

Happy Haven Children's Home
2311 Wakefield Drive
Cookeville, TN 38501
Office: 931-526-2052 ~ Fax: 931-372-8837
Email: happyhaven@frontiernet.net

STEPS IN THE APPLICATION PROCESS TOWARD ADMISSION

Step 1: Parent or guardian should fill out this application for admission. Please fax, mail, email, or bring the application by our office.

Step 2: We will examine the information submitted on the application and contact you. If we think that a placement could be possible, we will schedule an appointment for an interview.

Step 3: We will need both the parent/guardian and the child at the appointment. The staff will interview each individual separately. The parent/guardian will need to bring the following items to the appointment:

- Copy of birth certificate
- Copy of Social Security card
- Proof of insurance
- Copy of any legal documents (divorce, adoption, custody, etc.)
- Copy of immunization records (must be up to date)

Step 4: After the interview, we will also require the completion of the child's health screening form and signature/s on our release forms.

Step 5: The staff will meet to evaluate all the information and decide whether or not the child will be accepted into our program.

Note: We cannot accept every applicant, but we strive to help every child whose needs match our services.

Step 6: A final decision will be made once all documents have been submitted to Happy Haven. The case worker will contact the parent/guardian with our decision and discuss further details.

Step 7: Any child who is admitted to Happy Haven is on a 30-day trial period.

Application for Admission
Happy Haven Children's Home
2311 Wakefield Drive
Cookeville, TN 38501

APPLICATION FOR RESIDENTIAL CHILD CARE
(all questions must be answered truthfully)

Person Completing the Application: _____
Relationship to Applicant: _____ Date: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Email: _____

1. Name of child _____
Sex _____ Birthdate _____ Current Age _____ Current Grade Level _____
Birthplace _____
Height _____ Weight _____ Hair Color _____
Color of Eyes _____ Race _____
Identifiable Birth Marks _____
Child's current address _____
City _____ State _____ Zip Code _____

2. Person(s) having legal custody

Relationship _____
Phone(____) _____ Cell Phone:(____) _____
Email _____
Address / Street _____
City _____ State _____ Zip Code _____

3. Name of person to contact in case of emergency

Home Phone (____) _____ Cell Phone (____) _____
Work Phone _____

Type of placement:
Parental Consent _____ Court Order _____ Social Services _____

The following information is required only if social services, probation officer, court or other professional services are involved in the case or assisting with the referral:

Name of Worker _____
Position _____ Name of Agency _____
County _____ Address / Street _____
City _____ State _____ Zip Code _____
Phone (____) _____ Emergency Phone (____) _____

Parental Information

1. Father _____ SS# _____

(Circle one) Natural Step Adoptive

Birthdate _____ Birthplace _____

Current Address : _____

Street City State Zip Code

Home Phone () _____ Work Phone () _____

Cell Phone: () _____ Email _____

If deceased, give cause and date _____

Marriage / Divorce history (if any) _____

Religious Preference _____

Place of Worship _____

Place of Employment _____

Occupation _____

Employers' Address _____

Street City State Zip Code

2. Mother _____ Maiden Name _____

SS# _____

(Circle one) Natural Step Adoptive

Birthdate _____ Birthplace _____

Current Address _____

Street City State Zip Code

Home Phone () _____ Work Phone () _____

Cell Phone: () _____ Email: _____

If deceased, give cause and date _____

Marriage/ Divorce history (if any) _____

Religious Preference _____

Place of Worship _____

Place of Employment _____ Occupation _____

Employers' Address _____

Street City State Zip Code

Are there any current court proceedings pending against or involving the child?

_____yes _____no

If yes, when is the court date and time? _____

If yes, please give the location. _____

Please explain the circumstances: _____

Information on Child

1. List every setting in which the child has lived (from birth to present age). Specify the relationship of the person caring for the child (natural parents, step-parents, grandparents, foster homes, other children's homes, hospital settings, etc.)

