Baptist Children's Home

Residential Care Services

Dear Parent/Guardian:

We understand that the decision to place your child at a residential care facility is one of the most difficult decisions you will ever make. Our desire is to help you through the application process and to help you make the most beneficial choice for your child and your family.

Your first step is to complete and submit the application. Please use the enclosed check list as you complete the application to help insure that the required information is provided. The application and the additional information provided are important in helping us to make an accurate evaluation of your child's needs, your family needs and our ability to meet those needs.

The application process takes time. The sooner we receive the requested forms and information the sooner we can complete the process and work toward placement. We review the information we receive as quickly as possible and keep you informed of our progress and any missing data. We close the file and proceed with other applications if the requested information is not received in a timely manner.

We will be evaluating your family's needs and our program's ability to meet those needs throughout the intake process. We will notify you if we determine at any time that BCH is not an appropriate placement, and we will provide referral assistance to help you obtain appropriate services.

The next step, after we review the application and the additional information provided, is to schedule a pre-placement interview with you, your child, and our staff. This interview aids you in determining if you want to proceed with placement at BCH and assists us in determining if we are the appropriate facility to assist your family with the difficulties you are having.

Please contact us if you have any questions or concerns. We look forward to serving you.

Sincerely,

Residential Care Staff

Baptist Children's Home and Family Services

949 County Road 1300 N • Carmi, IL 62821 • Office (618) 382-4164 • Fax (618) 382-2586
Email bch@bchfs.com • www.bchfs.com

APPLICATION FOR ADMISSION CHECK LIST
BAPTIST CHILDREN'S HOME

This page has been designed to assist you in completing the forms accurately and gathering the additional information needed to process your child's application.

1) APPLICATION FOR ADMISSION:

Make sure that....

____ a) all phone numbers include area codes.
____ b) all addresses are complete.
____ c) all questions are answered as completely as possible.
____ d) legal guardian(s) have signed application.
____ e) child has signed Consent(s) for Release of Information.

2) CONSENT FOR RELEASE OF INFORMATION:

____ Please sign, date, and complete this form for each agency providing information. You may make copies if more than one consent form is needed. Illinois law requires that the form **must** be signed by children 12 and older.

3) ADDITIONAL DOCUMENTATION TO BE SENT WITH APPLICATION (Copies are fine.):

____ a) Child's **most recent** school grades
____ b) Child's birth certificate
____ c) **Most recent** tax return (or other proof of income)
____ d) Divorce decree (if applicable)
____ e) Proof of legal guardianship (if not stated in divorce decree)
____ f) Child's social security card
____ g) Wallet size picture of child (if possible)
____ h) Child's immunization record
____ i) Counseling documentation and hospitalization records (behavioral health admissions)
____ j) Psychological evaluations

4) SCHOOL REPORT and SCHOOL ENROLLMENT CONFIRMATION:

____ Take these **3 pages** to the school your son/daughter currently attends. The forms must be completed by the school, not by the parent/guardian.

5) PHYSICAL & DENTAL EXAMINATION:

These exams are required only if your child is *placed* at Baptist Children's Home, but they **must be completed prior to placement**. A physical within 30 days prior to placement and a dental exam within 10 months prior to placement fulfill this requirement. The doctor and dentist conducting these exams also must complete Illinois State physical and dental forms. Your doctor/dentist should have these forms. If not, BCH can provide the forms.

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.

ILBCHFS
Rev 7/7/2020

Illinois Baptist Children's Home and Family Services
Residential Care
CONSENT FOR RELEASE OF INFORMATION

Client Name: _____ **Date of Birth:** _____

I hereby authorize ILBCHFS and _____
(Person/Agency)

_____
(Street) (City) (State) (Zip) Phone Fax

to exchange information regarding the above-mentioned client.

The following information is to be released and/or exchanged:

- ☐ Discharge Summary
- ☐ Physician Progress Notes
- ☐ Psychiatric Evaluation
- ☐ Psychological Evaluation
- ☐ Immunizations
- ☐ Physical Examination
- ☐ Social Assessment
- ☐ Hearing and Vision Exam
- ☐ Individual Education Plan (IEP)
- ☐ School Transcript
- ☐ Court Reports
- ☐ Social History
- ☐ Progress Reports
- ☐ Other: _____

Mental health and/or alcohol and drug abuse records, if any, will be disclosed as a part of the complete medical record unless a note is made not to disclose the information. Information about HIV/AIDS status will be disclosed only at the request of the client.

The purpose for which this disclosure is being made is: _____

_____

Notice of Rights:
I understand that I have the right to inspect and copy the information that is to be disclosed. I also understand that if I refuse to consent to the disclosure of my records, they will not be disclosed and I will not incur a penalty. I further understand that I have the right to revoke this authorization at any time by notifying ILBCHFS and/or Residential Care in writing. Information to be released may include both paper and electronic records.

This authorization expires 1 year after the date of the authorized signature shown below for ongoing service provision, unless an earlier expiration date is indicated.

The information to be disclosed is confidential and is provided only to the party specified in the above consent. The receiving party cannot redisclose the information, with the exception of reports and other information that is required to be released to the court and certain parties to juvenile court proceedings as authorized by the Juvenile Court Act, 705 ILCS 405.

