SECOND CHANCE DAYTON
CHILD APPLICATION

- ❑ **Group Home**
- ❑ **Independent living**

Date ____/____/____

CHILD'S NAME _____ ❒ Male ❒ Female
FIRST MIDDLE NAME LAST SOCIAL SECURITY NO. ____-____-____

AGE _____ GRADE _____ BIRTH DATE ____/____/____ IS THIS CHILD ADOPTED? _____

OHIO MEDICAID, TYPE: ❒ Healthy Start ❒ Amerigroup ❒ Molina ❒ CareSource or IF PRIVATE INS., PLAN NAME: _____

(FAX OR MAIL COPY OF HEALTH INSURANCE PLAN WITH APPLICATION) RELIGION _____ ACTIVE? _____

CHILD'S ROUTINE (SCHOOL HOURS, STANDING APPOINTMENTS, ETC.) _____

NAME OF PERSON MAKING APPLICATION _____ RELATIONSHIP _____

ADDRESS _____ PHONE (____) ____-____
STREET CITY STATE ZIP FAX (____) ____-____
EMAIL: _____ CELL (____) ____-____

FAMILY INFORMATION ON APPLICANT:

NAME OF MOTHER _____ SS# ____-____-____ AGE _____ DOB ____/____/____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) ____-____ WORK PHONE (____) ____-____ CELL PHONE (____) ____-____

NAME OF FATHER _____ SS# ____-____-____ AGE _____ DOB ____/____/____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) ____-____ WORK PHONE (____) ____-____ CELL PHONE (____) ____-____

WHO HOLDS CUSTODY OF CHILD? _____

WITH WHOM DOES THE CHILD RESIDE? _____

COMPLETE NEXT ITEM IF PERSON OTHER THAN PARENT HAS CUSTODY:

NAME _____ SS# ____-____-____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) ____-____ WORK PHONE (____) ____-____ CELL PHONE (____) ____-____

EXPLANATION: _____ FAX (____) ____-____

PERSON HOLDING LEGAL CUSTODY IS EMPLOYED BY: COMPANY _____

ADDRESS _____

REASONS FOR APPLYING TO Second Chance Dayton : _____

_____

_____

DESCRIBE "NON-CUSTODIAL PARENT (S)" ATTITUDE TOWARD CHILD ENTERING SCD: _____

_____

DESCRIBE CHILD'S CURRENT FAMILY LIFE: _____

_____

NUMBER OF SIBLINGS AT HOME _____ AGES _____

IN YOUR OWN WORDS, WHAT ARE THE PROBLEMS OR DIFFICULTIES THIS CHILD IS HAVING?

_____

_____

WHEN DID THESE PROBLEMS FIRST BEGIN? _____

WHAT HELP HAVE YOU TRIED AND HOW WAS IT BENEFICIAL? _____

_____WHAT CHANGES HAVE YOU NOTICED RECENTLY IN THE CHILD'S BEHAVIOR AND MOODS OR IN OTHER FAMILY MEMBERS? _

_____

_____

_____

HAVE ANY OF THE FOLLOWING EVENTS OR CHANGES HAPPENED TO THE CHILD OR THE CHILD'S FAMILY IN THE LAST YEAR?

	COMMENT		COMMENT
☐ LOSS OF ACCEPTANCE BY PEERS	_____	☐ PARENTS DIVORCED OR SEPARATED	_____
☐ PARENT REMARRIED	_____	☐ MAJOR ILLNESS OF FAMILY MEMBERS	_____
☐ UNWED PREGNANCY	_____	☐ ACQUIRED A VISIBLE DEFORMITY	_____
☐ SCHOOL FAILURE	_____	☐ DRUG, ALCOHOL INVOLVEMENT	_____
☐ DEATH OF CLOSE FRIEND	_____	☐ HOSPITALIZATION	_____
☐ DEATH OF PARENT	_____	☐ MOVED	_____
☐ DEATH OF SIBLING	_____	☐ CHANGED SCHOOL	_____
☐ FAMILY MEMBER IN JAIL	_____	☐ BEGINNING SCHOOL	_____

IF ANY OF THE FOLLOWING EVENTS OR CHANGES HAPPENED TO THE CHILD OR THE CHILD'S FAMILY IN THE LAST YEAR?

