



**The child's legal guardian must complete all parts of this application.
 Respite Retreat must receive and review before the child
 can be considered for placement.
 Please Mail, or email to the attention of the Intake Counselor.
 Information submitted to Respite Retreat, including but not
 limited to this application, becomes property of Respite Retreat.
 It will not be shared or returned to applicant.**

P.O. Box 2703 • Blairsville • GA • 30514 • 706.897.4237 • abundantlyblessed@windstream.net

Name of person completing this application: _____

Relationship to child: _____

Who referred you to Respite Retreat? _____

I hereby request that Respite Retreat consider providing services to my family and the child named below. All information provided is accurate to the best of my knowledge. I understand that any deliberate false information is grounds for denial of acceptance/ consideration of placement into the Respite Retreat program.

Signature of Parent/Guardian _____

Date _____

Signature of person completing the application (if different from above) _____

Date _____

A. BIOGRAPHICAL INFORMATION: Please include a current photo of the child

Child's Name _____
 (Last) (First) (Middle) (Nickname)

Social Security # _____ Date of Birth ____/____/____ Current Age _____

Male Female Height _____ Weight ____ Current Grade Level _____

With whom is the child living? _____ Relationship _____

Child's Current Address _____
 (Street) (Box #)

(City) (State) (Zip) (County)

Legal Custody Holder (s) _____ Relationship to child _____

Natural Adopted Temporary Other _____

Current Address: _____
 (Street) (Box #)

(City) (State) (Zip) (County)

Current Mailing Address: _____
 (If different from above) (Box) (City) (State) (Zip)

Home Ph # _____ Work Ph# _____ Cell Ph# _____
 (type)

B. INSURANCE: Does the child have Insurance Coverage (e.g. Private, or State/Fed)? No Yes

Please include copy of card with application. Child must have insurance coverage to participate in our program.

C. CURRENT MEDICAL PERSONNEL INFORMATION

	Name	Phone	How Long?	How Often?
Physician				
Dentist				
Psychologist				
Psychiatrist				
Counselor/Therapist				
Other/Specialty				

D. MEDICAL HISTORY: Use back of paper if you need additional space.

Past surgeries/ Hospitalizations	
List of major illnesses	
Allergies (Food, Medication, Insects, Other)	
Diagnosed Medical Conditions	
Psychological Diagnosis (DSM-5)	
Past medications	
Current medications	
Describe general health	

E. PERSONAL DEVELOPMENT HISTORY

Were there complications during pregnancy? No Yes If yes, please briefly describe.

What was the method of delivery? Vaginal C-Section Birth Weight: _____ lbs. _____ ozs.

Were there any complications during labor and/or delivery? No Yes If yes, please briefly describe.

Was the achievement of developmental milestones normal? No Yes

(e.g. sitting, standing, walking, talking, toilet training) If you answered **No**, please briefly describe: _____

F. EDUCATION HISTORY: List all schools child has attended starting with the most recent.

Grade Level	Name of School and Address	Phone Number	STATUS : Special Education, Promoted, Retained

Use back of paper if you need additional space.

Is the child currently expelled from Public School? No Yes If yes, please answer the following.

What date will he/she be able to return to public school? _____

Briefly describe the circumstances that caused expulsion? _____

G. CURRENT/PRIOR PLACEMENTS/ DATES

(Residential Treatment Facilities/ OTP/ RYDC/ YDC/ Hospitalizations—continue on back if necessary)

Dates	Name of facility	Phone Number	Reason for Placement	Reason for Termination

H. CURRENT/PRIOR JUVENILE COURT INVOLVEMENT

Has your child ever had charges filed against him/her? No Yes If yes, Please complete the following questions.

What were the charges? _____

What was the determination, guilty or not guilty? Not guilty Guilty

If guilty, Please state the disposition of the court: _____

If other outcome, please explain: _____

Is the child currently on probation? No Yes If yes, Please complete the following

County of Probation _____ For how long? Start: / / Completion: / /

Probation Officer _____ Phone # _____

Is your application to RR in response to a court order or recommendation? No Yes

If your application has been ordered, will your child be committed to RYDC if your application to RR is not accepted? No Yes

H. CURRENT/PRIOR JUVENILE COURT INVOLVEMENT (cont.)

If your child has a history of probation, please complete the following for each previous period of probation

County of Probation _____ For how long Start: ___ / ___ / ___ Completion: ___ / ___ / ___

Probation Officer _____ Phone # _____

County of Probation _____ For how long Start: ___ / ___ / ___ Completion: ___ / ___ / ___

Probation Officer _____ Phone # _____

(Please continue on the back of this sheet if necessary, or attach an additional sheet of paper)

