

Blue Mountain Children's Home

P.O. BOX 218
BLUE MOUNTAIN, MISSISSIPPI 38610
PHONE: (601) 685-9496

APPLICATION FOR ADMISSION

Name of child _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____
City, County, State

Father's Name: _____

Address: _____

Phone Number: _____ Occupation: _____

Mother's Name: _____ Maiden Name: _____

Address: _____

Phone Number: _____ Occupation: _____

Current Marital Status: Married [] Divorced [] Re-married []

If re-married present spouse's Name: _____

Address: _____

Phone: _____ Occupation: _____

Who has legal guardianship/custody? _____
(Please provide legal proof of custody if available)

Child's Academic Level: Excellent [] Good [] Fair [] Poor []

Present Grade Level: _____

Current School: Name: _____

Address: _____

Does the child attend church regularly? Yes [] No []

If yes: Church Name: _____

Pastor's Name: _____ Phone: _____

Any medical disorders? (allergies, Medication, etc) _____

(Please provide a current statement from your doctor, or local health department.)

I, _____, the parent and/or guardian of _____ (child's name), do hereby request the Blue Mountain Children's Home to take custody of said child, to care for and train as I am not able to properly do so.

I agree for this Home to care for said child in case of accident or illness, and to use whatever means they deem necessary for the best of the child. Yes [] No []

I hereby understand that the above named Home shall not be liable in case of an accident incurred by the above named child. Yes [] No []

I agree that the Blue Mountain Children's Home shall be the recipient of any monthly support as ordered and paid through the court by the father or social security.

I further agree that when I am financially able, I, too, will help support my child on a regular basis while he/she is a resident of the home. Yes [] No []

(Signature) (Relationship to child)

Blue Mountain Children's Home was recommended to me by:

Name: _____

Address: _____

For Office Use Only:

Application Received: _____(date)

Application Accepted: Yes [] No []

If rejected give reason(s). _____

Applicant and parties involved in application have been notified of decision.

Yes [] No [] Date of Notification: _____

ADMISSION POLICIES

Section 4.

- (a). The decision for admission of a child to the home shall be determined by the need of the child and the Home's ability to meet that need. Responsibility for decisions and admission shall be definitely fixed by the Executive Administrative Board, and/or a case committee of the Board, an/or a case work staff.
- (b). A thorough social investigation shall be made before admission of every child. This study should be made by a case worker equipped by training and experience to make it, but if no case worker is available, some responsible person or agency should be delegated to secure the necessary information.
- ©. The information accrued should be recorded and placed on file in the office of the Home where it is available to use by authorized person.