



INSTRUCTIONS AND REQUIREMENTS FOR ADMISSION TO TUPELO CHILDREN'S MANSION OR HAVEN OF HOPE GIRLS' HOME

INSTRUCTIONS

Carefully preview the complete application packet. If you feel that Tupelo Children's Mansion, (hereafter referred to as "TCM") can meet the needs of your family, and you and your child are **willing to fit into TCM's program and uphold its standards**, please fill out the following forms completely and return it to our office. Actions on the Application may be delayed if every section is not completed to the best of your ability.

The actual placement of your child at TCM may require some time and is determined by a number of factors. After this form is returned to our office, other inquiries may be made, if deemed necessary by the Residential Services staff. When all items listed in the "Requirements" section below are received, necessary follow-up inquiries have been made and TCM's placement committee has approved the placement, then action will be taken to initiate the physical placement of your child. The time period between the receipt of the application and the committee's decision is normally one to two weeks. You will be personally notified of our decision. In the event that the application is rejected, your personal documents will be returned via certified mail.

REQUIREMENTS

1. COMPLETED APPLICATION (**ALL** questions **MUST** be answered for your application to be considered. If the answer is unknown, simply write "*unknown*" in the space provided. **Leave no question unanswered.**)
2. One **color** photo of **each child** individually, preferably 5 X 7 (i.e., school picture), if available
3. Copy of most recent report card for **each child**
4. Copy of court orders, decrees, parent's divorce papers, death certificates, adoption decrees, guardianships, etc. related to situation
5. Any and all psychiatric, psychological and/or educational testing or reports for **each child**, *if available and applicable*
6. Completed "Pastoral Agreement" (Appendix II), *if you currently attend a UPC church*
7. Completed "Health Maintenance Record" for **each child** (Appendix III)
8. Completed "Medical Consent Form" for **each child** (Appendix IV)
9. Completed "Authorization for Release of Information" for **each child** (Appendix V)
10. SAMPLE "Service Agreement" (Appendix VI)
This is for your review ONLY. The actual Service Agreement will be completed upon placement.

***If you do not have access to a notary we can notary all documents on placement day. You must still complete the top part and sign each page requesting notarization.**

The following items will be needed, if your child is accepted, on the day of placement.

1. Certified copy of a Birth Certificate for **each child**
2. An original Social Security card for **each child**
3. Copy of an Immunization record for **each child**

TUPELO CHILDREN'S MANSION

Family Name: _____

APPLICATION FOR PLACEMENT & ADMISSION AGREEMENT

The following information given is a PERMANENT RECORD. All entries must be complete and truthful. If a question is unknown, please write "*unknown*" in the space provided. If a question does not apply to your child's situation, please write "*N/A*" in the space provided. **DO NOT** leave any questions unanswered. This **will** delay the admission process.

Please type or print, using black ink.

Name of person making application: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different from physical address)

Email Address _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Place of Employment: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: () _____ - _____

Relationship to Child: _____

If you are not the child's biological parent, do you have any of the following? (check)

- Legal Custody Legal Guardianship Power of Attorney
- Other (explain): _____

**** * * Must Have Relevant Court Order or Other Documentation * * ****

Have the Parental Rights of the child's biological parents been terminated?

Mother Yes No

Father Yes No

**** * * Must Have Relevant Court Order or Other Documentation * * ****

Please include a copy of the above noted documents with this application.

Family Name: _____

**FAMILY HISTORY
BIOLOGICAL FATHER**

Race: (circle one)	
Caucasian	Black
Oriental	Puerto Rican
Hispanic	American-Indian
Mixed	Other: _____

Father's Full Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Email Address _____

Phone # (____) _____ - _____ Date of Birth: ____/____/____

Social Security #: _____-_____-_____ If Deceased, Date: ____/____/____ *Copy of Death Certificate*

Single Parent? Yes No Spouse: _____

Can child have contact with the father? Yes No - If no, why not? _____

*** * * Must Have Relevant Court Order or Other Documentation * * ***

Employment History

Employer: _____

Address: _____

Phone #: (____) _____ - _____ Date of Employment: _____ Date of Termination: _____

Reason for Termination: _____

Military History

Branch: _____ Entered: _____ Discharged: _____ Rating: _____

Health History

General Physical Health: Good Fair Poor

Physical Limitations: _____

Circle all of the following for which the Father has been treated: *Heart Disease* *Alcoholism*

Drug Addiction *Mental Disorder* *Nervous Disorder* Other: _____

Police Record (other than minor traffic violations)

