

PLACEMENT APPLICATION

281-351-4976 placement@boysandgirlscountry.org

18806 Roberts Road Hockley, TX 77447 Throughout the application process, you will be asked to provide several items. The following documents, along with any supporting documentation, may be required to complete the placement process.

Document Checklist:

- Birth Certificate
- Social Security Card
- Custody & Court Records
- School Records
 - o Report Card
 - \circ Behavior
 - o Instructional Plans
 - o Attendance
- Psych Records (if applicable)
- Medical Records

Child's Information

Child's Legal Name

Child's Preferred Name (Nickname)

Child's Gender

Child's Age

Child's Race

Please share racial identity if not listed

Child's Eye Color

Child's Haircolor

Child's Date of Birth

Child's Place of Birth

Is this child a US citizen

$\left(\right)$)	Yes
Č)	No

Child's Religion

Child's Social Security Number

Child's Current Address

City

State/Province

Zip/Postal

Child's Email

No email address for this child



No email address for this child

Child's Phone Number

No phone number for this child



No phone number for this child

Additional Child Information

Who does the child currently live with

Name of all the people current living with the child and their relationship to them

What is the child's understanding of placement about Boys and Girls Country and how do they feel about it

Who is submitting this application

Full Legal Name

What is your relationship to this child

Are you submitting this application on behalf of someone else

Yes No	If yes, who	
Email		

Phone

Please share your reason(s) for seeking placement for this child

Are you the legal guardian of this child

Yes No

Legal Guardian Information

Legal Guardian "A" Information (LGA)

(LGA) Full Legal Name

(LGA) Phone Number

(LGA) Email

(LGA) Date of Birth

(LGA) Age

(LGA) Gender

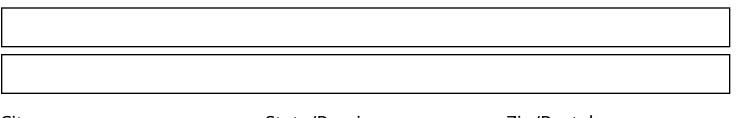
(LGA) Religion

(LGA) Social Security Number

(LGA) Place of Birth

Legal Guardian "A" Information (LGA)

(LGA) Address



City	State/Province	Zip/Postal

Country

(LGA) Marriage Status

(LGA) Marriage History

(LGA) Children Born To This Parent

(LGA) Highest Level of Education Completed

Legal Guardian "A" Information (LGA)

(LGA) Employment Information

(LGA) Employer

(LGA) Job Title / Description

(LGA) Estimated Income Payment Frequency

(LGA) Work Phone Number

Legal Guardian "B" Information (LGB)

(LGB) Full Legal Name

(LGB) Phone Number

(LGB) Email

(LGB) Date of Birth

(LGB) Age

(LGB) Gender

(LGB) Religion

(LGB) Social Security Number

(LGB) Place of Birth

Legal Guardian "B" Information (LGB)

(LGB) Address			
City	State/Province	Zip/Postal	
Country			
(LGB) Marriage Status			

(LGB) Marriage History

(LGB) Children Born To This Parent

(LGB) Highest Level of Education Completed

Legal Guardian "B" Information (LGB)

(LGB) Employment Information

(LGB) Employer

(LGB) Job Title / Description

(LGB) Estimated Income Payment Frequency

(LGB) Work Phone Number

Please complete the following ONLY if the parent's information is different than the current legal guardians Parent "A" Information (PA)



Same as Legal Guardian "A" (LGA)

(PA) Full Legal Name

(PA) Phone Number

(PA) Email

(PA) Date of Birth

(PA) Age

(PA) Gender

(PA) Social Security Number

(PA) Place of Birth

Parent "A" Information (PA)

State/Province	Zip/Postal
Devent	
s Parent	
	State/Province

(PA) Highest Level of Education Completed

Parent "A" (PA) Employment Information

(PA) Employer

(PA) Job Title / Description

(PA) Estimated Income Payment Frequency

(PA) Work Phone Number

Parent "B" Information (PB)

Same as Legal Guardian "B" (LGB)

Same as Legal Guardian "B" (LGB)

(PA) Full Legal Name

(PB) Phone Number

(PB) Email

(PB) Date of Birth

(PB) Age

(PB) Gender

(PB) Social Security Number

(PB) Place of Birth

Parent "B" Information (PB)

(PB) Religion			
(PB) Address			
City	State/Province	Zip/Postal	
Country			
(PB) Marriage Status			
(PB) Marriage History			

(PB) Children Born To This Parent

(PB) Highest Level of Education Completed

Parent "B" (PB) Employment Information

(PB) Employer

(PB) Job Title / Description

(PB) Estimated Income Payment Frequency

(PB) Work Phone Number

Income / Financial Benefits Child Receives

Select all that apply

5	
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Social Security Child Support (TANF)

