

TARA HALL HOME FOR BOYS

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APPLICANT INFORMATION

In order to adequately consider a youth for placement, we will need the following information:

- 1) The Application
- 2) Copy of the Court Order establishing custody of the youth.
(Only if Court action has occurred.)
- 3) Results of recent psychological testing.
- 4) School Records (Attendance, Grades, recent testing & behavior)
- 5) Any-All behavioral health Assesments

If the youth is accepted into our program we will need the following information at admission time.

- 1) Copy of current physical exam (within 6 months.)
- 2) Copy of immunization record.
- 3) Copy of Birth Certificate.
- 4) Copy of Social Security Card
- 5) Insurance and / or Medicaid Card

This information will greatly help us in planning when considering a youth's application.

Thank you for your cooperation !
PF-15F

TARA HALL HOME FOR BOYS BASIC INFORMATION FORM

TODAY'S DATE-_____ Referred by:_____

CHILD'S NAME:_____.

CHILD'S SOCIAL SECURITY NUMBER:_____.

DATE OF BIRTH:_____.

PLACE OF BIRTH:_____.

CHILD'S ADDRESS:_____

County _____

Telephone Number _____

PRESENT PARENTAL STRUCTURE; (PLEASE CHECK ONE)

Natural Mother & Father_____ Foster Parents_____

Natural Mother-Step-Father_____ Mother only_____

Natural Father -Step Mother_____ Father only_____

Mother & Boyfriend_____ Father & Girlfriend_____

Parents by Adoption_____ Other_____ if other please describe;

Insurance Information: Company_____ Number _____

Medicaid_____ Number_____

Legal Custody:_____

Emergency Contact_____

Child's Family Doctor:_____

PARENTAL INFORMATION

Natural Mother's Name: _____

Address: _____

Telephone Number: _____ Work # _____

D.O. B. _____ Social Security Number _____

Marital Status _____ Education _____

Relationship with child (good, strained, etc.) _____

Willingness to participate in the program. _____

Agree to visitation schedule: _____

Step-Father/Live-in-partner's name: _____

Natural Father's Name: _____

Address: _____

Telephone Number _____ Work # _____

D.O.B. _____ Social Security Number _____

Marital Status _____ Education _____

Relationship with child (good, strained, etc.) _____

Willingness to participate in the program _____

Willingness to participate in family counseling _____

Step-Mother/ Live-in-partner's name: _____

Child's Siblings:

Names:	_____	D.O.B.	_____
	_____		_____
	_____		_____
	_____		_____

Maternal Grandmother's Name _____

Address _____

Telephone Number: _____

Relationship with child (good, strained, etc.) _____

Maternal Grandfather's Name _____

Address _____

Telephone Number _____

Relationship with the child (good, strained, etc.) _____

Paternal Grandmother's Name _____

Address _____

Telephone Number _____

Relationship with child (good, strained, etc.) _____

Paternal Grandfather Name _____

Address _____

Telephone Number _____

Relationship with child (good, strained, etc.) _____

Child's relationship with step-parent (good, strained, etc.) _____

CHILD'S INFORMATION

Youth's Legal Name _____
Last First Middle
Nickname _____ Date of Birth _____ Age _____
Sex _____ Race _____ Height _____ Weight _____
Place of Birth _____ Religion _____

With whom is the youth living _____
How long has the youth lived at this address _____
Who has Legal custody of child _____
List where the youth has lived within the past 5 years, Dates and Reason of Move.

Please list any people living in home (such as aunts, uncles, cousins & friends)

Describe any major problems within the family which limits their ability to be effective with the child; such as alcoholism, drug abuse, mental illness, mental retardation, child abuse/neglect, etc.

