



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 77. We **do** accept some boys diagnosed with ADD or 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
 - o completed within the last 6 months
 - o may be obtained through the health department
 - o evaluation of the following
 - The boy's ability to function in a group home setting
 - IQ
 - Other psychological testing
 - Recommendations for counseling, etc.
- Current School Records
- 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 under Supervision
Email: wbh counselor@aol.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

P.O. BOX 558
HOLLIS, OK 73550-0553

STANDARD APPLICATION FOR ADMISSION

Complete and return to the address indicated above.

Child's Name: _____ Social Security Number: _____
DHS Number: _____

Present Address: _____ County: _____
Street Town State Zip

Date of Birth: _____ Place of Birth: _____
Town State

Sex: _____ Nationality: _____ Race: _____ Complexion: _____

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

Father's Name: _____ Social Security Number: _____

Present Address: _____ Home Phone: _____
Street Town State Zip

Place of Employment: _____ Business Phone: _____

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

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

Mother's Name: _____ Social Security Number: _____

Present Address: _____ Home Phone: _____
Street Town State Zip

Place of Employment: _____ Business Phone: _____

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

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

Who has legal custody of this child? _____
Name Address

If by Court Action, give type: _____ Divorce, _____ Guardianship, _____ Temporary

Court of Jurisdiction: _____ Case Number: _____

Is child adopted? _____ Dates: _____ By Whom? _____

Signature(s): _____

Date: _____

Relationship to Child: _____

Witness

Address: _____

Witness

Town: _____ ST: _____ Zip: _____

Phone Number: _____

Please Print and be as complete as possible:

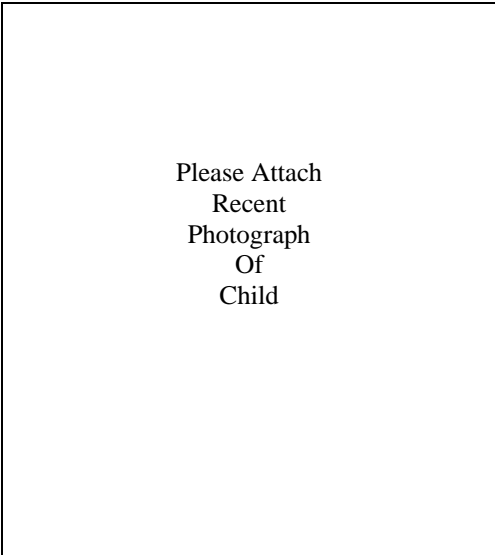
Childs Name:

Last: _____ First: _____ Middle: _____

Prefers to be called: _____

Birth Date: _____ Current Age: _____

Sex: _____ Race: _____ Grade in School: _____



Name of person with whom child is living: _____

Address: _____
Street City State Zip

Relationship: _____ Home Phone: _____ Work Phone: _____

Contact person, if no home phone (or in case of emergency): _____

FAMILY INFORMATION:

	Natural Father	Natural Mother	Current Step-Father	Current Step Mother
Full Name				
Street Address				
City, St, Zip				
Telephone				
Social Security #				
Nationality				
Religion				
Education Completed				
Present Job				
Work Hours				
No. of Marriages				
No. of Divorces				
Monthly Income				
Health Problems				
Mental Problems				

FINANCIAL DISCLOSURE STATEMENT:

Child: _____

Address: _____

MONTHLY INCOME:

Father.....	Earned Income ... _____	(After Taxes)
	Unemployment _____	
	Social Security _____	
	Other _____	

		<i>(Father's Total)</i>
Mother.....	Earned Income .. _____	
	Unemployment _____	
	Child Support _____	
	Other _____	

		<i>(Mother's Total)</i>
Child	Earned Income _____	(After Taxes)
	Unemployment _____	
	Social Security _____	
	Other _____	