Other

Social Security Claim Number

Child Support Amount

(TANF) Amount

Other Income Amount

Other Income Type

Child's Behavior

Is this child physically aggressive



) No

Please explain physically aggressive behavior

Has this child ever self-harmed or threatened self-harm



Please explain self-harm behavior in detail

Does this child have a history of alcohol abuse

Yes

Please explain alcohol abuse behavior

Does this child have a history of smoking or vaping

) Yes No

Please explain smoking or vaping behavior (cigarettes, vape pens, etc)

Does this child have a history of drug abuse

Yes No

Please explain drug abuse behavior including substances used (marijuana, opioids,

Child's Mental Health

Has this child ever received a mental health diagnosis



Please give details of any (all) mental health diagnosis

Has this child ever been placed in a residential treatment facility or psychiatric

)	Yes
 5	No

Please share details of residential or psychiatric treatment received

Does this child currently have any mental health needs that require treatment

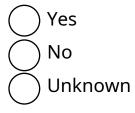
Yes

Please explain current mental health needs

Please list all medical professional who have contact with the family (ex: psychiatrist, counselor, doctor)

Child's Background

Has this child experienced physical abuse



Details surrounding physical abuse

Has this child experienced sexual abuse



Details surrounding sexual abuse

Has this child experienced emotional abuse



Details surrounding emotional abuse

Has this child experienced neglect

\bigcirc	Yes
$\overline{\bigcirc}$	No
Ŏ	Unknown

Details surrounding neglect

Has this child experienced abandonment

Yes

) No

Details surrounding abandonment

Please list all government agencies who have had contact with the family

Child's Birth Information

Length

Weight

Premature Birth

Yes No Unknown

C-Section



Normal Delivery





Please list any significant factors related to the pregnancy or birth of this child:

Child's Development

Speech Delay or Impairment

Yes No

Please explain speech delay or impairment

Motor Skills Delay or Impairment

) Yes) No

Please explain motor skills delay or impairment

Physical Disability or Impairment



Please explain any physical disability or impairment

Social Skills Disability or Impairment



Please explain social skills disability or impairment

Emotional Impairment

Yes No

Please explain emotional or behavioral issues

Intellectual Disability or Impairment



Please explain intellectual disability or impairment

Child's Medical History

Any previous hospitalizations



Please explain hospitalizations

Any previous surgeries

)	Yes
\geq)	No

Please explain surgeries

Any significant past injuries



Please explain past injuries

Has this child had the chicken pox



At what age did this child have the chicken pox

Has this child reached puberty



Child's Immunizations

Are their immunizations current



Any known reactions to previous immunizations



Please explain reactions to any previous immunizations

Child's General Health

General Health Problems

Frequent Headaches
Constipation
Enuretic (bedwetting)
Heart Murmur
Frequent Sore Throat
Nose Bleeds
Encopretic (involuntary bowel movements)
Seizures
Diarrhea
Frequent Colds
Skin Problems
Vision Problems
Ear Aches
Dizziness
Asthma
Hearing Problems

Please provide details for all general health problems selected above

Any known allergies to food or medications



Please explain food or medication allergy and type of reaction

Any serious illnesses



Please explain serious illnesses

Is child often sick with minor ailments

) Yes No

Please explain minor ailments

Does child frequently complain or fake illness or ailments

Yes

Please explain frequent complaints or faked ailments

Does this child have an unreasonable fear of doctors or needles

Yes No

Please provide details of their fear of doctors or needles

Any problems related to sleeping



No

Please explain any problems or factors related to sleeping

How is the child's personal hygiene and grooming



Does this child have any medical problems that need attention at this time



Please explain current medical or physical problems that need attention

How is this child's overall health

) Poor

) Good

Excellent

In your own words, how would you describe this child's overall health

Child's Medication History

Please list all medications this child is currently taking

Please list all previous medications this child has taken for physical, emotional or behavioral disorders

Child's Health Insurance

Does this child have health insurance



Health Insurance Information

Health Insurance Provider

Insurance Phone Number

Group Information

Policy Number

Relationship to Child

Biological Family Medical History

Any family history of the following: (select all that apply)

