_\_) \_\_\_\_\_

Student's Legal Guardian: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street/City/State/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.)

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How did you find out about Angels Cove (who told you)?

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**NARRATIVE**

Services Requested (Circle One)

Residential

In-Home Counseling

Outpatient Counseling

Adoption

Write a brief description of why you are seeking placement for your student at Angels' Cove.

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**EDUCATIONAL INFORMATION**

Present Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_(\_\_\_\_)\_\_\_\_\_

Is your child currently 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/ATTENDANCE**

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

**HEALTH INFORMATION**

Family Physician: \_\_\_\_\_

OB/GYN: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

List any hospitalizations: (include dates, doctor in attendance and name of hospital, and what they were in for)

\_\_\_\_\_

\_\_\_\_\_

List any medications your student is presently taking (include dosage)

\_\_\_\_\_

\_\_\_\_\_

List all childhood diseases that your student has experienced:

\_\_\_\_\_

\_\_\_\_\_

List all allergies that your student has: \_\_\_\_\_

At what age did your student begin puberty? \_\_\_\_\_

Due Date: \_\_\_\_\_ Last Appointment: \_\_\_\_\_

Has your Student taken any drugs since pregnancy? YES/NO

If yes, please explain: \_\_\_\_\_

Is the baby's father involved? YES/NO

Please explain: \_\_\_\_\_

Does the baby's father know you are pregnant? YES/NO

If not, do you plan to tell him? YES/NO

Does the baby's father assist you financially? YES/NO

Is the baby's father in agreement with plans for your child? YES/NO

Does the baby's father want you to parent or place your baby for adoption?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SOCIAL SERVICE HISTORY**

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

If yes, please list:

<b>Agency</b>	<b>Purpose</b>	<b>Dates in Counseling</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

If yes please list:

<b>Agency</b>	<b>Purpose</b>	<b>Dates in Counseling</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, please list:

<b>Hospital</b>	<b>Reason for Hospitalization</b>	<b>Dates</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

If yes, please list: \_\_\_\_\_

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

If yes, please list: \_\_\_\_\_

How long do you anticipate keeping your student in placement? \_\_\_\_\_

What is the student's attitude toward placement? \_\_\_\_\_

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

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the student's personality:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the student's special interests and hobbies: \_\_\_\_\_

Who is your student especially close to? \_\_\_\_\_

How is your student's relationship with parents? \_\_\_\_\_ Siblings? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>SUBSTANCE ABUSE HISTORY</b>
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How often does your student use alcohol? (circle one)

1X Per Week / 2X Per Week / Almost Every Day / Every Day / Never / Not Sure

Has your student been known to use or experiment with illegal drugs? \_\_\_\_\_ If yes, what drugs?

\_\_\_\_\_  
\_\_\_\_\_

How often does your student use the above listed drug(s)?

1X Per Week / 2X Per Week / Almost Every Day / Every Day / Never / Not Sure

Has your student ever inhaled fumes, such as paint, aerosol spray, glue, etc. for getting high? YES/NO If yes, please list substance(s) used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your student received any treatment or counseling for substance abuse? YES/NO If yes, Please List:

Agency	Purpose	Dates in Counseling
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

- |                          |                             |                               |
|--------------------------|-----------------------------|-------------------------------|
| Alcohol Use              | Sexual Misbehavior          | Demanding                     |
| Acts Bizarre             | Homosexual Behavior         | Greedy                        |
| Animal Cruelty           | Overreactive                | Hostile                       |
| Known Gang Involvement   | Sets Fires                  | Immature                      |
| Drug Use                 | Fighting                    | Insensitive                   |
| Selfish                  | Lying                       | Eating Less                   |
| Stubborn                 | Irritable                   | Prefers to be Alone           |
| Depressed                | Prefers Adults              | Eating More                   |
| Boastful                 | Known/Suspected Gang Member | Truancy                       |
| Discouraged              | Runs with a "Bad Crowd"     | Low Self-Esteem               |
| Shy                      | Short Attention Span        | Has Difficulty Falling Asleep |
| Disobedient              | Bed or Pants wetting        |                               |
| Temper Tantrums          | Running Away                |                               |
| Stealing                 | Sexually Abused             |                               |
| Fearful (of what?) _____ | Physically Abused           |                               |
| Over-Competitive         | Eating Disorder             |                               |
| Hears Voices             | Nail Biting                 |                               |
| Domineering Daydreams    | Withdrawn                   |                               |
| Over-sensitive           | Unreasonable                |                               |

#### LEGAL HISTORY

Does your student have a court record? YES/NO

If yes, please explain: \_\_\_\_\_

Is your student being ordered by the courts to come to Angels' Cove? YES/NO

Is your student currently involved with the legal authorities and not charged? YES/NO (Courts, Police, Probation)

If yes, please explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

Is there any family or household member(s) who is, or has been involved with the legal authorities? YES/NO

If yes, please explain: \_\_\_\_\_

Has any family member been associated with a gang? YES/NO/SUSPECT Association

If yes, please explain: \_\_\_\_\_

**FAMILY INFORMATION**

**Biological Father:** Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education Level: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

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: Poor / Fair / Good / Excellent

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

**Biological Mother:** Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education Level: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

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: Poor / Fair / Good / Excellent

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

**Step-Father/Mother:** Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education Level: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

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: 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: \_\_\_\_\_

## Biological Children

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Current Living Arrangement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Current Living Arrangement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Current Living Arrangement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please list all members of household:

Name	Age	Relation to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

1. Married & Living together
2. Never Married & Living together
3. Never Married and not living together
4. Separated
5. Divorced
6. Other: \_\_\_\_\_

The students **current** family living situation is:

