



EPWORTH CHILDREN'S HOME

Celebrating over a century of creative child care and family services

Please Mail or Fax Back To:

E.C.H. Admissions Dept. / P.O. Box 50466
Columbia, SC 29250-0466

Phone: 803-256-7394 / fax: 803-212-4778

Enclosed is our application requesting detailed information about your child. We need this information in order to help us determine the best possible plan of care for the child and family.

To be considered for admission to Epworth Children's Home originals (as indicated) and/or copies (as indicated) of the following (*applicable*) documents are "required" to be submitted with the application:

- Psychological Evaluations and/or Discharge Summaries from:
 - psychiatric/behavioral hospitalization(s)
 - current or (previous) facility/agency placements (reason for placement, length of stay, discharge summary)
- Counseling/Therapy Records from:
 - private counselors, mental health, out-patient, etc.
- Education History (to include copies of):
 - standardized test/P.A.C.T. test scores, last report card, incident summary report, if in Special Education (I.E.P. test results or 504 Plan, psycho-educational report), if child has been EXPELLED (document from school stating reason(s) for expulsion).
- Medical History (to include copies of):
 - most recent medical, vision, and dental check-ups/tests
 - surgeries or hospitalizations
 - list of current prescriptions child is taking
- Certified Birth Certificate (must provide copy with application)
(must provide original if admission is scheduled)
- Social Security Card (copy)
- Current Immunization (copy)
- Medicaid/Private Insurance Card(s) (must provide copy of front and back of cards with application)
(must provide original if admission is scheduled)
- Court Order (current) (addressing custody and/or visitation of the child)

Epworth Children's Home and its services exist for children and youth (grades K-12) as the expression of the desire of the Methodist Church of South Carolina, by providing to the extent of their resources and capabilities, child care, counseling, and related services to families and children, without regard to race, religion, national origin, or ability to pay.

Any prospective clients that Epworth is not equipped to serve will be assisted through referrals to other area agencies capable of rendering equivalent or higher level services.

**Epworth Children's Home
(APPLICATION FOR ADMISSION)**

Please Print

DATE OF APPLICATION: _____ REFERRED BY: _____

PARENT/LEGAL GUARDIAN

(Please submit court order indicating guardianship)

Name (Last, First, Middle)		
Relationship		
Current Address		
City, State, Zip Code		
Home Phone		
Cell Phone		
Work Phone		

DSS ONLY

(Please submit court order indicating guardianship)

Name of Agency/Caseworker		
Current Address		
City, State, Zip Code		
Work Phone		
Cell Phone		
Beeper		
E-mail		

CHILD'S HISTORY

Name (Last, First, Middle)						
Current Address						
City, State, Zip Code						
County of Residence						
Social Security Number						
Date of Birth						
Date of Adoption (if applicable)						
Race (Indicate one)	Caucasian	African American	Native American	Asian	Hispanic	Other
County and State of Birth						
Religious Preference						

PLEASE CHECK ALL THAT APPLY TO CHILD

(Including suspected)

<input type="checkbox"/>	Anger/aggression	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Medically neglected
<input type="checkbox"/>	Abusive to animals	<input type="checkbox"/>	Emotionally abused	<input type="checkbox"/>	Physically abused
<input type="checkbox"/>	Abusive to others	<input type="checkbox"/>	Fire Setting	<input type="checkbox"/>	Physically neglected
<input type="checkbox"/>	Abusive to self	<input type="checkbox"/>	Oppositional/defiant	<input type="checkbox"/>	Sexually abused
<input type="checkbox"/>	Bed wetting	<input type="checkbox"/>	Runaway	<input type="checkbox"/>	School issues
DJJ Involvement (please specify):					
Sexually Transmitted Diseases (please specify):					
Substance/alcohol use/abuse (please specify):					

EDUCATIONAL INFORMATION

Current School	Current Grade	IEP, 504,Resource (if applicable)	Grades Repeated (if applicable)	Suspended/Expelled Date

Previous School	Grade	IEP, 504,Resource (if applicable)	Grades Repeated (if applicable)	Suspended/Expelled Date

AGENCY/COUNSELING INVOLVEMENT

Agency			
City/State			
Dates of Service			
Phone Number			
Psychological Testing (indicate date and by whom)			

PLACEMENT HISTORY

Facility	Contact Person	Phone Number

INSURANCE INFORMATION

Private Insurance Company	Policy Holder	Group #	Policy #

Medicaid Number

DOCTORS

	Name	Phone #	Date of Last Visit
Family			
Dentist			
Optometrist			

CHRONIC OR RECURRING ILLNESSES

(Please list below)

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HOSPITALIZATIONS/OPERATIONS/SERIOUS INJURIES

Reason	Date

FAMILY HISTORY

(Please Print)

PARENTS	MOTHER (Natural/Adoptive) <small>Very Involved Somewhat Involved Not Involved</small>	FATHER (Natural/Adoptive) <small>Very Involved Somewhat Involved Not Involved</small>
Name		
Address		
City and State		
Home Phone		
Cell Phone		
Social Security Number		
Date of Birth		
Name of Employer		
Occupation		
Highest Level of Education		
Marital Status (indicate year) <small>(single/married/separated/divorced/remarried)</small>		
DECEASED (indicate year)		

RELATIVES AND NON-RELATIVES LIVING IN THE HOME

(please list all relatives and non-relatives living in the home with the child)

NAME	AGE	RELATIONSHIP

RELATIVES NOT LIVING IN THE HOME

(please list all siblings and relatives that are significantly involved not living in home with the child)

NAME	AGE	RELATIONSHIP

FAMILY ISSUES

(Please indicate all that apply)

	Biological Mother	Biological Father	Other Relative
Criminal Activity			
Physical Abuse			
Domestic Violence			
Inappropriate Sexual Behavior			
Psychiatric Illness			
Substance/Alcohol Abuse			
Suicide			
Parenting Issues			
Physical/Medical Neglect			
Educational Neglect			

CHILD SUPPORT AND PAYMENTS

Epworth Children’s Home expects the biological/adoptive/legal custodian to fulfill their *moral* and *legal* responsibility to *pay* to the extent of their ability and resources for the care of their children. Epworth Children’s Home does not deny the placement of a child due to custodian’s lack of income and financial resources.

