



APPLICATION FOR ADMISSIONS
 4343 N. 52nd Street
 Omaha, NE 68104
 Phone: 402-457-7000
 Fax: 402-457-7162

This form is not hosted on a secure website, please print out or save to your hard drive, fill out and fax or email it to the Omaha Home for Boys. Admissions fax machines and email addresses are secure and your information will remain confidential.

APPLICANT/SOCIAL HISTORY

Date:					
First Name:		Middle Name:		Last Name:	
Applicant Address:		City:		State:	ZIP Code:
Applicant Home Phone ()		Work Phone ()		Pager/Cell ()	
Date of birth:	Birthplace:	SSN:	Age:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Height:	Eye Color:	Hair Color:	Visible Scars/Tattoos:		
Ethnic Group:		Religious Preference:			
Name of Individual Completing this Paperwork:				Relationship to Applicant:	

CHEMICAL USE

					Age 1 st used
How often does the applicant use alcohol?	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> seldom	<input type="checkbox"/> never
How often does the applicant use drugs?	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> seldom	<input type="checkbox"/> never
What type of drugs has/does the applicant used?					
How often does the applicant smoke/chew tobacco?	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> seldom	<input type="checkbox"/> never

RELIGION

Denomination:	Where does the applicant attend?				
How often does applicant attend?		Is the applicant involved in youth group? <input type="checkbox"/> YES <input type="checkbox"/> NO			

OTHER:

Does the applicant wet the bed or have accidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If yes, how often?	<input type="checkbox"/> Nightly	<input type="checkbox"/> Couple times/week	<input type="checkbox"/> Once/week	<input type="checkbox"/> Couple times/month		
Does the applicant have a history of fire-setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If yes, please describe the situation(s):						
Does the applicant have a history of cruelty to animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If yes, please describe the situations (s):						

CONTACTS

Who should we contact in case of an emergency?	Name:		Relationship:		
Address:		City:	State:	ZIP Code:	

REASON FOR PLACEMENT

CUSTODY

Death certificates, divorce decrees, court orders etc. must be provided.

Who has custody of the applicant?	Name:				
Home Phone: ()		Work Phone: ()		Pager/Cell: ()	

Address:	City:	State:	ZIP Code:
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List anyone who has visitation rights/restrictions (*death certificates, divorce decrees, court orders etc. must be provided*)

Name:			
Address:	City:	State:	ZIP Code:
Home Phone: ()	Work Phone: ()	Pager/Cell: ()	

PSYCHOLOGICAL EVALUATION

Date of most recent psychological evaluation:	
Name of person conducting the evaluation:	Agency:
Agency Address:	City: State:

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: _____		

INSURANCE

Please list any insurance that would cover the applicant.

Policy Holder:	Policy Holder's Date of Birth:
Policy Holder's SS#:	Policy Holder's Employer:
Company:	Address:
Policy/ID#:	Group #:

MEDICAL HISTORY

List any allergies to medication:	Environmental/Food Allergies:
List 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
		Undergoing dental work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician: ___/___/___			

MEDICATIONS:

List all psychotropic medications applicant is or has taken (i.e., Adderall, Concerta and all current medications.)

Medication Name	Dose/Quantity	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: _____	<input type="checkbox"/> Yes
				Ended: _____	<input type="checkbox"/> No

Parent/Guardian Information (continued)

	Father	Mother	Step-Parent	Step-Parent
Religion				
Date and Place of All Marriages				
Widow/Widower Date				
Date and Places of Divorces				

Relative History:

	Names	DOB	Address	City	State	Zip	Phone
Maternal Grandparents							() () ()
Paternal Grandparents							() () ()
Uncles							() () ()
Aunts							() () ()
Brothers							() () ()
Sisters							() () ()

Social History

I. **REFERRAL BASIS:** (What is the reason and need for placement?)

SCHOOL INFORMATION

Current School:

Address: _____ City: _____ State: _____ ZIP Code: _____

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

If YES, what types of services are provided?

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: ____/____/____				

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.

PARENT/GUARDIAN INFORMATION

	Father	Mother	Step-Parent	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				



RELEASE OF INFORMATION
FOR THE OMAHA HOME FOR BOYS

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

Youth's Full Name: _____ Birth Date: _____

INFORMATION TO BE RELEASED FROM:

Receiving Agency

Receiving Individual

Address

INFORMATION TO BE RELEASED TO:

Omaha Home for Boys
Admissions/Confidential
4343 N 52nd
Omaha, NE 68104
Fax: 402-457-7162

Ongoing Information may be shared between the parties listed above effective _____
This release will automatically expire one year after effective date.

INFORMATION TO BE RELEASED:

Psychological Evaluations Progress Reports/ Recommendations Referral Information
 Scholastic/Educational Testing/ School Transcripts Other: _____

Purpose:

Psychiatric Counseling and Medication Management
 Individual/Family Therapy
 Chemical Dependency Treatment
 Admissions/School Enrollment
 Other: _____

Signature of Parent/Legal Guardian _____ Date: _____