

LEE AND BEULAH MOOR CHILDREN'S HOME

**1100 E. Cliff Drive
El Paso, Texas 79902
(915) 544-8777
Fax (915) 532-1368**

APPLICATION FOR ADMISSION

Date of Application _____ (*LBMCH use*) Case Number _____

Date of Admission _____

1. Name of child being referred _____ D.O.B. _____

Place of birth (city/state/country) _____ Gender M F

Social Security number _____ Home phone number _____

Address _____
Street Apt.# City State Zip

Race: Hispanic , Anglo , African American , Native American , Asian ,

Other Religious Preference _____ Referring Agency _____

2. What problems is the child presently experiencing? (check all that apply to this child)

- | | |
|--|---|
| <input type="checkbox"/> Problems with parents | <input type="checkbox"/> Problems with brothers/sisters |
| <input type="checkbox"/> Academic school problems | <input type="checkbox"/> School behavior problems |
| <input type="checkbox"/> Peer/friend relationship problems | <input type="checkbox"/> Drug/alcohol problems |
| <input type="checkbox"/> Problems with gangs | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Medical problems | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Other (Specify) _____ |

3. Briefly describe what is presently happening in the family that is prompting this request for placement at this time.

4. How long do you feel the child you are referring to the program will need to stay at LBMCH if he/she is accepted?

5. If this child is placed at LBMCH and is released from the program, what will be the plan for the care of this child?

_____ Return to father
_____ Independent living
_____ Other (Specify person(s) name and relationship)

_____ Return to mother
_____ Return to relative (*Specify what relative*)

6. What needs to change in the family for this child to return to the home?

7. Please provide the following information on Parents/Managing Conservators

Mother's Name		Social Security number	D.O.B.	Legal (sole, shared, managing custody of child)	
Address (Home)	City	State	Zip	Phone	Cell/Beeper
Work (Name of business)	Address (Work)		Phone and extension		
Current Marital Status	Previous Marital Status				
Father's Name		Social Security number	D.O.B.	Legal (sole, shared, managing custody of child)	
Address (Home)	City	State	Zip	Phone	Cell/Beeper
Work (Name of business)	Address (Work)		Phone and extension		
Current Marital Status	Previous Marital Status				
Managing Conservator		Social Security number	D.O.B.	Legal (sole, shared, managing custody of child)	
Address (Home)	City	State	Zip	Phone	Cell/Beeper
Work (Name of business)	Address (Work)		Phone and extension		
Current Marital Status	Previous Marital Status				
Other (Step-parent/grandparent)		Social Security number	D.O.B.	Legal (sole, shared, managing custody of child)	
Address (Home)	City	State	Zip	Phone	Cell/Beeper
Work (Name of business)	Address (Work)		Phone and extension		
Current Marital Status	Previous Marital Status				

8. Please provide the following information on this child's brothers/sisters

Name	Address	Phone #	D.O.B.	Place of birth	Grade in school
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Name	Address	Phone #	D.O.B.	Place of birth	Grade in school
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Name	Address	Phone #	D.O.B.	Place of birth	Grade in school
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Name	Address	Phone #	D.O.B.	Place of birth	Grade in school
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Name	Address	Phone #	D.O.B.	Place of birth	Grade in school
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Name	Address	Phone #	D.O.B.	Place of birth	Grade in school
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9. Significant Relatives - List any relatives who have a close relationship to the child and who you may want the child to continue contact with during placement either by phone, mail, or in person.

Name	Address	Phone number	Relationship to child	Maternal/Paternal
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Name	Address	Phone number	Relationship to child	Maternal/Paternal
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Name	Address	Phone number	Relationship to child	Maternal/Paternal
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10. Life Experiences

Has your child experienced a significant trauma or event of which we need to be made aware (physical or sexual abuse, death of someone close, gangs, violence, arrested by police, etc?) ___ Yes ___ No

If yes, please explain _____

11. School

Name of school	Address	City	State	Zip	Phone number
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Grade level _____ Has the child ever been suspended or expelled from school? ___ Yes ___ No

What subject does this child like the best? _____ least? _____

Does this child attend any special classes in school? ___ Yes ___ No If yes, please list classes attending

Has this child ever repeated a grade level? ___ Yes ___ No If yes, what grade? _____

Has this child had behavior problems in school? ____ Yes ____ No If yes, please describe the kind of problems _____

Is your child involved in extracurricular activities? If yes, describe _____

12. Please list all agencies that you are currently involved with or who have been involved with your family previously

Name of agency	Services received/purpose of involvement	Dates of involvement
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Name of agency	Services received/purpose of involvement	Dates of involvement
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Name of agency	Services received/purpose of involvement	Dates of involvement
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13. Previous placements outside of applicant's home - Please list occasions this child has not lived with you (such as times he/she lived with grandparents, other relatives, other parent, or residential facility).

Home or Facility	Address	Date lived at this location
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Reason for placement _____

Home or Facility	Address	Date lived at this location
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Reason for placement _____

14. Identification of the child's treatment needs, if applicable, and any additional treatment services or programmatic services the child is receiving.

I am stating the above statements are true and correct to the best of my knowledge.

Father/Managing Conservator

Mother/Managing Conservator