_____ _____
Client Signature (12 years or older) Date

☐ **Own Guardian**

_____ _____
Witness (Parent) Signature Date

Date Consent Expires: _____

☐ Copy received ☐ Copy declined
☐ Guardian notified of need for signature. Date: _____

_____ _____
Witness (Staff) Signature Date

Revocation of Permission:
Permission revoked on _____ _____
Date Signature

_____
Witness Signature

949 Co. Rd. 1300 N • Carmi, IL
(618) 382-4164 • Fax (618) 382-2586

APPLICATION FOR ADMISSION
BAPTIST CHILDREN'S HOME
949 County Road 1300 N, Carmi, IL 62821
Phone (618) 382-4164

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)

Phone Number: (_____) _____

Child's Legal Guardian: _____

Relationship to Child: _____

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.). _____

_____

How did you find out about Baptist Children's Home (who told you)? _____

_____

_____

NARRATIVE

Write a brief description of why you are seeking placement at Baptist Children's Home.

_____
_____
_____
_____
_____
_____
_____
_____

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

Church:_____ Pastor:_____

Address:_____ Phone:(____)_____

HEALTH INFORMATION

Family Physician: _____
(Name, Address & Phone 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.): _____

_____

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:_____

At what age did your child begin puberty?_____

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._____

_____

_____

_____

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.)_____

_____

_____

SOCIAL SERVICE HISTORY (cont.)

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 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 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.)_____

_____

_____

_____

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?_____ 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)

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

Has your child been known to use or experiment with illegal drugs? _____ If yes, what drugs?_____

_____

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

1 x Per Week / 2 x Per Week / Almost Every Day / Every Day / 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 substance(s) used:

_____

_____

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 Difficultly Staying Asleep	Hears Voices
Animal Cruelty	Known/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:_____

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 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, how long have they been involved? _____

FAMILY INFORMATION

BIOLOGICAL FATHER: Name:_____ Birth date:_____

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

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:_____

BIOLOGICAL FATHER: (cont.)

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 #:____/____/____ Phone:(____)_____

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:_____

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

Race:_____ Social Security #:____/____/____ Phone:(___) _____

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

STEP-FATHER/MOTHER: (cont.)

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:

NAME	AGE	RELATION TO CHILD

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
3) Single mom
4) Dad & step mom
5) Single dad
6) Adoptive parents
7) Grandparent(s)
8) Other Relative _____
9) Other

HOME VISITS

A necessary and required part of your child's treatment will be visits home. These visits occur approximately every 5 to 6 weeks.

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

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 pre-arranged schedule. Nonpayment of direct support may result in the discharge of your child.

DIRECT SUPPORT POLICY (cont.)

PLEASE LIST ALL 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) $_____

E) Other _____ $_____

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

$_____

ADDITIONAL BACKGROUND INFORMATION

ADDITIONAL RECORDS ARE NEEDED FROM THE FOLLOWING SOURCES:

- Tests/evaluations, discharge summary from any 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

These agencies will have an information release form for you to sign if they require one. Please do not use the one included in this package. It is for the use of Baptist Children's Home only.

ADDITIONAL BACKGROUND INFORMATION (cont.)

Please inform us if any of the agencies below request that we contact them directly.

AGENCY NAME(S):

_____

_____

_____

_____

1) Have you contacted the agency (ies) listed above? YES / NO

2) Are they sending the information? YES / NO

3) If #1 or #2 is "No," please indicate why? _____

SIGNATURE BLOCK

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

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, and,
  - actively supporting all aspects of my child's treatment plan.

_____
(FATHER)

_____
(MOTHER)

_____
(LEGAL GUARDIAN)

Carmi is located approximately:

+ 1 hour from Mt Vernon, Illinois
+ 2 hours 30 minutes from St Louis, Missouri
+ 3 hours 30 minutes from Springfield, Illinois
+ 5 hours 30 minutes from Chicago, Illinois

*If you are traveling I-64 to Baptist Children's Home, please take exit 110.

Directions to BCH Campus

Physical Address

949 County Road 1300 North
Carmi, IL 62821

From St. Louis Area

1. I-64 East to Illinois 45
2. South on IL-45 to Illinois 14
3. East on IL-14 to Illinois 1
4. South on IL-1 through Carmi and past Wal-Mart
5. Turn left on the first road past Wal-Mart (County Road 950 E) at Baptist Children's Home & Family Services sign
6. Go past the first two buildings on the left, over a bridge and up a small hill to a "Y" intersection (look for blue and white Baptist Children's Home sign). Turn left at the "Y" and follow curved driveway to the right. Residential Care office building is the first building on the right (3 story bldg.)

From Charleston Area

- Illinois 130 S to Illinois 1
- IL-1 S through Carmi and past Wal-Mart
- Follow directions 5. & 6. above

From Northern IL

- Take I-55 or I-57 to I-64 and go East
- Take I-64 E to IL-45 and go South
- Take IL-14 E to IL-1 and go South
- Follow directions 4. – 6. above

From Chicago Area

- Take I-94 E to I-57 S (signs for **Memphis)**
- Take exit 162 for U.S. 45 S toward **Effingham**
- Follow US-45 S to IL-14 E
- Take IL-14 E to IL-1 and go South
- Follow directions 4. – 6. Above

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

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.

BCHFS

Baptist Children's Home and Family Services
949 County Road 1300 N, Carmi, IL 62821
Email: bch@bchfs.com • www.bchfs.com

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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

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

BCHFS
Baptist Children's Home and Family Services
949 County Road 1300 N, Carmi, IL 62821
Email: bch@bchfs.com • www.bchfs.com

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 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 Baptist Children's Home, Carmi White County CUSD5 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.

BCHFS

Baptist Children's Home and Family Services
949 County Road 1300 N, Carmi, IL 62821
Email: bch@bchfs.com • www.bchfs.com