



OMAHA HOME FOR BOYS

Admissions Coordinator
4343 North 52nd Street · Omaha NE 68104
402-457-7000

Date Application Sent/Given: _____
Date Application Returned: _____
Application Number: _____
(For office use only)

APPLICATION/SOCIAL HISTORY

In order to initiate the admission process, the following Application/Social History must be filled out completely.

APPLICANT LEGAL NAME: _____

APPLICANT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

APPLICANT PHONE: Home: () _____ Work: () _____ Pager/Cell#: () _____

APPLICANT DATE OF BIRTH: _____ AGE: _____ GENDER: MALE FEMALE

SOCIAL SECURITY NUMBER: _____ - _____ - _____ BIRTHPLACE: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ BUILD: _____

EYE COLOR: _____ VISIBLE SCARS/TATOOS: _____

ETHNIC GROUP: _____ RELIGIOUS PREFERENCE: _____

NAME OF INDIVIDUAL COMPLETING THIS PAPERWORK: _____

RELATIONSHIP TO APPLICANT: _____

Please fill out the following social history with as much detailed information as possible. This information will assist us in working with your child in the best way possible. In order to complete your application, all information must be provided. If you need more room, please add additional sheets of paper.

PERSON RESPONSIBLE FOR PLACEMENT:

Name: _____ Relationship to Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: () _____ Work: () _____ Pager/Cell#: () _____

If adopted, give date of adoption, county & state: _____

In case of emergency, who can we contact: Name: _____

REASON FOR PLACEMENT: (Please describe the circumstances for needing placement outside of the home)

FAMILY STRUCTURE: (Give information on the parent's education, health, drug/alcohol use/abuse, arrests/incarcerations, mental or emotional problems, etc.)

SIBLINGS:

| NAME | D.O.B. | ADDRESS | (List) Biological, adoptive, step, etc... |
|------|--------|---------|---|
| | | | |
| | | | |
| | | | |
| | | | |

FAMILY RELATIONSHIPS: (Please describe the following relationships)

Relationship between applicant and parents: _____

Relationship between parents: _____

Relationship between applicant and siblings: _____

Who has custody of the applicant?: (death certificates, divorce decrees, etc. must be provided)

Name: _____ Address: _____

Phone: Home: (____) _____ Work: (____) _____ Pager/Cell#: (____) _____

List anybody who has visitation rights/restrictions: (death certificates, divorce decree, etc. must be provided)

Name: _____ Address: _____

Phone: Home: (____) _____ Work: (____) _____ Pager/Cell: (____) _____

COUNSELING/THERAPY: Has the applicant ever received any counseling or therapy services? Yes No

If yes, please complete the following.

| Dates of counseling | Name/Address of Counselor/Therapist | Reason for counseling/therapy |
|--------------------------------|-------------------------------------|-------------------------------|
| From: __/__/__ To: __/__/__ | | |
| From: __/__/__ To: __/__/__ | | |
| From: __/__/__ To: __/__/__ | | |

PSYCHOLOGICAL EVALUATION:

Date of most recent psychological evaluation: _____

Name & address of person conducting evaluation: _____

MEDICAL HISTORY:

List any allergies: _____

Any mental or physical handicaps? _____

| Date of last appointment | Name/Address of Doctor | Current Health |
|--------------------------|------------------------|---|
| Eye: ___/___/___ | | Eye Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dentist: ___/___/___ | | Braces? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physician: ___/___/___ | | |

INSURANCE: (Please list any insurance that would cover the applicant)

Policy Holder: _____

Policy Holder's D.O.B: _____

Policy Holder's SSN: _____

Policy holder's employer: _____

Company: _____

Address: _____

Group Number: _____

Insurance Number: _____

MEDICATIONS: (List all psychotropic medications applicant is or has taken [i.e. Ritalin] and all current medications).

| Medication Name | Amount | Prescribed By | Reason for Prescription | Date began/ended | Currently Taking? |
|-----------------|--------|---------------|-------------------------|------------------------------|---|
| | | | | Began: _____ Ended: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Began: _____ Ended: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Began: _____ Ended: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Began: _____ Ended: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SCHOOL INFORMATION:

Current School: _____ Address: _____

City: _____ State: _____ Zip: _____

Current Grade: ___ Date advanced to current grade: ___/___/___ Are special education services provided? Yes No

If yes, what type of services are provided? _____

| Type | Yes/No | How Many | Reason |
|-------------|--|----------|--------|
| Referrals | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Suspensions | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Expulsions | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

