

Georgia Sheriffs' Youth Homes

Childcare Application



Complete the enclosed Confidential information forms. The following forms are included:

- 1) General information about the child.
- 2) Sheriff's signature. A child shall be considered for admission ONLY with the approval of the Sheriff of the county in which the child resides.
- 3) A recent physical examination, medical history, and an immunization record.
- 4) Family history information.
- 5) School history.
- 6) Court involvement.
- 7) Custodial agreement.

The following documentation must also be included with the forms enclosed in the application.

- 1) An extensive Psychological Evaluation, not more than one year old, complete with recommendations. Included in this must be intelligence test scores, personality inventory, emotional and behavior analysis and significant findings to indicate guidelines for helping the child. This is an essential part of the application. The Youth Homes must be assured that the child is mentally able to participate in and benefit by the programs available.
- 2) A Social Summary of the child, his family and total "living situation". Specific reference should be made to the child's need in his present environment. The social summary questionnaire may be completed by those seeking private placement. All agencies must provide a social summary.
- 3) School transcripts, going back as far as possible including any test scores given by the school and a *written summary* of child's behavior from the teachers or administrator.
- 4) A Certified copy of the child's birth certificate.
- 5) A recent Photograph of the child.
- 6) Proof of recent Dental examination which indicates specific treatment needed and a plan of treatment if possible.
- 7) Copy of Social Security Card.
- 8) Copy of Primary care insurance or Medicaid card.

All information submitted to the Georgia Sheriffs' Youth Homes is held in *strictest confidence* and is not released unless ordered by authorized persons. All information submitted is subject to careful verification.

APPLICATION CHECKLIST

Please check all boxes to make sure application form is fully completed.

- Certified Copy of Birth Certificate
- Social Security Card
- Sheriffs' Approval
- Ranch Placement Agreement
- DFCS Placement Agreement
- Court Order (within last 12 months)
- Psychological Evaluation (within last 12 months)
- Physical (to include CBC and UA) and Medications
- Primary Insurance/Medicaid Card
- Immunization Records
- Ear, Eye and Dental Form
- General Information
- School Records
- Social History

Application Number: _____
(for internal use only)

Complete the information below.

Child's Name: _____

Caseworker/Guardian Name: _____

Contact Address: _____

Contact Work Phone: _____

Contact Home Phone: _____

Please select the Home Preference for the child.

- Georgia Sheriffs' Boys' Ranch, Hahira GA
- Georgia Sheriffs' Cherokee Estate, Dalton GA
- Georgia Sheriffs' Pineland, LaGrange, GA
- Georgia Sheriffs' Herrington Homestead, Nunez, GA
- Georgia Sheriffs' MountainView, Chatsworth, GA

GENERAL INFORMATION

Please complete the information below.

Name of Child: _____

Social Security Number: _____

Age: _____ Sex: _____ Date of Birth: _____

Place of Birth: _____

Name of person child is presently residing with: _____

Relationship to child: _____ Phone: _____

Address where child is presently residing with: _____

Religious Preference: _____

Parent or Guardian: _____

Address: _____

Custody held by: _____

Child referred by: _____ Phone: _____

Referrer Address: _____

Name of Caseworker (if referred by agency): _____

Caseworker's phone number: _____

Reasons for seeking placement: _____

Child's reaction to possible placement with Georgia Sheriffs' Youth Homes:

Positive: _____

Negative: _____

Neutral: _____

Comments: _____

FAMILY HISTORY

Please complete the information below.

FATHER:

Father's Name: _____ Father's Age: _____

Father's Address: _____

Father's Date of Birth: _____ Place of Birth: _____

If deceased, date, age and cause: _____

Social Security #: _____ Occupation: _____

Marital Status (married, single, widowed, divorced, separated): _____

Other Marriages (date, place, to whom): _____

Military Service (dates, compensation): _____

Physical and Mental Defects (if any): _____

Inmate of Institutions (names, dates): _____

MOTHER:

Mothers' Name: _____ Mother's Age: _____

Maiden Name of Mother: _____

Mother's Address: _____

Mother's Date of Birth: _____ Place of Birth: _____

If deceased, age, date and cause: _____

Social Security #: _____ Occupation: _____

Marital Status (married, single, widowed, divorced, separated): _____

Other Marriages (date, place, to whom): _____

Military Service (dates, compensation): _____

Physical and Mental Defects (if any): _____

Inmate of Institutions (name, dates): _____

BROTHERS AND SISTERS OF CHILD (Specify children by former marriage of parents)

Full Name: _____

Birth Date: _____

Address: _____

Relative (full/half/step): _____

Full Name: _____

Birth Date: _____

Address: _____

Relative (full/half/step): _____

Full Name: _____

Birth Date: _____

Address: _____

Relative (full/half/step): _____

Full Name: _____

Birth Date: _____

Address: _____

Relative (full/half/step): _____

List names of all persons presently residing at home and state their relationship to child:

_____	_____
_____	_____
_____	_____

**GEORGIA SHERIFFS' YOUTH HOMES
PHYSICAL EXAMINATION**

Please complete the information below.

