

Bethel Bible Village – Children’s Residential Services Application Packet

ADMISSIONS PROCESS AND CHECKLIST

Phase I Start of the Admissions Process

Complete and return the Bethel application and provide the items listed in Phase 1. Once we receive all the items listed in Phase 1, we will review the packet to determine if the referral is appropriate for Phase 2.

- Completed Application including Release of Info. and Financial Forms
- A brief summary of the child and family circumstances. Include current behaviors and/or concerns and reason for contacting Bethel. (Type or print)
- Custody / Court Order (if custody is not with birth parents)
- (If applicable) Psychological / Assessments

Phase 2 Family Meeting

After reviewing the above information, if the child may be a good candidate for our services, we will set up a family meeting.

- You will need to bring to the Family Meeting the school grades, disciplinary records, and any special ed records for the last 1-2 school years, or have the school guidance counselor or registrar fax them to David Shinn at Fax: 423-842-5785 before the Family Meeting.

This meeting will include the Child, Parent(s) or Guardian(s), our Admissions Counselor, and a Bethel Houseparent or Social Worker. At this meeting, we will obtain further details regarding the needs of the child and family. It is also designed for the child and family to learn more about our services and tour the campus.

Phase 3 Decision

If we find that Bethel Bible Village is appropriate for the child, the Admissions Counselor will arrange a date for his/her enrollment. (The child will go onto a waiting list if there are no current openings for the particular program needed.) Immediately after being notified of the child’s acceptance the guardian should submit the following, which Bethel will need to have in hand before the admission:

- Results from a physical exam done within the previous 6 months
- Results from a dental cleaning done within the previous 6 months
- Results from a vision exam done within the previous 1 year

At admission, the following items must be brought with the child:

- Original Birth Certificate and original Social Security Card
- Official Immunization (Shot) Record
- Health Insurance Card (if on a health insurance plan)
- Any medication the child is currently prescribed
- Withdrawal form from the child’s school (if admission during the school year)
- Child’s personal items discussed prior to admission

Contact David Shinn with any questions at (423) 842-5757 ext. 222

Return Application any of these ways: E-Mail: dshinn@bethelbiblevillage.org

Fax: 423-842-5785, Mail/Drop Off: 3001 Hamill Road, Hixson, TN 37343

PHOTO
OF
CHILD

Application For Admissions - This application must be completed and returned to Bethel Bible Village in order to be considered for placement.

A. BIOGRAPHICAL INFORMATION

Child's Name _____
Last First Middle Nickname

Child's Current Address _____
Street City State Zip

Home Phone # _____ County (current) _____

Social Security # _____ (check one) Female _____ or Male _____

Date of Birth _____ Age _____ Birthplace _____ Race _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Legal Custody Holder _____ Relationship to child _____

Custody Holder's Address _____
(if different from Child's) Street / PO Box City State Zip

Phone numbers
OK to call you on _____
Home Work Cell or other

If the above address differs from the child's, then who is child living with? _____

Is the child a legal ward of any agency? _____ Name of agency? _____

Length with agency _____ Case Worker _____ Phone # _____

Referred to Bethel Bible Village by whom? _____

Reason for referral to Bethel Bible Village? _____

B. EDUCATION – List all schools the applicant has attended in the last 3 school years, starting with the most current. Attach additional page if more room is needed.

Grade From - To	Name of School and City/State	Phone Number	Status (Special Education, Promoted, Retained)

C. CURRENT / RECENT MEDICAL INFORMATION

(Include those seen by the applicant in the last 2 years. Attach additional page if more room is needed.)

