

Please mail or fax to:
BrickHouse Family Ministries, Inc.
P.O. Box 311
Bluffton, IN 46714
260-827-0289

Date Received: _____



Residential Application/Intake Assessment

Attach Picture Here

Name: _____ DOB: _____



RESIDENTIAL APPLICATION

| TEEN BIOGRAPHICAL INFORMATION | | | |
|--|---------------|---------------------|--------------|
| Teen's Name | | Age | Today's Date |
| Gender | Date of Birth | Grade in School | |
| Address | | | |
| City | | State/Zip | |
| Home Phone | Work Phone | Cell Phone | |
| Place of Birth | | Social Security No. | |
| Height | Weight | Hair Color | Eye Color |
| Who has legal and/or physical custody of the teen? | | | |
| Is the teen adopted? YES NO If YES at what age was the teen adopted? Does the teen have any contact with biological parents? YES NO if YES what is the involvement? | | | |

| PARENT INFORMATION | | | |
|--|-------------------------------|---|------------|
| Who does the teen live with at this time? | | | |
| Are Parent's Divorced or Separated? | If yes, at what age was teen? | Were Parents ever Married? | |
| Describe the relationship between Parents and the overall tone in your home. How is discipline handled in your home and by whom? | | | |
| Biological/Adoptive Mother's Name | Age | Occupation | Home Phone |
| Where Employed | | Social Security No. | |
| Home Address | | City, State, Zip | |
| Work Phone | Cell Phone | Email | |
| Date of Birth | Education | Is teen living with Biological/Adoptive Mother? | |
| Describe the teen's relationship with Biological/Adoptive Mother? What goes well in the relationship and what are struggles? | | | |

| PARENT INFORMATION Continued | | | |
|--|------------|---|------------|
| Biological/Adoptive Father's Name | Age | Occupation | Home Phone |
| Where Employed | | Social Security No. | |
| Home Address | | City, State, Zip | |
| Work Phone | Cell Phone | Email | |
| Date of Birth | Education | Is teen living with Biological/Adoptive Father? | |
| Describe the teen's relationship with his Biological/Adoptive Father? What goes well in the relationship and what are struggles? | | | |
| Step Mother's Name | Age | Occupation | Home Phone |
| Where Employed | | Social Security No. | |
| Home Address | | City, State, Zip | |
| Work Phone | Cell Phone | Email | |
| Date of Birth | Education | Is teen living with Step Mother? | |
| Describe the teen's relationship with his Step Mother? What goes well in the relationship and what are struggles? | | | |
| Step Father's Name | Age | Occupation | Home Phone |
| Where Employed | | Social Security No. | |
| Home Address | | City, State, Zip | |
| Work Phone | Cell Phone | Email | |
| Date of Birth | Education | Is teen living with Step Father? | |
| Describe the teen's relationship with his Step Father? What goes well in the relationship and what are struggles? | | | |

| LEGAL GUARDIAN INFORMATION | | |
|--|--------------------------|--|
| Who has custody of teen? | Full or Joint? | Permanent or Temporary? |
| If Temporary, how long is it ordered? | Court arranged or other? | How long has Guardianship been enforced? |
| Guardian's Name | Age | Occupation |
| Where Employed | Social Security No. | |
| Home Address | City, State, Zip | |
| Work Phone | Cell Phone | Email |
| Date of Birth | Education | Is teen living with Guardian? |
| Describe custody and visitation arrangement. | | |
| Describe the teen's relationship with his Guardian? What goes well in the relationship and what are struggles? | | |

| SIBLINGS/OTHERS WHO LIVE IN THE HOUSEHOLD | | | | | | | | | |
|---|-----|--------|---|---------------|---|------------------------|---------|------|-------|
| Name of Sibling/Other | Age | Gender | | Live at Home? | | Relationship with teen | | | |
| | | M | F | Y | N | Poor | Average | Good | Great |
| | | M | F | Y | N | Poor | Average | Good | Great |
| | | M | F | Y | N | Poor | Average | Good | Great |
| | | M | F | Y | N | Poor | Average | Good | Great |
| | | M | F | Y | N | Poor | Average | Good | Great |
| | | M | F | Y | N | Poor | Average | Good | Great |
| | | M | F | Y | N | Poor | Average | Good | Great |
| | | M | F | Y | N | Poor | Average | Good | Great |
| | | M | F | Y | N | Poor | Average | Good | Great |
| | | M | F | Y | N | Poor | Average | Good | Great |

| |
|---|
| Are you aware that BrickHouse Family Ministries, Inc. does not take Insurance? YES NO |
|---|

Please thoroughly describe the concerns /problems you have for your teen. How long have these been concerns/problems? What factors contribute to the concerns/problems? What have you tried to resolve concerns/problem s? Have there been any recent life changes for your teen and family? (If more room is needed, please write on the back of this page.)

SCHOOL INFORMATION (PAST AND PRESENT)

| Grade Level | Name and Address of School (Starting with most recent) | Phone Number | Status |
|-------------|--|--------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Does teen have an Individualized Education Plan or receive special services at school? NO YES

If yes, please describe:

Please describe your teens school performance (classroom behavior; relationships with peers and teachers; academics):

Is the teen currently expelled from School? No Yes

If yes, what date will he be able to return to School?

Briefly describe the circumstances that caused expulsion:

MENTAL HEALTH OUTPATIENT OR RESIDENTIAL CURRENT/PRIOR PLACEMENTS (Juvenile; Hospitalization)

| Dates | Name of Counselor/Facility | Phone Number | Reason for Services | Reason for Termination |
|-------|----------------------------|--------------|---------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| CURRENT/PRIOR JUVENILE COURT INVOLVEMENT | | |
|--|------------|---|
| Has teen ever had charges filed against him? NO YES | | If YES, please answer the following: |
| What were the charges? | | What was the determination? NOT GUILTY GUILTY |
| If other outcome, please explain: | | |
| Is teen currently on Probation? NO YES | | If YES, please answer the following: |
| County of Probation | Start Date | End Date |
| Probation Officer | | Phone # |
| Is your application to BrickHouse Family Ministries in response to a court order or recommendation? NO YES | | |
| If teen has a history of Probation, please complete the following for each previous period of probation: | | |
| County of Probation | Start Date | End Date |
| Probation Officer | | Phone # |
| County of Probation | Start Date | End Date |
| Probation Officer | | Phone # |
| Are you, the parent/guardian, currently involved in any type of legal action? NO YES (i.e. custody, child support, civil, criminal, etc.) If YES, please briefly explain: | | |

| CURRENT/PRIOR DEPARTMENT OF FAMILY/CHILD SERVICES/PROTECTIVE SERVICES | | |
|---|-------------|----------|
| Is your family currently involved in any capacity with Family/Child Services or Child Protective Services? NO YES | | |
| If YES, please answer the following: | | |
| Name of Agency | Start Date | End Date |
| County | Case Worker | Phone # |
| Briefly describe the circumstances of the involvement: | | |
| Has your family ever had any past involvement in any capacity with the Department of Family/Child Services or Child Protective Services? NO YES If YES, please answer the following: | | |
| Name of Agency | Start Date | End Date |
| County | Case Worker | Phone # |
| Briefly describe the circumstances of the involvement: | | |

| CURRENT MEDICAL INFORMATION | | | |
|---|--------|--|--------|
| Specialist | Name | Phone | |
| Physician | | | |
| Dentist | | | |
| Psychologist | | | |
| Psychiatrist | | | |
| Counselor/Therapist | | | |
| Other | | | |
| Is teen currently on prescription medication? NO YES | | Has teen taken prescription medication in the past? NO YES | |
| Medication | Dosage | Medication | Dosage |
| | | | |
| | | | |
| | | | |
| Does teen have any significant medical problems? NO YES | | | |
| Describe: | | | |

| FAMILY PSYCHIATRIC HISTORY | |
|--|--|
| Has anyone in teen's family had mental health problems? NO YES | |
| If YES, describe: | |
| Has anyone in teen's family had Alcohol or Drug problems? NO YES | |
| If YES, describe: | |
| Has anyone in teen's family attempted or committed suicide? NO YES | |
| Has teen ever attempted suicide? NO YES | |
| If YES, describe (times, how, last attempt): | |
| Has teen ever done any self-mutilating (i.e. cutting or burning)? NO YES | |
| If YES, describe: | |
| Does teen have any tattoos? NO YES | |
| If YES, describe (number, place, type): | |
| Does teen have any body piercing? NO YES | |
| If YES, describe location on body: | |

DRUG AND ALCOHOL USE (PAST AND PRESENT)

Has teen ever used illegal drugs? NO YES DON'T KNOW

If YES, describe (type, frequency of use, amount used, date of last use):

What is teen's drug of preference?

