Miller Home Admission Application

Child's Information

Full Name ____ Date of Application ________________

First Middle Last

Date of Birth ___________________ Place of Birth ____

mo/ day/ year City State Country

Social Security Number _______________________ Race _______________ Nationality _______________

List the person(s) with whom child is living and their relationship to the child. __________________________

____

____

Current Address ____

____

Explain why out of home placement is being pursued. ____

____

____

____

What is the desired outcome of placement and estimated length of stay?

____

____

Describe the child's specific needs and/or behaviors. ____

____

____

How have you or other involved party addressed the child's needs/behaviors?

____

____

Has the child or the family received any services (eg. counseling, psychiatric services, hospitalizations, testing)? If so, describe the service, name the provider, explain the duration of services and what effect, if any, it had on the situation. ____

____

Has the child ever been placed outside the home or lived with other family and/or friends? If so, explain.

____

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____

Does the child have previous or current involvement with the court system or have any civil or criminal charges? If so, explain. ____

____

____

Has the child been abused (physical, verbal, mental, or sexual) or neglected? If so, explain. ______________

____

____

Is the child physically or sexually aggressive? If so, explain. ____

____

What is the status of the child's mental health and has a professional diagnosis been determined? If there is a diagnosis, please list. ____

____

Does the child take any medications on a regular basis? If so, list. ____________________________________

____

Does the child have a medical condition that requires ongoing treatment? If so, explain.

____

____

Are there any diet or activity restrictions? ____

____

Name and complete address of the child's school.

____

Grade ___________________ Does the child receive special education services? _______________________

Describe child's current academic status. ____

Does the child have difficulty with behavior in school? If so, explain. _________________________________

____

Is the child a member of a church or affiliated with a religion? If so, please explain. ____________________

____

Family Information

Child's Father

Name ____ Social Security Number ____________________

First Middle Last

Date of Birth ______________________ Place of Birth ____

Address ____

Home Phone ________________________________ Occupation ____

Business Address ____

Business Phone ______________________________ Average Monthly Income ____________________________

Educational Level ____________________________ Military Service (if any) ______________________________

Marriages (names, dates, current status)

____

____

Child's Mother

Name ____ Social Security Number ____________________

First Middle Last

Maiden Name ____

Date of Birth ______________________ Place of Birth ____

Address ____

Home Phone ________________________________ Occupation ____

Business Address ____

Business Phone ______________________________ Average Monthly Income ____________________________

Educational Level ____________________________ Military Service (if any) ______________________________

Marriages (names, dates, current status)

____

____

Paternal Grandparents

Name(s) ____

Address ____

Maternal Grandparents

Name(s) ____

Address ____

Siblings

Name ____________________ Gender __________ Date of Birth ____________

Address ____

Name ____________________ Gender __________ Date of Birth ____________

Address ____

Name ____________________ Gender __________ Date of Birth ____________

Address ____

Name ____________________ Gender __________ Date of Birth ____________

Address ____

Name ____________________ Gender __________ Date of Birth ____________

Address ____

Other Involved Family Members

Name ____________________ Relationship to child ____________________

Address ____

Name ____________________ Relationship to child ____________________

Address ____

Name ____________________ Relationship to child ____________________

Address ____

Legal Guardian

Who has legal custody of this child? ____

If the legal guardian is not the child's parent, provide the following information regarding the legal guardian.

Name ____ Social Security Number ____________________

First Middle Last

Date of Birth ____________________ Place of Birth ____

Address ____

Home Phone ____________________ Occupation ____

Business Address ____

Business Phone ____________________ Average Monthly Income ____________________

Educational Level ____

Marriages (names, dates, current status)

____

Financial

Does the child receive any financial benefits (eg. Social Security, SSI)? If so, what type and amount per month?

____

Does anyone receive child support for the child? If so, explain. ____

____

Has the child ever received benefits from a social service agency (eg. food stamps, Medicaid) in the past or currently? If so, explain.____

Does the child have any medical and/or dental insurance? If so, explain and provide a copy of their insurance card. ____

Does the child have any accounts in her name, own any property or have any other financial assets such as life insurance policies. If so, explain.____

If the child does not receive any financial benefits, is the family able to provide financial support for the child's placement at Miller Home based on the sliding scale below? Please explain so financial arrangements can be made for placement. ____

Annual Household Income	Monthly Payment
$5,000 to $9,999	$50
$10,000 to $14,999	$100
$15,000 to $19,999	$150
$20,000 to $24,999	$200
$25, 000 to $29,999	$250
$30,000 to $34,999	$300
$35,000 to $39,999	$350
$40,000 to $44,999	$400
$45,000 to $49,999	$450
$50,000 to $54,999	$500
$55,000 to $59,000	$550
$60,000 and over	$600

Name of person providing financial information ____

Address and phone number if not parent or legal guardian

____

Medical History

Has your child had or experienced any of the following? Please indicate by writing a Y for yes or a N for no.

