LEE & BEULAH MOOR CHILDREN'S HOME
1100 E. Cliff Drive
El Paso, Texas 79902
(915) 544-8777 Fax (915) 532-1368

APPLICATION FOR ADMISSION

Date of Application _____ ***(LBMCH use)*** *Case Number* _____

Date of Admission _____

---

1. Name of child being referred _____ D.O.B. _____

Place of birth (city/state/country) _____ Gender _____ M _____ F

Social Security number _____ Home phone _____

Address _____
Street Apt.# City State ZIP

Race: _____ Hispanic _____ Anglo _____ African-American _____ Native American _____Asian

_____ Other Religious Preference_____ Referring Agency _____

2. What problems is the child presently experiencing? (check all that apply to this child)

_____ Problems with parents
_____ Academic school problems
_____ Peer/friend relationship problems
_____ Problems with gangs
_____ Medical problems
_____ Sexual
_____ Problems with brothers/sisters
_____ School behavior problems
_____ Drug/alcohol problems
_____ Legal problems
_____ Runaway
_____ Other (Specify) _____

3. Briefly describe what is presently happening in the family that is prompting this request for placement at this time.

_____
_____
_____
_____

4. How long do you feel the child you are referring to the program will need to stay at LBMCH if he/she is accepted?

_____

5. If this child is placed at LBMCH and is released from the program, what will be the plan for the care of this child?

_____ Return to father
_____ Return to mother
_____ Independent living
_____ Return to relative (*Specify what relative)*
_____
_____ Other (Specify person(s) name and relationship) _____

6. What needs to change in the family for this child to return to the home?

_____

_____

7. Please provide the following information on Parents/Managing Conservators

Mother's Name | Social Security number | D.O.B. | Legal (sole, shared, managing custody of child)

Address (Home) | City | State | ZIP | Phone | Cell/Beeper

Work (Name of business) | Address (Work) | Phone and extension

Current Marital Status | Previous Marital Status | Email Address

Father's Name | Social Security number | D.O.B. | Legal (sole, shared, managing custody of child)

Address (Home) | City | State | ZIP | Phone | Cell/Beeper

Work (Name of business) | Address (Work) | Phone and extension

Current Marital Status | Previous Marital Status | Email Address

Managing Conservator | Social Security number | D.O.B. | Legal (sole, shared, managing custody of child)

Address (Home) | City | State | ZIP | Phone | Cell/Beeper

Work (Name of business) | Address (Work) | Phone and extension

Current Marital Status | Previous Marital Status | Email Address

Other (Stepparent/grandparent) | Social Security number | D.O.B. | Legal (sole, shared, managing custody of child)

Address (Home) | City | State | ZIP | Phone | Cell/Beeper

Work (Name of business) | Address (Work) | Phone and extension

Current Marital Status | Previous Marital Status | Email Address

8. Please provide the following information on this child's brothers/sisters

Name	Address	Phone #	D.O.B.	Place of birth	Grade in school
Name	Address	Phone #	D.O.B.	Place of birth	Grade in school
Name	Address	Phone #	D.O.B.	Place of birth	Grade in school
Name	Address	Phone #	D.O.B.	Place of birth	Grade in school
Name	Address	Phone #	D.O.B.	Place of birth	Grade in school
Name	Address	Phone #	D.O.B.	Place of birth	Grade in school

9. Significant Relatives—List any relatives who have a close relationship to the child and who you may want the child to continue contact with during placement either by phone, mail, or in person.

Name	Address	Phone number	Relationship to child	Maternal/Paternal
Name	Address	Phone number	Relationship to child	Maternal/Paternal
Name	Address	Phone number	Relationship to child	Maternal/Paternal

10. Life Experiences

Has your child experienced a significant trauma or event of which we need to be made aware (physical or sexual abuse, death of someone close, gangs, violence, arrested by police, etc?) ____ Yes ____ No
If yes, please explain _____

_____

11. School

Name of School	Address	City	State	ZIP	Phone number

Grade level _____ Has the child ever been suspended or expelled from school? ____ Yes ____ No

What subject does this child like the best? _____ least? _____

Does this child attend any special classes in school? ____ Yes ____ No If yes, please list classes attending.