Date: _____ Violation: _____ Conviction: Yes No Penalty: _____

Date: _____ Violation: _____ Conviction: Yes No Penalty: _____

Vehicle Information

Vehicle Make: _____ Model: _____ Year: _____ State Tag: _____

Vehicle Make: _____ Model: _____ Year: _____ State Tag: _____

Family Name: _____

FAMILY HISTORY

Adoptive Father **Step-Father** **Foster Father**

For How Long? _____

Father's Full Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Email Address _____

Phone # (____) _____ - _____ Date of Birth: ____/____/____

Social Security #: _____ - _____ - _____ If Deceased, Date: ____/____/____ ** If Adoptive Father*
* Copy of Death Certificate**

Single Parent? Yes No Spouse: _____

Can child have contact with this person? Yes No - If no, why not? _____

*****If Adoptive Father, Must Have Relevant Court Order or Other Documentation*****

Employment History

Employer: _____

Address: _____

Phone #: (____) _____ - _____ Date of Employment: _____ Date of Termination: _____

Reason for Termination: _____

Military History

Branch: _____ Entered: _____ Discharged: _____ Rating: _____

Health History

General Physical Health: Good Fair Poor

Physical Limitations: _____

Circle all of the following for which the Father has been treated: *Heart Disease* *Alcoholism*

Drug Addiction *Mental Disorder* *Nervous Disorder* Other: _____

Police Record (other than minor traffic violations)

Date: _____ Violation: _____ Conviction: Yes No Penalty: _____

Date: _____ Violation: _____ Conviction: Yes No Penalty: _____

Vehicle Information

Vehicle Make: _____ Model: _____ Year: _____ State Tag: _____

Vehicle Make: _____ Model: _____ Year: _____ State Tag: _____

Family Name: _____

**FAMILY HISTORY
BIOLOGICAL MOTHER**

Race: (circle one)	
Caucasian	Black
Oriental	Puerto Rican
Hispanic	American-Indian
Mixed	Other: _____

Mother's Full Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Email Address _____

Phone # (____) _____ - _____ Date of Birth: ____/____/____

Social Security #: _____-_____-_____ If Deceased, Date: ____/____/____ *Copy of Death Certificate*

Single Parent? Yes No Spouse: _____

Can child have contact with the mother? Yes No - If no, why not? _____

*** * * Must Have Relevant Court Order or Other Documentation * * ***

Employment History

Employer: _____

Address: _____

Phone #: (____) _____ - _____ Date of Employment: _____ Date of Termination: _____

Reason for Termination: _____

Military History

Branch: _____ Entered: _____ Discharged: _____ Rating: _____

Health History

General Physical Health: Good Fair Poor

Physical Limitations: _____

Circle all of the following for which the Mother has been treated: *Heart Disease* *Alcoholism*

Drug Addiction *Mental Disorder* *Nervous Disorder* Other: _____

Police Record (other than minor traffic violations)

Date: _____ Violation: _____ Conviction: Yes No Penalty: _____

Date: _____ Violation: _____ Conviction: Yes No Penalty: _____

Vehicle Information

Vehicle Make: _____ Model: _____ Year: _____ State Tag: _____

Vehicle Make: _____ Model: _____ Year: _____ State Tag: _____

Family Name: _____

FAMILY HISTORY

Adoptive Mother **Step-Mother** **Foster Mother**

For How Long? _____

Mother's Full Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Email Address _____

Phone # (____) _____ - _____ Date of Birth: ____/____/____

Social Security #: _____ - _____ - _____ If Deceased, Date: ____/____/____

Race: (circle one)	
Caucasian	Black
Oriental	Puerto Rican
Hispanic	American-Indian
Mixed	Other: _____

** If Adoptive Mother*
* Copy of Death Certificate**

Single Parent? Yes No Spouse: _____

Can child have contact with this person? Yes No - If no, why not? _____

*****If Adoptive Mother, Must Have Relevant Court Order or Other Documentation*****

Employment History

Employer: _____

Address: _____

Phone #: (____) _____ - _____ Date of Employment: _____ Date of Termination: _____

Reason for Termination: _____

Military History

Branch: _____ Entered: _____ Discharged: _____ Rating: _____

Health History

General Physical Health: Good Fair Poor

Physical Limitations: _____

Circle all of the following for which the Mother has been treated: *Heart Disease* *Alcoholism*

Drug Addiction *Mental Disorder* *Nervous Disorder* Other: _____

Police Record (other than minor traffic violations)

Date: _____ Violation: _____ Conviction: Yes No Penalty: _____

Date: _____ Violation: _____ Conviction: Yes No Penalty: _____

Vehicle Information

Vehicle Make: _____ Model: _____ Year: _____ State Tag: _____

LIVING RELATIVES OF CHILD(REN)

Are the following people aware of your decision for placement of your child(ren) outside of the home?
Please check whether they are supportive or against your decision.

