



Family Ministries of Florida, Inc.

131 New Legacy Drive, Seffner, FL 33584

(813) 681-1942 • www.chfamilyministries.org

Providing a Christian Home environment where children are afforded the opportunity to apply the principles of work, play and prayer into their everyday lives.

Dear Parent/Guardian,

Thank you for your interest in our program. The following items (if applicable) are part of our application process and are required for consideration for placement. The application will be considered when the following documents and or information have been completed and received.

- Admissions Application
***Enclosed - to be completed and sent back**
- Background Information
***Enclosed - to be completed and sent back**
- Medical/Dental History Form
***Enclosed - to be completed and sent back**
- Authorization for Release of Education Information
***Enclosed - sign bottom of form and forward form to your child's school for completion**
 - Psychological Evaluation
 - Medical Records
 - Updated copies of School Transcript and Standardized Testing
 - Specific information regarding Special Classes for school placement
 - Academic Grade History
 - Any rewards, disciplinary actions, or other notable behavioral issues
- Authorization for Release of Confidential Information
***Enclosed - complete bottom of form and forward to any professionals or agencies your child has been associated with.**
 - Reports from Referring Agency
 - Reports from Mental Health Professionals
- Legal Papers
-Custodial Papers: Adoption, Guardianship, and Powers of Attorney, Certificate of Divorce Decree showing custody and support.
- Medical
-Copy of Immunization Record
-Copy of Birth Certificate
-Copy of Social Security Card
-Medical Exam - To be completed within 60 day prior to intake
-Dental Exam - To be completed within 60 days prior to intake

The Executive Director will review and discuss all Financial Information with parent and guardian to establish a monthly fee based on a sliding scale after information is received.

COOKSON HILLS FAMILY MINISTRIES OF FLA, INC.

ADMISSIONS APPLICATION

CHILD:

Student's Name _____
(Last) (First) (Middle) Birthdate (Month-Day-Year)

Race _____ Social Security _____ Adopted YES NO (Circle)

Nickname _____ Place of Birth _____
(City) (State)

Height _____ Weight _____ Eyes _____ Hair _____

Identifying marks or characteristics _____

Sex (M or F) _____ Religion _____

In case of emergency, notify: Name _____ Day-Phone (____) _____

Night-Phone (____) _____

PARENTS:

FATHER: Name _____ Race _____ Occupation _____

Address _____
(Street) (City) (State) (Zip Code)

Marital Status: (Single – Married – Divorced – Remarried) Telephone: Home (____) _____ Work (____) _____

Age _____ Birthdate _____ (Month-Day-Year) Social Security Number _____

MOTHER: Name _____ Race _____ Occupation _____

Address _____
(Street) (City) (State) (Zip Code)

Marital Status: (Single – Married – Divorced – Remarried) Telephone: Home (____) _____ Work (____) _____

Age _____ Birthdate _____ (Month-Day-Year) Social Security Number _____

STEPFATHER: Name _____ Race _____ Occupation _____

Address _____
(Street) (City) (State) (Zip Code)

Marital Status: (Single – Married – Divorced – Remarried) Telephone: Home (____) _____ Work (____) _____

Age _____ Birthdate _____ (Month-Day-Year) Social Security Number _____

STEPMOTHER: Name _____ Race _____ Occupation _____

Address _____
(Street) (City) (State) (Zip Code)

Marital Status: (Single – Married – Divorced – Remarried) Telephone: Home (____) _____ Work (____) _____

Age _____ Birthdate _____ (Month-Day-Year) Social Security Number _____

LEGAL STATUS:

Who has legal custody of the child? _____
(name)

If legal custodian is NOT a parent or stepparent, fill in the following section:

Name _____ Race _____ Occupation _____

Address _____
(Street) (City) (State) (Zip Code)

Marital Status: (Single – Married – Divorced – Remarried) Telephone: Home (____) _____ Work (____) _____

Age _____ Birthdate _____ (Month-Day-Year) Social Security Number _____

Relationship to child _____

BROTHERS AND SISTER:

	Name	Age	City, State	Relationship (full, half, step)
1.				
2.				
3.				
4.				
5.				

