

Christian Children's Ranch

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Eagle, ID 83616

208-888-5235

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Placement Application and Social Background Form for

(Child's full name)

CONFIDENTIAL

For Office Use Only

Date received: ___/___/___

Placement: ___ Approved ___ Denied

Date of Placement: ___/___/___

House Placement: _____

(Please Print)

Child's Information

Child's Last Name	First Name	Middle Name		
Current Address: _____ <i>(include city; state; and ZIP)</i>				
Gender:	Date of Birth:	Age:	SS#:	Place of Birth:
Physical Characteristics:				
Height: _____	Weight: _____	Eye Color: _____	Hair Color: _____	Build: _____
Race: _____	Physical characteristics and identifying marks: _____			
Religious preference: _____	Name of church you presently attend, if any: _____			
Siblings (names and ages): _____				

Placement Information

Name of adult(s) with whom child is currently living: _____	Relationship to child: _____
Previous out-of-home placements, if known: <i>(Name; Address; Phone)</i>	
1.	Dates of Placement and Discharge: _____
2.	Dates of Placement and Discharge: _____
3.	Dates of Placement and Discharge: _____

Parent/Guardian Information

Male Guardian:	Female Guardian:	
First Name: _____	First Name: _____	
Last Name: _____	Last Name: _____	
Middle Initial: _____	Middle Initial: _____	
Current Address: <i>(include city, state, and zip)</i>		
Marital Status:	Home Phone:	Cell Phone:
Present Employer:	Work Phone:	Email:
Are both guardians living in the home?: yes no If no, give explanation: _____		
Religious preference: _____ Name of church attending: _____		

Biological Father (if different than male guardian)

First Name: _____ Middle Name: _____ Last Name: _____

Current Address: (include city, state, and Zip) _____

Marital Status: _____ Interaction with child: _____

Present Employer: _____

Home Phone: _____ Cell Phone: _____ Reason father no longer in home: _____

Biological Mother (if different than female guardian)

First Name: _____ Middle Name: _____ Last Name: _____

Current Address: (include city, state, and zip) _____

Marital Status: _____ Interaction with child: _____

Present Employer: _____

Home Phone: _____ Cell Phone: _____ Reason mother no longer in home: _____

Nearest Active Relatives

1.
First Name: _____ Last Name: _____

Current Address: (include city, state, and zip) _____

Relationship to child: _____ Home Phone: _____ Cell Phone: _____

2.
First Name: _____ Last Name: _____

Current Address: (include city, state, and zip) _____

Relationship to child: _____ Home Phone: _____ Cell Phone: _____

Early Development (0-11 years)

Family situation at birth and any complications or health problems (i.e. birth defects, premature, etc.?) _____

How well did they get along with the same-gendered parent/guardian? _____

How well did they get along with the opposite-gendered parent/guardian? _____

Any difficulties with bonding or cooperation with parents/guardians? _____

Describe the frequency of the following behaviors at this age? (Often; Frequently; Seldom; None)

Attention seeking: _____ Power struggles: _____ Retaliation: _____

Was this child either the victim of or the perpetrator of abuse, whether physical, mental, or sexual? _____

If so, please explain: _____

Later Development (12-17 years)

Does this child participate in illegal activities? Drugs _____ Alcohol _____ Tobacco _____ Vandalism _____

Theft _____ Pornography _____ If any marked, please describe: _____

Was this child either the victim of or the perpetrator of abuse during this time period, whether physical, mental, or sexual? _____

If so, please explain: _____

School History

Name of last school attended and grade placement: _____

Address: _____ Phone: _____ Counselor: _____

Average performance at school (*circle*): Elementary: A B C D F Middle: A B C D F High: A B C D F

Any failed grade? (*List and explain*)

Grade: _____

Grade: _____

Reason: _____

Reason: _____

List any remedial help or tutoring your child received:

Date: _____

Subject: _____

Date: _____

Subject: _____

List successes and/or difficulties in relating to teachers/authority figures? _____

Does your child have an I.E.P.? _____ (*If so, please send a copy of the I.E.P with this form.*)

Social goals of child (*check*):