<u>Relative</u>	<u>Name & Phone Number</u>	<u>Supportive</u>	<u>Against</u>
Biological Mother	_____	<input type="checkbox"/>	<input type="checkbox"/>
Biological Father	_____	<input type="checkbox"/>	<input type="checkbox"/>
Maternal Grandmother	_____	<input type="checkbox"/>	<input type="checkbox"/>
Maternal Grandfather	_____	<input type="checkbox"/>	<input type="checkbox"/>
Paternal Grandmother	_____	<input type="checkbox"/>	<input type="checkbox"/>
Paternal Grandfather	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please list all siblings of child(ren) Designate legal relationship (full sibling, half paternal, half maternal, step sibling)

If anyone above has been listed as "Against" placement, please give the reasons below and clarify whether or not they intend to cooperate with Tupelo Children's Mansion, Inc. if the child is placed.

List all others (family &/or friends) who have interest in the child below:

Name: _____ Relation: _____ Phone: _____

Address: _____ Supportive Against

Name: _____ Relation: _____ Phone: _____

Address: _____ Supportive Against

Name: _____ Relation: _____ Phone: _____

Address: _____ Supportive Against

Name: _____ Relation: _____ Phone: _____

Address: _____ Supportive Against

Name: _____ Relation: _____ Phone: _____

Address: _____ Supportive Against

SOCIAL HISTORY
(Please Answer The Following Questions Completely)

1. What is the immediate problem, or existing condition, which necessitates this consideration for placement outside of the home?

2. What, if anything, has been done to remedy the existing condition?

3. Please describe relationships and attitudes, in and outside of the home, including some discussion of the family systems (the relationship between the child and the parents, as well as, relationships between the child and other family members or friends).

4. In your opinion, what are the specific needs which must be met for this family to function properly?

5. Will a short-term (1 year) or long-term (18+ months) placement of the child provide a basis for proper functioning to be regained? Please explain your plan for this child in regards to their placement at Tupelo Children's Mansion.

CHECK LIST BEHAVIOR CHARACTERISTICS

Check All That Apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Resists Authority | <input type="checkbox"/> Steals | <input type="checkbox"/> Homosexual |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Obscene/Vulgar Speech | <input type="checkbox"/> Tendencies |
| <input type="checkbox"/> Talks of Suicide | <input type="checkbox"/> Lies | <input type="checkbox"/> Masturbates |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Stammers/Stutters | <input type="checkbox"/> Preoccupied with sex |
| <input type="checkbox"/> Slow Learner | <input type="checkbox"/> Sucks Thumb | <input type="checkbox"/> Victim of Sexual |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Bites Nails | <input type="checkbox"/> Abuse |
| <input type="checkbox"/> Fearful/Anxious | <input type="checkbox"/> Truancy | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Disobedient | <input type="checkbox"/> _____ Home | <input type="checkbox"/> Sex Offender |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> _____ School | |
| <input type="checkbox"/> Attempted Suicide | <input type="checkbox"/> Bed Wetting | |
| <input type="checkbox"/> Day Dreams | <input type="checkbox"/> History of Running Away | |
| <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Limited Verbal Expression | |
| <input type="checkbox"/> Aggressiveness | <input type="checkbox"/> Soiling | |
| <input type="checkbox"/> _____ Children | <input type="checkbox"/> Excessively Neat | |
| <input type="checkbox"/> _____ Animals | <input type="checkbox"/> Disorderly | |
| <input type="checkbox"/> Extreme Anger | <input type="checkbox"/> Laziness | |
| <input type="checkbox"/> Poor Hygiene | <input type="checkbox"/> Victim of Physical Abuse | |
| <input type="checkbox"/> Secretive Behavior | <input type="checkbox"/> Victim of Emotional/Verbal Abuse | |
| <input type="checkbox"/> Self-Abusive (harms self, for any reason) | | |

SPECIAL ABILITIES AND INTERESTS

To effectively help your child, TCM is of the opinion we need to focus on the "good" in your child. What are their strengths, talents, special abilities? Please be specific in this area.

