

APPLICATION FOR SERVICE / INTAKE STUDY

TO (Name of Agency): STARTING POINT CAROLINA

Application For: Therapeutic Foster Care Family Foster Care Residential Child Care
FROM (person/agency making application): _____

(Print name of person making application and name of agency he/she represents)

This complete application, with supporting documentation, provides the information necessary to decide whether to admit the child. If the child is admitted, the documents relating specifically to admission will be required. If additional space is needed for any question, add an extra sheet or write on the back of the application (be sure to give question number for reference).

I. FAMILY INFORMATION

CHILD:

1) Child's Full Name: _____

2) Prefers to be called: _____

3) Date of Birth: _____ 4) Verified? Yes No

5) Sex: Male Female 6) Race: _____

7) Social Security Number: _____

8) Place of Birth (city): _____
(county): _____

(state or country): _____

9) Currently Living With: Biological Parents Relative Foster Family
 Other (Specify): _____

BIOLOGICAL PARENTS:

10) Father's Full Name: _____

11) Social Security Number: _____

12) Address: _____

City: _____ State: _____ Zip: _____

13) Phone Number: _____

14) Date of Birth: _____ 15) Date of Death: _____

16) Marital Status: _____

17) Race: _____ 18) Religion: _____

19) Mother's Full Name: _____

20) Social Security Number: _____

21) Address: _____

City: _____ State: _____ Zip: _____

22) Phone Number: _____

23) Date of Birth: _____ 24) Date of Death: _____

25) Marital Status: _____

26) Race: _____ 27) Religion: _____

CURRENT PARENTAL RELATIONSHIPS: (The persons, if other than biological parents, who will be working in a parental capacity with child while in care):

28) Full Name: _____

29) Social Security Number: _____

30) Date of Birth: _____ 31) Relationship to Child: Step Adoptive

Other (Specify): _____

32) Address: _____

City: _____ State: _____ Zip: _____

33) Phone Number: _____

34) Full Name: _____

35) Social Security Number: _____

36) Date of Birth: _____ 37) Relationship to Child: Step Adoptive

Other (Specify): _____

38) Address: _____

City: _____ State: _____ Zip: _____

39) Phone Number: _____

40) Have proceedings been initiated to terminate parental rights for this child's: Mother: Yes No

Father: Yes No

If yes, give the date of the final order terminating parental rights:

of the mother: _____ of the father: _____

41) Has this child been adopted? Yes No

If yes, give date(s) of the final adoption order(s): _____

42) CHILD'S SIBLINGS (Include all half siblings, step siblings, adoptive siblings)

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Relationship: _____ **Presently Living With:** _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Relationship: _____ **Presently Living With:** _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Relationship: _____ **Presently Living With:** _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Relationship: _____ **Presently Living With:** _____

43) OTHER RELATIVES:

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____
Relationship: _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____
Relationship: _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____
Relationship: _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____
Relationship: _____

II. CUSTODY

44) Name of Legal Custodian: _____

45) Phone Number: _____

46) Address: _____

City: _____ State: _____ Zip: _____

47) Name of Contact Person: _____

48) Phone Number: _____

49) Is a Voluntary Placement Agreement or CARS Agreement in effect? Yes No

If yes, give expiration date: _____

50) Check if there is any physical, medical, developmental, psychological problem which will require special attention in caring for this child. Attach a description of each problem checked.

51) Name any medications this child is now taking, and for what condition(s): _____

52) Name of child's physician: _____ **53)** Phone: _____

54) Address: _____

55) Name of child's dentist: _____ **56)** Phone: _____

57) Address: _____

City: _____ State: _____ Zip: _____

III. EDUCATIONAL INFORMATION

(If this form is completed between school terms, please give the information pertaining to the previous school year. If assistance is needed in completing the form, please consult the child's school.)

58) Assigned School Grade: _____ In which grade (s) has the child been retained? _____

59) Attach copy of the child's report card for the latest reporting period.

60) School performance this year is better than, equal to, or poorer than previous year.

