

**BROOKWOOD FLORIDA, INC.
901 Seventh Avenue South
St. Petersburg, FL 33705**

PLEASE COMPLETE FORMS

Date: _____

Applicant's Name _____ Address _____ Zip _____ County _____

Phone # _____ Birthdate/Birthplace _____ Age _____

Race _____ Religion (optional) _____ Social Security _____ ESE placement? (Yes/No) _____

Last Grade Completed _____ Name/Address of School _____

Name of Agency or Person Making Application _____ Telephone # _____

Contact Person's Name _____ Telephone # _____ Relationship to Applicant _____

Date Placement Requested _____ Child's Location Pending Placement _____ Dates (To/From) _____

Has court action been taken? _____ Name/Address of Court _____ Zip _____

Date of Court Action _____ Type of Action Taken _____

Are Parental Rights Terminated? _____ Date Terminated _____ How _____

List the Whereabouts of Child from Birth to Present Time:

Name of Family/Institution Relationship to Child City Date Placed Date Removed

1. _____

2. _____

3. _____

CHILD'S FAMILY: MOTHER'S HISTORY

Last Name _____ First _____ Maiden _____ Birthdate _____

Address _____ City _____ State _____ Zip _____ Telephone # _____

Social Security # _____ Occupation _____ Place of Employment (Address & Telephone #) _____ Annual Income _____

Education _____ Religion (optional) _____ Veteran's Status _____ Race _____

Marital Status _____ Number of Marriages _____ Status of Mother to Father of Applicant _____

MOTHER'S HISTORY (CONTINUED)

Describe Mother's Marriages:

Date of Marriage Place Name of Spouse How Terminated Date Terminated

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

CHILD'S FAMILY: FATHER'S HISTORY

Last Name First Birthdate

Address City State Zip Telephone #

Social Security # Occupation Place of Employment (Address & Telephone #) Annual Income

Education Religion (optional) Veteran's Status Race

Marital Status Number of Marriages Status of Father to Mother of Applicant

Describe Father's Marriages:

Date of Marriage Place Name of Spouse How Terminated Date Terminated

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

CHILD'S FAMILY: STEP-PARENT

Step-Parent Name Last First Middle Birthdate

Step-Parent Address City State Zip Telephone No.

Step-Parent Employment Education

SIBLINGS

List all brothers/sisters from oldest to youngest:

Name Birthdate/Birthplace Present Address

RELATIVES

List **GRANDPARENTS, UNCLES, AUNTS, STEP-PARENTS**, other interested parties:

Name	Address	Relationship	Maternal/Paternal

Why is this child being referred to our agency? _____

Describe applicant's appearance and behavior: _____

How can our agency help this child? _____

What involvement will the family have with this child during placement? _____

What are the FUTURE PLANS for this child and family? _____

OTHER INFORMATION PERTAINING TO THIS APPLICANT

List any other social agencies, clinics or other social service organizations which have had contact with the child and/or family:

<u>Name of Agency</u>	<u>Address</u>	<u>Date of Contact</u>

Describe the above contacts: give person's name seen by the agency and give reason for this:

INSURANCE COVERAGE

Does child have hospital or other medical insurance coverage: Yes _____ No _____

Name/Address of Insurance Company _____ Agent _____

Policy No. _____ Coverage _____ Address of Agent _____ Phone No. _____

Medicaid Number: _____

APPLICATION FILLED OUT BY:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____ Phone No. _____