- Dramatics: _____
- Household activities: _____
- Automotive: _____
- Music: _____
- Sports: _____
- Art: _____
- Crafts: _____
- Reading: _____
- Mechanics: _____
- Woodworking: _____
- Computer: _____
- Poetry: _____
- Writing: _____
- Competitive: _____
- Honesty: _____
- Average or Above Average Intelligence: _____
- Willingness to Change/Wants Help: _____
- Other: _____

Honors received: _____

BEHAVIOR CHARACTERISTICS CONTINUED

CRIMINAL ACTIVITY

Has the child had any behavior problems with extreme violence, vandalism, arson, or terrorist threats?
 Yes No

If "Yes," please explain:

Has the child ever been arrested? Yes No

If "Yes," what were the charges? _____

Is the child now or has the child ever been on probation? Yes No

If "Yes," explain: _____

Is the child now or has the child ever been on parole? Yes No

If "Yes," explain: _____

SUBSTANCE ABUSE

Has the child ever been exposed to drug or alcohol use? Yes No

Has the child ever experimented with drugs or alcohol? Yes No

Is the child currently using any form of drugs or alcohol? Yes No

Please check all that apply:

- | | | |
|-----------------|------------------------|----------------------------------|
| _____ Marijuana | _____ Methamphetamines | _____ Prescription Drugs (list): |
| _____ Cocaine | _____ Diet Pills | _____ |
| _____ Crack | _____ Smoking | _____ |
| _____ Ecstasy | _____ Alcohol | _____ |

Other (explain): _____

BEHAVIOR CHARACTERISTICS CONTINUED

MENTAL HEALTH

Does the child currently or have a past history of mental problem? Yes No

Has the child been diagnosed with any of the following disabilities?

- Emotional Disability
- Mental Disability (mild moderate severe)
- Clinical Depression
- Bi-Polar Disorder
- Schizophrenia
- Phobias: _____
- Passive Aggressive
- ADD
- ADHD
- GAD
- Other: _____

Doctor's Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Office Phone: () _____ - _____

Has the child ever been institutionalized? Yes No

If "Yes," explain giving contact information of institution used: _____

Current Psychotropic Medications: _____

SEXUAL ACTIVITY

Is the child sexually active with the opposite sex? Yes No

If "Yes," explain: _____

Has the child ever been involved in any homosexual activities? Yes No

If "Yes," explain: _____

If the child is a female:

Has the child ever been pregnant? Yes No

If "Yes," explain: _____

Has the child ever had an abortion? Yes No

If "Yes," explain: _____

SCHOOL INFORMATION

Name of School in Which Child is Currently Enrolled

School Address

City State Zip

School Phone

Current Grade or Grade Beginning

If school is currently in session, is your child passing?
 Yes No

Has student ever been held back a school year? Yes No

If "Yes," which grade/grades: _____

Is the child in Special Education classes? Yes No

If "Yes," which subjects: _____

Name of Guidance Counselor: _____ Phone: _____

Has the child ever been suspended? Yes No

If "Yes," number of time? _____ Reason(s)? _____

Has the child ever been expelled? Yes No

If "Yes," number of time? _____ Reason(s)? _____

POLICY ON CHURCH ATTENDANCE

The writer of Hebrews admonished us to forsake not the "assembling of ourselves together" (Hebrews 10: 25). Knowing this, we must be responsible members of a local church body. We, too, realize what a vital lesson this is for our children to learn. For this reason, Tupelo Children's Mansion has declared **Life Church of Tupelo** as the official church home of all children and staff of the ministry. Faithful attendance to all services will be expected and required of all children. There are no exceptions to this policy.

I have read and I understand the *Policy on Church Attendance* set forth by Tupelo Children's Mansion. I do not have a problem with my child(ren) attending **Life Church of Tupelo**, nor, do I have a problem with my child(ren) being taught Pentecostal doctrine. I will support the spiritual decisions of my child with guidance from the Pastor of **Life Church** (i.e. baptism, tithing, etc.)

Signature of Mother/Legal Guardian

Signature of Father/Legal Guardian

TCM KIDS TOUR PROGRAM

The TCMM Kids Tour program provides some exciting travel opportunities for a select group of Mansion residents and staff children. Throughout the year, about a dozen children use their talent to represent TCMM across North America. Dozens of churches are visited as well as special conferences and camp meetings.

Beginning in June, the group begins to travel in earnest. Some of the states that are visited include Kentucky, Tennessee, Arkansas, Mississippi, Ohio, Texas, Louisiana, Indiana, and Oklahoma. Being a part of the TCM Kids Tour program is an enriching experience for the Mansion children. They get to meet many of their sponsors and make a lot of new friends.

- My child(ren) shall be allowed to have the privileges of traveling in the TCMM Kids Tour Program as the TCMM Administration deems necessary.
- My child(ren) shall NOT be allowed to participate in the TCMM Kids Tour Program.

