

# SHULTS-LEWIS CHILD & FAMILY SERVICES, INC.

P.O. BOX 471  
VALPARAISO, IN 46384

(Office) 219 / 462-0513  
(Fax) 219 / 464-7828

## INTAKE APPLICATION

DATE: \_\_\_\_\_

Person Filling Out Application: \_\_\_\_\_

Relationship To Child/Title: \_\_\_\_\_

**Fill out the application as completely as possible. If there are questions, feel free to call for assistance in completing the information. \* If you are mailing the application, please enclose a recent photo of your teen.**

I. General Information:

A. Name of child \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

M \_\_\_ F \_\_\_ Age \_\_\_ Date of Birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Identifying marks: \_\_\_\_\_

**Note:** A physical examination is required as a condition of admission. This must be dated no more than 30 days prior to admission and must use the enclosed Shults-Lewis physical form or a form supplied by the physician.

**Primary Medical Insurance Company:** \* \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ ID #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

**Secondary Insurance:**\* \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

(\*Please supply all necessary insurance information at the time of placement and the insurance cards)

**MEDICAID #:** \_\_\_\_\_

Religious preference: \_\_\_\_\_

**Note:** All children in placement and all staff attend and participate in worship activities at Churches of Christ. All applicants should make application with this awareness, and submission of this application is indication of acceptance of this policy.

B. Legal Guardian \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Child is being referred by: Welfare Dept. \_\_\_\_\_ Probation Dept. \_\_\_\_\_  
 Hospital \_\_\_\_\_ Family member \_\_\_\_\_ Friend \_\_\_\_\_ Church \_\_\_\_\_  
 Other \_\_\_\_\_  
 Is child a ward of court? Yes \_\_\_ No \_\_\_ (Attach order if yes)  
 Is child on probation? Yes \_\_\_ No \_\_\_ (Attach order if yes)  
 County/State: \_\_\_\_\_  
 Name of agency: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Department Supervisor: \_\_\_\_\_  
 Person/Caseworker making referral: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_  
 Is child presently hospitalized, in detention or placement? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (If yes, give details-where, how long, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Child currently in school? Yes \_\_\_ No \_\_\_ Grade \_\_\_  
 If **NO** give last date child was in school \_\_\_\_\_ Grade last completed: \_\_\_\_\_  
 School last attended: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School address: \_\_\_\_\_  
 Principal: \_\_\_\_\_ Phone: \_\_\_\_\_  
 In special classes of any kind: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Specify (see below\*): \_\_\_\_\_  
 Student's I.Q. \_\_\_\_\_

**\* Note whether mentally handicapped, emotionally handicapped, behavior disorder, learning disability, etc. Be very specific and attach or have sent by the school system the latest evaluation and/or individualized education plan. If child is in a special placement, we must have copies of testing, school records, and the educational plan before we can process the application further.**

**Education Information continued.**

Has child ever been tested, evaluated or recommended for special education or special classes?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, give details:**

\_\_\_\_\_

**II. Family Information**

**A. Parents (birth parents or adoptive parents):**

**Mother:** \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Description of work/job title: \_\_\_\_\_

Religious preference: \_\_\_\_\_

Relationship to applicant: Birth parent \_\_\_\_\_ Adoptive parent \_\_\_\_\_

Step-parent \_\_\_\_\_ Other: \_\_\_\_\_

Marriage history: (*Mother*)

| Name of spouse | Date married | Date ended | Reason | # Kids |
|----------------|--------------|------------|--------|--------|
|                |              |            |        |        |
|                |              |            |        |        |
|                |              |            |        |        |

**Father:** \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_

**Father information continued.**

Address: \_\_\_\_\_

Description of work/job title: \_\_\_\_\_

Religious preference: \_\_\_\_\_

Relationship to applicant: Birth parent \_\_\_\_\_ Adoptive parent \_\_\_\_\_

Step-parent \_\_\_\_\_ Other: \_\_\_\_\_

Marriage history: (*Father*)

| Name of spouse | Date married | Date ended | Reason | # Kids |
|----------------|--------------|------------|--------|--------|
|                |              |            |        |        |
|                |              |            |        |        |
|                |              |            |        |        |

B. Family history (Complete all items which apply to this child. Public agencies must supply a complete social history and a case plan)

List all those with whom the child lives. Include names and relationships (birth parents, step-parents, etc.) of both adults and children in the home. Then list all step-parents/siblings who the child does not live with.

