

MASONIC-EASTERN STAR HOME FOR CHILDREN
INTAKE REQUEST FORM

completed by legal parent or guardian

Date: _____ Name of Child: _____

Child's age: _____ Child's date of birth: ____ - ____ - ____ Grade in School: _____

Name of legal Parent/Guardian

Address of legal Parent/Guardian: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Are you or a family member a member of the Masonic or Eastern Star Organizations? _____
If yes --- Who?

What grades is your youth currently earning in school?

What were their grades in elementary school? _____

Is your child currently expelled or suspended from school? _____

Does your child have a current Individual Education Plan, because of a Learning Disability?

Does your child have a current I.E.P. because of a Behavior Disability? _____

Is your child involved in a gang? _____

Has your child hit you or other members of your family? _____

Has your child been involved in violence outside the home? _____

Has your child ever destroyed things in your house? _____

Has your child ever ran away from home? _____

Has your child had any contact with the police? _____
If yes --- Why?

Has your child violated any other laws? _____
If yes – please explain:

Is your child on probation or parole? _____
If yes – why is he/she on probation or parole? _____

Is your child a ward of the state? _____

Has your child ever been placed outside the home? _____

If yes – why? _____

Has your child ever hurt an animal? _____

If yes – please
explain: _____

Has your child every played with fire? _____

If yes – please
explain: _____

Does your child physically hurt their person (self-mutilate)? _____

If yes – please explain:

Does your child have explosive anger outbursts? _____

Has your child been diagnosed with any mental disorders? _____

If yes – what disorders:

Has your child ever been diagnosed with any eating or sleeping disorders? _____

If yes – what disorders: _____

Is your child currently taking any prescription medications? _____

If yes – list medications: _____

Has your child contemplated or tried to commit suicide? _____

If yes – please explain:

Please explain your child's living arrangements:

Does your child want to live at the Masonic-Eastern Star Home for Children? _____

Please list any other behavior or abuse situations that have not been mentioned?

Please describe your history and present living/working situation: _____

An employee of the Masonic-Eastern Star Home for Children will notify you if the Home is able to meet the needs of your child. If an employee of the Home has not contacted you within the next week – please contact Todd Thomason at 402-721-1185.

Thank you for being truthful and complete while you were completing this form.

Thank you for your interest in the Masonic-Eastern Star Home for Children!

Signature of person completing this form (parent/guardian)