Y or N

- ☐ ☐ AIDS/HIV Positive
- ☐ ☐ Allergies to Medicine
- ☐ ☐ to Food
- ☐ ☐ to Animals/Insects
- ☐ ☐ to Pollen/Mold
- ☐ ☐ to _______________
- ☐ ☐ Anemia
- ☐ ☐ Asthma or Breathing Problems
- ☐ ☐ Blood Disease or Disorder
- ☐ ☐ Blood Transfusion
- ☐ ☐ Broken Bones
- ☐ ☐ Bruising Easily
- ☐ ☐ Cancer
- ☐ ☐ Cerebral Palsy
- ☐ ☐ Chicken Pox
- ☐ ☐ Concussion
- ☐ ☐ Cystic Fibrosis
- ☐ ☐ Diabetes
- ☐ ☐ Drug Addictions
- ☐ ☐ Ear Infections (frequent)
- ☐ ☐ Eczema
- ☐ ☐ Epilepsy or Convulsions
- ☐ ☐ Emphysema
- ☐ ☐ Enuresis (involuntary discharge of urine)
- ☐ ☐ Encopresis (involuntary discharge of stool)
- ☐ ☐ Epilepsy, Seizures, or Convulsions
- ☐ ☐ Excessive Bleeding (after surgery)
- ☐ ☐ Diphtheria
- ☐ ☐ Fainting Spells/Dizziness
- ☐ ☐ Head, Neck, or Spinal Injury
- ☐ ☐ Hearing Difficulties
- ☐ ☐ Heart Disease/Trouble
- ☐ ☐ Hemophilia
- ☐ ☐ Hepatitis A, B, or C
- ☐ ☐ High Blood Pressure
- ☐ ☐ High Cholesterol

Y or N

- ☐ ☐ Hospitalizations
- ☐ ☐ Hypoglycemia
- ☐ ☐ Joint or Muscle Pain
- ☐ ☐ Kidney or Bladder Disorders
- ☐ ☐ Leukemia
- ☐ ☐ Low Blood Pressure
- ☐ ☐ Measles or Mumps
- ☐ ☐ Mental Illness
- ☐ ☐ Mental Retardation
- ☐ ☐ Missing or Nonfunctioning Organs
- ☐ ☐ Mononucleosis
- ☐ ☐ Muscular Dystrophy
- ☐ ☐ Operations
- ☐ ☐ Psychiatric Care
- ☐ ☐ Rash or Skin Problems
- ☐ ☐ Reaction to Anesthetic
- ☐ ☐ Rheumatic Fever
- ☐ ☐ Scarlet Fever
- ☐ ☐ Sexually Transmitted Disease or Infection
- ☐ ☐ Shingles
- ☐ ☐ Sickle Cell Disease
- ☐ ☐ Sleeping Difficulties
- ☐ ☐ Spinal Bifida
- ☐ ☐ Stomach/Intestinal Disease
- ☐ ☐ Stroke
- ☐ ☐ Surgery
- ☐ ☐ Thyroid Disease
- ☐ ☐ Tonsillitis/Tonsillectomey/Adenoidectomy
- ☐ ☐ Ulcers
- ☐ ☐ Using Phen-Fen or Redux
- ☐ ☐ Vision Problems
- ☐ ☐ Weak Joints (Ankles, Knees)
- ☐ ☐ Whooping Cough
- ☐ ☐ Other: ________________________
- ☐ ☐ Other: ________________________
- ☐ ☐ Other: ________________________

Prenatal and Development History

Prenatal

How old were the child's mother and father at the time the child was born? ____________________

Was the mother's health good, fair, or poor? Explain. ____________________

Did the mother take any medication and/or drugs while pregnant? If so please explain. ____________________

Was the pregnancy full term (38 to 40 weeks) or was the child born premature? If premature, how early? ____________________

Were there any complications with the pregnancy (anemic, hospitalized, bed rest, diabetes)? ____________________

Was the delivery normal, caesarean, or breech? ____________________

Was labor induced or spontaneous? ____________________

Was labor natural or were pain management medications or techniques used? ____________________

Were there any complications with delivery? If so please explain. ____________________

What was the child's birth weight and condition at delivery? ____________________

Did the child or mother remain at the hospital longer than normal? ____________________

Developmental

At what age did the child:

Sit Alone __________ Crawl __________ Stand Alone __________ Walk Alone __________

Utter First Sounds __________ Speak First Words __________ Speak First Sentence __________

At what age was she toilet trained? __________ Day __________ Night

Were there any unusual developmental conditions or childhood illness? If so, please explain.____________________

Necessary Equipment

Does your child require the use of any of the following:

- Brace
- Contacts
- Dental Equipment
- Glasses
- Hearing Aids
- Prothesis
- Special Shoes
- Other: ____________________

Service Providers

List the name and address of each of the following as it applies to the child:

Physician: ____________________

Dentist: ____________________

Optician or Ophthalmologist: ____________________

Psychiatrist: ____________________

Counselor: ____________________

Other: ____________________

____

Child's Name: ____________________**DOB:** __________

Parent/Guardian's Signature: ____________________**Date:** __________

Please submit completed application to Miller Home to continue the admissions process.

Email	mbkane@millerhomeoflynchburg.org
Mail	Miller Home for Girls Attn: Admissions 2134 Westerly Dr. Lynchburg, Va 24501
Fax	434-845-5848 Attn: Admissions