



Dear Parent/Guardian,

The following additional documents are required before your application can be processed.
You may submit these by email, fax, or mail:

___ **Youth Questionnaire** completed by your child.

___ **Educational Records:** Transcript, discipline record, testing scores, IEP complete with MEEGS if applicable.

___ **Mental Health Records**, as applicable: Any/all psychological and neuro-psychological evaluations and testing. Assessment and discharge summaries for all inpatient stays. Progress summary with recommendations from your child/family's current therapist (s).

___ Signed "**Release of Information**" form which grants information from your child's school, physicians, therapist, and/or legal records.

___ Copy of proof of **medical insurance** for the child.

___ Copy of your child's **birth certificate, social security, and immunization record.**

___ Copy of **any legal documents involving your child** (divorce decree, adoption decree, etc), including visitation schedule and custody information if applicable.

You will be contacted within seven business days **AFTER** your application and **ALL supporting documents** have been received. If we believe our program may be a good fit for your family, we will schedule an interview with you and your child. Your family will be notified of our decision within seven business days of the interview. We may request additional information, refer you to other services, or accept your family into our program. In some situations, we may offer conditional acceptance. Acceptance may mean reserving a spot on our wait list until placement is available.

We are deeply committed to providing assistance in your search for services. Although this process requires significant time and effort, it is essential. If our program is not the best fit for your family, we will do our best to provide referrals.

If you have questions, please contact us at 662-286-6555 or pinevalech@pinevalech.com



Pine Vale CHILDREN'S HOME

Pine Vale Family Application

Application for Admission to Pine Vale, a residential family reconciliation program.

Important Information Before Beginning

Can you answer yes to any of the following?

My child is currently suicidal.
My child has been suicidal within the last 24 hours.
My child is currently homicidal.
My child has attempted to harm or kill someone within the last 24 hours.
My child is actively in withdrawal from substances.
I am seeking immediate placement.

If you answered YES to any of the above, please STOP HERE.
Your child may need inpatient treatment services that we do not offer.
Call 911 or your local police department for help.

If you are able to answer NO to ALL of the above,
please **proceed with your application.**

If you are unsure if our program is right for you and your child,
please **contact** our office.
662-286-6555 or pinevalech@pinevalech.com



Youth Information	
Youth's Full Name:	
Social Security:	
Youth's Date of Birth:	
Youth Gender:	
Youth's Current Home Address:	
City:	
State:	
Zip:	

Parent/Guardian/Family Information	
Are Parent(s)/Guardian(s) in agreement about placement?	Yes No

Parent/Guardian Name:	
Current Home Address:	
City:	
State:	
Zip:	
Phone Number:	
Email Address:	
Parent/Guardian Date of Birth:	
Parent/Guardian Relationship Type:	

Parent/Guardian Name #2:	
Current Home Address:	
City:	
State:	
Zip:	



Phone Number:	
Email Address:	
Parent/Guardian #2 Date of Birth:	
Parent/Guardian #2 Relationship Type:	

Nearest Adult Relative Name:	
Current Home Address:	
City:	
State:	
Zip:	
Phone number:	
Email Address:	
Relationship Type:	

Other Siblings Names:	DOB	Seeking Placement

Additional Household Information:	



General Questions	
Why are you seeking placement?	
Has your child ever resided outside of your home?	Yes No
Describe any history of out of home placements (reason, duration, location; etc)	
Describe your family's strengths:	
Describe your family's weaknesses:	
Describe your child's strengths:	
Describe your child's weaknesses:	
Describe parent/guardian strengths:	
Describe parent/guardian weaknesses:	
What changes do you want to see your child make before they return home?	
What changes do want to make before your child returns home?	
Have you applied at other facilities?	Yes No
Describe status of any other applications:	



Family Timeline

In completing the following, please note any changes that have occurred in each year of your child's life (moves, family changes, deaths/losses, births, schools attended, major events, successes, struggles, etc.)

Birth - 3 years of age	
4-6 years of age	
7-9 years of age	
10-13 years of age	
14-17 years of age	

Medical History

Health Problems (including allergies)	Yes	No
Describe Health Problems:		
Primary Care Physician:		
Date of last physical:		



Dental Problems	Yes	No
Describe Dental Problems		
Primary Dentist:		
Date of last dental check-up/cleaning:		

Vision Problems	Yes	No
Describe Vision Problems		
Primary Optometrist:		
Date of last vision exam:		

Hearing Problems	Yes	No
Describe Hearing Problems		

Developmental Delays	Yes	No
Describe Developmental Delays		

Current Medications			
Name	Dosage	Prescriber	Purpose



Mental Health		
Has your family participated in...		
Individual counseling (child)	Yes	No
Individual counseling (parent/guardian)	Yes	No
Family counseling	Yes	No
Inpatient treatment/hospitalization (child)	Yes	No
Inpatient treatment/hospitalization (parent/guardian)	Yes	No
Please describe any items marked "Yes" above:		

