***Incomplete applications will not be processed.***

Office Use Only:

Date Recv’d:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CB chk:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I/A Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interview:\_\_\_\_\_\_\_\_

|  |
| --- |
| Baptist Children’s Homes of North Carolina, Inc. • Family Care MinistryAPPLICATION FOR ADMISSIONPO Box 338 • Thomasville, NC 27360**Mills Home in Thomasville: 336-474-1200 • Fax 336-475-4110 ~ Oak Ranch in Sanford: 919-258-5437 • Fax 919-258-5617****Moody Home in Franklin: 828-627-9254 or 828-369-9785 • Fax 828-627-8811 or 828-369-9785****Odum Home in Pembroke: 910-521-3433 • Fax 910-521-1446 ~ Kennedy Home in Kinston: 252-522-0811 • Fax 252-527-4422*****Please answer all questions completely. All information is kept confidential.*** |
| *APPLICANT’S INFORMATION* |  DOB:      | Age:      |
| Last Name: | First Name: |  Middle Name: |
| Maiden Name:       | Other Names Used:      |
| Address (Street/P.O. Box, City, State, Zip):      |
| Home Phone:       | Work Phone:       | Cell Phone:       |
| Safe to leave message: [ ]  Yes [ ]  No | Safe to leave message: [ ]  Yes [ ]  No | Safe to leave message: [ ]  Yes [ ]  No |
| E-mail:       | Other Cities, Counties, States lived:       |
| Safe to leave message: [ ]  Yes [ ]  No |
| Social Security Number:       | Driver’s License or ID #/State:       | Do you have a Driver's License? [ ]  Yes [ ]  No |
| Is your License suspended? [ ]  Yes [ ]  No |
| Are you a U.S. Citizen? [ ]  Yes [ ]  No | Are you eligible to work/go to school in the U.S.? [ ]  Yes [ ]  No |
| Are you able to work/go to school at least 30 hours a week? [ ]  Yes [ ]  No       |
| Race: [ ]  White [ ]  African-American [ ]  Hispanic [ ]  Asian/Pacific Islander [ ]  American Indian/Alaskan native [ ]  Other:      |
| What languages can you speak? [ ]  English [ ]  Spanish [ ]  French [ ]  German [ ]  Other:      |
| Do you attend Church? [ ]  Yes [ ]  No | Church Name:       |
| What are your special interests and abilities?       |
| Have you ever been a past resident in any program at BCH? [ ]  Yes [ ]  No | If yes, when?       |
| Person/Resource referring you to BCH:       |
| ***CURRENT RELATIONSHIP STATUS*** |
| [ ]  Widowed [ ]  Never Married [ ]  Married [ ]  Divorced [ ]  Separated [ ]  Other - please explain:     [ ]  Reconciling - please explain:       |
| Current Spouse/Partner's Last Name:      | First Name:      | Middle Initial:      |
| Spouse/Partner's Employer/Source of Income:       | Length of time in relationship:      |
| Describe your relationship with your spouse/partner:       |
| *LIST PREVIOUS MARRIAGES* |
| Name:  | Marriage Date:  | Divorce Date:  |
|       |       |       |
|       |       |       |
|       |       |       |
| *WHO DO YOU FEEL IS PART OF YOUR SUPPORT SYSTEM?* |
| Name: | Relationship: | City of Residence: | Phone: |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Describe your relationship with your parents:       |
| Describe your relationship with siblings &/or family members:       |
|  ***BACKGROUND INFORMATION*** |
| Have you ever received counseling? [ ]  Yes [ ]  No | Comments:       |
| Do you think that you could benefit from counseling? [ ]  Yes [ ]  No | Comments:       |
| Have you ever had a psychological evaluation? [ ]  Yes [ ]  No | Outcome:       |
| Have you ever been diagnosed with a mental illness? [ ]  Yes [ ]  No | If yes, when and what was the diagnosis?       |
| Have you ever attempted suicide or had suicidal thoughts? [ ]  Yes [ ]  No | If yes, when?       | What were the circumstances?       |
|  |
| Have you ever been hospitalized for a mental or physical illness? [ ]  Yes [ ]  No | If yes, explain:       |
| Did you seek or receive treatment related to the suicidal attempt or thoughts? [ ]  Yes [ ]  No       |
| Have you used drugs in the past? [ ]  Yes [ ]  No | If yes, what substances?       |
| If yes, within the last 90 days? [ ]  Yes [ ]  No | If yes, what substances and how often?       |
| Have you had any alcohol in the past? [ ]  Yes [ ]  No | Comments:       |
| If yes, within the last 90 day? [ ]  Yes [ ]  No | If yes, how often:       |
| Have you ever received treatment (inpatient or outpatient) for substance abuse? [ ]  Yes [ ]  No | If yes, when?       |
| Have you ever been physically or sexually abused? [ ]  Yes [ ]  No | Comments:       |
| What medications are you using?       |
| Have you ever been convicted of a crime (Felony/Misdemeanor)? [ ]  Yes [ ]  No | If yes, explain:       |
| Are there any outstanding warrants, tickets, or pending criminal charges against you? [ ]  Yes [ ]  No | If yes, explain:       |
| Are you on probation? [ ]  Yes [ ]  No | If yes, explain:       |
| ***CHILDREN'S INFORMATION****\*Please check here if you are currently pregnant:* [ ]  *Yes* |
| ***1. Child’s Name:*** | DOB:       | AGE:       |
| Social Security #:      | Sex: [ ]  Male [ ]  Female | Ethnicity:       | Grade:        |
| Immunization Records: [ ]  Yes [ ]  No | Father’s Name:       |
| Daycare/School name and phone #:       | Custody: [ ]  Joint [ ]  Sole(Mother) [ ]  Sole (Father)  |
| What are the child custody/visitation arrangements? (if any):       |
| Has this child ever received counseling? [ ]  Yes [ ]  No | Comments:       |
| Has he/she ever had a psychological evaluation? [ ]  Yes [ ]  No | Outcome:       |
| Does he/she use drugs or alcohol? [ ]  Yes [ ]  No | Comments:       |
| Has he/she used drugs or alcohol before? [ ]  Yes [ ]  No | Comments:       |
| Does he/she use tobacco products? [ ]  Yes [ ]  No | Comments:       |
