



PO Box 18496 • Hattiesburg, MS 39404 • (769) 456- 7021 • www.hohfc.org

Application For Admission Into Homes of Hope for Children

Should the Home receive the child, this record will be of great value to him/her in the future. Answering all questions may require time and searching for information, but for the sake of the child, it should be done. Incomplete or incorrect data will cause delay. This is a permanent record. Please use typewriter; or write very plainly using ink.

GENERAL INFORMATION

Full name of Child: _____ Commonly Called: _____
(First Name) (Middle Name) (Last Name) (Part of Name usually used; or Nick Name)

(Name and Address of Person with whom child is living) (Box, Street No.) City Parish

(State) (Zip) (Relationship) Telephone _____

Sex: _____ Age: _____ Years _____ Months / Eye Color _____ Grade in school? _____ (Attach grade card)

Date of Birth: _____ Present or last school: _____
(Month) (Day) (Year) (Name) (Address)

Child's Social Security Number _____ School Phone _____

Place of birth _____
(City) (State) (Zip)

Was the birth recorded? _____ Where is birth recorded? _____
(City) (State) (Zip)

This child a church member? _____ What church? _____
(Name) (Address)

This child covered by hospitalization insurance? _____ Policy Number: _____
What Company? _____

Is child entitled to child support? _____ Amount: _____ From Whom: _____

Is child entitled to Social Security Benefits? _____ Claim No.: _____

Is child entitled to Veteran's Benefits? _____ Claim No. _____

What amount could you contribute to the care of your child? _____
(Ability to pay will not effect placement)

Has the court appointed a legal guardian of the child's person? _____ Property? _____

Who has legal custody? (Mr./ Mrs.) _____
Address: _____
Home Phone Number: _____ Cell #'s: _____

Social Security #'s: _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____

LBCH Form 2
Rev May 2010

Has there been any contention among the relatives about putting the child in a Children's Home, and would any of them be disposed to give trouble by trying to get possession of the child? _____ If so, give their names and addresses: _____

REASON FOR MAKING THIS APPLICATION

Explain in detail why it is desired to place the child in the care of HOHFC:

FAMILY HISTORY

(Yes or No)

Father's Name: _____ Adoptive? _____

Date of Birth: _____ Place: _____

If living give his present address: Street _____ City _____ State & Zip _____

Home Phone Number: _____ Cell: _____ Social Security #: _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____

Educational Background _____

Father a church member? _____ What church? _____
(Name) (Address)

Date of death: _____ Place: _____ Cause: _____

Where is Father Buried? _____
(Cemetery) (Nearest City) (State) (Parish)

Stepfather's Name: _____

Date of Birth: _____ Place: _____

If living give his present address: Street _____ City _____ State & Zip _____

Home Phone Number: _____ Cell: _____ Social Security #: _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____

Educational Background _____

Stepfather a church member? _____ What church? _____
(Name) (Address)

(Yes or No)

Mother's Name: _____ Adoptive? _____

Date of Birth: _____ Place: _____

If living give her present address: Street _____ City _____ State & Zip _____

Home Phone Number: _____ Cell: _____ Social Security #: _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____

Educational Background _____

Mother a Church Member? _____ What church? _____

(Name) (Address)

Date of death: _____ Place: _____ Cause: _____

Where is Mother Buried? _____

(Cemetery) (Nearest City) (State) (Parish)

Stepmother's Name: _____

Date of Birth: _____ Place: _____

If living give her present address: Street _____ City _____ State & Zip _____

Home Phone Number: _____ Cell: _____ Social Security #: _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____

Educational Background _____

Stepmother a Church Member? _____ What Church? _____

(Name) (Address)

Date of parents' marriage: _____ Place: _____

Are parents separated? _____ Why? _____

Are parents divorced? _____ When & Why? _____

How many times has FATHER been married? _____ How many times has MOTHER been married? _____

OTHER MARRIAGES:

Father – Date: _____ Place: _____ Wife: _____

Father – Date: _____ Place: _____ Wife: _____

Mother: -Date: _____ Place: _____ Husband: _____

Mother- Date: _____ Place: _____ Husband: _____

Paternal grandfather's name: _____ Date of birth: _____ Place: _____

Date of death: _____ Place: _____ Cause: _____

If living give address: _____ Phone & Cell: _____

Paternal grandmother's name: _____ Date of birth: _____ Place: _____

Date of death: _____ Place: _____ Cause: _____

If living give address: _____ Phone & Cell: _____

Maternal grandfather's name: _____ Date of birth: _____ Place: _____

Date of death: _____ Place: _____ Cause: _____

If living give address: _____ Phone & Cell: _____

Maternal grandmother's name: _____ Date of birth: _____ Place: _____

Date of death: _____ Place: _____ Cause: _____

If living give address: _____ Phone & Cell: _____

Note: It is important to fill in all information about the child's relatives.

CHILD'S PATERNAL RELATIVES (Father's)

Name	Birth Date	Address	Telephone Numbers
UNCLES			
AUNTS			

CHILD'S MATERNAL RELATIVES (Mother's)

Name	Birth Date	Address	Telephone Numbers
UNCLES			
AUNTS			

CHILD'S BROTHERS & SISTERS

Name	Birth Date	Address	Telephone Numbers
Brothers			
Sisters			

REFERENCES

REFERENCE	NAME	ADDRESS	TELEPHONE NUMBERS
PASTOR of child or his parents, or minister who knows them best			
DOCTOR who will examine the child and will mail report to the Home.			
SUNDAY SCHOOL TEACHER , or other person (not kin) knowing child well.			
FRIEND OF THE FAMILY who knows this child.			
A NEIGHBOR OF THE FAMILY who knows this child.			
PUBLIC SCHOOL TEACHERS (Child's present and/or last teachers)			
Attach Copy of School Record			

RELATION TO OTHER AGENCIES

What Health Nurse, Case or Welfare Worker knows of this Child?	(Name)	(Title)	(Phone
What help is now being received by, the child or its family, from any of the following agencies: Pensions & aid to dependents, Parish, Local Welfare, neighbors, School, Church, Guidance Clinic, Mental Health or counseling agencies, or other sources?			
To what other Institutions or agencies have applications been made?	<u>Name</u>	<u>Address</u>	

Relationship to child of person filling out application _____

Name: _____

Home Address: _____
(Street) (City) (State and Zip Code)

Mailing Address: _____
(City) (State and Zip Code)

Business Telephone Number: _____ Residence Telephone Number: _____

Cell Phone Numbers: _____

**APPLICATION FOR ADMISSION INTO
HOMES OF HOPE FOR CHILDREN**

This Home was instituted for the benefit and welfare of children who are suffering for the necessary things of life and for children that have been deprived of home, loved ones, and opportunities to grow into a normal man or woman. The Home plans to take children that are sound in body and mind; whom we can serve.

After every effort has been made to locate the child with some of his own relatives, this application may be completed. Use your pastor or public officer to help you to correctly complete application.

Completion of this application does not enter the child into the HOHFC but is only a source of information by which those in charge of the Home may consider the case and accept or reject it. If accepted, this record is of great value, thus every question must be answered.

(NOTE) – Please give as full information as possible. When the child is older, he will want to know about his people and the information contained in this application may be all that is available.

True and faithful answers must be made to all questions, and full information given as provided for in the blanks. Not that this is necessary as a condition of reception, but to preserve the facts of the child’s history. Every question must be answered.

PLEASE RETURN THE FOLLOWING ITEMS WITH THIS APPLICATION:

Report Card

Custody Papers

Social Security Card

Immunization Record

Birth Certificate

Copy of Insurance Card

All immunizations must be up-to-date and printed on the Universal Immunization form from your local Health Unit.

Mail this to: Homes of Hope for Children
P. O. Box 18496, Hattiesburg, MS 39404

Children’s Home Phone: 769-456-7021
Fax Number: 769-456-7022

OFFICE RECORD

Date Mailed: _____ **Date Returned:** _____