Age	Age
0-1 _____	9-10 _____
1-2 _____	10-11 _____
2-3 _____	11-12 _____
3-4 _____	12-13 _____
4-5 _____	13-14 _____
5-6 _____	14-15 _____
6-7 _____	15-16 _____
7-8 _____	16-17 _____
8-9 _____	

Please list all siblings of child:

Name _____ Gender _____ Age _____ Place of residence _____

Describe Your Child's Education

(give summary of)

Grades _____

Relationship with teachers _____

Academic problems _____

Behavioral problems:

Relationship with other students: _____

Other:

List any other suspensions from school and give reasons

Has Child Ever Been:

A. Placed in a special class?

- _____ (SLIC) Significantly Limited Intellectual Capacity
_____ (EH) Educationally Handicapped
_____ (PCD) Perceptually Communicative Disorder
_____ (SIED) Significantly Identifiable Emotionally Disturbed

Other _____

Type _____

B. Received remedial help? _____ Subjects _____

C. Repeated a grade (s)? _____ Which grade(s)? _____

D. Received tutoring? _____ What subject(s)? _____

E. Been tested by school or other psychologist? _____

When ? _____ Where? _____

School Information

Last School Attended: _____

Address: _____

Phone (____) _____ Present Grade _____

Principal _____ Phone (____) _____

Counselor _____ Phone (____) _____

Developmental History

Pregnancy: Normal? _____ Yes _____ No

If no, describe complications:

Term of Pregnancy _____

Delivery: Anesthesia? _____ Yes _____ No

Hours of hard labor? _____

Baby Weight: _____ lbs. _____ ozs.

Incubator: _____ Yes _____ No

Post Partum Depression _____ Yes _____ No

Other Complications? _____

Infancy: Nursed _____ Formula _____ Age weaned _____ Colic? Yes _____ No _____

Age of first words: _____ Complete sentences _____

Age toilet trained: _____ daytime _____ nighttime

Reasons for Seeking Placement

1. Why is placement necessary? (Please be specific, include all behavioral and emotional problems? _____

2. What are the long range goals and expectations of placement for child to return home?

3. Are both parents in agreement about placement? _____ If no, please explain why

4. What changes need to occur in the parent(s) home life in order for the child to return home?

5. To your knowledge does your child have any history of cigarette smoking, drug usage or consumption of alcoholic beverages? If so, please explain

6. Does your child have any history of emotional, ritual, physical, or sexual abuse or neglect? If so, please explain

7. Do any of the child's family members have a history of mental illness or emotional instability? _____yes _____no If yes, state specific problems and place of treatment _____

8. Has your child had any or is currently experiencing incidents of bedwetting or soiling?

_____ yes _____no

If yes, when and how often? _____

9. Has any member of the child's family been found guilty of a misdemeanor, felony or imprisoned, jail, or otherwise had problems with the law? If yes, give reasons and dates

10. To the best of your knowledge, what area do you feel your child is in most need of for immediate counseling?

11. Has your child ever run away from home or another program? _____ Yes

_____ No

If yes, indicate how many times; how long your child was gone and the dates; where did your child go?

12. List specific problems your child has had with other family members:

13. Has your child ever been found guilty of a felony, misdemeanor, status offense or otherwise had any problems with the law? If so, please give offenses and dates.

14. Using your best judgment, what are the major reasons placement is necessary? (Check any or all that apply)

_____ Parents unable or unwilling to control the child

_____ Inadequate parenting skills

_____ Marital problems

_____ Family conflicts

_____ Marital separation or divorce

_____ Abandonment and / or rejection by parents

_____ Neglect and/ or abuse

_____ Behavioral/ emotional problems

_____ Transfer from another agency

_____ Other (please be specific) _____

15. What has been the frequency pattern for the child getting into trouble in her problem areas (check one)

- Less than once a month
- About once each month
- More than twice a month
- Almost every week
- Almost daily
- Daily

16. Has the child ever exhibited any physical aggression toward others? Yes No

If yes, give dates and circumstances:

17. Has the child ever been destructive to material objects such as furniture, toys, etc?

Yes No If yes, please give dates and circumstances:

18. To your knowledge has your child ever been involved in: (you may check more than one if necessary)

- any sexually oriented relationship
- sexual molestation
- rape
- heterosexual relationship
- lesbian relationship

19. What sexual preference do you believe your child has:

- homosexual (lesbian / another girl)
- heterosexual (with a young man)

20. Has your child ever been involved in sexting? Yes No

21. Has your child ever been sexually active that you know of? Yes No

If yes, describe the nature and extent of sexually activity?