SCHOOL INFORMATION

Present School: _____ Grade: _____
Address: _____

Telephone Number: _____
Contact Person: _____

Does the child attend any special classes? Please describe_____

Does the child have any learning disabilities? Please describe:

SCHOOL INFORMATION

List areas of academic strengths and weaknesses:_____

List suspensions from school , dates and reasons:_____

Have your child ever struck a teacher or school administrator

Describe relationships of child to school personnel. List any specific teachers/ officials which the child has a noticeably good or poor relationship with._____

List grades youth has repeated, if any_____

Reason for retention:_____

CHILD'S PERSONALITY & BEHAVIOR

How well does the child relate to others his age?_____

How well does the child establish and maintain friendships?_____

Personality & Behavior

Does the child prefer to play by himself or with his peers?_____

Is the child prone to temper outbursts?_____

If so, please explain:_____

Is child prone to lying or dishonesty?_____

If, so, specify any 'cues' that might indicate such (voice tone, facial expression, etc.)_____

In your opinion is the youth excessively introverted or extroverted?_____

Please explain_____

Briefly describe what you consider to be the youth's personality strengths and weakness. _____

What special talents, aptitudes, hobbies or interest does the child have? _____

JUVENILE COURT SYSTEM INVOLVEMENT'S

List below any contacts with the court system.

Offense/charge: _____ Date: _____ Disposition:

JUVENILE COURT SYSTEM

How many times has the child ran away in the past year? _____

How many times has the child threatened to run away in the past? _____

Is the child currently on probation? _____ If so please explain what for, how long, and the conditions of the probation. _____

Has the child ever been involved in propose destruction of property? _____
If so explain: _____

How many fights has the child been involved in the past year? _____

Explain _____

Has the child ever used a weapon to threaten or harm someone else? _____

Explain _____

MEDICAL HISTORY

Please check any of the following the child has experienced.

Sleepwalking Unusual eating habits Fainting or dizziness

Nightmares Excessive poor hygiene Phobias

Encopreses Prolonged refusal to speak Enuresis

Trouble Sleeping Talking in Sleep Hyperactivity

Eating non food Exposing Genitals

Stuttering or other speech problems

Has the youth ever threatened suicide? _____ Attempted suicide? _____

Or been cruel to animals or children? _____ If yes to any, please explain

MEDICAL HISTORY

Has the child ever had any accidents, injuries, or operations. _____ If yes please explain _____

Is the child currently using any medication? _____ If yes, please explain

Is the child allergic to any type of medication? _____ If yes, please explain.

Is the child allergic to any type of food? _____ If yes, please explain: _____

Does the child wear eyeglasses? _____

Name of Doctor: _____

Has the child ever been on medication for behavioral or emotional difficulties? (Hyperactivity, depression, etc.) _____ If so , explain _____

Has the child been involved with drugs or alcohol ? _____ If so, please explain (frequency, circumstances, etc.) _____

Is there any medical reason why the child should not participate in sports or other out door activities? _____

Is there any medical problem the child has which has not been indicated above? _____ If so, please explain. _____

Name of Family Doctor _____

Address: _____

Telephone: _____

MEDICAL HISTORY

Please check if the child has had or now has any of the following. Please also indicate with and X if there is any history of these in the family.

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergies (Describe) | <input type="checkbox"/> Loss of bowel control | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Polio | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Dental Needs |
| <input type="checkbox"/> Discharging ears | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Eye problems | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Influenza | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Kidney Disorders |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Smallpox |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Abnormal Fears | <input type="checkbox"/> Other_____ |

Please explain: _____

PRE-NATAL & BIRTH INFORMATION

Was pregnancy full term?_____ If not Describe: _____

Birth Weight of Child. _____

Were there any complication during pregnancy or during birth?_____ If so, please Describe: _____

Was the birth normal or Cesarean? _____

Did birth mother use alcohol or drugs during pregnancy? _____ If so, please describe: _____

Describe 1st year of life as far as reaching milestones such as sitting up, crawling, potty training, etc. _____

REFERRAL & TREATMENT

Length of time the referral agent has been directly involved with the child _____

What incident, or legal offense prompted this application?(i.e.) type of petition, school problems, running away, vandalism, probation violation, etc. _____

Why is the child being referred (General summary of problems.) _____

Please list, including dates and addresses, others professionals with whom the child has been involved in regard to his problems. _____

Is the child currently involved with any other helping professional or agency? Please explain. _____

Referral Agent _____

Other than Tara Hall what programs or forms of treatment may be utilized to help the child with his problems? _____

REFERRAL & TREATMENT

Will the child have the availability of spending visiting weekends and holidays in his home while placed at the group home?_____

Will the child have the availability of returning to his home after completion of the program?_____

If the child will not be returning home, what are the long range plans for this child?_____

What role do you see Tara Hall playing in these plans?_____

If the child is accepted, what do you expect from our programs?_____

Is there any thing that we should know that is not covered on this application?
