

MID-WESTERN CHILDREN'S HOME
 P.O. Box 48
 4581 Long-Spurling Road
 Pleasant Plain, Ohio 44162

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 _____

Grade Level _____	City _____	County _____	State _____
Type of Program:	Reading Level _____	Math Computation Level _____	
IQ _____	CD _____	ED _____	Other _____
Race _____	Hair Color _____	Eye Color _____	Height _____
Any identifying marks? _____		Who has custody of child? _____	Weight _____ What type? _____

Check behaviors that describe child:	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Hyperactive
<input type="checkbox"/> Sleep Problems	<input type="checkbox"/> Stealing	<input type="checkbox"/> Encopresis	<input type="checkbox"/> Sexual Acting Out
<input type="checkbox"/> Fire Setting	<input type="checkbox"/> Running	<input type="checkbox"/> Enuresis	<input type="checkbox"/> Tantrums
<input type="checkbox"/> Cruelty to Animals	<input type="checkbox"/> ADD	<input type="checkbox"/> ADHD	<input type="checkbox"/> Self Mutilates
		<input type="checkbox"/> Sets Fires	

Child's Educational History (list present placement first):
 Grades/Dates _____ School _____ Address _____ Phone _____ May we contact? _____
 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 _____