



WESTVIEW BOYS' HOME

P.O. Box 553 ☐ HOLLIS, OK 73550 ☐ PHONE (580) 688-9281 FAX (580) 688-2669
www.westviewboyshome.com

Dear Parent or Guardian,

Thank you for considering Westview Boys' Home as a possible placement for your boy. The state of Oklahoma licenses Westview as a "Residential Child Care Facility," not a "therapeutic" or "treatment" facility. This means that Westview accepts boys who are able to live in group care. The placement decision is an agreement among the boy, his legal guardian, and Westview staff. Boys must agree to be at Westview and obey the rules. Westview will not accept a boy who refuses placement. A boy must be of school age and be able to make it in a public school in order to be at Westview. Westview does not have a private school. Westview does not assume custody of a boy; custody remains with the parents, guardian, or court. Westview will keep a boy beyond the age of 18 if he is doing well and wishes to remain under our rules and supervision until graduation. After high school, Westview helps boys make the transition to adult life.

We have designed Westview to help many boys, but not all boys. We do **not** accept boys diagnosed with a major mental illness or Pervasive Developmental Disorder, boys who are habitually violent, or boys who have an IQ below 80. We have accepted many boys who are diagnosed with ADHD. When in doubt, ask.

INSTRUCTIONS FOR APPLICATION

Please follow the instructions below to apply for the placement of your child. **EACH ITEM IS ESSENTIAL.** Please do not expect placement without a **complete** application, answering **all** application questions. Give special attention to the question asking why your child needs placement outside of the home. After completing these forms, mail or fax the application to our office along with the following papers (check them off when you have them):

- Social Security Card (original or photocopy)
- Current immunization record (including boosters)
- Psychological Evaluation
 - completed within the last 6 months
 - evaluation of the following:
 - The boy's ability to function in a group home setting
 - Projective/personality testing
 - IQ
 - Recommendations for counseling, etc.
- Current School Records
 - Transcript if in High school
 - Current grades
 - Copy of his Individualized Education Plan, if he has one
- Birth Certificate (or photocopy)
- Legal Custody Papers (divorce decree, adoption papers, papers giving custody or guardianship, etc.)
- Court Order and or Probation Conditions (if applicable)

Our staff will evaluate this information, and notify you whether Westview would be an appropriate placement. If we require a personal interview, we will call to schedule it. If you, your child, or Westview has any reservations about placing your child after the interview, we will delay any intake until all issues are resolved. Westview will not share, sell or distribute any information gathered through your application.

Sincerely,

Shiann Metheny, MSMFT, LPC
wbhcounselor@gmail.com

WESTVIEW BOYS' HOME

P.O. Box 553
Hollis, OK 73550-0553
Office (580) 688-9281 FAX (580) 688-2669

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Child's Name

Date of Birth

Social Security Number

I understand that my records are protected under the Federal and State Confidentiality Regulations and can not be released without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time unless action has already been taken based upon it, and that in any event, this consent expires automatically as described below.

The information authorized for release may include information which may be considered information about communicable or venereal diseases which may include but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

This consent expires: UPON TRANSMITTAL OF INFORMATION

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Executed this _____ day of _____ 20_____.

Signature of Child

Witnesses Signature

Signature of Parent, Guardian, or Authorized Representative

FOR OFFICAL USE ONLY:

I authorize: _____

to release to: _____

the following information: _____

for the following purpose(s): EVALUATION/POSSIBLE PLACEMENT

Date Mailed: _____

WESTVIEW BOYS' HOME
STANDARD APPLICATION FOR ADMISSION

Applicant's Name: _____ Social Security Number: _____

Present Address: _____ County: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Race: _____ Complexion: _____

Height: _____ Weight: _____ Color of Eyes: _____ Hair Color: _____

Primary Guardian/Caretaker Information

Name: _____ Relationship to Applicant: _____ Social Security Number: _____

Present Address: _____ Phone: _____

Place of Employment: _____ Phone: _____

Date of Birth: _____ Birthplace: _____ Nationality: _____ Race: _____

If Deceased: Date of Death: _____ Place of Death: _____ Cause: _____

Secondary/Shared Guardian/Caretaker Information:

Name: _____ Relationship to Applicant: _____ Social Security Number: _____

Present Address: _____ Phone: _____

Place of Employment: _____ Phone: _____

Date of Birth: _____ Birthplace: _____ Nationality: _____ Race: _____

If Deceased: Date of Death: _____ Place of Death: _____ Cause: _____

Parent Information (if different from Guardian/Caretaker):

