



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

Date: _____

Name of individual completing application: _____

IDENTIFYING INFORMATION

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.)

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 for your student at Angels' Cove.

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:

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)

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

If yes, please list:

Hospital	Reason for Hospitalization	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

SUBSTANCE ABUSE HISTORY

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:

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 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.

(Father)

(Mother)

(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

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

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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

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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



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 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

**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

Witness (Parent) Signature

Date

Date Consent Expires: _____

Witness (Staff) Signature

Date

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

Revocation of Permission:

Permission revoked on _____
Date

Signature

Witness Signature