How long have the services been provided? _____

List any clubs, sports, activities, etc. the applicant is or has been involved in: _____

AGENCY/COURT INVOLVEMENT: (Name of County Court: _____)

| Type | Date | Name/address of contact | Reason for Involvement |
|--|--------------------------------------|-------------------------|------------------------|
| Probation: <input type="checkbox"/> Yes <input type="checkbox"/> No | From: ___/___/___ To: ___/___/___ | | |
| Probation: <input type="checkbox"/> Yes <input type="checkbox"/> No | From: ___/___/___ To: ___/___/___ | | |
| Probation: <input type="checkbox"/> Yes <input type="checkbox"/> No | From: ___/___/___ To: ___/___/___ | | |

OUT OF HOME PLACEMENTS: (Include all placements outside of the parental home)

| Date | Agency/Placement Name | Address | Reason for Placement | Reason for Discharge |
|--------------------------------------|-----------------------|---------|----------------------|----------------------|
| From: ___/___/___ To: ___/___/___ | | | | |
| From: ___/___/___ To: ___/___/___ | | | | |
| From: ___/___/___ To: ___/___/___ | | | | |

SPECIAL NEEDS: (List any cultural/religious/physical requirements that would need to be met). _____

CHEMICAL USE:

How often does the applicant use alcohol? daily weekly monthly seldom never

How often does the applicant use drugs? daily weekly monthly seldom never

What type of drugs has/does the applicant use(d)? _____

How often does the applicant smoke or chew tobacco? daily weekly monthly seldom never

RELIGION:

Denomination: _____ Where does the applicant attend? _____

How often? _____ Any youth group involvement? Yes No

OTHER:

Does the applicant wet the bed or have accidents? Yes No

If yes, how often? Nightly Couple times/week Once/week Couple times/month

Does the applicant have a history of fire-setting? Yes No

If yes, please describe the situation(s): _____

Does the applicant have a history of cruelty to animals? Yes No

If yes, please describe the situation(s): _____

CONTACTS: Who should we contact in case of an emergency?

Name: _____ Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

PARENTAL HISTORY

| | Father | Mother | Step-Parent |
|--|--|--|--|
| Full Name | | | |
| Street Address | | | |
| City, State, Zip | | | |
| Telephone (area code) | | | |
| Cell/Pager # | | | |
| E-Mail | | | |
| Birth Date | | | |
| Birth Place: City, State | | | |
| Social Security # | | | |
| Nationality | | | |
| Religion | | | |
| Education Completed | | | |
| Occupation | | | |
| Employer's Name Address Phone Number | | | |
| How long at present job? Normal Working Hours | | | |
| May we contact you at work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Yearly Income: Circle One | Less than \$10,000 \$10,000-\$25,000 \$25,000-\$50,000 More than \$50,000 | Less than \$10,000 \$10,000-\$25,000 \$25,000-\$50,000 More than \$50,000 | Less than \$10,000 \$10,000-\$25,000 \$25,000-\$50,000 More than \$50,000 |
| Rent or Buying Home? | | | |
| Institutions Admitted to | | | |
| Veteran: Branch of Service Date of Discharge and Type | | | |
| Date and Place of All Marriages | | | |
| Widow/Widower Date | | | |
| Date & Place of Divorces | | | |
| Cash Settlement & Alimony Paid | | | |
| Veteran, SS#, R.R., or ADC Payments Received | | | |
| Child Support Payments Received | | | |

| Relative History: | Date | Name | Address | City, State | ZIP | Phone (Area) |
|-----------------------|------|------|---------|-------------|-----|--------------|
| Maternal Grandparents | | | | | | |
| Paternal Grandparents | | | | | | |
| Uncles | | | | | | |
| Aunts | | | | | | |
| Brothers | | | | | | |
| Sisters | | | | | | |

Finances:

There are no set costs or fees associated with placing a youth with the Omaha Home for Boys, and no youth will be denied admission based upon a parent's or guardian's inability to pay. However, parents or guardians who are able to contribute to the support are encouraged to do so. How much a parent or guardian contributes to a youth's cost of care is their decision. **Parents/Guardians who receive child support, Social Security, VA assistance or SSI for the applicant, will be required to turn it over to the Home.**

How much child support has been court-ordered regarding this youth? _____

Who is to pay this child support? _____

Where does the payment come from? (i.e. state, personal check, money order, etc.) _____

Address: _____ Telephone Number: () _____

How much Social Security benefits are received or is this youth eligible for? _____

Supplemental Security Income (SSI): _____

I understand that by placing my son, I will forfeit benefits I am receiving from SSA, SSI and/or child support. Payments will go directly to the Omaha Home for Boys.