Father's Name: _____ Social Security Number: _____

Present Address: _____ Phone: _____

Place of Employment: _____ Phone: _____

Date of Birth: _____ Birthplace: _____ Nationality: _____ Race: _____

If Deceased: Date of Death: _____ Place of Death: _____ Cause: _____

Mother's Name: _____ Social Security Number: _____

Present Address: _____ Phone: _____

Place of Employment: _____ Phone: _____

Date of Birth: _____ Birthplace: _____ Nationality: _____ Race: _____

If Deceased: Date of Death: _____ Place of Death: _____ Cause: _____

Additional Information about Applicant:

Name he prefers to be called: _____ Current School Grade: _____

Emergency Contact Information: _____

FAMILY INFORMATION:

	Birth Father	Birth Mother Mother	Primary Guardian (if different from parent)	Secondary/Shared Guardian (if different from Parent)
Relationship to Applicant				
Full Name				
Religious History				
Education Completed				
Work Hours				
No. of Marriages				
No. of Divorces				
Health Problems				
Legal issues				
Emotional Problems				

Extended FAMILY INFORMATION:

Father's Parents:

Name: _____ Telephone Number: _____

Address: _____
Street City State Zip

Mother's Parents:

Name: _____ Telephone Number: _____

Address: _____
Street City State Zip

Nearest Relative:

Name: _____ Telephone Number: _____

Address: _____
Street City State Zip

Child's Brothers (please note if step/half/full sibling):

Name & Date of Birth

Child's Sisters (please note if step/half/full sibling):

Name & Date of Birth

FINANCIAL DISCLOSURE STATEMENT:

MONTHLY INCOME:

Guardians' Earned Income _____
Unemployment _____
Child Support _____
Other _____
Applicant's Income _____

MONTHLY EXPENSES

Rent/Mortgage	_____	Recreation	_____
Education Expenses	_____	Groceries	_____
Utilities	_____	Child Support	_____
Savings	_____	Medical Payments	_____
Telephone	_____	Installment Payments	_____
Clothing	_____	Insurance Payments	_____
Vehicle Expenses	_____	Other	_____
TOTAL EXPENSES:			_____

FINANCIAL SUPPORT:

List monthly amount our agency can expect to assist in your child's support.

Social Security \$_____ Monthly
Veteran's Administration \$_____ Monthly
Parental Contribution \$_____ Monthly
Other \$_____ Monthly
TOTAL \$_____ Monthly

MEDICAL INFORMATION:

INSURANCE:

Name of Insurance Company: _____
Policy Number: _____ Certificate Number: _____
Type of coverage: _____ Effective Date: _____
Name of Person who carries the insurance: _____ Date of Birth of carrier: _____
Special Instructions for Use: _____

BOY'S MEDICAL HISTORY

PAST ILLNESSES and/or OPERATIONS (give dates)

_____ Measles _____ Diphtheria _____ Appendix
_____ Rubella _____ Tonsillitis _____ Hernia
_____ Mumps _____ Tuberculosis _____ Tonsils Removed
_____ Chicken Pox _____ Diabetes _____ Venereal Disease
_____ Scarlet Fever _____ Rheumatic Fever
_____ Major Injury, Operation or Broken Bones? (Specify & Explain) _____

Result of treatment for any item above: _____

Please list any other medical issues/problems not noted above: _____

Is this child presently taking any medication? _____ If yes, give the name of the medication, and reason for taking it:

How long is this medication to be continued? _____

Has this child ever had a blood transfusion? _____ If yes, when and why? _____

Explain briefly any dental problems this child has: _____

What needs to be done to correct these dental problems? _____

Does this child wear glasses? _____ If yes, how long since eyes were examined? _____

List any medications, food, or other items to which this child is allergic: _____

Pregnancy and Early Development:

Please describe any difficulties during pregnancy and delivery: _____

What, if any, substances were taken in pregnancy (tobacco/alcohol/drugs): _____

At what age did Applicant learn to:

Walk _____ Talk _____ Start School _____

Family Illnesses

If any family member has, or had illness, please indicate with an "X"

	Applicant	Father	Mother	Sister	Brother	Grandparent
Birth Defect						
Speech/Hearing Problem						
Epilepsy or Seizures						
Cancer						
Asthma						
Tobacco Addiction						
Drug Addiction						
Alcoholism						
Mental Retardation						
Heart/Respiratory Disease						

**** If you need additional space, attach a separate sheet. ****

List every family setting in which this child has lived (from birth to present age). Specify the relationship of the person caring for the child (Natural Parents, Grandparents, Foster Homes, other children's homes, etc.)