Get along/be accepted _____ Compete athletically _____ Show off/entertain _____

Avoid being noticed _____ Excel in school/be approved by teacher _____

Lead others/choose activities for the group _____

List successes in relating to other children while at school: _____

Personality and Emotional Development:

List child's talents, hobbies and interests: _____

Activity level: Very active _____ Active _____ Average _____ Less Active _____ Lethargic _____

Characteristics (*check all that presently apply*):

Cooperative _____

Friendly _____

Easy going _____

Violent _____

Uncooperative _____

Extroverted _____

Irritable _____

Disinterested _____

Cautious/guarded _____

Sharing/giving _____

Argumentative _____

Seductive _____

Impulsive _____

Selfish _____

Introverted _____

Destructive _____

Panicky _____

Suspicious _____

Defensive _____

Aggressive _____

Lying _____

Honest _____

Gossiping _____

Tendencies (check all that apply):

- | | | | |
|---------------------|----------------------|------------------------------|---------------------------|
| Runaway ___ | Sets fires ___ | Huffing (aerosols, etc.) ___ | Alcohol/drug abuse ___ |
| Truancy ___ | Temper tantrums ___ | Hurts animals ___ | Threatens self-injury ___ |
| Sexual activity ___ | Fights ___ | Cutting ___ | Sneaks out ___ |
| Steals ___ | Suicide attempts ___ | Suicide threats ___ | Witchcraft/Satanism ___ |

Please explain how recently the above checked items occurred and the nature of the behavior: _____

Other Developmental Areas:

- | | | |
|--------------------------------|------------------------------|----------------------------------|
| Does this child...
(Y or N) | wet/soil bed or pants? ___ | frequently get hurt? ___ |
| | have frequent illnesses? ___ | go to bed reasonably easily? ___ |
| | remain asleep at night? ___ | sleep with parents? ___ |

General Moods:

- | | | | | |
|------------------|--------------|--------------|--------------|----------------|
| Is this child... | happy? ___ | sad? ___ | hopeful? ___ | hopeless? ___ |
| | worried? ___ | curious? ___ | angry? ___ | resentful? ___ |
| | calm? ___ | | | |

Family Dynamics:

Please describe the parent/guardian's personality traits and issues: _____

Please describe the personalities of the people closest to the child and those to whom the child idolizes (if not parents/guardians): _____

Family instabilities (circle all that apply):

- | | | | |
|----------------|-------------------|-------------------|--------------|
| Alcoholism | Difficult divorce | Domestic violence | Incest |
| Mental illness | Drug abuse | Suicide | Other: _____ |

Current issues not resolved with treatment: _____

Progress being made: _____

Child's Health Needs:

- | | |
|---------------|----------------|
| Medical _____ | Surgical _____ |
| Dental _____ | Vision _____ |
| Hearing _____ | Other _____ |

Allergies to....

medications _____

food _____

other _____

Current medication(s) being taken:

Medication	Dose/Time Given	Prescribing Physician	Date Prescribed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Specific diagnosis: ___ ADD ___ ADHD ___ RAD ___ ODD ___ PTSD ___ FAS/FAE ___ DD
 ___ Bipolar ___ Autism/Asperger's _____ Other

Reasons for each medication prescribed: _____

Insurance Carrier: _____ Policy Number: _____
Carrier's Phone: _____ Address: _____

Does the child have a PSR worker? ___ If "yes" give name and phone #: _____

Immunizations current? ___ Yes ___ No If know, give reason: _____

Does the child have a Counselor? ___ If "yes" give name and phone #: _____

Reasons For Placement: Why are you seeking placement for your child? *(If you need more room use the back.)*

What goals are you wanting us to concentrate on while your child is at the Ranch?

1. _____
2. _____
3. _____
4. _____

What is the timeline you are anticipating for these goals to be accomplished?

1. _____
2. _____
3. _____
4. _____

What attempts have been made to work out the issues in your home? Which of these attempts has been successful? Which of these attempts have been unsuccessful?

The above statements are true according to the best of my recollection.

The Ranch has my permission to contact School, Counselors and Family members.

Signature of person filling out form

Relationship to child

Date