The custodian’s financial support is applied to the cost of the care provided the child such as lodging, food, clothing, and medical care. Payment may be made by cash, check, or money order. Please do not send cash by mail. Checks and money orders should be made payable to Epworth Children’s Home with a notation that the payment is for child support indicating the child’s name.

Epworth Children’s Home expects to receive Social Security payments received by the parent/custodian for the care of their children due to death or disability of a parent(s). Change of payee forms regarding Social Security are expected to be made out to Epworth Children’s home for each resident. Payment for residents coming through State Agencies such as, the Department of Social Services (DSS) is to be made by (DSS) or the custodian.

PLACEMENT STRATEGIES

Please know that submission of this application *does not guarantee acceptance* to our program. Once the *application* and *all requested information* have been received, it will then be submitted to the Admissions Review Committee (ARC) for review. Once reviewed, the custodian will be given a call informing them of the status of the application. At this time you may be (1.) called in for an interview with the child, (2.) asked to submit additional information, or (3.) given referrals to other area agencies within the state of South Carolina that may be able to provide the level of care the child is in need of. Should your child(ren) be accepted for admission to Epworth Children’s Home please know that they are admitted on a trial basis as follows:

Trial placement (first 30 days) – The staff conducts an evaluation during the “honeymoon period”; the family is informed that the placement is on a trial basis. An initial Family Service Plan is fashioned; it is basic and preliminary.

Probationary Placement (next 60 days) – Fitness for (ECH) programs is determined; services are sought if placement appears appropriate & custodian(s) are involved and working with (ECH) staff in setting goals for the child(ren) and family. The initial Family Service Plan is implemented *if* the viability of the placement is determined.

Full, Extended Placement (after 90 days and thereafter) – The child is considered viable for long term placement and continuing services; custodian(s) continue to be involved and have become team players.

Please know that falsifying or withholding any information regarding your child(ren) that would help us in determining the best plan of care for your child(ren) could result, at any time, in the immediate dismissal of your child(ren).

I have read all of the above and agree to abide by these provisions.

CUSTODIAN’S SIGNATURE (Required)

DATE

EPWORTH CHILDREN'S HOME
P.O. Box 50466
Columbia, SC 29250
Phone: (803) 256-7394 / Fax: (803) 212-4766

AUTHORIZATION TO DISCLOSE INFORMATION TO EPWORTH CHILDREN'S HOME

Name of Child _____

Social Security Number _____

Date of Birth _____

I, _____ certify that I am the legal custodian of the above mentioned child. As such, I authorize the release of information as specified below to Epworth Children's Home for the purpose of: (review for placement consideration) or (for continuation of care at Epworth Children's Home).

PORTION OF RECORDS TO BE RELEASED:

SCHOOL RECORDS		AGENCY/CLINICAL RECORDS			
	PACT – Standard test Scores		Discharge Summary		
	Report Card (current and previous year)		Progress Notes		
	Behavioral Reports (current and previous year)		Psychological Evaluation		
	IEP/Psycho-Educational Report (if applies)		Counseling Records (summary)		
	Expulsion Document (if applies)		Therapy Records (summary)		
	Birth Certificate, Immunization, Social Security Card	Medical	Dental		Vision
	Other:				

NAME OF AGENCY, SCHOOL, OR DOCTOR DISCLOSING INFORMATION TO EPWORTH CHILDREN'S HOME (EACH REQUEST MUST HAVE A SEPARATE FORM):

THIS AUTHORIZATION IS ONLY VALID FOR THE INFORMATION REQUESTED AT THE TIME OF REQUEST AND FOR UP TO ONE YEAR. IF ADDITIONAL INFORMATION IS NEEDED A NEW CONSENT FORM IS REQUIRED.

I UNDERSTAND THAT THE ABOVE INFORMATION IS PROTECTED BY APPLICABLE LAW AND MAY INCLUDE MEDICAL RECORDS THAT CONTAIN DOCUMENTATION OF ALCOHOL ABUSE, DRUG ABUSE, PSYCHIATRIC CONDITIONS OR COMMUNICABLE DISEASES. I DO NOT WANT THE FOLLOWING INFORMATION DISCLOSED: _____

I UNDERSTAND THAT IF I CANCEL THIS AUTHORIZATION, EPWORTH CHILDREN'S HOME CANNOT TAKE BACK ANY USE OR RELEASE MADE WITH MY AUTHORIZATION. I ALSO UNDERSTAND THAT APPLICABLE LAW MAY PERMIT OR REQUIRE THE USE, DISCLOSURE OR RE-DISCLOSURE OF INFORMATION WITHOUT MY AUTHORIZATION. I HAVE BEEN GIVEN A COPY OF THIS AUTHORIZATION.

 STUDENT'S SIGNATURE (NOT REQUIRED FOR MINORS)

 DATE

 CUSTODIAN'S SIGNATURE (REQUIRED)

 DATE

 WITNESS

 DATE

(HIPAA COMPLIANT)

CC: Legal Guardian