	Name	Address	Phone	How long?
Physician				
Dental				
Eye				
Counselor				
Other				

Physical:		
_____	_____	_____
Date of last physical exam	Place where exam took place	Phone number
Dental Cleaning:		
_____	_____	_____
Date of last dental cleaning	Dentist Name	Phone Number
Vision Exam:		
_____	_____	_____
Date of last eye exam	Eye Doctor's Name	Phone Number

D. MEDICAL HISTORY (Attach additional page if more room is needed.)

Past Surgeries/ Hospitalizations	
List of major illnesses	
Allergies	
Diagnosis	
Past Medications	
Current Medications	
Describe General Health	

E. PREVIOUS LIVING ARRANGEMENTS OR PROGRAMS (Relatives/Hospitalizations/Detention/Treatment Centers/State Custody/Other Programs -- Attach additional page if more room is needed.)

Dates (From - To)	Name of Placement	Reason for Placement	Reason for Ending

Are there any current court proceedings pending against/involving the child? Yes No

If yes, when is the court date? _____ Time _____

Please explain the circumstance. _____

Are there any previous legal charges involving the child? Yes No

If yes, what were the charges, when were they made, and what was the outcome?

F. LIST ALL BIOLOGICAL SIBLINGS OF CHILD (children of the same mother and father as child applying):

Name	Date of Birth	Current Address	Phone Number

G. LIST ALL STEP / HALF / ADOPTED SIBLINGS OF CHILD

Name	Date of Birth	Current Address	Phone Number	Name of parents

H. LIST OTHER SIGNIFICANT PERSONS THAT ARE INVOLVED WITH THE CHILD

Name	Relationship	Address	Phone Number

I. CURRENT FAMILY DATA FORM --COMPLETE AS MUCH AS YOU CAN

	Biological Father	Biological Mother	Legal Guardian (If Applicable)	Step Parent (If Applicable)
Full Name				
Current Address				
Current Phone				
Birth Place/ Birth Date				
SSN				
Name of church (if attend)				
Occupation				
Employer				
Work Hours				
Other Numbers				
Salary (annual)				
Marital Status/ Date				
Name of Spouse				
Date of Divorce				
If Deceased, Date/Cause				
Describe General Health				

J. INFORMATION ABOUT THE YOUTH

- a. **Problem Checklist** – To be completed by Parent / Guardian – Check all that applies to the youth.
If it does not apply, do not check either column.

Previous to 6 Months Ago	Within the Past 6 Months	
1. ____	____	Not getting good grades in school.
2. ____	____	Getting into fights at school.
3. ____	____	Not doing his/her homework.
4. ____	____	Feeling anxious/worried/stressed out.
5. ____	____	Feeling lonely.
6. ____	____	Wishing he/she was dead.
7. ____	____	Feeling down or depressed.
8. ____	____	Not feeling like doing anything.
9. ____	____	Not making and keeping good friends.
10. ____	____	Having friends who are a bad influence.
11. ____	____	Holding in his/her anger (not expressing or discussing it).
12. ____	____	Exploding with his/her anger.
13. ____	____	Damaging things that belong to him/her or others.
14. ____	____	Stealing.
15. ____	____	Lying.
16. ____	____	Using alcohol.
17. ____	____	Using drugs or dealing drugs.
18. ____	____	Coping with a family member's drinking/drug use.
19. ____	____	Coping with feelings about being adopted.
20. ____	____	Coping with past physical abuse, emotional, or sexual abuse.
21. ____	____	Coping with a divorce or separation of his or her parents/guardians.
22. ____	____	Difficulty getting along with family members.
23. ____	____	Difficulty getting along with people outside of the family.
24. ____	____	Setting fires.
25. ____	____	Gang involvement.
26. ____	____	Not doing household chores.
27. ____	____	Being sexually active.
28. ____	____	Difficulty handling the death of someone close to him/her.
29. ____	____	Weight problems.
30. ____	____	Difficulty getting along with authority figures.
31. ____	____	Getting in-school or out of school suspensions.
32. ____	____	Being arrested or detained by the police.
33. ____	____	Poor hygiene.
34. ____	____	Involvement with the occult.
35. ____	____	Pornography (internet or other).
36. ____	____	Running away.
37. ____	____	Loss of friend due to move or death.
38. ____	____	Dealing with a break-up.
39. ____	____	Loss of a pet.