| Has he/she ever been physically or sexually abused? [ ]  Yes [ ]  No | Comments:       |
| What medications is he/she on?       |
| What hospitalizations has he/she had?       |
| Has he/she ever been convicted of a crime? [ ]  Yes [ ]  No (Please explain.)       |
| Is he/she on probation or in any legal trouble? [ ]  Yes [ ]  No (Please explain.)       |
| ***2. Child’s Name:*** | DOB:       | AGE:       |
| Social Security #:      | Sex: [ ]  Male [ ]  Female | Ethnicity:       | Grade:        |
| Immunization Records: [ ]  Yes [ ]  No | Father’s Name:       |
| Daycare/School name and phone #:       | Custody: [ ]  Joint [ ]  Sole(Mother) [ ]  Sole (Father) |
| What are the child custody/visitation arrangements? (if any):       |
| Has this child ever received counseling? [ ]  Yes [ ]  No | Comments:       |
| Has he/she ever had a psychological evaluation? [ ]  Yes [ ]  No | Outcome:       |
| Does he/she use drugs or alcohol? [ ]  Yes [ ]  No | Comments:       |
| Has he/she used drugs or alcohol before? [ ]  Yes [ ]  No | Comments:       |
| Does he/she use tobacco products? [ ]  Yes [ ]  No | Comments:       |
| Has he/she ever been physically or sexually abused? [ ]  Yes [ ]  No | Comments:       |
| What medications is he/she on?       |
| What hospitalizations has he/she had?       |
| Has he/she ever been convicted of a crime? [ ]  Yes [ ]  No (Please explain.)       |
| Is he/she on probation or in any legal trouble? [ ]  Yes [ ]  No (Please explain.)       |
| ***3. Child’s Name:*** | DOB:       | AGE:       |
| Social Security #:      | Sex: [ ]  Male [ ]  Female | Ethnicity:       | Grade:        |
| Immunization Records: [ ]  Yes [ ]  No | Father’s Name:       |
| Daycare/School name and phone #:       | Custody: [ ]  Joint [ ]  Sole(Mother) [ ]  Sole (Father) |
| What are the child custody/visitation arrangements? (if any):       |
| Has this child ever received counseling? [ ]  Yes [ ]  No | Comments:       |
| Has he/she ever had a psychological evaluation? [ ]  Yes [ ]  No | Outcome:       |
| Does he/she use drugs or alcohol? [ ]  Yes [ ]  No | Comments:       |
| Has he/she used drugs or alcohol before? [ ]  Yes [ ]  No | Comments:       |
| Does he/she use tobacco products? [ ]  Yes [ ]  No | Comments:        |
| Has he/she ever been physically or sexually abused? [ ]  Yes [ ]  No | Comments:       |
| What medications is he/she on?       |
| What hospitalizations has he/she had?       |
| Has he/she ever been convicted of a crime? [ ]  Yes [ ]  No (Please explain.)       |
| Is he/she on probation or in any legal trouble? [ ]  Yes [ ]  No (Please explain.)       |
| ***4. Child’s Name:*** | DOB:       | AGE:       |
| Social Security #:      | Sex: [ ]  Male [ ]  Female | Ethnicity:       | Grade:        |
| Immunization Records: [ ]  Yes [ ]  No | Father’s Name:       |
| Daycare/School name and phone #:       | Custody: [ ]  Joint [ ]  Sole(Mother) [ ]  Sole (Father) |
| What are the child custody/visitation arrangements? (if any):       |
| Has this child ever received counseling? [ ]  Yes [ ]  No | Comments:       |
| Has he/she ever had a psychological evaluation? [ ]  Yes [ ]  No | Outcome:       |
| Does he/she use drugs or alcohol? [ ]  Yes [ ]  No | Comments:       |
| Has he/she used drugs or alcohol before? [ ]  Yes [ ]  No | Comments:       |
| Does he/she use tobacco products? [ ]  Yes [ ]  No | Comments:       |
| Has he/she ever been physically or sexually abused? [ ]  Yes [ ]  No | Comments:       |
| What medications is he/she on?       |
| What hospitalizations has he/she had?       |
| Has he/she ever been convicted of a crime? [ ]  Yes [ ]  No (Please explain.)       |
| Is he/she on probation or in any legal trouble? [ ]  Yes [ ]  No (Please explain.)       |
| ***PARENT AND CHILD STATUS*** |
| Are you pregnant? [ ]  Yes [ ]  No | If yes, due date:       |
| Do you have any children not listed? [ ]  Yes [ ]  No  | If yes, explain:       |
| Does CPS have custody of any of your children? [ ]  Yes [ ]  No | If yes, explain:       |
| Are you or have you been involved with CPS? [ ]  Yes [ ]  No | If yes, explain:       |
| Describe how your children get along with friends/teachers at school:       |
| Describe your children’s personality and behavior:       |
| Describe your relationship with your children:       |
| How do your children feel about the idea of coming into the Family Care Ministry?       |
| Other comments about your children:       |
| ***LIST PREVIOUS ADDRESSES*** (Beginning with the most recent.)  |
| Complete Address: | Dates: | Reason for moving: |
| 1.       |       |       |
| 2.       |       |       |
| 3.       |       |       |
| ***LIST 6 CHARACTER REFERENCES***  (Only use one family member and one friend. Please include probation officers, CPS workers, case managers, and/or counselors who you have current contact with. Others may include coworkers, landlords, etc.) |
| Name: | Relationship: | Phone: | Name: | Relationship: | Phone: |
| 1.       |       |       | 4.       |       |       |
| 2.       |       |       | 5.       |       |       |
| 3.       |       |       | 6.       |       |       |
| EDUCATION |
| Grade in School Completed:       | Do you have a H.S. Diploma or GED? [ ]  Yes [ ]  No       |
| Describe any job training or education you have completed:       |
| Are you currently enrolled in an education program? [ ]  Yes [ ]  No | If yes, where:       |
| Have you ever received a loan for educational purposes? [ ]  Yes [ ]  No | If yes, please list:       |
| Are you in default on any of these loans listed? [ ]  Yes [ ]  No | If yes, please explain:       |

