

# APPLICATION FOR PRTF SERVICES

FROM (person/agency making application)

This complete application, with supporting documentation, provides the information necessary to decide whether to admit the child. If the child is admitted, the documentation relating specifically to admission will be required. If additional space is needed for any question, add an extra sheet or write on the back of the application; be sure to give question number for reference.

## FAMILY INFORMATION:

### CHILD:

|  |              |               |                          |  |
|--|--------------|---------------|--------------------------|--|
| 1. Name:   |              |               | 2. Prefers to be called: |  |
| <i>Last</i>  | <i>First</i> | <i>Middle</i> |                          |  |
| 3. Date of Birth:  | 4. Gender:   | 5. Race:      | 6. Social Security No.:  |  |
| 7. Place of Birth: (City, State or Country):   |              |               | (County):                |  |
| 8. Currently living with: <input type="checkbox"/> Biological Parents <input type="checkbox"/> Relative <input type="checkbox"/> Foster Family <input type="checkbox"/> Other Specify: |              |               |                          |  |

## BIOLOGICAL PARENTS:

|                    |              |               |                          |  |
|--------------------|--------------|---------------|--------------------------|--|
| 9. Father's Name:  |              |               | 10. Social Security No:  |  |
| <i>Last</i>        | <i>First</i> | <i>Middle</i> |                          |  |
| 11. Address:       |              |               | 12. Phone No.:           |  |
| 13. Mother's Name: |              |               | 14. Social Security No.: |  |
| <i>Last</i>        | <i>First</i> | <i>Middle</i> |                          |  |
| 15. Address:       |              |               | 16. Phone No.:           |  |

## CURRENT PARENTAL RELATIONSHIPS: (The persons, if other than biological parents, who will be working in a paternal capacity with child while in care)

|  |              |               |                |  |
|--|--------------|---------------|----------------|--|
| 17. Father's Name:   |              |               |                |  |
| <i>Last</i>  | <i>First</i> | <i>Middle</i> |                |  |
| 18. Relationship to Child: <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Other Specify: |              |               |                |  |
| 19. Address:   |              |               | 20. Phone No.: |  |
| 21. Mother's Name:   |              |               |                |  |
| <i>Last</i>  | <i>First</i> | <i>Middle</i> |                |  |
| 22. Relationship to Child: <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Other Specify: |              |               |                |  |
| 23. Address:   |              |               | 24. Phone No.: |  |

25. Have proceedings been initiated to terminate parental rights for this child's  Mother?  Father?  
If "yes", give the date of the final order terminating paternal rights:

of the Mother: \_\_\_\_\_ of the Father: \_\_\_\_\_

26. Has this child been adopted?  Yes  No If "yes" give date(s) of the final adoption order(s)

## CHILD'S SIBLINGS

27. CHILD'S SIBLINGS (include all half siblings, step siblings, adoptive siblings)

|    | Name | Date of Birth | Relationship | Presently Living With: |
|----|------|---------------|--------------|------------------------|
| 1. |      |               |              |                        |
| 2. |      |               |              |                        |
| 3. |      |               |              |                        |
| 4. |      |               |              |                        |

## CUSTODY:

|                             |  |  |                |  |
|-----------------------------|--|--|----------------|--|
| 28. Name of Legal Guardian: |  |  | 29. Phone No.: |  |
| 30. Address:                |  |  |                |  |

## EDUCATIONAL INFORMATION:

| 31. Latest Standardized Tests: |              |              |            |
|--------------------------------|--------------|--------------|------------|
| Achievement (CAT, etc.)        | Name of Test | Date of Test | Test Score |
|                                |              |              |            |