K. STRENGTHS CHECKLIST

To be completed by Parent / Guardian about the child: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Accepting of others | <input type="checkbox"/> Shows responsibility |
| <input type="checkbox"/> Nurturing of others | <input type="checkbox"/> Is diligent |
| <input type="checkbox"/> Sensitive to others | <input type="checkbox"/> Tries hard |
| <input type="checkbox"/> Caring of others | <input type="checkbox"/> Shows honesty |
| <input type="checkbox"/> Listens to others | <input type="checkbox"/> Shows trustworthiness |
| <input type="checkbox"/> Loving of others | <input type="checkbox"/> Shows courage |
| <input type="checkbox"/> Receives feedback from others | <input type="checkbox"/> Shows purity |
| <input type="checkbox"/> Respects authority | <input type="checkbox"/> Shows perseverance |
| <input type="checkbox"/> Responds to authority | <input type="checkbox"/> Shows endurance |
| <input type="checkbox"/> Makes friends | <input type="checkbox"/> Shows humility |
| <input type="checkbox"/> Has friends | <input type="checkbox"/> Shows patience |
| <input type="checkbox"/> Is loyal to friends | <input type="checkbox"/> Shows gratefulness |
| <input type="checkbox"/> Has family support system | <input type="checkbox"/> Shows compassion/empathy |
| <input type="checkbox"/> Has church support system | <input type="checkbox"/> Shows joyfulness |
| <input type="checkbox"/> Has a personal relationship with Jesus | <input type="checkbox"/> Has personal goals |
| <input type="checkbox"/> Enjoys playing alone and with others | <input type="checkbox"/> Has developing or clear values |
| <input type="checkbox"/> Works and plays well with others | <input type="checkbox"/> Has a strong conscience |
| <input type="checkbox"/> Shares with others | <input type="checkbox"/> Is remorseful when he/she misbehaves |
| <input type="checkbox"/> Can receive from others | <input type="checkbox"/> Wants help |
| <input type="checkbox"/> Is a team player | <input type="checkbox"/> Is bonded and connected to family |
| <input type="checkbox"/> Has personal interests | <input type="checkbox"/> Wants to succeed in life |
| <input type="checkbox"/> Engages in personal interests | <input type="checkbox"/> Shows self control |
| <input type="checkbox"/> Is organized | <input type="checkbox"/> Has good health |
| <input type="checkbox"/> Is competitive | <input type="checkbox"/> Has a good personal hygiene |
| <input type="checkbox"/> Is physically strong | <input type="checkbox"/> Is open to counseling and getting help |
| <input type="checkbox"/> Likes himself/herself | <input type="checkbox"/> Wants the family to work on issues and get along better |
| <input type="checkbox"/> Is intelligent | <input type="checkbox"/> Has a sense of humor |
| <input type="checkbox"/> Shows independence | <input type="checkbox"/> Can laugh at him/herself |
| <input type="checkbox"/> Is creative | <input type="checkbox"/> Expresses his/her emotions and feelings |
| <input type="checkbox"/> Is artistic | <input type="checkbox"/> Shows some insight into his/her problems |
| <input type="checkbox"/> Likes music | |
| <input type="checkbox"/> Likes sports | |
| <input type="checkbox"/> Has a good work ethic/works hard | |
| <input type="checkbox"/> Positive habits | |

L. FAMILY HISTORY

What problems have existed in the child's natural or foster family?

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Alcohol or other drug abuse | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Parental childhood physical abuse | <input type="checkbox"/> Physical illness |
| <input type="checkbox"/> Parental childhood sexual abuse | <input type="checkbox"/> Financial stress |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Other family violence | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Court involvement | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Frequent moves | <input type="checkbox"/> Separation |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Family isolated/No support system | <input type="checkbox"/> Lack of adequate childcare |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Other (Please list) |

M. STATEMENT OF TRUTH

I hereby request that Bethel Bible Village consider providing services to _____
_____. All information provided is accurate to the best of my knowledge.

I understand that any deliberately false information is grounds for denial.