		<i>(Child's Total)</i>
.....	TOTAL INCOME.....	_____

MONTHLY EXPENSES

Rent/Mortgage _____	Education Expenses _____
Utilities _____	Savings _____
Telephone _____	Clothing _____
Automobile Expenses _____	Recreation _____
Groceries _____	Child Support _____
Medical Payments _____	Installment Payments _____
Insurance Payments _____	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

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:

Name DOB

Name DOB

Name DOB

Child's Sisters:

Name DOB

Name DOB

Name DOB

MEDICAL INFORMATION:

INSURANCE:

Name of person who carries the insurance: _____

Name of Insurance Company: _____

Policy Number: _____ Certificate Number: _____

Type of coverage: _____ Effective Date: _____

Special Instructions for Use: _____

Does your child have a medical card through the welfare department? _____

If yes, give number: _____ Renewal Date: _____

BOY'S MEDICAL HISTORY

Boy's Name: _____ **PAST ILLNESSES and/or OPERATIONS (give dates)**

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

Result of treatment for any item above: _____

Is this child presently taking any medication? _____ If yes, give the name of the medication, the reason for taking it, and the doctor's name & address who gave 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? _____

Give name and address of optometrist: _____

List any medications (drugs) to which this child is allergic: _____

List any foods or other items to which child is allergic: _____

Family Illnesses

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

	This Child	Father	Mother	Sister	Brother	Grandparent
Birth Defect						
Speech/Hearing Problem						
Epilepsy or Seizures						
Cancer						
Asthma						
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 _____

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? _____

GENERAL INFORMATION:

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

1. _____
Agency *Worker's Name*

Address

Phone

2. _____
Agency *Worker's Name*

Address

Phone

3. _____
Agency *Worker's Name*

Address

Phone

4. _____
Agency *Worker's Name*

Address

Phone

5. _____
Agency *Worker's Name*

Address

Phone

6. _____
Agency *Worker's Name*

Address

Phone

Has psychological testing been done? _____

By Whom: _____

Phone: _____

Address: _____
Street *City* *State* *Zip*

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: _____

Other: _____

List any suspensions from school and give reasons: _____

Has child ever been:

Placed in a special class? _____ LD _____ ED _____ EMH _____ Other _____

Received remedial help? _____ Subjects: _____

Repeated a grade(s)? _____ Which grade(s)? _____

Received tutoring? _____ Subjects: _____

Been tested by a psychometrist? _____ When? _____

REASON FOR REQUEST:

List briefly, in order of their importance, the problem areas making your request for placement necessary.

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

- | | | |
|----------------------------|--------------------------------------|--|
| _____ Physical Limitations | _____ Sarcastic | _____ Rape |
| _____ Overactive | _____ Withdrawn | _____ Lies |
| _____ Eating Problems | _____ Temper Tantrums | _____ Sexually Preoccupied |
| _____ Under Active | _____ Moody | _____ Homosexual Behavior |
| _____ Aggressive | _____ Sucks Thumb | _____ Bizarre Behavior |
| _____ Fights | _____ Chews Objects | _____ Drug Use |
| _____ Fearful | _____ Bites Nails | _____ Alcohol Use |
| _____ Whines | _____ Tobacco Use
(What) _____ | _____ Day Dreams |
| _____ Bedwetting | _____ Steals | _____ Sleeping Problems |
| _____ Use of Weapons | _____ Striking Others
(Who) _____ | _____ Soiling (Lack of Bowel
Control) |
| _____ Molestation | _____ Property Destruction | _____ Suicidal Attempts or
Threats |
| _____ Fondling | | |

Friends: _____ Has Many _____ Has Few _____ Has None

Other: _____

Behavioral History and Corrective Action Information:

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

2. Describe previous attempts at correction: _____

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

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

PERSONALITY – INTEREST QUESTIONNAIRE

CHILD 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 live with us.

Do you want to come? _____

Why or why not? _____

Complete the following sentences:

The thing I like most is _____

The thing I hate most is _____

I make friends _____

My personality is _____

My interests and hobbies are _____