COURT STATUS:

Court adjudicated? () Yes () No

If yes: County _____ State _____

Judge _____ Telephone () _____

Court case number _____

Case worker or probation officer _____ Telephone () _____

BRIEFLY DESCRIBE REASONS WHY PLACEMENT IS SOUGHT:

ADDITIONAL RECORDS REQUIRED:

Completed Social History I and Medical History forms, plus copies of psychological evaluation(s) (if any have been done), educational records, and birth certificate are considered part of the Admissions Application and must be received before the application will be reviewed for possible acceptance.

Signature _____
Parent/Guardian

Date

Cookson Hills Family Ministries of Florida, Inc.

BACKGROUND INFORMATION

Please discuss in detail the following questions, as it gives us a better understanding of your family.

1. Describe the problem(s) you feel your child is having and the circumstances that have contributed to the problem(s).

2. Describe your child's behavior, including appropriate and inappropriate behavior.

3. Please give a brief family history and discuss any significant experiences your child has had in the listed stages of development. Please include any major events in your child's life (i.e. moves; deaths in the family; separations, divorce and/or remarriage of parents'; loss of parent's jobs; drugs; alcohol abuse; sexual, emotional and or physical abuse).

Infancy

Early childhood

Pre-Teen

Teenage

4. Please give a brief educational history in the listed stages below. Please include schools attended, special achievements and or awards, or any problems your child may have had in school.

Pre- School

Elementary

Middle School

High School

5. Describe the strengths in your family that you consider have helped your child in the past and will help in the future.

6. Describe your child's social activities (such as entertainment and recreation choices and experiences and activities; and church and community involvements).

7. Please describe how your child relates to others.

Mother/Stepmother

Father/Stepfather

Siblings

Grandparents

Influential adult figure(s)

Friends at school

Friends at home or church

8. For each parent, give a brief description of his or her background. (Please include information on present health and any previous major health problems, education, social and recreational activities, church involvement and any past history of abuse-i.e. emotional, physical, sexual, drug or alcohol abuse).

Father

Mother

9. Describe any placements outside of home, including the reasons for placements, dates and results.
10. What do you expect to happen to your child and to your family as a result of your relationship with Family Ministries of Florida.

Signature _____
Parent/Guardian

Date

**CONSENT FOR THE RELEASE OF CONFIDENTIAL
INFORMATION
COOKSON HILLS FAMILY MINISTRIES OF FLA, INC.**

Name

Date of Birth

Social Security #

I understand that my records are protected under the Federal and State Confidentiality Regulations and cannot be released without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time unless action has already been taken based upon it. Furthermore, this consent automatically expires as described below.

This consent expires: UPON TRANSMITTAL OF INFORMATION

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Executed this _____ day of _____, 20_____.

Signature of Student

Witness

Signature of Parent, Guardian or Authorized Representative

I authorize _____

to release to _____

the following information _____

for the following purpose(s): _____

**Please send or take this form to the referring agency or any Mental Health Professional(s). This release gives the above permission to release confidential records to us.*

Professionals, please forward any information regarding this child to:

Cookson Hills Family Ministries of Florida

Attn: Steven Geise

131 New Legacy Drive

Seffner, FL 33584

1(813)681-1942

CONSENT FOR THE RELEASE OF EDUCATIONAL INFORMATION COOKSON HILLS FAMILY MINISTRIES OF FLA, INC.

Name of school last attended _____

Address _____
Street City State Zip Phone

Dear Principal or Registrar,

The following student(s) have made application for admission to our program. Please send a COPY of their cumulative school records, test records, health records, psychological evaluation (s) and any other information, which might aid us in determining if our program will adequately meet the student(s) needs.

This release of information form also gives you permission to release confidential records to us (psychological and special education and needs assessments).

Student

Birthday

_____	_____
_____	_____
_____	_____

Thank you for your assistance.

