Angels' Cove

Pregnancy–Adoption–Foster Care

Application for Adult

Date: ______________________________

Name of individual completing application: _________________________________

IDENTIFYING INFORMATION

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)

Present Address: ____
(Street/City/State/County)

Phone Number: (___)_____________________________

Address: ____
(Street/City/State/County)

Home Phone: (___)______________________ Work Phone: (____)______________________________

Email: ____

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 Angels Cove (who told you)?

____
____

NARRATIVE

Services Requested (Circle One)

Residential In-Home Counseling Outpatient Counseling Adoption

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

____
____
____
____
____
____
____
____
____

EDUCATIONAL INFORMATION

Graduated High School? ______ School Attended:____

Address: ______________________________________ Phone: (____)_____________________________

Describe any problems being experienced in school: ____

Approximately when did these problems begin? ____

CHURCH ATTENDANCE

Church: ___________________________ Pastor: ____

Address: _______________________________ Phone: (___)____________________________________

HEALTH INFORMATION

Family Physician: ____
OB/GYN: ____

List any serious or ongoing health problems:

____
____

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

____
____
____

List any medications you are currently taking (include dosage)

____

____

____

List all childhood diseases that you have experienced:

____

____

____

List all allergies: ____

Due Date: ___________________________ Last Appointment: ____

Have you 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

Biological Father of Baby

Name:____ Birth Date:___________________________________

Address:____

City, State, Zip:____

Home phone:_____________________ Cell Phone:_________________________ Work Phone:________________

Email:____

Employer:____

Occupation:____

Education:____

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

Have you 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 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)

____

____

____

____

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

If yes, please list:

Hospital	**Reason for Hospitalization**	**Dates**

Were you 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 staying in placement? ____

What is your attitude toward placement? ____

Have you ever been placed out of the home before? YES/NO

If yes, please explain:

____
____
____

Describe your personality:

____
____
____

Who are you especially close to? ____

List any significant events that have occurred in your life:

____
____
____

SUBSTANCE ABUSE HISTORY

How often do you use alcohol? (circle one)

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

Have you ever been known to use or experiment with illegal drugs? _______ If yes, what drugs?

____
____

How often do you use the above listed drug(s)?

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

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

____
____
____

Have you 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 adult being referred:

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

LEGAL HISTORY

Over-Competitive	Sexually Abused	Has Difficulty Falling Asleep

Do you have a court record? YES/NO
If yes, please explain: ____

Are you being ordered by the courts to come to Angels' Cove? YES/NO

Are you currently involved with the legal authorities and not charged? YES/NO (Courts, Police, Probation)
If yes, please explain: ____

Have you 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: _______________________________________

Do you have a current relationship with your dad? Yes_____No______
Explain:____

____

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: _______________________________________

Do you currently have a relationship with your mother? Yes_______ No _______

Explain:____

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:
Lives with whom and for how long?
____
____
____

Name: ____ Birthdate: _______________________________________
Sex: _____________________ Race: ________________________________
Current Living Arrangement:
Lives with whom and for how long?
____
____
____

Name: ____ Birthdate: ____
Sex: _______________________ Race: ___________________________________
Current Living Arrangement:
Lives with whom and for how long?
____
____
____

Please list all members of household:

Name	Age	Relation to Child
_________________________	________________________	___________________________
_________________________	________________________	___________________________
_________________________	________________________	___________________________
_________________________	________________________	___________________________
_________________________	________________________	___________________________

Your **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: _____________________

Your **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: ___________________

HEALTH INSURANCE INFORMATION

Are you covered by Medical Insurance? YES/NO

Name of Carrier or Provider: ____

Name of Insurance Company: ____

Policy or Group Number: ____________________________________ Type of Coverage: ______________________________

Do you have a Public Aid Medical Card? YES/NO

Do you have a WIC Card? YES/NO

Do you have a LINK Card? YES/NO

FUN QUESTIONS ABOUT YOU

List your hobbies:

____
____
____

Describe what a “fun day” would be for you:

____
____
____
____

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?

____
____

Describe the qualities of your best friend:

____
____
____

Describe your personality:

____
____
____

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):

____
____

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

____

The Application for Admission **must** be signed.

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 placement by:
  - Attending all scheduled case reviews
  - Cooperating with all recommendations made by Angels' Cove staff
  - Actively supporting all aspects of my treatment plan.

____

Signature of Applicant

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
Fax: 618-382-2586

ILBCHFS
Rev 7/7/2020

Illinois Baptist Children's Home and Family Services
Angels' Cove
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 Angels' Cove 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**

Date Consent Expires: ______________

______________________________ ______________________
Witness (Parent) Signature Date

☐ 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

4243 Lincolnshire Dr • Mt Vernon,
IL 62864
(618) 382-4164 • Fax (618) 242-2568