☑ CHECK AND EXPLAIN:

	PROBLEM AREA	EXPLANATION (PAST, PRESENT)
☐	STEALING	
☐	LYING	
☐	ACADEMIC UNDER ACHIEVEMENT OR FAILURE	
☐	RUNNING AWAY	
☐	TOILET PROBLEMS (BED WETTING, SOIL PANTS, ETC.)	
☐	TEMPER TANTRUMS	
☐	SLEEP DISORDERS (TOO MUCH, TOO LITTLE, NIGHTMARES, SLEEPWALKING)	
☐	NERVOUSNESS/ANXIETY (WORRY, APPREHENSION, TENSION, FEAR, PHOBIAS)	
☐	TIREDNESS/FATIGUE (LACK OF ENERGY)	
☐	EATING PROBLEMS (TOO MUCH, TOO LITTLE, PHOBIAS, ANOREXIC, ETC.)	
☐	SEXUAL MISBEHAVIORS, ACTIVITIES	
☐	SHYNESS (WITHDRAWAL, ISOLATION, AVOIDANCE, DISCOMFORT WITH PEOPLE)	
☐	EXTREME FEARS/PHOBIAS (DARKNESS, ANIMALS, HEIGHTS, ETC.)	
☐	OVERLY DEPENDENT (UNABLE TO COPE WITHOUT ASSISTANCE, REASSURANCE)	
☐	JEALOUSY (EXTREME SIBLING RIVALRY, ENVY, ETC.)	
☐	CRUELTY/DESTRUCTIVENESS (CRUELTY TO PEOPLE OR ANIMALS, DESTRUCTIVE)	
☐	OVERLY SENSITIVE (EASILY UPSET, FEELS MISTREATED FREQUENTLY)	
☐	CLUMSY (ACCIDENT PRONE)	

☑	CHECK AND EXPLAIN:	
☐	OVER OR UNDER ACTIVE (FIDGETY, INABILITY TO SIT STILL; SLOWED SPEECH OR MOVEMENT)	
☐	DEPRESSION/SADNESS	
☐	GUILT FEELINGS	
☐	DRUG USAGE	
☐	ALCOHOL USAGE	
☐	TOBACCO USAGE	
☐	MISCONDUCT IN SCHOOL	
☐	TRUANCY	
☐	SPEECH/HEARING (ARTICULATION, STUTTERING, LACK OF HEARING, ETC.)	
☐	SUICIDAL TENDENCIES (THOUGHTS, ACTS, THREATS TO LIFE)	
☐	FIGHTING (AGGRESSION, ASSAULTIVE ACTS)	
☐	ANGER/NEGATIVISM (FREQUENTLY SEEMS ANGRY, HOSTILE TOWARD OTHERS)	
☐	PREOCCUPATION WITH PHYSICAL COMPLAINTS (HEADACHES, STOMACH ACHES, ETC.)	
☐	SEIZURES, CONVULSIONS, BLACKOUTS	
☐	DIFFICULTY CONCENTRATING (MENTAL CONFUSION, MEMORY IMPAIRMENT)	
☐	OBSESSIONS/COMPULSIONS (UNWANTED, REPEATED ACTS, SEEMINGLY SENSELESS THOUGHTS OR ROUTINES)	
☐	MOOD SWINGS	
☐	OPPOSITIONAL/DISOBEDIENT (REFUSES TO OBEY FAMILY AND SOCIETAL RULES, DEFIES AUTHORITY)	

SOCIAL AND DEVELOPMENTAL HISTORY:

DESCRIBE CHILD'S HEALTH: _____

WHAT ACHES, PAINS, OR PHYSICAL DISCOMFORTS DOES THE CHILD CURRENTLY HAVE? _____

_____

_____

DOES THIS CHILD HAVE ANY OF THE FOLLOWING PROBLEMS?:

_____ HEARING _____ VISION _____ SPEECH _____ IMPAIRMENT OF LIMBS _____ ASTHMA _____ ALLERGIES

_____ HYPERACTIVE _____ NIGHTMARES _____ SLEEPWALKING _____ OTHER (PLEASE EXPLAIN BELOW)

ALLERGIES (LIST): _____

OTHER EXPLANATION: _____

HOW DO THESE PROBLEMS AFFECT THE CHILD? _____

HOW DOES THE CHILD HANDLE THE PROBLEMS? _____

WHAT HAS THE CHILD BEEN HOSPITALIZED FOR IN THE PAST? _____

_____

WHAT MEDICINE(S) IS THE CHILD CURRENTLY TAKING AND WHY WERE THESE PRESCRIBED? _____

_____

_____

HAS THE CHILD BEEN ON ANY MEDICATION PRIOR TO THIS? IF SO, PLEASE EXPLAIN WHY THEY WERE PRESCRIBED. _____

_____

WHAT SERIOUS ACCIDENTS HS THIS CHILD HAD? _____

_____

WHAT SERIOUS ILLNESSES HAS THIS CHILD HAD? _____

_____

WHEN WAS THE CHILD'S LAST MEDICAL EXAMINATION? _____

WERE THERE ANY ABNORMAL FINDS? _____ IF SO, PLEASE EXPLAIN: _____

_____

NAME OF CHILD'S PHYSICIAN _____ PHONE ( ) _____

ADDRESS _____

PLEASE LIST NAMES AND ADDRESSES OF ANY OTHER HEALTH PROFESSIONAL (i.e., SPEECH PATHOLOGIST, NURSE, PHYSICAL THERAPIST, COUNSELOR, ETC.) THAT THE CHILD HAS BEEN UNDER THE CARE OF: _____

_____

_____

WHAT, IF ANY, PROBLEMS WERE THERE DURING PREGNANCY AND BIRTH WITH THIS CHILD? _____

_____

_____

IN ORDER OF SIBLINGS, WHAT NUMBER IS THIS CHILD IN THE FAMILY? _____

SCHOOL HISTORY:

PLEASE LIST ALL THE SCHOOLS THIS CHILD HAS ATTENDED STARTING WITH THE CURRENT ONE:

SCHOOL	MAILING ADDRESS	GRADE	YEAR(S)

WHAT GRADE IS THIS CHILD IN NOW? _____ WHAT GRADE(S) HAS THIS CHILD REPEATED? _____

LIST ANY HONORS THIS CHILD HAS RECEIVED: _____

_____

WHAT, IF ANY, PROBLEMS DOES (OR HAS) THIS CHILD HAD WITH SCHOOL? _____

_____

IS THIS CHILD'S SCHOOL WORK: _____ ABOVE AVERAGE _____ AVERAGE _____ BELOW AVERAGE _____ FAILING

IN WHAT 3 SUBJECTS DOES THIS CHILD EARN THE BEST GRADES?

_____ _____ _____

IN WHAT 3 SUBJECTS DOES THIS CHILD EARN THE LOWEST GRADES?

_____ _____ _____

IN WHAT EXTRA CURRICULAR ACTIVITIES DOES THIS CHILD PARTICIPATE? _____

_____

WHAT PSYCHOLOGICAL OR ACHIEVEMENT TESTS HAS THIS CHILD HAD AND WHAT WERE THE RESULTS? _____

_____

_____

WHO SHOULD WE CONTACT TO GET A COPY OF THE TEST REPORTS?:

NAME _____ ORGANIZATION _____

ADDRESS _____

DURING THE LAST 12 MONTHS: DAYS ABSENT _____ TIMES SUSPENDED _____

HOME HISTORY:

IF THIS CHILD HAS ANY FAMILY MEMBERS LIVING OUTSIDE THE HOME, PLEASE PROVIDE INFORMATION ON THEM IN THE SPACE PROVIDED BELOW:

NAME	RELATIONSHIP	AGE	EDUCATION LEVEL	OCCUPATION	REASON FOR LEAVING

PARENTS MARITAL STATUS:

- ☐ CURRENTLY MARRIED TO EACH OTHER HOW LONG? _____
- ☐ CURRENTLY SEPARATED HOW LONG? _____
- ☐ DIVORCED HOW LONG? _____ ☐ MOTHER REMARRIED HOW LONG? _____
- ☐ WIDOWED HOW LONG? _____ ☐ FATHER REMARRIED HOW LONG? _____
- ☐ NEVER MARRIED TO EACH OTHER

