



Dear Applicant,

We appreciate your inquiry into our program. It is our desire to serve you in a timely manner. Please follow the instructions of this application carefully. If you have questions regarding any portion of the application, please feel free to call. It is important that each section is completed accurately and as completely as possible.

INSTRUCTIONS

1. Fill out the application in ink.
2. Sign the Release of Information forms and return with the application.
3. Include with the application:
 - a. a current photograph, i.e., school picture or snapshot
 - b. immunization record
 - c. birth certificate
 - d. a copy of the child's social security card
 - e. a copy of the court order relating to the managing conservatorship of the child, i.e., divorce decree (if applicable)
4. Return the application to:

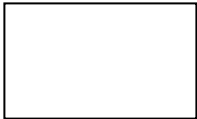
**BOYS AND GIRLS COUNTRY OF HOUSTON, INC.
ATTN: PLACEMENT SERVICES MANAGER
18806 ROBERTS ROAD
HOCKLEY, TEXAS 77447**

Once the application has been received and appropriate records have been reviewed, you will be contacted by the Placement Services Manager.

Thank you for your interest in Boys and Girls Country.

Sincerely,

Carol Gillespie
Placement Services Manager



BOYS AND GIRLS COUNTRY
 18806 Roberts Road
 Hockley, Texas 77447
 281-351-4976

APPLICANT INFORMATION:

Child for whom this application is made:

Full Name: _____ Sex: _____
 Child Goes By: _____ Age: _____ Race: _____
 Date of Birth: _____ Place of Birth: _____
 Social Security Number: _____ Religion: _____
 Child Resides at: _____ County: _____
 With: _____ Relationship to Child: _____
 Who Has Legal Custody of Child: _____
 Is the child a U.S. Citizen: _____ Home Phone #: _____
 E-mail address: _____ Cell Phone#: _____

FAMILY INFORMATION

Mother: _____ Age: _____ Date of Birth: _____
 Maiden Name: _____ Social Security Number: _____
 Address: _____ Cell/Telephone: _____
 _____ Birth Place: _____
 Level of Education: _____ Religion: _____
 Current Marital Status: _____ E-mail address: _____

Marital History:

<i>Full Name of Spouse</i>	<i>How Marriage was Terminated (Divorce, Death, etc.)</i>	<i>Date of Marriage and Termination</i>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children Born to This Parent:

Full Name *Date of Birth* *Father* *Child's Residence*

Father: _____ Age: _____ Date of Birth: _____

Social Security Number: _____ Birth Place: _____

Address: _____ Home/Cell Telephone: _____

Level of Education: _____ Religion: _____

Current Marital Status: _____ e-mail Address: _____

Marital History:

Full Name of Spouse *How Marriage was Terminated* *Date of Marriage and*
(Divorce, Death, etc.) *Termination*

Children Born to This Parent:

Full Name *Date of Birth* *Mother* *Child's Residence*

List All People in the Home:

<i>Full Name</i>	<i>Age</i>	<i>Relationship to Child</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT EMPLOYMENT INFORMATION

Mother's Employer: _____ Occupation: _____
Employer: _____ Income: _____
Work Telephone: _____ () _____

Father's Employer: _____ Occupation: _____
Employer: _____ Income: _____
Work Telephone: _____ () _____

Income and Benefits Which the Child Receives:

Social Security:	Y	N	Amount: _____
			Claim Number: _____
Child Support:	Y	N	Amount: _____
TANF	Y	N	Amount: _____
Other	Y	N	Amount: _____

List all agencies or professionals (i.e., psychiatrist, counselor, social worker) who have contact with the family and know about the existing situation and problems:

<i>Agency / Individual</i>	<i>Address</i>	<i>Telephone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has this child ever been placed in any residential facility or psychiatric hospital?
Yes No If Yes, please give details surrounding placement, name(s) of facility, dates, reasons for placement, etc.

Does the child have a diagnosed or suspected health condition or disability? _____

Does the child have mental health needs that require treatment? _____

Does the child have a history of drug or alcohol abuse? _____

What does your child like to do for fun?

Briefly describe the child's strengths:

Has your child experienced abuse: _____sexual, _____emotional, _____physical, _____neglect, _____abandonment. If yes to any of the above who was the responsible party? _____

DEVELOPMENTAL / MEDICAL HISTORY

BIRTH

Length: _____ Weight: _____ Premature: _____ Full-term: _____

Birth defects: _____

Birth Injury: _____

Normal Delivery: _____ C-Section: _____

Health: _____ Hospitalization: _____

Any significant factors regarding pregnancy/birth of this child such as drug/alcohol/tobacco use of mother, health of mother, etc.: _____

DEVELOPMENT

Any delays/difficulties or significant factors in the following areas:

Speech: _____

Motor Skills (crawling/walking): _____

Physical: _____

Social: _____

Emotional: _____

IMMUNIZATIONS

Are immunizations current _____ Any reactions to immunizations _____

If so, explain _____

HEALTH

Any allergies to medications or food items _____

If so, reaction and treatment _____

Any serious illness _____

Any significant injuries _____

Any hospitalizations _____

Any surgeries _____

GENERAL HABITS OR PROBLEMS (Check all that apply)

frequent headaches

diarrhea

constipation

frequent colds

enuretic (bedwetting)

skin problems

heart murmur

vision problems

chicken pox - age: _____

frequent sore throats

ear aches

nose bleeds

dizziness

encopretic (involuntary bowel movements)

asthma

seizures

hearing problems

Family Medical History

Any family history of the following:

for any "yes" answers indicate family member involved

asthma	_____
birth defects	_____
cancer	_____
seizures	_____
diabetes	_____
migraines	_____
tuberculosis	_____
heart disease	_____
high blood pressure	_____
high cholesterol	_____
stroke	_____
thyroid disease	_____
obesity	_____
mental retardation	_____
blood disorders (sickle cell)	_____
Cystic Fibrosis	_____
Multiple Sclerosis	_____
Other	_____

SCHOOL INFORMATION

School Presently Attending: _____
(if summer, last school attended)

Grade Placement: _____ Type: Regular Ed. / Special Ed.
(Circle One)

If in Special Ed:
Handicap Condition: LD ED Speech ESL MR Adaptive Behavior
(Choose those that apply)

Instructional Setting: Resource Self-Contained Homebound Mainstreamed

Grades Retained: K 1 2 3 4 5 6 7 8 9
(Choose those that apply)

School Problems: Disrespectful Uncooperative Unmotivated Irresponsible
(Choose those that apply)

School Attendance: Regular Truant
(Choose one)

Has the child ever been suspended or expelled from school? Y N
If so, state grade(s) and circumstances:

List all schools this child has attended:

Grade	Name of School	Address	District
K -	_____	_____	_____
1 -	_____	_____	_____
2 -	_____	_____	_____
3 -	_____	_____	_____
4 -	_____	_____	_____
5 -	_____	_____	_____
6 -	_____	_____	_____
7 -	_____	_____	_____
8 -	_____	_____	_____
9 -	_____	_____	_____

AUTHORIZATION TO RELEASE INFORMATION

TO: _____ DATE: _____
RE: _____ DOB: _____

This is your authorization to release to Boys and Girls Country any medical, social, educational or psychological information concerning my child.

Signature of Parent or Guardian

Witness