School Information		
Current School		
School Phone Number		
Teacher or Counselor		
Current Grade (or grade completed)		
IEP/504 Plan	Yes	No
Describe IEP/504		
Describe Parent's relationship with school staff		
Describe Child's relationship with school staff		
Describe Child's relationship with peers		
Has your child ever been suspended or expelled?	Yes	No
If yes explain:		
Please describe any other school problems or concerns:		



Child Behaviors				
Please mark yes or no for each item- If yes, mark if this is a current/recent problem and describe - include information about frequency, duration, intensity and date of the most recent challenge.				
BEHAVIOR				
	Yes	No	Current	Describe
Tantrums				
Property Destruction				
Harm to Adults				
Harm to Animals				
Fire setting				
Toileting difficulties/bedwetting				
Suicidal thoughts				
Self-Harm				
Suicide Attempt				
Homicidal thoughts or threats				
Homicide Attempt				
Sexually active				
Sexual offender				
Runaway				
Legal system involvement				
Stealing				
Defiance				
Internet Addiction				
Hallucinations				
Delusions				
Pornography				
Other #2				



Family Commitments: Do you understand and commit to the following?	
Pine Vale is a whole-family program. While the child lives with us and works through our program, the family also works through a similar program and is actively involved in pursuing family reconciliation. This involves a significant commitment of time and energy from the entire family.	Yes No
Success at Pine Vale depends on both the child and the family making changes to break old patterns and create a new and healthy life together.	Yes No
The Pine Vale program requires a minimum commitment of 9.5 months, and may take up to 2 years to complete. Children and their families who do not complete the program do not reap the full benefit. Pine Vale does not take the place of the parent(s)/guardian(s). Parent(s)/Guardian(s) remain accessible to Pine Vale staff at all times, attend to all medical needs, send mail and make phone calls weekly, participate in monthly pass time and family counseling.	Yes No
The goal of Pine Vale is family reconciliation. This means the primary plan is for the child to return to the family home after completing our program. If there is any change to this plan, it should be discussed with Pine Vale staff.	Yes No

What else would you like us to know about your family?:

You may submit this application
 by email to pinevalech@pinevalech.com
 by mail to 1872 CR 700, Corinth, MS 38834
 by fax 662-287-0283

1872 County Road 700 ~ Corinth, MS 38834
Ph: 662-286-6555 Fax: 662-287-0283
Email: pinevalech@pinevalech.com



Youth Questionnaire
Must be Completed By the Youth

Your Parent(s)/Guardian(s) are applying for you to be admitted to the Pine Vale Children's Home. Pine Vale is a voluntary program, which means you have a say in this process. Our program is built around a single idea, that is the idea of hope. Your success is based on your desire to achieve that for which you hope. Please answer the following questions to help us know your feelings about our program and how we can help.

1. What do you know about Pine Vale? _____

2. Are you willing to come to Pine Vale? (Yes, No, Not Sure)
Why/Why Not? _____

3. I believe I have some problems at home, school, and/or with friends: (Yes or No)
Explain: _____

4. I am willing to work on my problems and I am willing to accept help: (Yes or No)

5. My relationship with my mother figure is: _____

6. My relationship with my father figure is: _____

7. What would make things better at home? _____

Tell us about you...

I like: _____

I hate: _____

My interest/hobbies are: _____

My goals/dreams are: _____

What I want you to know about me is: _____

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION
To The Pine Vale Children's Home

CHILD'S NAME: _____

DATE OF BIRTH: _____ **SSN:** _____

PARENT/GUARDIAN NAME: _____

I hereby authorize Pine Vale Children's Home (1872 CR 700, Corinth, MS 38834) to obtain confidential records for my child from any and all physicians, treatment facilities, educational institutions, and/or government agencies (Local, State, or Federal).

It is understood that the release of the information being requested will include: discharge summary, psychiatric history, social history, psychological evaluation, laboratory findings, physical exam, immunization records, TB test results, medical records, transcripts, academic records, report cards, behavioral referrals, academic test scores, case files, criminal history, court hearings, and any other pertinent information **for the purposes of: evaluation and placement consideration, as well as development of a case plan.**

By signing this document I admit to understanding that;

The records of my child are protected under the Federal and State Confidentiality Regulations and cannot be released without my written consent unless otherwise provided for in the regulation. I acknowledge that the information to be released was fully explained to me and this consent is given of my own free will. I also understand **that this consent will expire one year from the signature date below unless otherwise indicated.**

Right to Revoke Authorization: Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the Pine Vale Children's Home at: 1872 CR 700 Corinth, MS 38834.

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE, or related to mental health, testing, drug, substance, and/or alcohol diagnosis and treatment.

Pine Vale will not re-release information received as a result of this authorization except when necessary to obtain services or treatment in accordance with our "Agreement of Care" form (signed and notarized at time of acceptance into Pine Vale. .

Drug / Alcohol Abuse Treatment Records: This category of medical information/records is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit anyone receiving this information or records from making further release unless further release is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Signature of Parent/Guardian _____

Executed this _____ day of _____, 20____.