Date: _____

Child's Name: _____

Date of Birth: _____

Medicaid #: _____

Weight: _____ Height: _____

Vision Test: Right: _____ Left: _____

Hearing Test: Right: _____ Left: _____

Urinalysis: _____

TB Test: _____

CBC: _____

Nasal Passage: _____

Teeth: _____

Tonsils: _____

Glands: _____

Lungs: _____

Ears: _____

Skin and Scalp: _____

Abdomen: _____

Genitalia: _____

Orthopedic: _____

Enuresis: _____

Nervous System: _____

Physical Defects: _____

Medication child is on and reason: _____

Referrals Made: _____

Remarks: _____

Doctor's Name: _____
(Print Name)

Doctor's Signature: _____



GEORGIA SHERIFFS' YOUTH HOMES, INC.
P.O. BOX 1000
STOCKBRIDGE, GEORGIA 30281
PLACEMENT AGREEMENT

I, _____, the legal parent or guardian, or custodian of _____, do hereby place said child in the care of Georgia Sheriffs' Youth Homes for a period of time not less than one full year.

The signing of this agreement grants specific permission to Georgia Sheriffs' Youth Homes to render health services, including medical, dental, psychiatric, and surgical, as may be deemed necessary, by duly licensed physicians, without notice to, or further comment of the undersigned. It is understood, that should time permit, the undersigned shall be notified, but Georgia Sheriffs' Youth Homes shall be the sole judge of whether or not time permits such notification.

I, hereby, agree to assume the cost of medical care of said child, if in the opinion of Georgia Sheriffs' Youth Homes, I am financially able to do so. I will keep Georgia Sheriffs' Youth Homes informed, at all times, regarding any change in my employment or place of residence, so that I may be reached immediately, in case of any emergency.

I, hereby, grant Georgia Sheriffs' Youth Homes, permission to sign any document or make any plans regarding the education of _____. I also, grant permission for Georgia Sheriffs' Youth Homes to request and receive copies of past school records and/or psychological analysis done on said child.

I agree to pay \$_____ per _____ for the care of _____ and (will/will not) be able to provide clothing and incidental expenses as needed. I consent to a periodic review of my financial commitment, realizing that the periodic payment for care may be increased or decreased, according to my changing financial situation.

I agree to participate in periodic conferences with representatives of Georgia Sheriffs' Youth Homes, to review my situation and the progress of _____.

I agree not to remove said child, even temporarily, from Georgia Sheriffs' Youth Homes, or any of its programs, without permission of the administrator or his representative. I also agree, to notify the administrator of said institution, or his representative, at least two weeks in advance, of any plans to remove said child permanently from Georgia Sheriffs' Youth Homes.

If, at any time, Georgia Sheriffs' Youth Homes feels that service to my child can no longer be rendered, I understand I will receive notice, three days in advance, should discharge be necessary. I have read, do understand, and am in complete agreement with the above conditions and will abide by the rules and regulations of Georgia Sheriffs' Youth Homes.

Date: _____ Signature: _____

Relationship: _____

Witness: _____ Relationship: _____

Notary: _____ Child's Signature: _____



**GEORGIA SHERIFFS' YOUTH HOMES, INC.
P.O. BOX 1000
STOCKBRIDGE, GEORGIA 30281
COURT INVOLVEMENT**

Please include all court involvement, including status changes, protective services and delinquency.

Has this child, at any time, undergone formal or informal juvenile court proceedings: _____

Whenever possible, please afford us the name of judge of said court and court staff personnel present when court action took place. (Attach copies of petitions, complaint form 90's and order of disposition).

Do parents (or guardian) agree to Court assignment? _____

If not, what is the attitude of the Juvenile Court? _____

Signed by Judge of the Juvenile Court
or authorized Representative of said Court

Position

Phone

Signature of person executing application

Address

Phone