Are you, the parent/guardian, currently involved in any type of legal action? No Yes

(i.e. custody, child support, civil, criminal, etc.) If you answered **Yes**, briefly explain: _____

I. CURRENT / PRIOR DEPT. OF FAMILY/CHILD SERVICES/PROTECTIVE SERVICES

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 complete the following

Name of agency _____ For how long Start: ___ / ___ / ___ Completion: ___ / ___ / ___

County _____ Case Worker _____ Phone # _____

Briefly describe the circumstances of involvement? _____

Is your family **currently** involved in any capacity with the Department of Family/Child Services (DFCS), or Child Protective Services? No Yes If yes, Please complete the following

Name of agency _____ County _____ For how long? _____

Case Worker _____ Phone # _____

Briefly describe the circumstances of involvement? _____

Is the child a legal ward of any agency? No Yes If you answered **Yes**, Complete the following information.

Name of agency _____ County _____ For how long? _____

Case Worker _____ Phone # _____

Does child have respite care for scheduled weekends home? No Yes With whom? _____

Does child have respite care for scheduled breaks (e.g. school holiday breaks, summer breaks, etc)? No Yes With whom? _____

J. PSYCHOLOGICAL/BEHAVIORAL/SOCIAL HISTORY

Parent or Guardian: Please check all that apply relating to the child’s past and/or present psychological, behavioral, and /or social concerns.

- | Past/ Present | Past/ Present |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Not getting good grades in school. | <input type="checkbox"/> <input type="checkbox"/> Coping with feelings about being adopted. |
| <input type="checkbox"/> <input type="checkbox"/> Gets into fights at school or on bus. | <input type="checkbox"/> <input type="checkbox"/> Coping with physical abuse. |
| <input type="checkbox"/> <input type="checkbox"/> In-school or out-of-school suspensions. | <input type="checkbox"/> <input type="checkbox"/> Coping with emotional abuse. |
| <input type="checkbox"/> <input type="checkbox"/> Not doing his/her homework. | <input type="checkbox"/> <input type="checkbox"/> Coping with sexual abuse. |
| <input type="checkbox"/> <input type="checkbox"/> Not doing household chores. | <input type="checkbox"/> <input type="checkbox"/> Coping with a family member’s drinking/drug use. |
| <input type="checkbox"/> <input type="checkbox"/> Not motivated to do anything. | <input type="checkbox"/> <input type="checkbox"/> Dealing with a break-up. |
| <input type="checkbox"/> <input type="checkbox"/> Feeling anxious. | <input type="checkbox"/> <input type="checkbox"/> Loss of friend due to move or death. |
| <input type="checkbox"/> <input type="checkbox"/> Feeling lonely. | <input type="checkbox"/> <input type="checkbox"/> Loss of family member due to move or death. |
| <input type="checkbox"/> <input type="checkbox"/> Feeling down or depressed. | <input type="checkbox"/> <input type="checkbox"/> Loss of pet. |
| <input type="checkbox"/> <input type="checkbox"/> Wanting to hurt self or others. | <input type="checkbox"/> <input type="checkbox"/> Using alcohol. |
| <input type="checkbox"/> <input type="checkbox"/> Wishing he/she was dead | <input type="checkbox"/> <input type="checkbox"/> Using drugs. |
| <input type="checkbox"/> <input type="checkbox"/> Weight problems. | <input type="checkbox"/> <input type="checkbox"/> Using non-drug substances to get high. |
| <input type="checkbox"/> <input type="checkbox"/> Poor hygiene. | <input type="checkbox"/> <input type="checkbox"/> Lying. |
| <input type="checkbox"/> <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> <input type="checkbox"/> Stealing. |
| <input type="checkbox"/> <input type="checkbox"/> Trouble making and keeping friends. | <input type="checkbox"/> <input type="checkbox"/> Running away. |
| <input type="checkbox"/> <input type="checkbox"/> Having friends who are a bad influence. | <input type="checkbox"/> <input type="checkbox"/> Being sexually active. |
| <input type="checkbox"/> <input type="checkbox"/> Stuffing his/her anger. | <input type="checkbox"/> <input type="checkbox"/> Pornography |
| <input type="checkbox"/> <input type="checkbox"/> Exploding with his/her anger. | <input type="checkbox"/> <input type="checkbox"/> Dealing Drugs. |
| <input type="checkbox"/> <input type="checkbox"/> Damaging property. | <input type="checkbox"/> <input type="checkbox"/> Gang involvement. |
| <input type="checkbox"/> <input type="checkbox"/> Difficulty getting along with family. | <input type="checkbox"/> <input type="checkbox"/> Being arrested or detained by the police. |
| <input type="checkbox"/> <input type="checkbox"/> Difficulty getting along with peers. | <input type="checkbox"/> <input type="checkbox"/> Aggression or cruelty of animals/pets. |
| <input type="checkbox"/> <input type="checkbox"/> Difficulty with authority figures. | <input type="checkbox"/> <input type="checkbox"/> Setting fires. |
| <input type="checkbox"/> <input type="checkbox"/> Coping with a parent/guardian divorce . | <input type="checkbox"/> <input type="checkbox"/> Involvement with the occult. |

Explain further any other psychological, behavioral, and/or social concerns:

Tell us how you feel Respite Retreat would be of help to you and your child?

