ACH child and family services
protecting children. preserving families. since 1915.
3712 Wichita Street, Fort Worth, Texas 76119
www.ACHservices.org 817.335.HOPE (4673) or 888.296.8099

FAMILIES TOGETHER
APPLICATION FOR ADMISSION

Last Name:	**First Name:**	**Maiden Name:**
Address:		**Phone Number:**
City:	**State:**	**Zip Code:**
Date of Birth:	**Place of Birth:**	
Educational Background:	**Language of Choice:**	
Occupation:	**Email Address:**	
Place of Employment:	**Hours per week:**	**Length of Employment:**
Employers Address:	**Phone:**	**Monthly Income:**
Religious Preference:	**Ethnicity:**	
Are you Pregnant? ☐ Yes ☐ No	**Marital Status:**	
Describe relationship with your Spouse/Partner: **Are you being stalked?** ☐ Yes ☐ No		
Is your spouse/partner the parent of your children? ☐ Yes ☐ No	**Are visitations allowed between spouse/partner and your children?** ☐ Yes ☐ No	

Previous Marriage	Marriage Date	Divorce Date

Spouse/Partner Information

Last Name:	**First Name:**	**Maiden Name:**
Address:	**Phone Number:**	
City:	**State:**	**Zip Code:**
Date of Birth:	**Place of Birth:**	
Educational Background:	**Language of Choice:**	
Occupation:		

Place of Employment:	Hours per week:	Length of Employment:
Employers Address:	Phone:	Monthly Income:
Religious Preference:	Ethnicity:	

Please list previous addresses		
Address:		
City:	State:	Zip
Address:		
City:	State:	Zip
Address:		
City:	State:	Zip

What led you to seeking services from Families Together?

In the last year, did you live in a residence that was listed in your name?

☐ Yes ☐ No

Please describe your current homeless situation & how long have you been homeless?

Please describe your educational background and job training history

Please describe work history

Employer:	Phone Number:
Address:	Length of time at Job:
Employer:	Phone Number:
Address:	Length of time at Job:
Employer:	Phone Number:
Address:	Length of time at Job:

Work History:

Please describe your current insurance situation for you and your children

Please describe your current transportation situation/needs

Please list all sources of income	
☐ Employment Pay	$
☐ SSI Benefits	$
☐ Food Stamps	$
☐ TANF	$
☐ Children's SSI	$
☐ WIC Assistance	$
☐ grants	$
☐ loans	$
☐ financial aid	$
☐ Other Source of Income:	$
Have you applied or been approved for Crime Victim's Compensation?	☐ YES ☐ NO
If "YES", please explain:	

Please list and explain past evictions or barriers to housing	
Date	**Eviction/Barrier**

Has this been paid?

☐ **Yes** ☐ **No**

Please list any unpaid debts you have currently	
Debt	**Amount Owed**

Have you ever been diagnosed with any mental health disorders? If yes, when, and please explain	
Date	**Diagnosis**

Has there been any recent hospitalizations for psychological issues in the last 6-months to a year?

Any recent suicidal or self-harming behaviors over the last year?

Please list any medications you are currently taking and what it is prescribed for

Are you currently receiving medication management services by a provider for any type of mental health diagnoses? ☐ Yes ☐ No	**Are you currently receiving counseling?** ☐ Yes ☐ No **If not, are you open to receiving Counseling?** ☐ Yes ☐ No

Please describe your current health needs

Criminal History

Please list any misdemeanor or felony arrests along with dates and outcomes here:

Are you on probation or parole? ☐ Yes ☐ No
If so, please describe conditions?

Substance Abuse History

Describe your current drug or alcohol consumption:

What is the date of last use? How often do you use?

Have you ever received any substance use services? ☐ Yes ☐ No

Have you ever been diagnosed with substance use disorders? ☐ Yes ☐ No If yes, please explain:

Are you addicted to drugs or alcohol? ☐ Yes ☐ No
If yes, please specify which substance.

Please describe your relationship with your children

What are your children's thoughts on joining the Families Together program?

