

**HAPPY HAVEN HOME FOR CHILDREN APPLICATION
2311 WAKEFIELD DRIVE
COOKEVILLE, TN 38501
931-526- 2052**

Child / Youth's Name _____

INTAKE PROCESS LEADING TO ADMISSION

Step 1: Parent or guardian should fill out the application form that is available from our website at <http://www.happyhaven.org/forms.html> Or you can come by our office and pick up an application form or call 931-526-2052 for us to mail you a copy.

Step 2: We will study the information submitted and call you to discuss whether our services might be appropriate for your child's needs. If we agree that a placement might be possible, we will schedule an appointment for an interview.

Step 3: Both the parent/guardian and the child will come in for an interview with our administrator, case worker and house parents. You will need to bring the following items:

- Copy of birth certificate
- Copy of Social 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)

Additional information may also be requested. We cannot accept every applicant, but we strive to help every child whose needs match our services.

Step 4: The parent/ guardian will be interviewed and the child will have a separate interview. After the interviews, the staff will meet to discuss the information.

Step 5: You will receive a phone call with our answer within 1-5 business days. If it is agreed to place your child here, the staff and the family also agree upon the date for entry.

Step 6: 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 _____ S.S.# _____
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 another 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 not, 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 Almost every week
 About once each month Almost daily
 More than twice a month 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
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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

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: _____

Are 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 (e.g. 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, INC.
2311 WAKEFIELD DRIVE
COOKEVILLE, TN 38501
(931) 526-2052 FAX (931) 372-8837 happyhavencw@gmail.com

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 Records/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

Parent/Guardian: Please sign and date at the bottom of the page. Happy Haven will fill out the rest of the form.