|  |
| --- |
| ***WORK HISTORY*** (List employment beginning with most recent.) |
| 1. Business Name:  | Address: | Phone: | Supervisor: | Dates Employed: |
|       |       |       |       |       |
| Position(s) Held: | Hourly Wage: | Monthly Pay: | Reason for Leaving: |
|       |       |       |       |
| 2. Business Name: | Address: | Phone: | Supervisor: | Dates Employed: |
|       |       |       |       |       |
| Position(s) Held: | Hourly Wage: | Monthly Pay: | Reason for Leaving: |
|       |       |       |       |
| 3. Business Name: | Address: | Phone: | Supervisor: | Dates Employed: |
|       |       |       |       |       |
| Position(s) Held: | Hourly Wage: | Monthly Pay: | Reason for Leaving: |
|       |       |       |       |
| 4. Business Name: | Address: | Phone: | Supervisor: | Dates Employed: |
|       |       |       |       |       |
| Position(s) Held: | Hourly Wage: | Monthly Pay: | Reason for Leaving: |
|       |       |       |       |
| *TRANSPORTATION* |
| Do you have a car? [ ]  Yes [ ]  No | Year Model:       | Make:       | Model:       | Color:       |
| License Plate #:      | Insurance Co.:       | Value:$      | Running Condition:      |
| If you do not have a car, what are your plans for transportation?       |
| *Explain your family’s current circumstances and your needs.*       |
|  |
|  |
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| --- |
| ***What do you want to accomplish by moving to Family Care?***       |
|  |
|  |
|  |
|  |

THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MAKING FALSE STATEMENTS OR BEING UNTRUTHFUL AT ANY TIME WILL RESULT IN TERMINATION OF BCH SERVICES.

|  |  |
| --- | --- |
|       |        |

Client/Applicant Signature Date

 Once this application is submitted, the Family Care Ministry Intake Coordinator will be contacting you and working through the intake process. Through that process, it will be determined if residence at BCH is appropriate for you and your family.

**Baptist Children’s Homes of NC, Inc.**

www.bchfamily.org

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Case #: \_\_\_\_\_\_\_\_\_\_\_\_\_

**FCM CONSENT FOR RELEASE OF INFORMATION**

The undersigned, as legal custodian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorizes the release of the following specified information:

(CHECK information to be released and/or requested and have custodian INITIAL)

\_\_\_\_ Medical evaluation \_\_\_\_ Medical record

\_\_\_\_ Psychiatric evaluation \_\_\_\_Psychological evaluation

\_\_\_\_ Social history \_\_\_\_ Admission summary

\_\_\_\_ Educational Data \_\_\_\_ Treatment summary

\_\_\_\_ Achievement test results \_\_\_\_ Discharge summary

\_\_\_\_ Case conference (one time or ongoing)

\_\_\_\_ Financial information

\_\_\_\_ Laboratory results for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose for which the information is to be used:­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to the release of information for above named resident for medical billing purposes.

I consent to mutual sharing of information between

Baptist Children's Homes of NC, Inc. and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency and Individual

I understand the information to be released, the need for the information, and that the release is given freely, voluntarily, and without coercion.

I understand that this information once shared/received by

Baptist Children's Homes of NC, Inc. and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency and/or Individuals

will not be re-disclosed to any other agency without my written consent. I also understand that there are statutes and regulations protecting the confidentiality of authorized released information.

