



Shepherd's Home, Inc.
APPLICATION FOR RESIDENCY

FOR OFFICE USE ONLY

Date Rec'd: ____/____/____

Date of Application: ____/____/____

Child's Name: _____
Last Middle First Preferred Name/Nickname

Physical Address: _____
Address City State Zip

If you have lived at the above address for less than six months, provide previous address:

Physical Address: _____
Address City State Zip

Date of Birth: ____/____/____ Birthplace: _____
City State

Age: _____ Gender: _____ Height: _____ Weight: _____ Eye Color: _____

Social Security #: _____ - ____ - _____

Faith: _____ Church Name or Preference: _____

Agency, Contact or Case Manager: _____
First Last

Agency: _____

Reason for agency involvement (if available): _____

Legal Guardian: _____
Last Middle First

Legal Guardian: _____
Last Middle First

Legal Guardian Address: _____
Address City State Zip

Home Phone: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

Father's Name: _____
Last Middle First

Father's Physical Address: _____
Address City State Zip

Home Phone: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

Mother's Name: _____
Last Middle First

Mother's Physical Address: _____
Address City State Zip

Home Phone: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

Proof of Identity, photocopy taken:

- Birth Certificate Adoption Papers Baptismal Paper WITH Parents Names
- Court Order (custody) Guardianship

Custody/Guardianship of the Child: _____

- Photocopy taken of custody document(s) Photocopy taken of government issued ID

Step Parents or Domestic Partners

Please provide information regarding any and all parental figures.

Parental Figure's Name	Relationship to Child (Step parent, guardian, parent's boy/girfriend)	Current Relationship with Applicant (Living in home, Nonexistent, Positive, Negative)	Contact with child permitted?

Siblings Biological or Step

Circle One Full Half Step Adopt	Name	Birth Date	Contact with child permitted?

Medical/Dental/Mental Health

Name	Address	Phone	Date of Last Appointment
DOCTOR:			
DENTIST:			
COUNSELOR:			
OTHER:			

List **all** medications currently or previously taken and any side effects:

List any current medical problems that require treatment, by a physician, dentist, counselor or medication:

Does the child have any allergies? Please list:

Immunization Record (attach photocopy of record ok)

Vaccine	Date

Current School: _____ Grade: _____

Previous Schools Attended:

School	Grade	Address	City	State	Zip

State or Federal Assistance

Source	Period of Eligibility	Circumstance of Eligibility

Child's Court Record

Offense	Date	Result	Location

Noted Behaviors

- Illegal Drug Use/Distribution
- Alcohol Use
- Other _____
- Illegal Drug Distribution
- Suicide Threats/Attempts
- Self-Mutilation
- Acting Out Sexually

List details of checked boxes: _____

Responsible party for medical care costs

Name: _____
Last Middle First

Relationship to child: _____

Address: _____
Address City State Zip

Home Phone: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

Insurance carrier: _____ Policy holder: _____

Policy #: _____ Group #: _____

Dental Insurance: _____ Policy holder: _____

Policy #: _____ Group #: _____

The Shepherd's Home will comply with the Indian Child Welfare Act. This act states "In any child custody proceeding where the court or any party knows or has reason to know that a child who is the subject of the proceedings is the biological child of an Alaskan Native or a member or an Indian tribe, the parties and the court shall provide notice of the proceedings to the child's parent(s) or Indian custodian and to the appropriate Indian tribe, and otherwise comply in full with 25 U.S. C 1901, et seq., and the notice requirements of 25 C.F.R. Section 23.11

The Shepherd's Home does not discriminate on the basis of race, color, gender, sexual orientation, age, religion, disability, veteran's status or national origin in its admission practices.

I swear and attest that all information given in this Application for Residency is true and correct to the best of my knowledge. I understand that if any information is found to be untrue, or has been omitted, after acceptance for residency, Shepherd's Home, Inc. has the right to remove the child/children from residency and I must return the child to my care and/ or accept responsibility for alternative placement.

