



Angels' Cove Residential Maternity Center
Minor Application

Application Date: _____

Due Date: _____

Name of individual completing application: _____

IDENTIFYING INFORMATION

Child's Name: _____ Birth Date: _____

Sex: _____ Race: _____ Social Security Number: _____

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/County)

Phone Number: (_____) _____

Child's Legal Guardian: _____

Relationship to child: _____

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? _____

If yes, please explain: _____

List all outside agencies involved with your child (i.e. court, probation, DCFS, etc.)

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

NARRATIVE

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

EDUCATIONAL INFORMATION

Present Grade: _____ School Attending: _____

Address: _____ Phone: _____

Is your child currently in Special Education Classes? _____

If so, what kind _____

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 that your child has had:

List any hospitalizations: (include dates, doctor in attendance and name of hospital, and what your child was in for)

List any medications your child is currently 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? _____ Due Date: _____ Last Appointment: _____

Has your child taken any drugs since pregnancy? _____
If yes, please explain: _____

Is the baby's father involved? _____
Please explain: _____

Does the baby's father know your child is pregnant? _____
If not, do you plan to tell him? _____

Does the baby's father assist your child financially? _____

Is the baby's father in agreement with plans for the baby? _____

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

Biological Father of Baby

Name: _____ Birth Date: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Employer: _____

Occupation: _____ Education: _____

College: _____

SOCIAL SERVICE HISTORY

Have your child ever been involved in counseling? _____ If yes, please list:

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

Has the family ever been involved in family counseling? _____ If yes, please list:

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

Is seeking services from Angles' Cove related to the situation (s) that prompted any of the counseling listed above? _____

If yes, please explain.

Has the family ever been investigated or involved with the Department of Children and Family Services (DCFS)? _____
If yes, please explain (include dates, reason for, and outcome of investigation)

Have your child ever been placed in a hospital or psychiatric unit for treatment or evaluation? _____ If yes, please list:

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

Was your child on any medications while in the hospital? _____

If yes, please list: _____

Have you applied for or received services from Baptist Children's Home & Family Services in the past? _____

If yes, please list: _____

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? _____ If yes, please explain:

Describe the child's personality:

List the child's special interests and 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? _____
(1X Per Week / 2X Per Week / Almost Every Day / Every Day/ Never / Not Sure)

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

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

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

Has your child ever inhaled fumes, such as paint, aerosol spray, glue, etc. for getting high? _____ If yes, please list substance(s) used:

Has your child received any treatment or counseling for substance abuse? _____ If yes, Please List:

Agency	Purpose	Dates in Counseling
_____	_____	_____
_____	_____	_____

LEGAL HISTORY

Do your child have a court record? _____

If yes, please explain: _____

Is your child being ordered by the courts to come to Angels' Cove? _____

Is your child currently involved with the legal authorities and not charged? _____ (Courts, Police, Probation)

If yes, please explain: _____

Has your child been involved with the legal authorities in the past and not charged? _____

If yes, please explain: _____

Is there any family or household member(s) who is, or has been involved with the legal authorities? _____

If yes, please explain: _____

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

If yes, please explain: _____

FAMILY INFORMATION

Father: Name: _____ Birth date: _____

Race: _____ Phone: _____

Address: _____

Occupation: _____ Education Level: _____ Religious Affiliation: _____

Drug/Alcohol Use? _____ If yes, was treatment sought out? _____

Any history of treatment for emotional or nervous disorder? _____

If yes, please explain: _____

Any known family history of psychological or emotional problems? _____

If yes, please explain: _____

Mother: Name: _____ Birth date: _____

Race: _____ Phone: _____

Address: _____

Occupation: _____ Education Level: _____ Religious Affiliation: _____

Drug/Alcohol Use? _____ If yes, was treatment sought out? _____

Any history of treatment for emotional or nervous disorder? _____

If yes, please explain: _____

Any known family history of psychological or emotional problems? _____

If yes, please explain: _____

Step-Father: Name: _____ Birth date: _____

Race: _____ Phone: _____

Address: _____

Occupation: _____ Education Level: _____ Religious Affiliation: _____

Drug/Alcohol Use? _____ If yes, was treatment sought out? _____

Any history of treatment for emotional or nervous disorder? _____

If yes, please explain: _____

Any known family history of psychological or emotional problems? _____

If yes, please explain: _____

Step-Mother: Name: _____ Birth date: _____

Race: _____ Phone: _____

Address: _____

Occupation: _____ Education Level: _____ Religious Affiliation: _____

Drug/Alcohol Use? _____ If yes, was treatment sought out? _____

Any history of treatment for emotional or nervous disorder? _____

If yes, please explain: _____

Any known family history of psychological or emotional problems? _____

If yes, please explain: _____

If any parent is deceased, please complete the following:

Parent deceased: _____ Date of Death: _____

Place of death: _____ Cause of Death: _____

Child's 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child's **current** family living situation is: _____

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

Health Insurance

Is your child covered by Medical Insurance? _____

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? _____ Does your child have a WIC Card? _____

Does your child have a LINK Card? _____

**Tell Us About You
To Be Completed by Child**

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? _____

Who is your hero? _____ What is your favorite type of food? _____

Describe the qualities of your best friend: _____

Who are you close to: _____

Describe your personality:

What do you hope to learn at Angels' Cove or 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 child'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 child's placement by:
 - Attending all scheduled case reviews
 - Abiding by Angels' Cove Guidelines
 - Actively supporting all aspects of my child's treatment plan.

Mother Signature _____ Date _____

Father Signature _____ Date _____

Legal Guardian Signature _____ Date _____

Please mail or fax this application as soon as possible, so we may begin the 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

(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? _____ If yes, please list classification: _____

How long has student been in present school system? _____

Frequent absences? _____ If yes, why? _____

Has student had psychological testing? _____ 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:
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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

(Page 2 of 2)

Is the student a discipline problem? _____ If yes, please explain: _____

Has student ever been suspended from school? _____ 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? _____

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? _____

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

Signature

Title



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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.

SIGNATURE: _____

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