This release is to be used only for the one-time release of the specified information noted above and for the purpose stated above, and that the authorization expires once the release of information process has been completed, not to exceed 365 days. The legal custodian may withdraw this consent at anytime prior to the release of information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Custodian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BCH Representative Signature and Title Date

|  |
| --- |
| **Family Care Ministry Application for Admission** |
| **Financial Overview Worksheet** |
|  |

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| --- |
|  |

 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Monthly Income** |  | **Total** |  |  |
| Take Home Pay |       |  | **INCOME VS.**  |        |  |  |
| Child Support |       |  | **EXPENSES (A - B)** | $0.00 |  |  |
| Social Security |       |  |  |  |  |  |
| SSI (disability) |       |  |  |  |  |  |
| TANF |       |  | **Debt** |
| CCMS (value) |       |  |   | AmountOwed | Monthly Payments | Amount Past Due |
| Food Stamps or WIC |       |  |   |  |  |  |
| Other |       |  | School Loans |       |       |       |
| **A. Total Monthly** |       |  | Car Loans |       |       |       |
| **Income** | $0.00 |  | Real Estate |       |       |       |
|  |  |  | Broken Lease/Evictions |       |       |       |
| **Monthly Expenses** |  | Utilities |       |       |       |
| Tithe (Church offering)  |       |  | Bank/Pay Day Loans |       |       |       |
|  Housing Rent/Payment |       |  | Credit Cards |       |       |       |
|  Housing Taxes |       |  | Family/Friends |       |       |       |
|  Housing Electricity |       |  | Medical  |       |       |       |
|  Housing Gas |       |  | Other |       |       |       |
|  Housing Water |       |  | **Totals** |       |       |       |
|  Telephone |       |  |  | **$0.00** | **$0.00** | **$0.00** |
|  Housing Maintenance |       |  |  |  |  |  |
| Food (cost) |       |  |  |  |  |  |
| Auto Payments |       |  | **Assets** |  |  |
|  Auto Gas |       |  |   | $ Value |  |  |
| Auto Repairs |       |  | Cash on Hand |       |  |  |
| Auto Insurance |       |  | Checking Balance |       |  |  |
|  Life Insurance |       |  | Savings Balance |       |  |  |
|  Health Insurance  |       |  | Real Estate |       |  |  |
| Day Care (cost) |       |  | Furniture |       |  |  |
| Entertainment |       |  | Household Goods |       |  |  |
| Clothing |       |  | Other Major Items |       |  |  |
| Savings |       |  | **Total Assets** |       |  |  |
| Medical Expenses |       |  |  |  |  |  |
|  Cosmetics |       |  |  |  |  |  |
|  Hair |       |  |  |  |  |  |
|  Laundry |       |  |  |  |  |  |
|  Education |       |  |  |  |  |  |
|  Other |       |  |  |  |  |  |
| **B. Total Monthly** |       |  |  |  |  |  |
| **Expenses** | $0.00 |  |  |  |  |  |

**Baptist Children’s Homes of NC, Inc. (BCH)**

**FAMILY CARE MINISTRY EXPECTATIONS**

The Family Care Ministry serves mothers and their children who are in transition. The mother must be at least 18 years old and have custody of her children. The goal of the program is for families to gain self-sufficiency and have the emotional, relational, and practical skills to retain it. This is accomplished most successfully by setting and reaching goals with the support of Family Care Ministry Staff. Families will be expected to participate in case management and therapeutic services. Each family’s length of stay is different and determined by progress made in the program.

# EMPLOYMENT/EDUCATION

1. Clients will be expected to work and/or go to school for at least 30 hours per week.
2. If clients enter the program and are not yet meeting the 30 hour minimum requirement, she will be expected to search for a job and do volunteer work. Clients will turn in activity logs to their Family Care Workers on a regular basis until employment/education is in place.
3. While job searching, clients are expected to be up and searching for a job online or in the community (or volunteering) by 9 am Monday through Friday. Once 30 hours a week of employment is secured, clients need to communicate with their Family Care Worker about their weekly schedule. Day care will be discussed on a case by case basis.

# COUNSELING

1. Family Care will provide each adult client with counseling services, should the client accept this service. It is highly recommended.
2. If a client wants counseling for her children, the client should discuss this with her Family Care Worker. Most clients attend counseling in the community.

# SAVINGS/SPENDING PLAN

1. Each client is expected to work closely with her Family Care Worker in developing a savings and spending plan.
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# HOUSEKEEPING

1. Rotation Chore Chart. The Family Care Workers assign appropriate tasks. Clients initial their completed tasks daily.

2. Dirty laundry should not accumulate. Bed sheets should be changed weekly or more often if needed. Crib sheets should be changed as often as needed. Personal items must be removed from the washer and dryer as soon as cycle is completed. Both detergent and dryer sheets should be used conservatively.