Signature of Custody Holder (type if E-Mailing): _____

Date: _____

Bethel Bible Village
FAMILY FINANCIAL INFORMATION

I. STATEMENT OF FINANCIAL STEWARDSHIP

Bethel Bible Village desires, within the bounds of our resources, to serve all those applying who meet our criteria for admission. Funding for our services comes from both private charitable donations and from payments from residents' families. Each family is asked to pay a monthly fee based on the family's ability to pay. We determine a family's appropriate monthly fee by considering their recurring monthly income and expenses in relation to the number of family household members, and in light of any other family financial resources. After evaluating the family's ability to pay, Bethel will calculate an appropriate monthly fee that the family can afford and would be expected to pay for their child.

II. INFORMATION

Please provide the following information to assist us in financial planning.

A. Insurance

Is the applicant currently covered by any insurance? Yes No

If yes, please complete the following.

1. Name of Insurance Company _____
2. Policy Number _____
3. Policy Holder _____
4. Does your insurance cover the following? If "yes", what percentage?

Medicines	Yes _____	No _____	
Office visits	Yes _____	No _____	Copay _____
Dental	Yes _____	No _____	_____
Vision	Yes _____	No _____	_____
Hospitalization	Yes _____	No _____	_____
Psychiatric Care	Yes _____	No _____	_____
Counseling	Yes _____	No _____	_____

B. Third Party Income / Financial Assistance the Family is Receiving.

List any of the following you receive for the child. If benefits have been applied for, but have not been received, please indicate the date they were applied for.

<u>Type of Income</u>	<u>\$ Per Month</u>
1. Social Security Income	_____
2. Social Security	_____
3. Child Support	_____
4. TANF	_____
5. Food Stamps	_____
6. Adoption Assistance	_____

C. Family Income (Yearly) \$ _____

If next year's earnings are expected to be significantly more or less than the above figure, provide an explanation below.

D. Family Expenses (Monthly)

Day care	\$ _____
House Payment/ Rent	\$ _____
Child support	\$ _____
Alimony	\$ _____
Car payments	\$ _____
Phone / Cell	\$ _____
Water	\$ _____
Other Utilities	\$ _____
Medical (including prescriptions)	\$ _____

Other significant monthly expenses:

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
Total amount of regular monthly expenses:	\$ _____

E. Family Composition

1. Number of persons living in the home, including applicant _____
2. Number of immediate family living in the home _____
3. Number of family outside the home for whom you provide support _____

If any on number 3 above, explain why you support these persons.

F. Other Support

In addition to financial support, can you provide the following?

1. Clothing or money for clothing? Yes No
2. Payment for any medical bills not covered by insurance? Yes No

III. SIGNATURE SECTION

The information on this form is true and complete to the best of my knowledge and belief.

Legal Custody Holder (type if E-Mailing)

Date

Return this packet by E-Mail, Fax or Mail.

E-Mail: dshinn@bethelbiblevillage.org

Fax: (423) 842-5785

Mailing Address:
Bethel Bible Village
Admissions
3001 Hamill Road
Hixson, TN 37343

Other contact information:
Phone: (423) 842-5757 x222

E-Mail Instructions

Before you click on the e-mail address dshinn@bethelbiblevillage.org,

1. Save your completed application on your computer by clicking on the Disc picture at the top left beside the printer picture. Be sure to write down the name of your saved application file and location (such as desktop) to use when retrieving to your e-mail message as explained below.
2. Then click on our e-mail address above to open a new e-mail message.
3. Then attach your saved application file to your e-mail message by
 - a. clicking on the Insert Tab at the top of your e-mail message page,
 - b. clicking on the Attach File button;
 - c. and then search for and select your saved application file;
 - d. and then click on the Insert button at the bottom of the screen.
 - e. You will see that your saved file is listed as an Attachment to your e-mail message to us.
4. If you are not sure how to save your completed application and how to attach it to your e-mail message, call David Shinn at 423-842-5757 Ext. 222 for assistance.