



Admissions Coordinator
 4343 N. 52nd St.
 Omaha, NE 68104
 402.457.7000

Program Applying For:
 Residential Care
 Independent Living

APPLICANT/SOCIAL HISTORY

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

First Name:		Middle Name:		Last Name:	
Applicant Address:			City:		State:
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

Please describe the circumstances for needing placement outside of the home.

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:	

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: _____ Ended: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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				

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?)

II. **FAMILY STRUCTURE:** (Give information on the parental relationship, parent's upbringing, education completed, health, alcohol or drug use/abuse, arrests/incarcerations, mental or emotional problems, and so forth. If adopted, please include information regarding the adoption including information on the biological parents, if available.)

III. **DESCRIPTION OF HOME SITUATION:** (Identify everyone residing in the home, type of home, number of bedrooms, general appearance, and what the neighborhood is like.)

IV. **SIBLING RELATIONSHIPS:** (Any problems or difficulties they may have and general relationship with the applicant.)

V. **INTER-FAMILY RELATIONSHIPS:**

1. Rules, regulations, expectations, and discipline used within the family home.

VI. **APPLICANT INFORMATION:** (Please give information regarding birth, early development, interests and activities, employments, and other things that you feel are important.)

VII. **MEDICAL HISTORY:** (Please describe the applicants past, current, and overall health as well as any current or future needs.)

VIII. **COUNSELING/THERAPY:** (Further describe past and future therapy needs.)

IX. **AGENCY, POLICE, COURT, & 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.)

X. **OUT OF HOME PLACEMENTS:** (Provide further information, if applicable.)

XI. **CHEMICAL USE:**

1. Alcohol: (Include amount.)

2. Controlled Substances: (Include type and amount.)

XII. **SPECIAL NEEDS:** (Include cultural/religious/physical requirements that would need to be met.)

XIII. **SCHOOL INFORMATION:**

ARE SPECIAL EDUCATION SERVICES BEING PROVIDED?: YES/NO

(If YES, 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, etc.)

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

3. Attendance:

4. School Activities/Organizations:

5. Attitude towards school/goals:



Family Financial Statement Requirements

Youth Name: _____

Date: _____

The Omaha Home for Boys is committed to providing youth and their families with high quality and effective services. The fairest way to provide high quality and effective service for you and their families is to share the cost of these services with the families. The Omaha Home for Boys uses a sliding scale based on the Family's Annual Gross Income to determine the monthly fee families will contribute for the cost of care and services their son will receive at the Omaha Home for Boys

Below is information that helps the Omaha Home for Boys determine a Family's Annual Gross Income.

Gross Annual Family Income:

(Enter amounts using annual gross/earnings. Please enter "0" if not applicable.)

Annual Gross Pay of Self	
Annual Gross Pay of Spouse	
Annual earnings from Savings	
Annual earnings from Stocks	
Annual earnings from Bonds	
Annual earnings from Real Estate or Rent	
Annual earnings from Escrow Accounts	
Annual earnings from Social Security	
Annual earnings from Disability	
Annual earnings from Death Benefit	
Annual earnings from Adoption Stipend	
Annual earnings from Child Support	

Total Annual Family Income: _____

Supporting Documents:

Omaha Home for Boys will need copies of the following:

- Last three pay stubs of self
- Last three pay stubs of spouse
- Last year's tax return (individual and/or joint)
- Child Support Receipt (if applicable)

**Please return this document and support documents with your application to the Omaha Home for Boys.

Signature _____

Date _____

RELEASE AGREEMENT FORMS

**DO NOT return the following forms to the
Omaha Home for Boys.**

Please send the following Release of Information forms directly to all service providers for the release of their information regarding your son. This would include school, counselors, psychologists, etc.

Thank you,
Admissions Coordinator

**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:

- 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: The Omaha Home for Boys
Name
4343 N. 52nd St.
Street Address
Omaha, NE 68104
City, State, Zip

(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: The Omaha Home for Boys (402) 457-7000
Attn: Applications/Confidential
4343 North 52nd Street
Omaha, Nebraska 68104

_____ Signature of Parent/Legal Guardian Date

_____ Address Phone

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