

LIGHTHOUSE CHILDREN'S HOME APPLICATION FOR ADMISSION

Lighthouse Children's Home - 7771 Mahan Drive, Tallahassee, FL 32309 (850) 877-3778
Fax application to: (850) 656-8249 or Email to: office@lighthousechildrenshome.com

The Lighthouse Children's Home makes no promise that the submission of any application to the Lighthouse assures placement for the child in our program. All applications must first be reviewed by the Lighthouse Administration. Then those applicants deemed likely candidates for placement will be given an interview before final determination of their placement is made. THIS IS A PERMANENT RECORD. All questions must be answered and answered truthfully. Giving false or misleading information and/or omitting information pertinent to the child may cause the child to either not be approved for the program or to be expelled from the Lighthouse Children's Home if approved and the information is revealed after admission. If information is unknown, every effort should be made to obtain it. This record will be very valuable in working with the child. If a question is not applicable, please mark N/A. Use additional paper if necessary.

TODAY'S DATE: _____ / _____ / _____

GENERAL INFORMATION ABOUT THE PARENT(S) / GUARDIAN(S)

Name of person making application: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Your place of employment: _____

Address: _____ City: _____

State: _____ Zip: _____ Work Phone: () _____

What is your relationship to the child? Birth Parent _____ Adoptive Parent _____ Step Parent _____ Guardian _____

Other - explain: _____

Circle which of these apply to you: Sole-custody _____ Joint-Custody _____ Temporary Guardian _____

List the information of anyone else who has legal custody and/or visitation rights for this child

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

What is their relationship to you?

Husband _____ Ex-husband _____ Wife _____ Ex-wife _____ Other: _____

List the information of anyone else who knows you and this child so that we may call them as a reference:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

What is the name and location of your home church?

GENERAL INFORMATION ABOUT THE CHILD THIS APPLICATION IS FOR

Name: (first) _____ (middle) _____ (last) _____

Age: _____ Birth date: _____ / _____ / _____

Ethnicity: White African-American Hispanic Other: _____

Siblings - list their names, ages, and relationship (brother, sister, half-brother, step-sister, etc....)

EDUCATION

What is the last grade this child passed? _____

What is her current grade? _____

Is this child currently passing or failing? **PASSING FAILING**

Has this child been held back or failed any grade? **No Yes-Held Back Yes- Failed** Which Grade? _____

Has this child been skipping school? **Yes No** Number of Times: _____

Has this child ever been suspended? **Yes No** Number of Times: _____ Reason: _____

Has this child ever been expelled? **Yes No** Number of Times: _____ Reason: _____

What is the name and address of the school this child is currently enrolled in?

Has this child ever been suspected of or diagnosed with DYSLEXIA? **Yes No Uncertain**

Has this child ever been suspected of or diagnosed with any other learning disabilities? **Yes No Uncertain**

Has this child ever been in special education classes or alternative classes? **Yes No Uncertain**

Is this child on an I.E.P., 504 plan, or similar education plan? **Yes No Uncertain**

Does this child require any other special accommodations for their education? **Yes No Uncertain**

If yes or uncertain to any of the above, please explain: _____

List any plans this child has for their educational future such as college, a particular career or trade, or military service.

GENERAL HEALTH / EMOTIONAL AND MENTAL CONDITION OF THE CHILD

Does this child have any physical disabilities or limitations? **Yes No**

If yes, explain: _____

Has this child ever been suspected of, diagnosed with, and/or received counseling or treatment for any of the following:

- | | | |
|--|------------|-----------|
| <u>Attention Deficit Disorder (ADD)</u> | Yes | No |
| <u>Attention Hyperactive Deficit Disorder (ADHD)</u> | Yes | No |
| <u>Mood disorders</u> | Yes | No |
| <u>Bipolar</u> | Yes | No |
| <u>Depression</u> | Yes | No |
| <u>Oppositional Defiance Disorder (ODD)</u> | Yes | No |
| <u>Schizophrenia</u> | Yes | No |
| <u>Post-Traumatic Stress Disorder (PTSD)</u> | Yes | No |
| <u>Reactive Attachment Disorder (RAD)</u> | Yes | No |
| <u>Self-harm and/or suicide attempts</u> | Yes | No |
| <u>Autism/Asperger Syndrome</u> | Yes | No |
| <u>Eating disorders</u> | Yes | No |
| <u>Emotional or physical abuse</u> | Yes | No |
| <u>Sexual abuse and/or rape</u> | Yes | No |
| <u>Substance abuse</u> | Yes | No |
| <u>Sleep disorders</u> | Yes | No |
| <u>Pregnancy</u> | Yes | No |
| <u>Abortion</u> | Yes | No |

If yes to any of the above, please explain: _____

List all current and past counsellors, treatment/therapy centers, physicians, and mental health professionals who had treated any of the above conditions. _____

List all current or past prescriptions, over-the-counter medicines, and natural remedies used to treat any of the above conditions.

BEHAVIOR AND CHARACTER OF THE CHILD

Check all areas that describe your child:

- Defiant and disrespectful
- Outbreaks of temper or physically violent to others, fighting - explain: _____
- Mistreatment of pets or other animals - explain: _____
- Arson, vandalism, destruction of property - explain: _____
- Lying and/or secretive behavior
- Manipulative and/or controlling
- Stealing, shoplifting
- Association with wrong crowd, poor choice of friends
- Has been involved in witchcraft or related activities - How long ago and for how long: _____
- Is fascinated with "dark" things such as black clothing, hair, makeup, and "dark" pictures, movies, and internet sites
- Has run away Number of times _____ How long are they usually gone _____
- Has a poor physical appearance and/or weight problem
- Tattoos and/or piercings - list what and where: _____
- Sexually active
- Homosexual or bi-sexual
- Pornography and/or sending/receiving inappropriate pictures and texts ("sexting")

Are there any past or current situations involving this child and/or their family whereby child protective services is/was involved? **Yes No**
If yes, explain: _____

Has this child ever been arrested and/or placed on probation? **Yes No**
If yes, explain: _____

List the positive behaviors and characteristics the girl exhibits, as well as any skills (such as music, art, or sports), hobbies, and special interests of the girl: _____

What specifically is your hope and expectation of the Lighthouse and the child if they were to be approved for our program?

******IF THERE IS ANYTHING ELSE YOU FEEL WE SHOULD KNOW OR ANY FURTHER EXPLANATION FOR ANYTHING PREVIOUSLY MENTIONED, USE THE LAST PAGE OF THE APPLICATION AND ANY ADDITIONAL PAGES NECESSARY**