 Cancer Diabetes Tuberculosis High Blood Pressure Stroke Obesity Blood Disorder (sickle cell) Multiple Sclerosis Birth Defects Seizures Heart Disease Migraines High Cholesterol Thyroid Disease Intellectual Disability Cystic Fibrosis Other 	Asthma
 Tuberculosis High Blood Pressure Stroke Obesity Blood Disorder (sickle cell) Multiple Sclerosis Birth Defects Seizures Heart Disease Migraines High Cholesterol Thyroid Disease Intellectual Disability Cystic Fibrosis 	Cancer
 High Blood Pressure Stroke Obesity Blood Disorder (sickle cell) Multiple Sclerosis Birth Defects Seizures Heart Disease High Cholesterol Thyroid Disease Intellectual Disability Cystic Fibrosis 	Diabetes
 Stroke Obesity Blood Disorder (sickle cell) Multiple Sclerosis Birth Defects Seizures Heart Disease Migraines High Cholesterol Thyroid Disease Intellectual Disability Cystic Fibrosis 	Tuberculosis
 Obesity Blood Disorder (sickle cell) Multiple Sclerosis Birth Defects Seizures Heart Disease Migraines High Cholesterol Thyroid Disease Intellectual Disability Cystic Fibrosis 	High Blood Pressure
 Blood Disorder (sickle cell) Multiple Sclerosis Birth Defects Seizures Heart Disease Migraines High Cholesterol Thyroid Disease Intellectual Disability Cystic Fibrosis 	Stroke
 Multiple Sclerosis Birth Defects Seizures Heart Disease Migraines High Cholesterol Thyroid Disease Intellectual Disability Cystic Fibrosis 	Obesity
 Birth Defects Seizures Heart Disease Migraines High Cholesterol Thyroid Disease Intellectual Disability Cystic Fibrosis 	Blood Disorder (sickle cell)
 Seizures Heart Disease Migraines High Cholesterol Thyroid Disease Intellectual Disability Cystic Fibrosis 	Multiple Sclerosis
 Heart Disease Migraines High Cholesterol Thyroid Disease Intellectual Disability Cystic Fibrosis 	Birth Defects
Migraines High Cholesterol Thyroid Disease Intellectual Disability Cystic Fibrosis	Seizures
High Cholesterol Thyroid Disease Intellectual Disability Cystic Fibrosis	Heart Disease
Thyroid Disease Intellectual Disability Cystic Fibrosis	Migraines
Intellectual Disability Cystic Fibrosis	High Cholesterol
Cystic Fibrosis	Thyroid Disease
	Intellectual Disability
Other	Cystic Fibrosis
	Other

Asthma History



Mother's Side

Father's Side Both

Diabetes History

Mother's Side

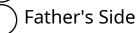
Father's Side Both

High Blood Pressure History

Mother's Side Father's Side Both

Obesity History

Mother's Side



Both

Multiple Sclerosis History



Mother's Side Father's Side

Both

Seizures History

Mother's Side Father's Side Both

Migraines History

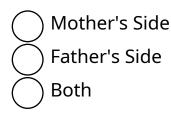
Mother's Side Father's Side Both

Thyroid Disease History



- Mother's Side
- Father's Side
 - Both

Cystic Fibrosis History



Cancer History



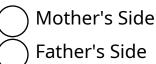


Both

Tuberculosis History

- Mother's Side
 - Father's Side
 - Both

Stroke History



Both

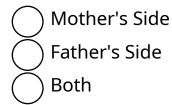
Blood Disorder History

Mother's Side

Father's Side

Both

Birth Defect History



Heart Diease History



Mother's Side Father's Side

Both

High Blood Pressure History



Mother's Side

Father's Side

Both

Intellectual Disability History



Mother's Side Father's Side

Both

Please explain any other relevant genetic conditions

Child's Education

Name of school they are currently enrolled at

Current Grade In School

Have they ever repeated a grade in school

) Yes

) No

Please share what grades they have repeated

Has this child ever been suspended or expelled from school

Yes

Please explain suspension or expulsion

Are they enrolled in special education

\bigcirc	Yes
Õ	No

Type of special education

Learning Disability
Emotional Disturbance
Speech Therapy
ESL
Intellectual Disability
Adaptive Behavior
Other
-

Explain "other" special education

Current instructional setting

Mainstreamed Homebound Resource Self-Contained Other

Explain "other" instructional setting

Behavioral Problems At School

Disrespectful

Uncooperative

Unmotivated

Irresponsible

School Attendance

) Regular

Truant

Please explain circumstances that lead to truant status

Child's School History

Kindergarten

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade

6th Grade

7th Grade

8th Grade

9th Grade

10th Grade

11th Grade

12th Grade

Additional Information

What are the child's interests or what do they like to do for fun

Are they involved in any extra-curricular activities

Do they have any nervous habits or unique coping mechanisms

Tell us about this child. What would you like to share about them

Authorization to release information

By checking this box, I approve of sharing all personal information included in this application with Boys and Girls Country of Houston

I agree

Signature

Date