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6. Candles, incense, or anything burnable, are not to be used in the cottage.

7. All personal furniture should be stored. Clients’ furniture will not be allowed in the cottage, with the exception of a small TV. The Family Care Worker may use her discretion to determine appropriate size of TV. VCR &/or DVD combos are acceptable.

# VISITORS

l. All visitors (family, friends, ministers) to the cottage require staff approval in advance.

2. Other than approved family members, **no male visitors** will be allowed on campus. Family Care Worker or Program Supervisor must approve any exceptions to this rule.

3. No approved visitors are allowed after 8:00 PM.

4. No overnight guests are allowed.

5. If supervised child visitation exchanges are needed, they may be made off campus/off site.

# SUPERVISION & CARE OF CHILDREN

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If an unsafe or hazardous situation happens, the Family Care Worker may intervene. The Family Care Workers are trained in Managing Aggressive Behavior and may deem physical restraint necessary to protect young children.

2. Children may not be left overnight without mother.

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4. Children are to be in the cottage by 8:30 pm on school nights unless other arrangements have been made with resident staff. Teenagers who have extended study needs, extracurricular school/church activities, or work schedules may make special arrangements with the resident staff. **Bed times** are as follows: 8:30 pm – preschool through kindergarten; 9:00 pm elementary; 9:30 pm middle school; 10:00 pm high school.

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7. Clients are encouraged to learn and implement non-physical means for disciplining their children. Staff is obligated by law to report any suspected child abuse.

8. Precaution should be taken by mothers to supervise children when playing near pasture fencing or roads and to not allow children near the road or fence.

# GENERAL RULES

l. **Offensive language** will not be tolerated.

2. In order to support an environment that promotes the best interests of others, it is imperative that **residents refrain from the use of alcohol and/or illegal substances**. At no time while a client or resident is on BCH property are they permitted to be under the influence or have in their possession alcohol or illegal substances. Clients will expect to receive random drug tests.

3. BCH is a smoke free agency; however, it has been approved that for the family care program, **smoking will only be permitted in designated areas**.  If your children are not properly supervised during your smoking times, smoking privileges may stop.  Infants and toddlers must be in sight during smoking times.  You will be written-up if your children are not properly supervised during your smoking times. Family Care encourages healthy smoking withdrawal by using patches, etc.  Please contact your Family Care Worker if you are interested in smoking cessation. Smoking is not permitted inside facilities. Keep cigarettes and lighters out of sight and reach of children at all times.

4. **No explosive materials, firearms, BB guns or projectiles** are allowed on campus.

5. **Curfew on Friday and Saturday nights is 12:00 midnight**. Exceptions always need to be approved in advance.

6. Friday and Saturday nights are the only nights that may be spent off campus. These must be approved in advance. Clients are to complete the “**Request To Be Away From Cottage Overnight**” form so staff will know how to reach the client in case of an emergency. Approval will only be denied if weekend activities interfere with progress toward Plan of Service goals. Holidays that occur during the week require a separate approval.

7. **Services and supplies** are for the explicit use of residents and not friends or other family members.

8. **No incoming telephone calls after 9:00 PM**. Phone calls need to be limited to ten minutes.

9. **No long distance calls** without staff approval. You may call your party collect.

10. Families are encouraged to attend a local **Christian church on Sundays**.

11. All **medications** need to be kept out of reach of children. Clients are to keep and maintain logs of all prescription drugs and medicine. These logs should be kept up to date and kept with medicine.

12. **Bike helmets** need to worn by all children and adults while doing any “wheeled” activity on campus. They are provided in the cottage. Helmets are to be treated with anti-lice spray and antiseptic solutions.

13. **Driver safety rules** must always be followed, such as use of seat restraints.

14. Clients need to **dress modestly**, especially in cottage common areas.

a. Robe covering pajamas.

b. Shorts covering posterior.

c. Professional dress for job interviews.

d. **No sunbathing** on property, only at a community recreation area.