WHAT MARRIAGE PROBLEMS HAVE THERE BEEN WITHIN THE HOME? _____

_____

HAS EITHER PARENT BEEN MARRIED BEFORE? ☐ YES ☐ NO IF YES, WHO AND FOR HOW LONG? _____

HOW DID THE PREVIOUS MARRIAGE END? _____

WHAT PROBLEMS DOES THIS CHILD HAVE AT HOME? _____

_____

WHEN ARE THESE PROBLEMS BETTER? _____

WHEN ARE THEY WORSE? _____

WHO DISCIPLINES THE CHILDREN AND HOW? (PLEASE BE SPECIFIC) _____

_____

_____

DO THE PARENTS AGREE ON DISCIPLINARY METHODS? _____ IF NO, HOW ARE THE DIFFERENCES OF OPINION HANDLED? _____

_____

WHAT ARE THIS CHILD'S STRONG POINTS OR FAVORABLE CHARACTERISTICS? _____

_____

WHAT, IF ANY, TROUBLES HAS THIS CHILD'S **FAMILY** HAD WITH THE LAW? (PLEASE DESCRIBE) _____

_____

WHAT, IF ANY, TROUBLE HAS THIS **CHILD** HAD WITH THE LAW? (PLEASE DESCRIBE) _____

_____

_____

SOCIAL HISTORY:

DESCRIBE THE CHILD'S BEHAVIOR. (DEGREE OF COOPERATION, EXTENT OF OBEDIENCE, GENERAL ATTITUDE, NATURE OF ANY PROBLEMS, ETC.)

DESCRIBE HOW APPLICANT GETS ALONG WITH THOSE HE/SHE LIVES WITH:

HOW OFTEN DOES THIS CHILD INTERACT WITH CHILDREN OUTSIDE OF SCHOOL/HOME?

HOW DOES THIS CHILD GET ALONG WITH INDIVIDUALS OUTSIDE THE HOME?

HOW MANY FRIENDS DOES THIS CHILD HAVE?

DOES THIS CHILD LIVE NEAR OTHER CHILDREN IN HIS/HER AGE GROUP?

HOW DOES HE/SHE GET ALONG WITH BOYS AND GIRLS IN SAME AGE GROUP?

HOW DOES HE/SHE GET ALONG WITH OLDER AND YOUNGER CHILDREN?

WHAT PEOPLE HAS THIS CHILD FELT CLOSE TO IN HIS/HER LIFE?

DOES HE/SHE GET ALONG WITH TEACHERS AS COMPARED WITH HIS /HER PARENTS?

WHAT GAMES, INTERESTS AND/OR HOBBIES DOES THIS CHILD HAVE?

WHAT ORGANIZED SOCIAL GROUP(S) DOES THIS CHILD BELONG? (i.e., GIRLS SCOUTS, BOY SCOUTS, LITTLE LEAGUE, ETC.)

DOES THIS CHILD ENJOY SOCIAL OUTINGS? WHAT KINDS?

WOULD THIS CHILD RATHER PLAY WITH OTHERS? OR PLAY ALONE?

OBSERVATIONS/COMMENTS:

Second Chance Dayton
1358 Canfield Avenue
Dayton, OH 45406

Phone: 937. 999 .4870 Fax: 937 999 4870

Date: _____/_____/_____
Dear _____:

Regarding: _____ DOB: _____/_____/_____ DOP: _____/_____/_____

I just wanted to remind you of some things needed for the new placement at Second Chance Dayton. I need the following:

- copy of birth certificate; ❒ adoption decree if relevant
- copy social security card
- state photo ID if age 16 or over
- Medicaid card or parent insurance card info. (fax copy with application)
- Immunization records
- Legal custodian/guardian document/or certified copy of child custody order
- Copy of any court ordered placement
- Contract from placing agency to SCD
- Our contract to placing agency
- Copy of Case Plan or most recent Amended Case Plan and ❒ most recent SAR
- School: IEP and other required documents
- ICCA—Individual Child Care Agreement
- Last official place of residency—for school district billing or parent residency
- Medical history needed when we take child to Clinic for physical
- ***Important***—Copy of Ohio Medicaid card or parent health/dental/eye insurance card & claim forms for doctor visits—**submit health ins. card when making application so we can make arrangements with the acceptable doctors within that plan for the 5-day placement exam and for the other medical exams that we will schedule in first 30 days**
- Proof of dental exam (if within 6 months prior to placement or will have to have exam within six months of placement) (SCD likes to get within 30 days of placement)
- Proof of last eye exam (if within last year)
- Proof of comprehensive health care screening or examination/physical (if occurred within three months prior to placement). **Otherwise what was the date of the last full physical so we can maintain annual anniversary date?**
- List of visitors allowed (can be listed on the Master Care Plan Ideas Sheet)
- List of Medications currently taking with pharmacy instruction sheet with drug profile for the remaining pills of old prescription
- For counseling verification of residency and consent forms and medical history--need to be signed by legal custodian

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