Age	Age
0-1 _____	9-10 _____
1-2 _____	10-11 _____
2-3 _____	11-12 _____
3-4 _____	12-13 _____
4-5 _____	13-14 _____
5-6 _____	14-15 _____
6-7 _____	15-16 _____
7-8 _____	16-17 _____
8-9 _____	17-18 _____

List any out of home placements the applicant has been in (hospitals, foster care, etc) please list dates and reasons:

Is there any history of alcohol or drug dependency by either this child or any other family member? _____

Describe the involvement: _____

Has your child been involved in cults, and/or gangs? _____

Has your child been involved with unlawful activity? (shoplifting, robbery, vandalism, etc.) Please give dates and number of times:

Has your child ever been physically or sexually abused? If so, describe the abuse and events leading to it.

What do you feel are your family's strengths? _____

What do you feel are your family's weaknesses? _____

REASON FOR REQUEST:

Check the problem areas making your request for placement necessary.

NOTE: Please attach additional pages in order to answer these questions.

- | | | |
|---|---|---|
| <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Overactive |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Lies | <input type="checkbox"/> Eating Problems |
| <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Sexually Preoccupied | <input type="checkbox"/> Under Active |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Homosexual Behavior | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Sucks Thumb | <input type="checkbox"/> Bizarre Behavior | <input type="checkbox"/> Fights |
| <input type="checkbox"/> Chews Objects | <input type="checkbox"/> Fearful | <input type="checkbox"/> Bites Nails |
| <input type="checkbox"/> Whines | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Day Dreams |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Steals | <input type="checkbox"/> Sleeping Problems |
| <input type="checkbox"/> Use of Weapons | <input type="checkbox"/> Striking Others | <input type="checkbox"/> Lack of Bowel Control |
| <input type="checkbox"/> Sexual Acting Out | <input type="checkbox"/> Property Destruction | <input type="checkbox"/> Suicidal Attempts or Threats |

Friends: _____ Has Many _____ Has Few _____ Has None

Additional information from above and other reasons for seeking admission not yet noted:

Please describe specifics about any substance use. Please include the substance, frequency of use, et al:

Drugs used by Applicant: _____

Alcohol used by Applicant: _____

Tobacco used by Applicant: _____

SCHOOL INFORMATION

Last School Attended: _____
Name Address City State Zip

Principal: _____
Name Telephone Number

Counselor: _____
Name Telephone Number

Describe your child's education. List schools attended. Give a summary of:

Grades Earned: _____

Relationship to teachers: _____

Relationship to other students: _____

Behavioral problems: _____

List any suspensions from school and give reasons: _____

Has Applicant repeated a grade in school? _____ If yes, which? _____

Is Applicant in any Special Education classes? _____ Does Applicant have an Individualized Education Plan? _____

Please describe any learning difficulties the applicant has: _____

Is Applicant in an alternative education class/school? _____ If so, when is he expected to complete his time? _____

Behavioral History and Corrective Action Information:

When did your child's present problems begin to occur? _____

Describe previous attempts at correction: _____

What method(s) of correction seems most effective? _____

What method(s) of correction seems least effective? _____

GENERAL INFORMATION:

Other agencies involved: (For example, Child Welfare, Juvenile Court/Probation, Mental Health Clinics, Psychologists)

Agency

Worker's Name *Phone*

Agency

Worker's Name *Phone*

Agency

Worker's Name *Phone*

Agency

Worker's Name *Phone*

Agency

Worker's Name *Phone*

Agency

Worker's Name *Phone*

CONTACT RESTRICTIONS:

List any individuals who may NOT have contact with your child if admitted into our care and his/her relationship to the applicant.

FAMILY CONCERNS:

Are all guardians in agreement about placement in our care? _____

What changes do you expect in your child in order to return home? _____

What changes can we expect in the parent(s) living, marital, financial, and home environment in order for the child to return?

PERSONALITY – INTEREST QUESTIONNAIRE

APPLICANT NEEDS TO FILL OUT THIS PAGE

Your parents or guardians are in the process of making application for you to be admitted to our program. It is important that you have a say in this process. If you would answer the following questions, it would help us to know your feelings about coming to stay with us.

Do you want to come? _____

Why or why not? _____

Complete the following sentences:

The thing I like most is _____

Men _____

The thing I hate most is _____

I make friends _____

A mother _____

My personality is _____

My interests and hobbies are _____

A father _____

I feel _____

People _____

The happiest time _____

Women _____

Younger children _____

If I had 3 wishes, they would be _____