



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
 - o 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

Yes

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)

(PA) Religion

(PA) Address

City

State/Province

Zip/Postal

Country

(PA) Marriage Status

(PA) Marriage History

(PA) Children Born To This Parent

(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

- 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

Yes

No

Please explain physically aggressive behavior

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

Yes

No

Please explain self-harm behavior in detail

Does this child have a history of alcohol abuse

Yes

No

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

Yes

No

Please give details of any (all) mental health diagnosis

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

Yes

No

Please share details of residential or psychiatric treatment received

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

Yes

No

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

- Yes
- No
- Unknown

Details surrounding physical abuse

Has this child experienced sexual abuse

- Yes
- No
- Unknown

Details surrounding sexual abuse

Has this child experienced emotional abuse

- Yes
- No
- Unknown

Details surrounding emotional abuse

Has this child experienced neglect

- Yes
- No
- 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

- Yes
- No
- Unknown

Normal Delivery

- Yes
- No
- Unknown

Average Health At Birth

- Yes
- No
- Unknown

Injury At Birth

- Yes
- No
- Unknown

Hospitalized After Birth

- Yes
- No
- Unknown

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

- Yes
- No

Please explain any physical disability or impairment

Social Skills Disability or Impairment

Yes

No

Please explain social skills disability or impairment

Emotional Impairment

Yes

No

Please explain emotional or behavioral issues

Intellectual Disability or Impairment

Yes

No

Please explain intellectual disability or impairment

Child's Medical History

Any previous hospitalizations

- Yes
- No

Please explain hospitalizations

Any previous surgeries

- Yes
- No

Please explain surgeries

Any significant past injuries

- Yes
- No

Please explain past injuries

Has this child had the chicken pox

Yes

No

At what age did this child have the chicken pox

Has this child reached puberty

Yes

No

Unknown

Child's Immunizations

Are their immunizations current

Yes

No

Unknown

Any known reactions to previous immunizations

Yes

No

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

Yes

No

Please explain food or medication allergy and type of reaction

Any serious illnesses

Yes

No

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

No

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

Yes

No

Please explain any problems or factors related to sleeping

How is the child's personal hygiene and grooming

- Poor
- Good
- Great

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

- Yes
- No

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

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| |
|--|

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

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| |
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Child's Health Insurance

Does this child have health insurance

- Yes
 No

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)

- Asthma
- 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 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
- Father'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

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

Cancer History

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

Tuberculosis History

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

Stroke History

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

Blood Disorder History

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

Birth Defect History

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

Heart Disease 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
- No

Please explain suspension or expulsion

Are they enrolled in special education

Yes

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

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11th Grade

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12th Grade

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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