Sincerely,

Robert V. Sharp
Executive Director

Cookson Hills Family Ministries of FLA, Inc.
131 New Legacy Drive
Seffner, FL 33584

I, _____(Parent/Guardian), give my permission for a copy of my child's cumulative, health, and testing records as well as any confidential records of psychological assessment and special education/needs of my child to be sent to Cookson Hills Family Ministries of FLA, Inc. for the purpose of assessing my child for possible admission. I further acknowledge that I am giving my consent of my own free will.

Parent/Guardian

Date

Please send or take this form to your child's school. This release gives the above the permission to release confidential records to us.

MEDICAL AND DENTAL HISTORY FORM
COOKSON HILLS FAMILY MINISTRIES OF FLA, INC.

PERSONAL INFORMATION

Student's Name _____ Birth date _____

Parent's Name _____ Telephone () _____

Address _____

Previous dental records location: Name _____

Address _____ **Phone** () _____

Previous medical records location: Name _____

Address _____ **Phone** () _____

DENTAL HISTORY

Name of dentist _____

Address _____

Last Visit _____ Were X-Rays taken? Yes _____ No _____

What was done at that time? _____

Did you receive a treatment plan? _____ If so, please provide a copy of any needed dental treatment.

MEDICAL HISTORY

Name of physician _____ Address _____

When was your last physical? _____ Are you presently under the care of a physician? Yes _____ No _____

If so, for what reason? _____

Have you taken any drugs or medications during the last two years? Yes _____ No _____

List all medications you are currently taking: _____

Have you been a patient in the hospital within the last two years? Yes _____ No _____

If so, for what reason? _____

Allergies: Pollen _____ Hay Fever _____ Drugs _____ Food _____ Other _____ Allergy Medications taken _____

Circle any of the following that you have or have had:

Heart Disease or Attack

Rheumatic Fever

Stroke

Emphysema

Sinus Trouble

Thyroid Disease

Arthritis

Pain in Jaw Joints

Liver Disease

Hemophilia

Herpes

Faintin Spells

Psychiatric Treatment

High Blood Pressure

Artificial Joint

Kidney Troubles

Tuberculosis (TB)

Allergies

Sickle Cell Disease

Cortisone Medication

Hepatitis A (Infectious)

Yellow Jaundice

Venereal Disease

(Syphilis, Gonorrhea)

Dizzy Spells

HIV

Heart Murmur

Anemia

Ulcers

Asthma

Diabetes

Cancer or Tumor

Glaucoma

Hepatitis B (Serum)

Drug Addiction

Cold Sores

Epilepsy or Seizures

Nervousness

Have you gained or lost more than 10 pounds in the last year? Yes _____ No _____

Are you on a special diet? Yes _____ No _____

Do you have any disease, condition, or problem not listed? Yes _____ No _____

If so, what? _____

To the best of my knowledge, all of the preceding answers are true and correct.

Patient or Guardian signature _____ Date _____



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Scholarship Application

Family Ministries of Florida provides children with the opportunity to learn the values of work hard, play hard, and pray hard. Children are provided a structured environment in which to grow. The cost of providing this environment continues to increase. Although, many of the costs associated with the care of a child at Family Ministries is underwritten by Churches and private donations it is still necessary to charge a fee for placement in the program of Family Ministries of Florida. The Board of Directors has set this fee at \$1000 per month. Realizing that many of the children and families that Family Ministries serves, the Board as also developed a sliding scale fee. Depending on the financial responsibilities of the parents or guardians the monthly fee can be reduced. Please note that no child will be denied placement or services because of the ability to pay. Complete this form and return to the Executive Director who will evaluate and establish the fee for your child(ren).

Name of Child(ren): _____

Name of Parents: _____

Address: _____

Number of Dependents: _____

Please use the attached form to determine the following (it is not necessary to return the financial statement with this application):

Total Assets (Monthly) _____ Total Liabilities: _____

Total SSI Funds (Monthly): _____ Total Monthly Child Support: _____

What amount do you believe you can afford monthly? _____

I do hereby certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: _____ Date: _____

For office Use:

Application Received: _____ Placement Date: _____

Adjusted Monthly Fee: _____ Approval: _____

Notes: _____
