



LIFECCHANGE - ADMISSION APPLICATION

Please type or print clearly.

Date: \_\_\_\_\_

Person filling out form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

***Applicant Information***

Name of child: \_\_\_\_\_ SS# \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Biological Child? \_\_\_\_\_ Adopted? \_\_\_\_\_ Date: \_\_\_\_\_

Religious Affiliation/Current Church: \_\_\_\_\_

Is your child presently living at home? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had previous placements outside the home? \_\_\_\_\_

If yes, please list other programs, schools, family members, hospitals or other institutions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Parent Information (If deceased, please note date and cause)*

**Who currently has custody of this child?** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Highest Education Level:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Religious Affiliation/Current Church:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Highest Education Level:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Religious Affiliation/Current Church:** \_\_\_\_\_

**Stepfather's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Highest Education Level:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Religious Affiliation/Current Church:** \_\_\_\_\_

**Stepmother's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Highest Education Level:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Religious Affiliation/Current Church:** \_\_\_\_\_

Please give the following information for each person living in your home:

NAME                                      AGE                                      RELATIONSHIP                                      LIVING WITH

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**Person to notify in case of emergency (other than parents):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***Present Problems***

What are your child's current behavioral problems?

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What are your child's current emotional problems?

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What is currently being done about these problems?

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***Behavioral History***

Has your child ever demonstrated aggressive or violent behavior? \_\_\_\_\_ If yes, please explain:

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Has your child had any involvement in the legal system? \_\_\_\_\_ If yes, please explain:

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Has your child ever talked about, threatened or tried to commit suicide? \_\_\_\_\_ If yes, please explain:

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Please describe any history of self-mutilation: \_\_\_\_\_

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Please describe the history of any disorder (*depression, behavioral, eating, etc.*) your child has had:

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Has your child ever used drugs, alcohol or tobacco? \_\_\_\_\_ Please describe history, usage, type, frequency, interventions etc.: \_\_\_\_\_

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Was your child adopted? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Age? \_\_\_\_\_

Where was your child adopted from? \_\_\_\_\_

Did your child have any previous adoption homes? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Has the adoption been an issue for your child? \_\_\_\_\_

Does she know information about her biological parents? \_\_\_\_\_

Have the biological parents been involved? \_\_\_\_\_ If yes, how and when? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature