

Edgewood Children's Center  
**APPLICATION FORM**

Today's Date \_\_\_\_\_

Child 's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Relationship to the child \_\_\_\_\_ How long have you known the child \_\_\_\_\_

**This form asks for detailed information, some of which you may not have. Even so, please answer as many questions as you can, as this will save time during our interviews. Bring up any problems you have with the questions during your appointment.**

Child's Birthplace \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Social Security Number \_\_\_\_\_ Medicaid Number \_\_\_\_\_

School last attended \_\_\_\_\_ Grade \_\_\_\_\_  
Name of School City State

Who suggested Edgewood for this child? \_\_\_\_\_

**Medical Information** Date of last physical \_\_\_\_\_

Current Medications \_\_\_\_\_

Known Allergies \_\_\_\_\_

Other health problems or handicaps \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Build \_\_\_\_\_ Scars/Birth Marks \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Therapist's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Dentist's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Insurance Company \_\_\_\_\_

Group/Plan # \_\_\_\_\_ ID# \_\_\_\_\_

Insured's Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Place of employment \_\_\_\_\_

If insurance from a second company may be available, check here \_\_\_\_\_ and continue on the back of this page.

**Child's Custody**

Who has custody Legal Physical Both Date Custody Granted

Current \_\_\_\_\_

Previous \_\_\_\_\_

Previous \_\_\_\_\_

If more space is needed, check here \_\_\_\_\_ and continue on the back of this page.

The child currently lives with (check the one or two items that apply):

- Biological mother     Adoptive mother     Stepmother     Foster mother     Grandmother
- Biological father     Adoptive father     Stepfather     Foster father     Grandfather
- Relatives (please describe) \_\_\_\_\_
- Group Home (which one) \_\_\_\_\_
- Other (please describe) \_\_\_\_\_

Family Annual Income (foster family may omit)

- Less than \$9,999     \$10,000 to 14,999     \$ 15,000 to 19,999     \$20,000 to 29,999     \$30,000 to 49,999     Over \$50,000

**Family Members** If child is adopted, check here  and write in adoption date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Work Schedule \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Never Married     First Married \_\_\_\_\_     Separated \_\_\_\_\_     Divorced \_\_\_\_\_

Remarried \_\_\_\_\_     Separated \_\_\_\_\_     Divorced \_\_\_\_\_

If more space is needed, check here \_\_\_\_\_ and continue on the back of this page.

Father's Name \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Work Schedule \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Never Married     First Married \_\_\_\_\_     Separated \_\_\_\_\_     Divorced \_\_\_\_\_

Remarried \_\_\_\_\_     Separated \_\_\_\_\_     Divorced \_\_\_\_\_

If more space is needed, check here \_\_\_\_\_ and continue on the back of this page.

If the child's mother does not live in the home, who is the mother substitute:  No mother substitute in the home

Name \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_

Employer \_\_\_\_\_ Work Schedule \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

If the child's father does not live in the home, who is the father substitute:  No father substitute in the home

Name \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_

Employer \_\_\_\_\_ Work Schedule \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Other adults in the home:	Name	Sex	Age	Relationship To Child
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If more space is needed, check here \_\_\_\_\_ and continue on the back of this page.

Other children in the home:      Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Relationship To Child \_\_\_\_\_  
 Oldest \_\_\_\_\_  
 Younger \_\_\_\_\_  
 Younger \_\_\_\_\_  
 Younger \_\_\_\_\_

If more space is needed, check here \_\_\_\_\_ and continue on the back of this page.

List all the children of the same two parents. Include all brothers and sisters, even those who are not in the home now and those who have died. Be sure to include the referred child.

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Present Address or Date of Death \_\_\_\_\_  
 Oldest \_\_\_\_\_  
 Younger \_\_\_\_\_  
 Younger \_\_\_\_\_

If more space is needed, check here \_\_\_\_\_ and continue on the back of this page.

List all the other children of either parent. Include all step, adopted, and half brothers and sisters.

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Present Address or Date of Death \_\_\_\_\_  
 Oldest \_\_\_\_\_  
 Younger \_\_\_\_\_  
 Younger \_\_\_\_\_

If more space is needed, check here \_\_\_\_\_ and continue on the back of this page.

**Child's Religious Affiliation** \_\_\_\_\_

**Child's Ethnic Identification**    \_\_\_ African American/Black    \_\_\_ Asian/Pacific Islander    \_\_\_ Biracial    \_\_\_  
 Caucasian/White  
                                  \_\_\_ Latino/Hispanic                    \_\_\_ Native American                    \_\_\_ Other \_\_\_\_\_

**Mental Health History**    Age when child first received mental health services \_\_\_\_\_

List all of the child's placements with relatives, in foster homes, residential centers and hospitalizations. Start with the most recent.

Placed At or With \_\_\_\_\_ Age \_\_\_\_\_  
 Current \_\_\_\_\_  
 Previous \_\_\_\_\_  
 Previous \_\_\_\_\_  
 Previous \_\_\_\_\_

If more space is needed, check here \_\_\_\_\_ and continue on the back of this page.

Has anyone else in the family ever received help for problems such as nerves, emotions, school, drugs, drinking, or mental health?

\_\_\_ No    \_\_\_ Yes; If "yes," please complete the following

Family Member's Name	Helping Agency or Professional	Approximate Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed, check here \_\_\_\_\_ and continue on the back of this page.

**Emergency Contacts** If the parents cannot be reached at home or work, where can a message be left for them?

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 \_\_\_\_\_  
 Street City State Zip Code Phone

**Anything Else?** If there is anything else Edgewood should know about this child 's history and background, check here \_\_\_\_\_ and provide that information on the back of this page.