1. Both biological parents
2. Mom and Step Dad
3. Single Mom
4. Single Dad
5. Dad and Step Mom
6. Adoptive Parents
7. Grandparents
8. Other Relative
9. Other: \_\_\_\_\_

### Biological Father of Baby

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

College: \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

Is your Student covered by Medical Insurance? YES/NO

Name of Carrier or Provider: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_

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

Does your Student have a WIC Card? YES/NO

Does your Student have a LINK Card? YES/NO

**FUN QUESTIONS ABOUT YOU (please have your student complete this section)**

List your hobbies:

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Describe what a "fun day" would be for you:

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What is your favorite movie of all time? \_\_\_\_\_

What is your favorite color? \_\_\_\_\_

What is your favorite type of music? \_\_\_\_\_

What is your favorite type of food? \_\_\_\_\_

Who is your hero? \_\_\_\_\_

If you were given \$5,000 what would you spend it on?

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Describe the qualities of your best friend:

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Describe your personality:

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**Goals**

What do you hope to learn at Angels' Cove and what are three goals you would like to accomplish?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

How long do you plan to stay at Angels' Cove (leave after birth or three months after birth):

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Where do you desire to go when you leave Angels' Cove?

The Application for Admission **must** be signed by the student's legal guardian(s).

By signing this application, I attest:

- That I have provided correct and accurate information on this application
- That I agree to take an active role in my student's placement by:
  - Attending all scheduled case reviews
  - Cooperating with all recommendations made by Angels' Cove staff
  - Actively supporting all aspects of my student's treatment plan.

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(Father)

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(Mother)

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(Legal Guardian)

**Please mail or fax this application as soon as possible, so we may begin to process.**

*"For He orders His angels to protect you wherever you go. They will steady you with their hands to keep you from stumbling against the rocks on the trail."*

-Luke 4: 10 – 11

**Questions regarding Inquiry/Placement:** 618-382-4164 Ext. 2204

**Mailing Address:** 949 Co Rd. 1300 N Carmi, IL 62821

**Email:** [stephanie.lynn@bchfs.com](mailto:stephanie.lynn@bchfs.com)

**Fax:** 618-382-2586

**ATTENTION PARENTS:**  
**Do Not Fill Out This Report.**  
For SCHOOL PERSONNEL  
ONLY: Please complete this  
form and return or fax directly  
to Baptist Children's Home.

SCHOOL REPORT  
Please return to:  
BAPTIST CHILDREN'S HOME  
949 County Road 1300 N  
Carmi, IL 62821  
Phone: 618-382-4164 ex. 2204  
Fax: 618-382-2586

(Page 1 of 2)

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Student's present grade classification: \_\_\_\_\_

If high school: 1) Number of credits accumulated: \_\_\_\_\_

2) Number of credits required for graduation: \_\_\_\_\_

Name and Address of School: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Principal's Name: \_\_\_\_\_

Is student in Special Education classes? **YES/NO** If yes, please list classification: \_\_\_\_\_

How long has student been in present school system? \_\_\_\_\_

Frequent absences? **YES/NO** If yes, why? \_\_\_\_\_

Has student had psychological testing? **YES/NO** If yes, when? \_\_\_\_\_

Where can this report be obtained? \_\_\_\_\_

(Name of Agency/School)

(Address)

Phone (\_\_\_\_) \_\_\_\_\_

Please attach a copy of the following: student's present class schedule, report card, immunization records, transcript, and IEP (if applicable) including psychological testing.



Baptist Children's Home and Family Services  
949 County Road 1300 N, Carmi, IL 62821

**ATTENTION PARENTS:**  
**Do Not Fill Out This Report.**  
For SCHOOL PERSONNEL  
ONLY: Please complete this  
form and return or fax directly  
to Baptist Children's Home.

SCHOOL REPORT

Please return to:  
BAPTIST CHILDREN'S HOME  
949 County Road 1300 N  
Carmi, IL 62821  
Phone: 618-382-4164 ex. 2204  
Fax: 618-382-2586

(Page 2 of 2)

Is the student a discipline problem? **YES / NO** If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has student ever been suspended from school? **YES / NO** If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Describe student's reaction to discipline: \_\_\_\_\_

Describe student's reaction to praise: \_\_\_\_\_

Would you describe student's IQ as: **Average / Below Average / Above Average**

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

What are student's strongest subjects? \_\_\_\_\_

What are student's weakest subjects? \_\_\_\_\_

How would you describe student's attention span? \_\_\_\_\_

How would you describe student's activity level? \_\_\_\_\_

How would you describe student's peer adjustment? \_\_\_\_\_

Does student come to school clean and adequately dressed? **YES / NO**

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



Baptist Children's Home and Family Services  
949 County Road 1300 N, Carmi, IL 62821

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## SCHOOL ENROLLMENT STATUS CONFIRMATION

Please return to:  
BAPTIST CHILDREN'S HOME  
949 County Road 1300 N  
Carmi, IL 62821  
Phone: 618-382-4164 ex. 2204  
Fax: 618-382-2586

Date: \_\_\_\_\_

This is to confirm that \_\_\_\_\_  
(Student's Name)

\_\_\_\_ is currently enrolled in the \_\_\_\_\_ School District.

\_\_\_\_ is not currently enrolled in the \_\_\_\_\_ School District.

While this child is in placement at Angels' Cove, Mt. Vernon City School District 80 will be the school of attendance.

SIGNED \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

If you have any questions, please contact our intake worker at  
Phone: 618-382-4164 ex. 2204, or Fax: 618-382-2586.



Baptist Children's Home and Family Services  
949 County Road 1300 N, Carmi, IL 62821