Signed: _____

Dated at _____ this _____ day of _____, _____
(City, State)

I would be interested in paying \$ _____ per month to the Omaha Home for Boys for the care and keep of the said youth.

Signed: _____

Dated at _____ this _____ day of _____, _____

IV. SIBLINGS: (Biological or adoptive, age, grade, where they reside, any problems or difficulties they may have, and general relationship with the applicant).

V. INTER-FAMILY RELATIONSHIP:

1. Relationship between applicant and parents:

2. Relationship between parents:

3. Relationship between applicant and siblings:

4. Rules, regulations, expectations, and discipline used.

- VI. APPLICANT INFORMATION: (Please give information regarding birth, early development, interests and activities, employment, and other things that you feel are important).
- VII. MEDICAL HISTORY: (Name and date of last physician and dentist seen, any allergies, any physical problems or illnesses that require special attention or would hinder involvement in sports or physical activities. Also indicate if applicant has ever been placed on psychotropic medications for behavioral reasons).
- VIII. COUNSELING / THERAPY: (Include name of agency and contact person dates of involvement, reasons services were being offered, and reason for discharge).

IX. SCHOOL INFORMATION:

NAME OF SCHOOL: _____

CURRENT GRADE: _____

ARE SPECIAL EDUCATION SERVICES BEING PROVIDED? : T/F

(If T, then please indicate what type of services and how long those services have been provided).

1. School performances: (Grades, ability to do work, quality of work, and so forth).

2. Behavior: (Overall behavior, referrals to the office, suspensions, and degree of cooperation).

3. Attendance:

4. School Activities / Organizations:

5. Attitude toward school / goals:

- X. AGENCY, POLICE, COURT, AND PROBATION CONTACTS: (Include all contacts, reason for the contact, date of involvement, and reason for discharge. Also include name and position of contact person with each).
- XI. OUT OF HOME PLACEMENTS: (Include all placements outside of the parental home, relatives, hospitals or mental health centers, other group home facilities, and so forth. Also include dates, reasons for placement, and reasons for discharge).
- XII. CHEMICAL USE:
1. Alcohol: (Include age of first use, frequency, and amount).

 2. Controlled Substances: (Include type, age of first use, frequency, and amount).
- XIII. SPECIAL NEEDS: (Include cultural / religious / physical requirements that would need to be met).

RELEASE AGREEMENT FORM

Do not return these forms to the Omaha Home for Boys.

Please send Release of Information form directly to all service providers for the release of their information regarding your son. (For example: School, counselors, psychologists, etc.)

Thank you.

RELEASE OF INFORMATION

I hereby, as the parent/legal guardian of below minor, freely give my consent to:

_____ Agency/School/Hospital

_____ Name of Person Releasing Information

_____ Address

To release the following information:

- Psychological evaluations
 - Scholastic/educational testing/school transcripts
 - Progress reports and recommendations
 - Other data: _____
- _____

Purpose: _____

Effective Date: _____ Date of Expiration: _____

_____ Youth's Full Name:

_____ Birth Date:

TO: Omaha Home for Boys
Attn: Applications/Confidential
4343 North 52nd Street
Omaha, Nebraska 68104

(402) 457-7000

_____ Signature of Parent / Legal Guardian

_____ Date

_____ Address

_____ Phone

**This consent can be withdrawn at any time by the parent or legal guardian.*

**EDUCATION
RELEASE OF INFORMATION
to the Omaha Home for Boys**

I hereby, as the parent/legal guardian of below minor, freely give my consent to:

Agency/School/Hospital

Name of Person Releasing Information

Address

To release the following information:

- Academic Achievement Test results- (grade equivalents, percentile rankings, standard scores from tests such as the CAT, MAT, TerraNova, ITBS, Gates MacGinitie, Stanford, etc.)
- Criterion Referenced Tests (CRT's)
- Transcript
- Grades in progress
- Discipline records
- Most recent Special Education information (IEP and MDT)
- Student Assistance Team records
- Psychological evaluations
- Immunizations
- Other Data: _____

Purpose: _____

Effective Date: _____ Date of Expiration: _____

| | |
|---|----------------|
| Youth's Full Name: | Birth Date: |
| TO: Omaha Home for Boys Attn: Applications/Confidential 4343 North 52nd Street Omaha, Nebraska 68104 | (402) 457-7000 |
| Signature of Parent / Legal Guardian | Date |
| Address | Phone |

**This consent can be withdrawn at any time by the parent or legal guardian.*