

Application for Placement:

Child's Full Name: _____

Date of Birth: _____ SS# _____

Parent's/Guardian's Full Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone (include area code): _____

Emergency Contact: Name: _____

Relationship: _____

Phone Number: _____

Does the child see a therapist: Yes _____ No _____

(If yes please bring a copy of most recent assessment)

May we contact your therapist: Yes _____ No _____

Therapist Name: _____ Phone # _____

Triggers/Anniversaries: _____

Comforts: _____

Please give a brief history of why you are seeking placement for your child:

(You may use the back of the sheet if needed)

