

MID-WESTERN CHILDREN'S HOME

P.O. Box 48  
4581 Long-Spurling Road  
Pleasant Plain, Ohio 45162

INTAKE APPLICATION

FOR THERAPEUTIC EDUCATIONAL SERVICES CENTER

Date \_\_\_\_\_ Person making referral \_\_\_\_\_ Relationship to child \_\_\_\_\_

Student's Address \_\_\_\_\_ Phone \_\_\_\_\_

When is placement needed? \_\_\_\_\_ School District Responsible for Tuition \_\_\_\_\_

Name of child \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

SS# \_\_\_\_\_ Birth Place \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Grade Level \_\_\_\_\_ Reading Level \_\_\_\_\_ Math Computation Level \_\_\_\_\_

Type of Program: Regular \_\_\_\_\_ CD \_\_\_\_\_ ED \_\_\_\_\_ Other \_\_\_\_\_

IQ \_\_\_\_\_ FS \_\_\_\_\_ Date of most current IQ Testing \_\_\_\_\_

Race \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Any identifying marks? \_\_\_\_\_ Who has custody of child? \_\_\_\_\_ What type? \_\_\_\_\_

Check behaviors that describe child:

_____ Sleep Problems	_____ Stealing	_____ Drug Abuse	_____ Mental Illness	_____ Hyperactive
_____ Fire Setting	_____ Running	_____ Encopresis	_____ Sexual Acting Out	_____ Lying
_____ Cruelty to Animals	_____ ADD	_____ Enuresis	_____ Tantrums	_____ Physically Aggressive
		_____ ADHD	_____ Self Mutilates	_____ Sets Fires

Child's Educational History (list present placement first): \_\_\_\_\_ May we contact? \_\_\_\_\_

Grades/Dates \_\_\_\_\_ School \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Type of Academic Placement \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Why is placement desired? \_\_\_\_\_

What is the long-term plan? \_\_\_\_\_

2. Family Information:

Mother \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Education Level \_\_\_\_\_ Religion \_\_\_\_\_

Father \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Education Level \_\_\_\_\_ Religion \_\_\_\_\_

Are parents married? \_\_\_\_ Yes \_\_\_\_ No Date of Separation \_\_\_\_\_ Date of Divorce \_\_\_\_\_

Step-parent Name \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Education Level \_\_\_\_\_ Religion \_\_\_\_\_

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List brothers, sisters (including half or step), grandparents, or near relatives:

Name	Race	Sex	Birth Date	Relationship	Address-Phone
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. What are the child's assets, motivations, interests, hobbies? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What are the family's strengths? \_\_\_\_\_

\_\_\_\_\_

5. Name, address, and phone number of last school attended. Please list any significant school problems not listed earlier and describe school progress, any type of special class or program recommended or attended with reasons and dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Dates of child's last exams:      Eye Exam \_\_\_\_\_      Hearing Exam \_\_\_\_\_

Are there any known or suspected vision or hearing impairments? \_\_\_\_\_

\_\_\_\_\_

7. List any medications the child is taking and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please comment on the child's significant health history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Please indicate any significant family health history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. List sources of any counseling, psychological, or mental health services received by the student. Please list dates and diagnoses. Please have these agencies phone or mail information to Mid-Western Children's Home.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information in this application is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_