



LIFECCHANGE - ADMISSION APPLICATION

Please type or print clearly.

Date: _____

Person filling out form: _____

Relationship to child: _____

Applicant Information

Name of child: _____ SS# _____ Age: _____

Birthplace: _____ Birth date: _____ Current Grade Level: _____

Gender: _____ Ethnicity: _____ Biological Child? _____ Adopted? _____ Date: _____

Religious Affiliation/Current Church: _____

Is your child presently living at home? _____ If no, please explain: _____

Has your child had previous placements outside the home? _____

If yes, please list other programs, schools, family members, hospitals or other institutions:

Parent Information (If deceased, please note date and cause)

Who currently has custody of this child? _____

Father's Name: _____ **Age:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Occupation:** _____

Highest Education Level: _____ **Social Security #** _____

Religious Affiliation/Current Church: _____

Mother's Name: _____ **Age:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Occupation:** _____

Highest Education Level: _____ **Social Security #** _____

Religious Affiliation/Current Church: _____

Stepfather's Name: _____ **Age:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Occupation:** _____

Highest Education Level: _____ **Social Security #** _____

Religious Affiliation/Current Church: _____

Stepmother's Name: _____ **Age:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Occupation:** _____

Highest Education Level: _____ **Social Security #** _____

Religious Affiliation/Current Church: _____

Please give the following information for each person living in your home:

NAME AGE RELATIONSHIP LIVING WITH

Person to notify in case of emergency (other than parents):

Name: _____ Phone: _____

Name: _____ Phone: _____

Present Problems

What are your child's current behavioral problems?

What are your child's current emotional problems?

What is currently being done about these problems?

Behavioral History

Has your child ever demonstrated aggressive or violent behavior? _____ If yes, please explain:

Has your child had any involvement in the legal system? _____ If yes, please explain:

Has your child ever talked about, threatened or tried to commit suicide? _____ If yes, please explain:

Please describe any history of self-mutilation: _____

Please describe the history of any disorder (*depression, behavioral, eating, etc.*) your child has had:

Has your child ever used drugs, alcohol or tobacco? _____ Please describe history, usage, type, frequency, interventions etc.: _____

Was your child adopted? _____ If yes, when? _____ Age? _____

Where was your child adopted from? _____

Did your child have any previous adoption homes? _____ If yes, how many? _____

Has the adoption been an issue for your child? _____

Does she know information about her biological parents? _____

Have the biological parents been involved? _____ If yes, how and when? _____

Signature

Signature