22. Does your child currently use any type of birth control? Yes No

23. Has your child ever been pregnant, had an abortion or given birth? Yes No

If yes, please give dates and circumstances :

24. Has your child ever been involved in behavior or activities that involved a knife, gun, or other object used to inflict bodily harm against another person? Yes No

If yes, please explain the circumstances:

25. Has your child ever been involved in cutting or self-harm?

_____Yes _____No

If yes, please explain:

26. Has your child ever made any suicide attempts or threats? _____ Yes _____ No

If yes, explain when and what method: _____

27. Has your child had a psychological evaluation? _____ Yes _____ No If yes, by whom?

Name: _____ Phone Number: _____

Address _____

Date of evaluation: _____

28. Has your child ever been treated in a hospital for emotional or behavioral problems?

_____ Yes _____ No If yes, give name of hospital, location, and dates:

29. List places of any counseling, psychological testing, or mental health services your child or family has received. Indicate date.

place	address	date	reason
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place	address	date	reason
-------	---------	------	--------

place	address	date	reason
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Diagnosis, if any _____

30. Please check any problems that have existed in the child's natural or adopted family:

___ Alcohol or Drug Abuse

___ Physical Illness

___ Mental Illness

___ Incarceration

___ Incest

___ Child Neglect

___ Court Involvement

___ Unemployment

___ Financial Stress

___ Family Break-up

___ Poverty

___ Parental Death

___ Homelessness

___ Spouse Abuse

___ Divorce/ Separation

___ Other

___ Absent Parent

___ Frequent Moves

___ Child Abuse

___ Child Sexual Abuse

___ Other Family Violence

Medical Information

Does your child have allergies? _____ Yes _____ No

If yes, what is your child allergic to? _____

Should there be any restrictions of activity for medical reasons? _____ Yes _____ No

If yes, please explain: _____

Please list ALL medications your child takes and the reasons:

Medicine	Dosage	Reason
----------	--------	--------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Information

Does the child have Medical insurance? _____ Insurance Company: _____

Expiration Date: _____ Policy Number: _____

Employer: _____

Does your child have Dental insurance? _____ Insurance Company: _____

Expiration Date: _____ Policy Number: _____

Employer: _____

Does your child have Vision insurance? _____ Insurance Company: _____

Expiration Date : _____ Policy Number: _____

Employer : _____

Medicaid? _____ Name of case worker: _____ Phone Number: _____

Is the family and child on AFDC? _____ yes _____ no

AFDC# _____ County _____

Does your child have a Medicaid card through the welfare department? _____ yes _____ no

31. Person financially responsible for your child	What is your monthly income?
_____	_____

32. How much are you willing to donate to Happy Haven monthly to help defray the expenses of caring for your child while she is in our care?

If you receive monies from another source (eg. child support / adoption stipend / government check / SSI/ any other), we are required to report if you are not putting this money to use for your child.

Questions to be completed by the child/youth being considered for placement (if applicable)

Please answer the following questions:

What are your interests and hobbies? _____

How do you like to spend free time? _____

What are your goals and future plans? _____

What are some things that you think that you need to work on? _____

Do you think Happy Haven can help you? _____ Yes _____ No If yes, how? _____

I have answered the questions on this page to the best of my ability:

Signature of Child / Youth: _____

Date: _____

**ALL THE INFORMATION I / WE HAVE GIVEN IN THIS APPLICATION
IS TRUTHFUL. ANY FALSE OR MISLEADING INFORMATION OR
FAILURE TO DISCLOSE THE TRUTH ON THIS APPLICATION WILL
BE GROUNDS FOR IMMEDIATE DISMISSAL OF THE RESIDENT
FROM HAPPY HAVEN.**

Parent (s) / Guardian (s) signatures

Date _____