

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 and sign this application and sign the release forms. Please fax, mail, email all these to us, or bring the application and release forms to our office.

Step 2: We will review the information submitted 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.

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.

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) _____

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 |
|-------|---------|------|--------|
|-------|---------|------|--------|

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

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

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 |
|----------|--------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |

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 _____

Happy Haven Homes
2311 Wakefield Drive
Cookeville, TN 38501
Phone: 931-526-2052
Fax: 931-372-8837

Authorization to Release Confidential Information

I authorize the release of confidential information as described below. A copy of this authorization shall be considered as effective and valid as the original. Information disclosed pursuant to this authorization is protected by Federal Confidentiality Regulations (42 CFR Part 2) which prohibit any further disclosure of materials received, without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

From: (Name of the program which is to make the disclosure) _____

To: (Name or title of the person or organization to which disclosure is to be made):
Happy Haven Homes, 2311 Wakefield Drive, Cookeville, TN 38501, (931) 526-2052, fax 372-8837

Why: (Purpose or need for the disclosure) _____

What: (Extent or nature of information to be disclosed) Checked items only.

- Social History/Life Functioning Assessment
 Psychological and/or psychiatric reports
 Progress notes and/or summary of attendance and participation
 Discharge summary
 Individualized Habilitation Plan/Treatment Plan
 Verbal exchange of information regarding my status in treatment and/or referral to other Services
 Other: _____

Until When: I understand I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. If I do not revoke it sooner, authorization will expire 60 days from the date signed if authorization applies to information about alcohol or other drug abuse, or 6 months from date signed, otherwise. Authorization expires:

- On this specific date _____
 On this event or condition Discharge from Happy Haven Homes

Date authorization is signed

Signature of Client

Client's birthdate

Signature of Guardian

Signature of Witness

HAPPY HAVEN HOMES, INC.
2311 WAKEFIELD DRIVE
COOKEVILLE, TN 38501
(931) 526-2052
FAX (931) 372-8837

AUTHORIZATION FOR RELEASE OF INFORMATION

DATE: _____

TO WHOM IT MAY CONCERN:

I hereby authorize the following person/school/agency:

Address: _____

To release the information checked below on:

Name: _____ DOB: _____ SS# _____

To the following agency:

Address: _____

Check information to be released below:

- _____ Immunizations and Birth Records
- _____ Educational Evaluation
- _____ Individual Educational Program
- _____ Medical Records/Evaluation
- _____ Psychological Evaluation/Treatment Information
- _____ Social/Developmental History
- _____ Speech/Language Evaluation
- _____ Standardized Test Data
- _____ Social Security and TN Care Cards
- _____ Other: Specify _____

The doctrine of informed consent has been explained to me and I understand the contents to be released, the need for the information, and that there are regulations protecting the confidentiality of authorized information. I hereby acknowledge that the consent is truly voluntary.

Signature of resident

Date

Signature of parent/guardian(relationship)

Date

Witness

Date