16. Clients are asked to be considerate of **off-duty Family Care Workers**. Resident Managers should not be contacted on the weekend. Any “emergencies” should be directed to the Director on Duty at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. All cottage business that is not considered an emergency should wait until return of cottage Family Care Worker on Monday mornings.

Resident Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FCM Worker Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*BCH's copy\*\*

**FAMILY CARE MINISTRY RESIDENTIAL PROGRAM**

# Admissions Checklist for Applicant

Copies of the following documentation are required prior to admission to the Family Care Ministry. **An appointment is set after receipt of a completed application. Bringing the following with you to your intake appointment will speed up the process should you be accepted into our Program:**

\_\_\_\_\_\_\_\_\_\_ Birth Certificates for each family member

\_\_\_\_\_\_\_\_\_\_ Social Security Card for each family member

\_\_\_\_\_\_\_\_\_\_ Immunization Records for each child

\_\_\_\_\_\_\_\_\_\_ GED Certificate/High School Diploma/College Transcript or Diploma\*

\_\_\_\_\_\_\_\_\_\_ Current Driver’s License or State Picture ID

\_\_\_\_\_\_\_\_\_\_ Automobile Insurance Certificate

\_\_\_\_\_\_\_\_\_\_ Automobile Registration Number

\_\_\_\_\_\_\_\_\_\_ Divorce Decree \*

\_\_\_\_\_\_\_\_\_\_ Restraining Order \*

\_\_\_\_\_\_\_\_\_\_ Documentation of negative TB test within last 60 days for each adult

**Following completed before or at placement in the Family Care Ministry at BCH:**

\_\_\_\_\_\_\_\_\_\_ Criminal Background Check for family members age 14 years and up

\_\_\_\_\_\_\_\_\_\_ Application

\_\_\_\_\_\_\_\_\_\_ Admission Profile

\_\_\_\_\_\_\_\_\_\_ Drug Screen Results

\_\_\_\_\_\_\_\_\_\_ Plan of Service

\_\_\_\_\_\_\_\_\_\_ Residential Agreement

\_\_\_\_\_\_\_\_\_\_ Grievance Policy

\_\_\_\_\_\_\_\_\_\_ Money Management Agreement

\_\_\_\_\_\_\_\_\_\_ Transportation/Medical Emergency Consent

\_\_\_\_\_\_\_\_\_\_ Consent for Pictures

\_\_\_\_\_\_\_\_\_\_ Counseling Agreement

\_\_\_\_\_\_\_\_\_\_ Adolescent Agreement\*

\* If applicable

***PLEASE TAKE THIS FORM AND THE FOLLOWING PAGES WITH YOU FOR YOUR RECORDS***

**Baptist Children’s Homes of NC, Inc. (BCH)**

**FAMILY CARE MINISTRY EXPECTATIONS**

The Family Care Ministry serves mothers and their children who are in transition. The mother must be at least 18 years old and have custody of her children. The goal of the program is for families to gain self-sufficiency and have the emotional, relational, and practical skills to retain it. This is accomplished most successfully by setting and reaching goals with the support of Family Care Ministry Staff. Families will be expected to participate in case management and therapeutic services. Each family’s length of stay is different and determined by progress made in the program.

# EMPLOYMENT/EDUCATION

1. Clients will be expected to work and/or go to school for at least 30 hours per week.
2. If clients enter the program and are not yet meeting the 30 hour minimum requirement, she will be expected to search for a job and do volunteer work. Clients will turn in activity logs to their Family Care Workers on a regular basis until employment/education is in place.
3. While job searching, clients are expected to be up and searching for a job online or in the community (or volunteering) by 9 am Monday through Friday. Once 30 hours a week of employment is secured, clients need to communicate with their Family Care Worker about their weekly schedule. Day care will be discussed on a case by case basis.

# COUNSELING

1. Family Care will provide each adult client with counseling services, should the client accept this service. It is highly recommended.
2. If a client wants counseling for her children, the client should discuss this with her Family Care Worker. Most clients attend counseling in the community.

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\*\*Applicant's copy\*\*