_____

Has this child ever repeated a grade level? ____ Yes ____ No If yes, what grade? _____

Has this child had behavior problems in school? ____ Yes ____ No If yes, please describe the kind of problems _____

_____

Is your child involved in extracurricular activities? If yes, describe _____

_____

12. Please list all agencies that you are currently involved with or who have been involved with your family previously

_____

Name of agency Services received/purpose of involvement Dates of involvement

_____

Name of agency Services received/purpose of involvement Dates of involvement

_____

Name of agency Services received/purpose of involvement Dates of involvement

13. Previous placements outside of applicant's home - Please list occasions this child has not lived with you (such as times he/she lived with grandparents, other relatives, other parent, or residential facility).

_____

Home or Facility Address Date lived at this location

_____

Reason for placement

_____

Home or Facility Address Date lived at this location

_____

Reason for placement

14. Identification of the child's treatment needs, if applicable, and any additional treatment services or programmatic services the child is receiving.

_____

_____

****

I am stating the above statements are true and correct to the best of my knowledge.

_____ _____

Father/Managing Conservator *Mother/Managing Conservator*

LEE & BEULAH MOOR CHILDREN'S HOME

DEVELOPMENTAL/MEDICAL HISTORY

Name of Child: _____ D.O.B.: _____ Gender: _____

1. Medical

List this child's current medical problems _____

_____

List any medications this child is currently taking _____

_____

What physician and/or medical clinic does this child use? _____
Name of Clinic/Doctor

_____
Street Address City ZIP Phone Number

Date of last physical exam _____

What dentist and/or dental clinic does this child use? _____
Name of Clinic/Doctor

_____
Street Address City ZIP Phone Number

Date of last dental exam _____

What optometrist/ophthalmologist and/or eye clinic does this child use? _____
Name of Clinic/Doctor

_____
Street Address City ZIP Phone Number

Date of last eye exam _____ Does this child wear glasses or contacts? ____ Yes ____ No

List any specialist doctors your child may be seeing and reason they are seeing this doctor:

_____

_____

Does this child have medical coverage? ____ Yes ____ No If yes, name the insurance and policy number including Medicaid plan _____

_____

2. Current Physical Description

a. Height _____ Weight _____

b. Color of hair _____ Color of eyes _____

c. Please list/describe any physical marks (tattoos, piercings, scars) _____

3. Birth

a. Was birth full term _____ or premature _____? If premature, how many months at time of birth ____.
Birth weight _____ Birth length _____ Birth defects? ____ Yes ____ No
c. Did you have prenatal care? ____ Yes ____ No
d. Were there any complications during the pregnancy? ____ Yes ____ No If yes, explain _____
_____
e. List any complications during labor and/or delivery_____
_____
f. How long did the child stay in the hospital after birth? _____
g. Did you experience any accidents, falls, abuse, etc. during pregnancy? ____ Yes ____ No If yes, explain
_____
h. Did the father of this child use drugs/alcohol at time of conception? ____ Yes ____ No
i. Did the mother of this child use drugs/alcohol prior to or during pregnancy? ____ Yes ____ No
If yes was checked on **h** or **i,** list what drugs, including those prescribed by a doctor and frequency of alcohol consumption. _____
_____

4. Developmental Stages

Activity	Age in Months or Years
Sit up	
Crawl	
Walk	
Speak words	
Speak sentences	
Toilet trained	

5. Feeding History

a. Was this child breast fed _____ or formula fed _____? Were there any problems in infancy with feeding? _____
b. Does this child have any food allergies? ____ Yes ____ No If yes, list _____
_____
c. What are this child's favorite foods? _____
d. What foods does this child dislike? _____

6. Behaviors/Habits (Check all that apply)

_____ has problems going to sleep/insomnia
_____ wakes up early
_____ has problems staying asleep
_____ has nightmares
_____ enuresis (wets the bed, pants)
_____ encopresis (bowel movement in pants)
_____ walks in sleep
_____ physically aggressive
_____ verbally aggressive
_____ appears depressed
_____ talks about suicide
_____ has attempted suicide
_____ cruelty to animals
_____ short attention span
_____ overly active
_____ bites nails
_____ sucks on thumb, clothing
_____ eats very little
_____ throws up (vomits) food
_____ overeats
_____ masturbates
_____ sexually acts out
_____ uses drugs/alcohol
_____ sets fires
_____ quiet/likes to be alone
_____ destroys property