K. FAMILY HISTORY

What problems have existed in this child's natural or adoptive family? (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol or drug abuse | <input type="checkbox"/> Incarceration | <input type="checkbox"/> Parental Death |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Absent Parent |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Physical Illness | <input type="checkbox"/> Frequent Moves |
| <input type="checkbox"/> Child Neglect | <input type="checkbox"/> Financial Stress | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Child Sexual Abuse | <input type="checkbox"/> Poverty | <input type="checkbox"/> Family Break-up |
| <input type="checkbox"/> Spouse Abuse | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other Family Violence | <input type="checkbox"/> Divorce | _____ |
| <input type="checkbox"/> Court Involvement | <input type="checkbox"/> Legal separation | _____ |

L. CURRENT FAMILY DATA FORM

	Biological Father	Biological Mother	Step-parent, Adoptive Parent, Other Guardian:	Step-parent, Adoptive Parent, Other Guardian:
Full Name				
Current Address				
Current Phone				
Birth Place & Date				
Grade Completed				
Occupation				
Employer				
Salary (annual)				
Work Hours				
Work Phone				
Other Numbers				
Marital Status				
Name of Spouse				
Date of Marriage				
Date of Divorce				
If Deceased, Date of Death				
Cause of Death				
Describe General Health				

M. List all Biological siblings of child (children of the same mother and father as child applying)

Name	Date of Birth	Age	Current Address	Phone Number

N. List all step/ half siblings of child:

Name	Date of Birth	Age	Name of Parents	Address	Phone Number

O. Please list all persons that are currently involved with the child:

Name	Relationship	Address	Phone Number

P. CHILD QUESTIONNAIRE - Please have child complete the following questions.

Tell us a little about yourself, for instance, what are your likes, interests, hobbies, and what are your future plans?

Please check all that apply to you:

Past/ Present

Past/ Present

- | | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Exploding with his/her anger. | <input type="checkbox"/> <input type="checkbox"/> Coping with feelings about being adopted. |
| <input type="checkbox"/> <input type="checkbox"/> Damaging property. | <input type="checkbox"/> <input type="checkbox"/> Coping with a family member's drinking/drug use. |
| <input type="checkbox"/> <input type="checkbox"/> Using alcohol. | <input type="checkbox"/> <input type="checkbox"/> Coping with physical abuse. |
| <input type="checkbox"/> <input type="checkbox"/> Using drugs. | <input type="checkbox"/> <input type="checkbox"/> Coping with emotional abuse. |
| <input type="checkbox"/> <input type="checkbox"/> Using non-drug substances to get high. | <input type="checkbox"/> <input type="checkbox"/> Coping with sexual abuse. |
| <input type="checkbox"/> <input type="checkbox"/> Being sexually active. | <input type="checkbox"/> <input type="checkbox"/> Wishing he/she was dead. |
| <input type="checkbox"/> <input type="checkbox"/> Running away. | <input type="checkbox"/> <input type="checkbox"/> Wanting to hurt self or others. |
| <input type="checkbox"/> <input type="checkbox"/> Gang involvement. | <input type="checkbox"/> <input type="checkbox"/> Setting fires. |
| <input type="checkbox"/> <input type="checkbox"/> Pornography. | <input type="checkbox"/> <input type="checkbox"/> Involvement with the occult. |

Signature of Child _____

Date _____

Q. FAMILY INVOLVEMENT – These are the expected activities of families/guardians.

Please indicate your willingness to participate:

**Please
initial**

- | | | |
|--|--|-------|
| 1. Willing and able to furnish transportation to/from all appts., breaks and home visits. | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 2. Willing to comply with the times set up for pick-up and drop-off for home visits. | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 3. Willing to offer supervision during home visits (every other weekend, holidays, and other scheduled breaks). | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 4. Willing to implement the therapeutic program as directed by the assigned Counselor (including carry-over consequences at home for behavior while at Respite Retreat.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 5. Willing to participate in all scheduled events, meetings, and therapy sessions on campus. (at least one three+-day visits per month) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 6. Agree to pay the monthly payment on time every month. (1 st or 15 th of each month, see Respite Retreat Fee Schedule) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

R. RESPITE RETREAT MISSION STATEMENT

Respite Retreat provides a Christ-centered home for one child at a time in crisis and in need of hope and healing. Partnering with their families, we pursue family restoration and reunification. We seek to influence and equip others who share a similar calling to impact children, families and future generations.