| Name  | Age   | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |

In case of divorce, who is non-custodial parent: \_\_\_\_\_

Does child visit non-custodial parent? Yes \_\_\_\_\_ No \_\_\_\_\_

Frequency: \_\_\_\_\_

Child is: \_\_\_\_\_ Adopted \_\_\_\_\_ Under guardianship  
 \_\_\_\_\_ By family unrelated by birth \_\_\_\_\_ By spouse of birth parent  
 \_\_\_\_\_ By other relatives (Specify): \_\_\_\_\_

**Family History continued.**

Date of guardianship or adoption: \_\_\_\_\_

\_\_\_\_\_ Birth parents rights terminated? Date: \_\_\_\_\_

Is either birth parent deceased? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify: \_\_\_\_\_

The lines below represent years of the child's life. Indicate on the lines who child lived with for each year to the present. Include birth parents, adoptive parents, relatives, friends, institutions, foster homes, etc.

| AGE | CHILD LIVED WITH | AGE | CHILD LIVED WITH |
|-----|------------------|-----|------------------|
| 0   | _____            | 9   | _____            |
| 1   | _____            | 10  | _____            |
| 2   | _____            | 11  | _____            |
| 3   | _____            | 12  | _____            |
| 4   | _____            | 13  | _____            |
| 5   | _____            | 14  | _____            |
| 6   | _____            | 15  | _____            |
| 7   | _____            | 16  | _____            |
| 8   | _____            | 17  | _____            |

C. Description of home life (**Remember, this should represent the family as a unit**)

Please mark the areas below: (+) Areas of Strength (-) Areas of Weakness

- \_\_\_\_\_ Our family communicates and listens well
- \_\_\_\_\_ Our family affirms and supports one another and is affectionate.
- \_\_\_\_\_ Our family teaches respect for others.
- \_\_\_\_\_ Our family helps develop a sense of trust.
- \_\_\_\_\_ Our family has a sense of humor and can play together.
- \_\_\_\_\_ Our family shares responsibility.
- \_\_\_\_\_ Our family teaches a sense of right and wrong.
- \_\_\_\_\_ Our family has many traditions we enjoy together.
- \_\_\_\_\_ Our family shares religious beliefs and values.
- \_\_\_\_\_ Our family respects one another's privacy.
- \_\_\_\_\_ Our family values service to others.
- \_\_\_\_\_ Our family encourages family table time and conversation.
- \_\_\_\_\_ Our family shares leisure time.
- \_\_\_\_\_ Our family admits to problems and seeks help with them.
- \_\_\_\_\_ Our family has a balance of interaction among members

**Family History continued.**

D. Shults-Lewis requires that the parent, guardian or placing agency be involved with the resident's placement while in treatment. The involvement may be, but not limited to, on-campus counseling sessions, home visits by resident, as well as staffings with Shults-Lewis' professionals.

Please check if you are able to be involved with the resident's treatment.

YES \_\_\_\_\_ NO \_\_\_\_\_

E. Does the referring parent, guardian or placing agency have reliable transportation to visit the Shults-Lewis campus? YES \_\_\_\_\_ NO \_\_\_\_\_

III. Presenting problems

A. Please place an X by all problems which are contributing to the placement, whether or not the problem is occurring at present.

- |  |   |
|--|---|
| <input type="checkbox"/> Out of Parental Control                         | <input type="checkbox"/> Family Violence                  |
| <input type="checkbox"/> Family Abandonment                              | <input type="checkbox"/> Family Deceased                  |
| <input type="checkbox"/> Family Divorce/Separation                       | <input type="checkbox"/> No Family                        |
| <input type="checkbox"/> Step-Family Conflict                            | <input type="checkbox"/> Adoption Disruption              |
| <input type="checkbox"/> Alcoholic Family                                | <input type="checkbox"/> Runaway                          |
| <input type="checkbox"/> Eating Disorder                                 |   |
| <input type="checkbox"/> Failure of Previous Placement                   | <input type="checkbox"/> Completion of Previous Placement |
| <input type="checkbox"/> Neglect (please describe) _____                 |   |
| <input type="checkbox"/> Physical Abuse of Child By whom and when? _____ |   |
| <input type="checkbox"/> Sexual Abuse of child By whom and when? _____   |   |
| <input type="checkbox"/> Victim of Rape. By whom and when? _____         |   |