Please list in detail the goals you will establish in the following areas

Housing:

Employment:

Transportation:

Day-Care/School Enrollment:
Public Benefits:
Insurance:

Other agencies having contact with the family: *(Ex: therapists, psychiatrists, hospital, CPS, MHMR, Juvenile Dept., DHS, etc.)*

Type of Service/Agency	Date started	City	Doctor/Counselor/Caseworker	Phone

Children Information

Child's Name	Age	Sex	Birth Date	Grade	Ethnicity	Social Security #	Does child reside with you?
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No

List Legal Guardian(s) for Child(ren)

Child	Guardian

Relatives Involved

Name	Address	Phone	Relationship	OK to contact?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Name	Address	Phone	Relationship

School Information for Child #1

Name of School:		Grade:
Name of Principal:	Name of Teacher:	Phone Number:

Is child enrolled in Special Education? ☐ Yes ☐ No
If yes, list type of services received:

Name of School Counselor? ☐ OK to contact? ☐ Yes ☐ No

Does your child have a 504 plan? ☐ Yes ☐ No

Please list extra-curricular school activities your child is involved in or special honors received by your child:

Medical and Psychiatric History

Does your child have a current mental health diagnosis? ☐ Yes ☐ No If yes, please list:

Date of Diagnosis:

Is your child currently taking regular medications? ☐ Yes ☐ No
If yes, please list the name of the medications and what it is prescribed for?

Does your child have current shot records? ☐ Yes ☐ No

What emergency health needs does your child have? (asthma, allergies, diabetes, seizures, etc.)

What type of medical care is your child currently receiving?

What is the medical history of your child? (including immunizations, operations, and childhood illness)

Does your child have any juvenile convictions? ☐ Yes ☐ No
If yes, please explain:

Describe your child's behavior:
How do they interact with other children?
Any self-harming behaviors?
Any history of drug or alcohol use?
Trauma History?

School Information for Child #2

Name of School:		Grade:
Name of Principal:	Name of Teacher:	Phone Number:

Is child enrolled in Special Education? ☐ Yes ☐ No
If yes, list type of services received:

Name of School Counselor? ☐ OK to contact? ☐ Yes ☐ No

Does your child have a 504 plan? ☐ Yes ☐ No

Please list extra-curricular school activities your child is involved in or special honors received by your child:

Medical and Psychiatric History

Does your child have a current mental health diagnosis? If yes, please list: ☐ Yes ☐ No

Is your child currently taking regular medications? ☐ Yes ☐ No
If yes, please list:

Does your child have current shot records? ☐ Yes ☐ No

What emergency health needs does your child have? (asthma, allergies, diabetes, seizures, etc.)

What type of medical care is your child currently receiving?

What is the medical history of your child? (including immunizations, operations, and childhood illness)

Does your child have any juvenile convictions? ☐ Yes ☐ No
If yes, please explain:

Describe your child's behavior:
How do they interact with other children?
Any self-harming behaviors?
Any history of drug or alcohol use?
Trauma History?

School Information for Child #3

Name of School:		Grade:
Name of Principal:	Name of Teacher:	Phone Number:

Is child enrolled in Special Education? ☐ Yes ☐ No
If yes, list type of services received:
Name of School Counselor? ☐ OK to contact? ☐ Yes ☐ No

Does your child have a 504 plan? ☐ Yes ☐ No

Please list extra-curricular school activities your child is involved in or special honors received by your child:

Medical and Psychiatric History
Does your child have a current mental health diagnosis? If yes, please list: ☐ Yes ☐ No
Is your child currently taking regular medications? If yes, please list: ☐ Yes ☐ No
Does your child have current shot records? ☐ Yes ☐ No
What emergency health needs does your child have? (asthma, allergies, diabetes, seizures, etc.)
What type of medical care is your child currently receiving?
What is the medical history of your child? (including immunizations, operations, and childhood illness)
Does your child have any juvenile convictions? ☒ Yes ☐ No If yes, please explain:
Describe your child's behavior: Describe your child's behavior: How do they interact with other children? Any self-harming behaviors? Any history of drug or alcohol use? Trauma History?

The information contained in this application is correct to the best of my knowledge. I understand that making false statements or being untruthful may result in termination of ACH Child and Family Services.

Signature _____ Date _____