Has teen ever done any Huffing (i.e. inhaling glue, gas, NO2, etc.)? NO YES DON'T KNOW

If YES, describe:

Has teen ever misused over the counter drugs (i.e. cough syrup, ephedrine, etc.)? NO YES DON'T KNOW

If YES, describe:

Has teen ever misused prescription drugs? NO YES DON'T KNOW

If YES, describe type and amount of use:

Has teen ever used alcohol? NO YES DON'T KNOW

If YES, describe when he started to drink, frequency of drinking, and preferred drink:

Has teen ever used tobacco? NO YES DON'T KNOW

If YES, describe age began, frequency of use and preferred nicotine source:

CHURCH PARTICIPATION

Are you currently attending a church? YES NO

If yes, describe how often you attend and how long you have been attending. Does your teen attend with you?

Church Name:

Pastor Name:

Church Address:

Church Telephone:

Does teen attend youth group at this church? YES NO

If yes, describe how often and for how long:

CHECK THE FOLLOWING POSITIVE CHARACTERISTICS THAT DESCRIBE THE TEEN

| | | | |
|--------------------|-------------------------|-------------------------|------------------|
| Accepts Praise | Enjoys Writing | Insightful | Grooming/hygiene |
| Assertive | Safety Skills | Motivated | Honesty |
| Cooperative | Survival Skills | Respects Others | Listening Skills |
| Dependable | Affectionate | Sense of Humor | Polite/Courteous |
| Friendly | Cleanliness (Household) | Verbal Expression | Responsible |
| Helpful | Kind | Apologizes/Empathy | Shares/Generous |
| Independent | Obedient | Community Participation | Works Hard |
| Manages money well | Leader | Musical/Artistic | Athletic |
| Enjoys Reading | Hobbies/Crafts | Organized | Enthusiastic |

Comments on any above; other positive qualities teen has that are not listed above:

CHECK THE FOLLOWING NEGATIVE BEHAVIORS THAT ARE TYPICAL OF TEEN

| | | | |
|--------------------|--------------------|------------------------|----------------------|
| Aggressive | Hurts Animals | Sick Often | Expects Failure |
| Alcohol use | Imaginary Friends | Short Attention Span | Fatigue |
| Angry | Impulsive | Shy, Timid | Psychiatric Problems |
| Anxiety | Irritable | Sleeping Problems | Moody |
| Avoids Adults | Lazy | Slow Moving | Nightmares |
| Bed-wetting | Learning Problems | Speech Problems | Worries Excessively |
| Bizarre Behavior | Lies Frequently | Steals | Over weight |
| Bullies, Threatens | Loner | Stomach Aches | Panic Attacks |
| Clumsy | Low Self-Esteem | Suicidal Threats | Phobias |
| Cyber Addiction | Messy | Suicidal Attempts | Poor Appetite |
| Defiant | Sad | Depression | Frequent Injuries |
| Frustrated Easily | Selfish | Destructive | Disrespectful |
| Gambling | Separation Anxiety | Dizziness | Unsafe Thinking |
| Hallucinations | Sets Fires | Drug Dependence | Weight Loss |
| Head Banging | Sexual Addiction | Eating Disorder | Withdrawn |
| Hopelessness | Sexual Acting Out | Excessive Masturbation | |

Comments on any above; other negative behaviors teen has that are not listed above:

This Residential Application has been completed to the best of my knowledge. I understand that any deliberate false information is grounds for denial of acceptance/consideration into the BrickHouse Family Ministries, Inc. Program. I hereby request that BrickHouse Family Ministries, Inc. consider providing services to my family and the teen named in this Residential Application.

Signature

Date

Print Name

Relationship to teen