

Dear Applicant,

Thank you for considering Medina Children's Home in your request for placement in the Mother-Child-Care program. Enclosed is an application.

An instruction sheet is provided to help you complete the application. It also includes the process for placement after acceptance.

**Please provide all of the information requested which will expedite processing.  
APPLICATIONS SUBMITTED WITHOUT ALL FORMS COMPLETED WILL  
BE RETURNED WHICH WILL DELAY PROCESSING.**

Call if you have questions about this application.

Sincerely,

Mother Child Care Program Director

INSTRUCTIONS FOR MOTHER-CHILD-CARE APPLICATION  
AND PLACEMENT PROCEDURES

APPLICATION:

1. Complete the enclosed application (pages 1 - 3).  
Fill in all blanks where applicable.
2. Contact an elder or minister of a CHURCH OF CHRIST for a recommendation for placement (page 4).
3. The mother, and children ages 14 and above, should have a psychological evaluation completed which must include the following (or equivalent):
  - a. A standard test of intelligence (i.e., WISC or Stanford-Binet)
  - b. A test of academic achievement (i.e., WRAT or California Achievement Test)
  - c. A personality description (i.e., Rorschach, T.A.T.)
  - d. A personality inventory (California Test of Personality/Bell Adjustment Inventory)
4. Mail or fax all of the above information plus any other data that might help in an evaluation to:

Medina Children's Home  
21300 State Hwy. 16 N  
Medina, TX 78055-3808  
ATTENTION: Mother Child Care - Admissions

or FAX to 830-589-7570

**AFTER REVIEW OF THE APPLICATION YOU WILL BE CONTACTED WITH FURTHER INSTRUCTION.**

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IF PLACEMENT IS APPROVED THE FOLLOWING WILL BE NEEDED:

1. A **physical and dental examination** of the mother and the equivalent of a UIL (University Interscholastic League) physical and a dental examination of each school age child.
2. A **tuberculosis test** for mother and each child (with a "negative" for each).
3. **Divorce papers** or any other legal documentation that proves legal custody of each child.
4. A certified copy of **birth certificates** for each child.
5. A copy of mother and children's **Social Security cards**.
6. **School records** for all school age children.
7. **Immunization records** for all children.
8. Cash or check for \$250.00 for security **deposit**.

**APPLICATION FOR ADMISSION  
MOTHER-CHILD-CARE PROGRAM**

Medina Children's Home  
21300 State Highway 16 N Medina, Texas 78055-3808  
Telephone 830-589-2814 Fax 830-589-7570

(Form Revised 2/00)

Date of Application:	Person completing application:
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**I. MOTHER'S INFORMATION**

Name of mother:

Last:	First:	Middle:
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Address:				
Street/PO Box	City	State	Zip Code	County

Telephone #: Home (    )	Telephone #: Work (    )
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Age:	Date of Birth:	Soc. Sec. No.:
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Place of Birth:			
City	County	State	Country

Race:	Eye Color:	Hair Color:	Height:	Weight:
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What is your marital status now?
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Are you a citizen of U.S.A.?	List branch of service and years served if applicable:
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Do you: Smoke?	Drink alcohol?	Use drugs?
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**Education Information**

**School Name**

High School:	Location:	Dates attended:	Graduate?	Degree:
College:	Location:	Dates attended:	Graduate?	Degree:
Vocational:	Location:	Dates attended:	Graduate?	Degree:

**II. CHILDREN'S INFORMATION**

List all children that will accompany mother in program:

Name:	Sex:	Age:	DOB:	Grade:	Soc. Sec. #	Father's name:

Identify by name and age other children you have custodial rights to but will not be accompanying you in the program:

**III. LEGAL STATUS**

Identify all legal situations (Explain who has legal custodial rights to the children, visitation rights, etc.):

**IV. NEEDS AND EXPECTATIONS:**

Provide brief description of need for program:

Describe your expectations of the program:

What goals do you wish to accomplish by the end of the program?

**V. MOTHER'S MEDICAL INFORMATION**

A. If you are currently on medication provide the following:  
1. List all medications and dosages:

2. Prescribing doctor's name:	Telephone # ( )
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B. List allergies to medicines or other **severe** allergies:

C. List medical/physical impairments (glasses, hearing aids, etc.):