61) Education setting: Regular Class, Special Education, Other (Specify): _____

62) Has child been classified as special needs? Yes No

If yes specify classification(s): _____

63) Child's appointed Surrogate Parent: Name: _____

64) Phone: _____ **65)** Address: _____

City: _____ State: _____ Zip: _____

66) Name of Current/last school attended: _____

67) Phone: _____ **68)** Address: _____

City: _____ State: _____ Zip: _____

69) School Transcript: Attached: Yes No Promised by date: _____

70) Latest Evaluation Information:

Achievement Evaluation (ex: Woodcock Johnsbm etc.)

Date: _____ Assessment/Test: _____

Results: _____

Psychological Evaluation (ex: WISC-III, etc.)

Date: _____ Assessment/Test: _____

Results: _____

71) Attendance record for school year:

Number of days in attendance: _____ Number of excused absences: _____

Number of unexcused absences (suspension, expulsion, truancy, etc): _____

Explain: _____

72) Academic strengths: _____

73) Academic weaknesses: _____

74) School behavioral strengths: _____

75) School behavioral weaknesses: _____

76) Recommended school information pertinent to this application: _____

77) Recommended educational plan/program (IEP, etc.): _____

78) Other special needs/talents, including extra-curricular activities and interests: _____

79) Additional school information pertinent to this application: _____

IV. SOCIAL HISTORY / ASSESSMENT

The following information will help agency staff understand the child's and family's needs and how best to meet these needs. If a written social history is available, it may be substituted for Section IV (questions 80-90). Answer any of the questions below which are not addressed in the social history.

80) Tell what is going on in the family at this time. Describe the significant events which effect this family

and
child: _____

81) Give a brief description of this family's:

Strengths: _____

Weaknesses: _____

82) Give a brief description of the child's:

Strengths: _____

Weaknesses: _____

83) What and/or who make this child:

Glad? _____

Sad ? _____

Mad? _____

Fight? _____

Run? _____

84) From what agencies/professionals has the family sought or been given help? Specify services and

results: _____

85) What religious resources/support systems are available to this child and family? (Name/phone of contact person) _____

86) Why must this child now live away from his/her parents? _____

87) Out-of-Home Placements:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Dates of Care: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Dates of Care: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Dates of Care: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Dates of Care: _____

88) Is there history of delinquent behavior? Yes No If yes, attach description including history of core involvement and a copy of any court order currently in effect.

89) Is this child suicidal? Yes No If yes, attach history with description of attempts.

90) Identify the current needs of the child and family to which the agency is asked to respond: _____

V. PLANNING

This section requires equal attention to the family and the child in answering the questions. If the child is in DSS custody attach a current copy of the out-of-home family services agreement.

91) What is the permanent plan for this child? _____

92) Is there a current need to revise the permanent plan? Yes No If yes, explain: _____

93) State the goals toward which the family and child are working to achieve the permanent plan: _____

94) What specific services of the agency are being requested on behalf of this family and child: _____

95) How will the requested services help the family and child achieve their permanent plan? _____

96) Identify in the order of your priority all agencies to which this application is being made:

- 1: _____
- 2: _____
- 3: _____
- 4: _____

97) Give the name/role of other volunteers/professionals assigned to this child (Guardian ad Litem, Child Advocate, Court Counselor, etc.): _____

VII. SIGNATURE(S)

I (we), the undersigned, hereby apply to the (Name of agency) for services named above on behalf of the named child for whom I (we) hold legal custody and/or placement authority. I (we) certify that the information contained in this application and the attachments is true and accurate to the best of my (our) knowledge. I (we) agree to share additional information pertinent to this application as requested by the agency. I (we) also agree to cooperate with the agency and to support the plan of service to which we mutually agree.

_____ Date: _____
Print Name of Parent(s), Guardian, or Legal Custodian

_____ Date: _____
Signature of Parent(s), Guardian, or Legal Custodian

Voluntary Placement Agreement:

Name of Agency holding Voluntary Placement Agreement: _____

_____ Date: _____
Print Name of Representative of Agency holding Voluntary Placement Agreement

_____ Date: _____
Signature of Representative of Agency holding Voluntary Placement Agreement

CARS Agreement:

Name of Agency with whom CARS Agreement was signed: _____

_____ Date: _____
Print Name

_____ Date: _____
Signature

_____ Date: _____
Print Name of Representative of Agency with whom CARS Agreement was signed

_____ Date: _____
Signature of Representative of Agency with whom CARS Agreement was signed