7. Mental Health Issues

Has child received outpatient counseling? ____ Yes ____ No If yes, with what clinician/agency? _____ Treatment dates from _____ to _____

Was this child hospitalized for psychiatric reasons in the past? ____ Yes ____ No If yes, give dates and name of hospital _____

Has this child had a psychological evaluation? ____ Yes ____ No If yes, date _____

Has this child had substance abuse counseling/treatment? ____ Yes ____ No If yes, date_____

8. Please check any of the following medical conditions this child and/or family members may have currently or in the past

Condition	Child Applying	Mother	Father	Maternal Grandparent	Paternal Grandparent	Brother /Sister
Allergies to plants, dust						
Allergies to medication (name)						
Asthma						
Heart problems						
High blood pressure						
Diabetes						
Cancer						
Hepatitis						
Stomach problems						
Hearing loss						
Eye problems						
Depression						
Schizophrenia						
ADHD/ADD						
Other psychiatric disorders						
School learning problems						

Condition	Child Applying	Mother	Father	Maternal Grandparent	Paternal Grandparent	Brother /Sister
Scarlet fever						
Measles						
Chicken pox						
Mumps						
Frequent colds/Flu						
Convulsions/Epilepsy						
Drug/alcohol use						
Cigarette smoking						
Multiple Sclerosis						
Anemia						
Sexually transmitted infections						
Hospitalizations for illness, surgery/accidents (type/date)						
Other condition(s) not listed						
Known contraindications (inadvisable) to the use of containment/restraint						
List any immediate family members who have died, their age and cause of death						

I give my permission for the medical information listed in this form to be released to any medical doctor, hospital, and/or mental health professional my child may see while placed with Lee & Beulah Moor Children's Home.

_____ _____

Signature/Relationship to Child *Date*

LEE & BEULAH MOOR CHILDREN'S HOME

MONTHLY BUDGET FORM

Please fill in all areas applicable to you. From this form, a reasonable monthly child care fee for your child(ren) will be determined.

PARENTS/MANAGING CONSERVATORS

Father/Managing Conservator:

Employer's Name: _____ Phone Number _____

Address: _____ Position: _____

Mother/Managing Conservator:

Employer's Name: _____ Phone Number _____

Address: _____ Position: _____

Enter the amount you receive monthly from each of the categories below. If you do not receive any money from the item, enter $0.

Monthly Income	Mother/Managing Conservator	Father/Managing Conservator
Pay from employment	$	$
Worker's compensation	$	$
Unemployment benefits	$	$
Retirement	$	$
VA	$	$
Social Security	$	$
Child support	$	$
TANF	$ Case #:	$ Case #:
Food stamps	$ Case #:	$ Case #:
Other (Specify)	$	$
Other (Specify)	$	$
TOTAL	**$**	**$**

MONTHYLY EXPENSES:

Utilities	**$** _____
Car payment	**$** _____
Car expense [fuel, maintenance]	**$** _____
Home payment or rental	**$** _____
Insurance [car, home, life, etc]	**$** _____
Medical/Dental	**$** _____
Clothing	**$** _____
Food	**$** _____
Installment payments other than home & car [credit cards, cell phone, loans]	**$** _____
Other, please specify _____	**$** _____
Other, please specify _____	**$** _____
TOTAL MONTHLY EXPENSES	**$** _____

****

I am stating the above financial statements are true and correct to the best of my knowledge.

_____ _____

Mother/Managing Conservator & Date *Father/Managing Conservator & Date*

LEE & BEULAH MOOR CHILDREN'S HOME

1100 Cliff Drive
El Paso, Texas 79902-4699
(915) 544-8777
FAX (915) 532-1368

EDUCATIONAL HISTORY

(To be completed by school personnel only)

Child's Name: _____ Grade: _____ DOB: _____

_____

Name of School Address City ZIP Phone

TYPE OF INSTRUCTIONAL PROGRAM: Please check all that apply:

___ All Regular Classes
___ Self Contained Spec. Ed.
___ Combination Regular/Resource Special Ed. Classes: List Res. Spec. Ed. Classes attending
1. _____ 2._____ 3._____ 4._____
___ A.I.M. List Subject Areas
1. _____ 2._____ 3._____ 4._____
___ B.I.C. List Subject Areas
1. _____ 2._____ 3._____ 4._____
___ Alternative
a. Self contained class at _____ School.
b. Specialized School, Academy_____
___ Vocational Program
___ Special Reading Programs
a. SRD ___
b. Other _____
___ Special Considerations:
ADD/ADHD ___
Other
_____
___ Bilingual Program
a. ESL _____
b. Other_____
___ Related Services
a. Content Mastery _____
b. P.L. 504 ____ Reason qualified for 504 _____
c. Speech Therapy _____
d. Occupational Therapy _____
e. Special Education Counseling _____
___ Extra Curricular Activities-List:
_____

****

The Cumulative Folder for this child is located: _____
Date Last ARD was held (if applicable): _____

Please attach the following to this form:

____Transcript **(Must be updated for all high school students. Required for student to register at new school)**
____IEP attached
____Reports on any educational, psychological testing, TASS, I.Q. score are attached.
____Child was retained in grade(s) _____
____Transcript not available currently but will be sent on _____.

This student has earned the following grades this year:

Course Name	Grade	Comments on Behavior

Are there any recommendations you have at this time for further testing of this child? No____ Yes____
If yes, what testing do you recommend?
_____

BEHAVIOR: Please check any of the following which apply to the child's school-related behavior:

____Considerate/helpful
____Leader of peers
____Follower of peers
____Friendly to peers
____Ignores or refuses to comply with rules
____Forgets rules
____Seems sad, cries frequently
____Feels helpless
____Complains of illness frequently
____Verbally aggressive to peers
____Verbally aggressive to adults/authority
____Physically aggressive to peers
____Physically aggressive to adults/authority
____Drug/alcohol abuse
____Prone to tell untruths
____Does not accept responsibility for self
____Overactive, unable to sit still
____Clowns in class
____Difficulty completing tasks
____Speech difficulties
____Bright, intelligent
____Alert, interested
____Has few/no friends
____Works for compliments/praise
____Poor gross motor skills
____Poor fine motor skills
____Withdrawn, prefers to be alone
____Suicide attempts or threats
____Poor hygiene skills
____Is victimized frequently
____Criticizes others
____Uses abusive language
____Plays with fire
____Inappropriate sexual behavior
____Steals "borrows" without permission
____Truant/cuts class
____Low impulse control
____Demands attention
____Child has no behavior problems
____Panics or has problems taking tests

Comments: Please describe any special problems or needs you feel this child has that are not listed above:

_____

_____

_____

_____

_____ _____

Signature *Date*

_____

Please print name and title of person completing form

LEE & BEULAH MOOR CHILDREN'S HOME

INTAKE CHECKLIST FOR PARENTS AND/OR AGENCIES

CHILD'S NAME: _____ **D.O.B.:** _____

_____ Application for Admission

_____ Child's Developmental/Medical History

_____ Birth Certificate

_____ Social Security Card

_____ Monthly Family Budget Form

_____ Medical Insurance Card or Medicaid Form _____ Health Plan Card

_____ Immunization (shot) Record

_____ T.B. Checklist

_____ Physical Examination Form (Signed by Physician)

_____ Dental Examination Form (Signed by Dentist)

_____ Proof of Custody (if applicable) - Court Order, Divorce Decree, etc.

_____ Copy of School Report Card for this year and last year

_____ School History Report (Completed by School Personnel)

_____ School-Teacher Report of Child's Behavior (Completed by Teacher)

_____ Religious Documents if Applicable (Baptismal, Communion - if needed for child to attend a religious training program or class)

_____ Release of information specific to individual/agency (if applicable)

AT TIME OF PLACEMENT INTO LEE & BEULAH MOOR CHILDREN'S HOME PROGRAM

_____ School Transfer Form (Drop slip from school to enroll in school near Lee Moor)

_____ School Transcript (required for all high school students to re-enroll)

CPS

_____ Level of Care Report _____ Psychological Evaluation

_____ CPS Service Plan _____ Court Order _____ School Transfer Slip

Notes/Comments