**Other specific problems seen in the child's behavior:**

- |  |   |
|--|---|
| <input type="checkbox"/> Behavior Problem in Classroom             | <input type="checkbox"/> Truancy                  |
| <input type="checkbox"/> Expelled                                  | <input type="checkbox"/> Suspended                |
| <input type="checkbox"/> Friends are older                         | <input type="checkbox"/> Friends are younger      |
| <input type="checkbox"/> Friends are same age                      | <input type="checkbox"/> Has little or no friends |
| <input type="checkbox"/> Picks bad friends                         | <input type="checkbox"/> Violence                 |
| <input type="checkbox"/> Aggression                                | <input type="checkbox"/> Homosexual Behavior      |
| <input type="checkbox"/> Sexual abuse by child on whom/when? _____ |   |
| <input type="checkbox"/> Rape by child on whom/when? _____         |   |
| <input type="checkbox"/> Promiscuity                               | <input type="checkbox"/> Prostitution             |
| <input type="checkbox"/> Vandalism                                 | <input type="checkbox"/> Theft – Home             |
| <input type="checkbox"/> Alcohol Use                               | <input type="checkbox"/> Theft – Community        |
| <input type="checkbox"/> Drug Use                                  | <input type="checkbox"/> Drug Selling             |
| <input type="checkbox"/> Bedwetting                                | <input type="checkbox"/> Encopresis (soiling)     |
| <input type="checkbox"/> Depression/Mental Disorders               | <input type="checkbox"/> Extreme Anger/Rage       |
| <input type="checkbox"/> Suicidal Thoughts (Ideation)              | <input type="checkbox"/> Suicidal Behaviors       |

Other: \_\_\_\_\_

A. (cont.) For drug/alcohol use (Age when began and frequency of use):  
\_\_\_\_\_

List types of drug/alcohol use: \_\_\_\_\_  
\_\_\_\_\_

Has applicant ever been recommended or referred to a substance abuse program?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

B. Please write a brief statement of why the child should be placed: \_\_\_\_\_  
\_\_\_\_\_

C. What are your goals for placement?  
\_\_\_\_\_ Return to family upon resolution of placement issues  
\_\_\_\_\_ Foster Care  
\_\_\_\_\_ Adoption  
\_\_\_\_\_ Independent Living  
\_\_\_\_\_ Other \_\_\_\_\_

**Specific treatment for:**  
\_\_\_\_\_ Physical Abuse  
\_\_\_\_\_ Sexual Abuse  
\_\_\_\_\_ Substance Abuse  
\_\_\_\_\_ Eating Disorder  
\_\_\_\_\_ School/Educational Needs  
\_\_\_\_\_ Family Conflicts, Breakdown  
\_\_\_\_\_ Authority, Anti-Social Issues  
\_\_\_\_\_ Other \_\_\_\_\_

IV. Medical Information: (Do not duplicate information already given on the Physical Examination and Health Record).

Please include a copy of immunization record (on back of physical form).  
Record must include both month and year of immunization, or the immunization will have to be re-done)  
If applicant has been sexually active, include:

**Female:** Pregnancy test results, Venereal disease test results  
**Male:** Venereal disease test results

A. Does the applicant have any medical history of the following (please check and explain):

| CONDITION                 | AGE   | CONTROLLED BY  |
|---------------------------|-------|----------------|
| _____ Diabetes            | _____ | _____          |
| _____ Seizures            | _____ | _____          |
| _____ Hyperactive         | _____ | _____          |
| _____ Visually Impaired   | _____ | _____          |
| _____ Hearing Impaired    | _____ | _____          |
| _____ Hormonal Imbalance  | _____ | _____          |
| _____ Menstrual Imbalance | _____ | _____          |
| _____ Bulimia/Anorexia    | _____ | _____          |
| _____ High Blood Pressure | _____ | _____          |
| _____ Asthma              | _____ | _____          |
| _____ Heart Disease       | _____ | _____          |
| _____ Bedwetting          | _____ | _____          |
| _____ Female/Pregnancy    | _____ | <u>Outcome</u> |
| _____ Male/Fathered child | _____ | <u>Outcome</u> |

B. Please describe the applicant's present health condition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Allergies:

Foods: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

D. Is applicant currently being treated for any illness or disorder?

\_\_\_\_\_

\_\_\_\_\_

List all current medications with the doctor's name who prescribed it:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Hospitalizations:

| Name of Hospital | Address of Hospital | Dates | Doctor's Name | Medical Problem |
|------------------|---------------------|-------|---------------|-----------------|
| 1.               |                     |       |               |                 |
|                  |                     |       |               |                 |
| 2.               |                     |       |               |                 |
|                  |                     |       |               |                 |
| 3.               |                     |       |               |                 |
|                  |                     |       |               |                 |
| 4.               |                     |       |               |                 |
|                  |                     |       |               |                 |

F. Has applicant been placed in confinement or restraints because of suicidal, aggressive or other behavior?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_