

Application for Admission – Step One  
**South Texas Children's Home Ministries**

P.O. Box 759  
Beeville, Texas 78104-0759  
Phone: (361) 375-2101  
Fax (361) 375-2300  
www.stchm.org

Please fill out completely and submit online, or mail or fax form to the address above to the attention of Ginger Bailey. Please answer all questions. If information is unknown, every effort should be made to obtain it. This record will become a very helpful tool to aid us in working with the child and their family. You will be contacted about the application by STCHM Social Services within two business days from the time they receive it.

PLEASE TYPE OR PRINT, USING INK: (Use back or add sheets if you need additional space.)

**PERSON COMPLETING THE APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (with area code): \_\_\_\_\_ Relationship to the child: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**CHILD SEEKING ADMISSION**

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone (with area code): \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Sex M / F  
School Grade: \_\_\_\_\_ School Name \_\_\_\_\_

**Who has legal custody?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Child lives with \_\_\_\_\_ Relationship \_\_\_\_\_

U.S. Citizen      Yes      No

Name by which the child prefers to be called: \_\_\_\_\_

Why are you seeking placement at South Texas Children's Home Ministries?

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List all placements outside the home: Relatives, Emergency Shelters, Hospitals, Residential Treatment Centers, Foster Homes, Group Care.

Place \_\_\_\_\_ Length of Stay \_\_\_\_\_ Yr. \_\_\_\_\_ Discharged for \_\_\_\_\_

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Place \_\_\_\_\_ Length of Stay \_\_\_\_\_ Yr. \_\_\_\_\_ Discharged for \_\_\_\_\_

Has CPS (Child Protective Services) been involved in the family situation? Yes No

Worker's Name \_\_\_\_\_ Phone Number (with area code) \_\_\_\_\_

City \_\_\_\_\_

Does the child have a history of involvement with the Juvenile Probation System? Yes No

Number of referrals to juvenile authorities? \_\_\_\_\_ Number of adjudications: \_\_\_\_\_

Past/Current Offenses \_\_\_\_\_

### SCHOOL HISTORY

Principal or Teacher \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Phone No. (+ area code) \_\_\_\_\_

Is the child in the correct grade for their age? Yes No

Has the child been retained? Yes No

How many times has the child been suspended from school? \_\_\_ In Alternative School? \_\_\_\_\_

Explain \_\_\_\_\_

Problems at School? \_\_\_\_\_

Does this child have Special Education needs? \_\_\_\_\_

How many times has the child been truant from school? \_\_\_\_\_

Explain: \_\_\_\_\_

What is the child's attitude toward school? \_\_\_\_\_

Child's Church Membership \_\_\_\_\_ Church Activities? \_\_\_\_\_

Does the child have any physical or mental handicaps? \_\_\_\_ Explain? \_\_\_\_\_

Does the child have any continuing medical problems? \_\_\_\_ Explain? \_\_\_\_\_

Has the child ever had psychological testing? \_\_\_\_\_ Date of last appointment: \_\_\_\_\_

Who administered the test? \_\_\_\_\_

(Enclose a copy of test results if available.)

Has the child seen a counselor or therapist? \_\_\_\_\_ Date of last appointment \_\_\_\_\_

Counselor's Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Reason for going \_\_\_\_\_

Dates \_\_\_\_\_

How long do you feel placement at South Texas Children's Home Ministries will be necessary?

What is the child's attitude about living at South Texas Children's Home Ministries?

**REFERENCES:** (You will need to list at least three individuals who know the child. Please make sure you sign and return the Release of Information form at the end of this application.)

**Pastor or an individual you highly respect:**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone (+ area code) \_\_\_\_\_ Number of years known: \_\_\_\_\_

**School Administrator or Teacher:**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone (+ area code) \_\_\_\_\_ Number of years known: \_\_\_\_\_

**Adult Friend**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone (+ area code) \_\_\_\_\_ Number of years known: \_\_\_\_\_

# South Texas Children's Home Ministries

## Application for Admission Questionnaire

Applicant: \_\_\_\_\_

	YES / NO
Has the child runaway from home or placement?	
Does the child physically fight with peers?	
Does the child physically fight with adults?	
Is the child cruel to animals?	
Does the child talk about killing self?	
Does the child deliberately harm self or attempt suicide?	
Does the child damage or destroy property of others?	
Does the child set fires?	
Does the child have inappropriate sexual behavior?	
Does the child steal at home?	
Does the child steal outside the home?	
Does the child hallucinate?	
Does the child wet himself during the day?	
Does the child wet the bed?	
Does the child soil his bed or clothing?	
Does the child withdraw (does not get involved with others)?	
Does the child get along with other children?	
Does the child prefer playing with older children?	
Does the child act fearful or anxious?	
Does the child have trouble sleeping?	
Is the child sad, unhappy or depressed?	
Is the child restless, hyperactive or can't sit still?	
Does the child have temper tantrums?	
Does the child exhibit sudden mood changes?	
Is the child considered a danger to self?	
Is the child considered a danger to others?	
Does the child have a history of alcohol abuse?	
Does the child have a history of substance abuse?	
Does the child have a history of inhalant abuse?	
Has the child been physically abused?	
Has the child been sexually abused?	
Has the child been emotionally abused?	
Is gang affiliation suspected?	
Has the child ever made a threat with a weapon?	
Is the child mentally retarded or have limited intellectual ability?	

*\* Prior to submitting your form online, please save or print a copy for your records after completing the following Release of Information form.*

# RELEASE OF INFORMATION

I hereby grant permission for and release from all liability of responsibility all persons and corporations requesting or supplying information about \_\_\_\_\_  
(Child's Name)  
to South Texas Children's Home Ministries. The information to be disclosed and delivered includes but is not limited to the child's school performance, personal lifestyle and habits, medical records, psychological records and any other relevant information that will be pertinent to the child's placement at STCHM. This authorization also includes authority to copy any and all such records.

I promise all persons to whom inquiry may be made that I will not bring suit against them for providing information regarding \_\_\_\_\_  
(Child's Name). I also understand that a copy of this release is as valid as the original document.

This authorization is continuing in nature and is to be given full force and effect to release information on any of the foregoing learned or determined after the date hereof.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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