|  |                               |  |  |
|--|-------------------------------|--|--|
|  |                               |  |  |
|  |                               |  |  |
|  | Mental Ability (WISC-R, etc.) |  |  |
|  |                               |  |  |
|  |                               |  |  |
| 32. Academic strengths:  |                               |  |  |
| 33. Academic weaknesses:   |                               |  |  |
| 34. School Behavioral strengths:   |                               |  |  |
| 35. School Behavioral weaknesses:  |                               |  |  |
| 36. Attitude toward school (not included in above answers):  |                               |  |  |
| 37. Other special needs/talents, including extra-curricular activities and interests:  |                               |  |  |
| 38. Additional school information pertinent to this application:   |                               |  |  |
| <b>SOCIAL HISTORY:</b>   |                               |  |  |
| The following information will help agency staff understand the child's and family's needs and how best to meet these needs. If a written social history is available, it may be substituted for this section: |                               |  |  |
| 39. Tell what is going on in the family at this time. Describe the significant events, which effect this family and child:   |                               |  |  |
|  |                               |  |  |
| 40. Give a brief description of this family's:   |                               |  |  |
| a. Strengths:  |                               |  |  |
|  |                               |  |  |
| b. Weaknesses:   |                               |  |  |
|  |                               |  |  |
| 41. Give a brief description of this child's:  |                               |  |  |
| a. Strengths:  |                               |  |  |
|  |                               |  |  |
| b. Weaknesses:   |                               |  |  |
|  |                               |  |  |
| 42. What and/or who make this child  |                               |  |  |
| a. Glad?   |                               |  |  |
| b. Sad?  |                               |  |  |
| c. Mad?  |                               |  |  |
| d. Fight?  |                               |  |  |
| e. Run?  |                               |  |  |
|  |                               |  |  |
| 43. From what agencies/professional has the family sought or been given help? Specify services and results:  |                               |  |  |
|  |                               |  |  |
| 44. Does this child and/or family have community support systems? If yes, please specify.  |                               |  |  |
|  |                               |  |  |
| 45. Why must this child now live away from his/her parents?  |                               |  |  |
|  |                               |  |  |
| 46. Is there a history of delinquent behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |  |  |
| (If yes, attach description, including history of court involvement and a copy of any court order currently in effect)   |                               |  |  |
|  |                               |  |  |
| 47. Is this child suicidal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach history with description of attempts.  |                               |  |  |
|  |                               |  |  |
| 48. Identify the current needs of the child and family to which the agency is asked to respond:  |                               |  |  |
|  |                               |  |  |
| <b>PLANNING:</b>   |                               |  |  |
| This section requires equal attention to the family and the child in answering the questions.  |                               |  |  |
| 49. What is the permanency plan for this child?  |                               |  |  |
|  |                               |  |  |
| 50. State the goals toward which the family and child are working in order to achieve the permanency plan:   |                               |  |  |
|  |                               |  |  |

|   |       |
|---|-------|
| 51. How will Thompson's PRTF services help the family and child achieve their permanent plan?   |       |
| 52. Identify in the order of your priority all agencies to which this application is being made:  |       |
| 1.  | 3.    |
| 2.  | 4.    |
| 53. Give the name/role of other volunteers/professionals assigned to this child (Guardian ad Litem, Child Advocate, Court Counselor, etc.)          |       |
| Name:   | Role: |
| Name:   | Role: |
| Name:   | Role: |
| Name:   | Role: |
| <b>ATTACHMENTS:</b>   |       |
| 54. The documents listed below are attached to this application as supporting information to assist in the planning for the named child and family. |       |
| a.  | e.    |
| b.  | f.    |
| c.  | g.    |
| d.  | h.    |
| 55. How did you hear about Thompson's PRTF?   |       |

**SIGNATURE (S)**

I (we), the undersigned, hereby apply to Thompson's Child and Family Focus PRTF for services named above on behalf of the named child for whom I (we) hold legal custody and/or placement authority. I (we) certify that the information contained in this application and the attachments is true and accurate to the best of my (our) knowledge. I (we) agree to share additional information pertinent to this application and requested by the agency. I (we) also agree to cooperate with the agency and to support the plan of service to which we mutually agree.

|  |
|--|
| Does any other adult have legal rights to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain:  |

|  |       |
|--|-------|
| Signature of Parent(s) or Legal Custodian: |       |
|  | Date: |
|  | Date: |