What do we mean by “Christ-centered?”: All Respite Retreat staff share a common belief that the Bible is God's inspired, inherent, and authoritative word which reveals that God created a means for people to receive salvation and eternal life through the death and resurrection of His Son, Jesus Christ. We believe that God desires all people come to know His truth and receive salvation from their sins and regeneration by the Holy Spirit. We also believe that repentance, faith, love, and obedience are the correct responses to God's grace toward us. All professional guidance, teaching, and treatment at Respite Retreat is provided within the framework of these beliefs, although services are offered regardless of a child or family's race, ethnicity, religious background, or gender.

What do we mean by “one child at a time in crisis and in need of hope and healing?”: When referring to “ne child at a time in crisis and in need of hope and healing,” we are specifically referring to children who may be struggling at home or school (particularly those who have been adopted or are being raised in kinship care), and who may display one or more of the following risk factors: anxiety, oppositional/defiant behavior, lying, stealing, school conduct problems, academic underachievement, poor social skills, issues related to past abuse, poor anger management, and poor self-image.

What do we mean by “family restoration and reunification?”: Respite Retreat believes the optimal family structure in which to raise a child is with one man and one woman united by marriage, a structure ordained by God. Whenever possible, Respite Retreat seeks to restore relationships within the family unit and facilitate healing. We recognize the needs of today's families which may include married parents, a single parent, blended families, adoptive parents, grandparents, or other family members. The ultimate goal is to mend the relationships the child has with his or her family so that he or she may return home.

I have read and understand the beliefs and perspective from which Respite Retreat works to accomplish its mission.

Signature: _____ (Parent/Guardian)

Signature: _____ (Parent/Guardian)

S. AUTHORIZATION FOR RELEASE OF INFORMATION

It is the desire of Respite Retreat, Inc. to provide the most effective care, which at times may include contacting the referral sources and other related agencies of our clients and their families.

Child: _____ **DOB:** _____

I, _____, Parent/Guardian of child listed above, hereby authorize Respite Retreat to receive and/or release information, including verbal dialogue, as may be necessary from/to school officials, counselors, therapist, hospitals, doctors, clergy, case workers, probation officers or court officials, and other family members that is relevant to the assessment of my family/child.

Specific information to be disclosed may include but is not all inclusive to:

- Acknowledgment of presence in treatment
- Psychiatric evaluations
- Psychological evaluations
- Medical records
- Education assessments
- Special Education records
- Social history
- Discharge summaries from residential/hospital facilities
- Case records
- Offense history
- First Placement/ Best Placement
- Level of Care assessment
- Guardianship documentation

This consent expires after the period necessary to complete all business related to the intake process and treatment of the family/child listed within this application (unless revoked earlier in writing).

Signature of person or person authorized to consent

Relationship

Witness

Date of Signature

T. DEMOGRAPHIC AND REFERRAL INFORMATION:

Please complete the following information to help us in reaching other families.

1. Please provide the date in which you are completing this application. _____

2. Please provide characteristic information about the child for whom you are applying.

County of Residence _____ **Gender** _____ **Age** _____ **Grade** _____

3. How did you find out about Respite Retreat? (Please check all that apply)

Radio advertisement

Newspaper. Please list: _____

Magazine. Please list: _____

Respite Retreat website

Other Internet / website. Please list website: _____

Department of Family and Children Services. Please list the contact person if available:

Contact Name: _____

Juvenile Court / DJJ/ probation officer. Please list the contact person:

Contact Name: _____

School (counselor or social worker) Please list the following:

Counselor Name: _____ School Name: _____

Counselor / psychologist/ psychiatrist. Please list the contact person if available:

Contact name: _____ Organization Name: _____

Church/ Pastor/ Civic Group. Please list the following:

Contact name: _____ Organization Name: _____

Retreat staff or board member: current previous

Donor

A family whose child has been at Respite Retreat

Relative /friend. Please list name and relationship: _____

If by relative/ friend, can you tell us how they knew about Respite Retreat? _____

Other: _____

4. Who specifically referred you to Respite Retreat, Inc. (Name and Relationship)?

5. Out of the categories above, which prompted you to contact Respite Retreat? Please explain.

6. When did you first learn about our program? Give either the date or approximate time period.

Thank you for taking your time in providing this information.