TRANSFER OF CUSTODY

In some cases, TCM or the party requesting placement will request that legal custody of the child be transferred to Tupelo Children's Mansion. If TCM is making this request, parent's will be notified prior to the date of placement. All parents who place their children at TCM receive the assurance that a neutral entity, the Lee County Chancery Court, retains the final jurisdiction over each child. In these cases, legal documents will be provided at the time of actual placement and you will receive copies of these documents for your files. Entering into a court ordered placement agreement provides for the protection of your parental rights, the welfare of the child, and the assurance that TCM will be able to provide the stability needed in the best interest of the child during this difficult period.

TCM will not accept a transfer of custody for any young lady participating in the Haven of Hope program. This is a short-term program designed for the young lady to return home upon completion. The placing party will be required to make arrangements for the reunification of the child at the time the program is completed.

APPLICATION- AGREEMENT FOR PLACEMENT

By completing this application, you are asking TCM to extend its care and service to your child and your family. This residential program exists for the purpose of providing a stable home life, spiritual training, physical care and social guidance to needy children and to undertake this task to the best of its resources, energies and abilities.

In a very real sense you are acknowledging, by requesting to place your children at TCM, that *you are presently unable to properly exercise parental responsibilities and control*, and recognize the need for a change in their custodial circumstances. You are, in essence, requesting that TCM exercise those responsibilities and control for you. **We ask for your understanding and cooperation with the simple conditions and regulations under which TCM is compelled to operate in order to furnish the control and accept the responsibilities expected.** Specifically, you are asked to understand and cooperate with the following:

Initial

- ___1. I agree to complete and comply with a Service Agreement. This agreement outlines specific criteria which TCM and me must meet in order to provide for the best interest of my child(ren).
- ___2. I agree that TCM will not be held responsible for any accident, illness or punishment so long as they comply with all Mississippi laws and act in good faith in providing for the physical, emotional and spiritual needs of my child(ren).
- ___3. I agree that pursuant to the Service Agreement I will be expected to assist TCM financially in the care, maintenance and support of my child to the best of my ability. Acceptance of my child for placement by TCM is not determined by my ability or inability to support my child. However, TCM must comply with certain Mississippi guidelines and an equitable amount of support will be required if I am judged able to provide it. This amount will be noted in the Service Agreement.
- ___4. I agree not to withdraw the child from TCM without at least a 30-day written notice of intention to the TCM Administration. With this request, I will send information as to present income, expenses, availability of time to care for child, housing arrangements, explanation of how situations causing the child(ren) to need services of TCM have been resolved.
- ___5. I agree I am not making the decision to place my children in an out-of-home placement without careful consideration. I understand that a minimum time must pass before the problems, or circumstances, which led to this placement, can be fully resolved.
- ___6. **I agree not to take legal action to remove my child from the TCM program for a period of eighteen (18) months unless this is agreed, being in the best interest of the child, by myself and the TCM Administration. In such a case, I agree to comply with #4 above.**
- ___7. I agree to allow Tupelo Children's Mansion to use the story of our family being ministered to through Tupelo Children's Mansion, as well as to use pictures of my child(ren) in publications, presentations, and written messages.

NON-DISCRIMINATORY POLICY

Family Name _____

Tupelo Children's Mansion, which is affiliated with the United Pentecostal Church International, does not discriminate against any race, color, or national and ethnic origin. All rights, privileges, programs, and activities generally accorded are made available for all.

In witness of my understanding of, and agreement to, the foregoing "APPLICATION AND AGREEMENT FOR PLACEMENT", and my promise to abide by all of the same, I affix my signature, this ____ day of _____, 20____.

Mother / Guardian Signature: _____

Father / Guardian Signature: _____

State of _____

County of _____

Personally appeared before me, the undersigned authority in, and for, the aforesaid County and State, the within named _____ and _____, who, being duly sworn, on oath state that they signed the foregoing "TCM APPLICATION AND AGREEMENT FOR PLACEMENT" as their own act and deed, and that information contained therein is true and correct. Sworn to me and subscribed before me, this the _____ day of _____, 20_____.

Notary Public

MY COMMISSION EXPIRES:

APPENDIX II APPROVAL AND AGREEMENT OF PASTOR

While it is not required, it is beneficial when a licensed minister of the United Pentecostal Church International is involved in the placement of children at Tupelo Children's Mansion, Inc. We are appreciative of your **complete honesty** in every placement situation. TCM's Residential Services program is designed to provide a home to children who are in need **due to family circumstances**. *The placement of a child at TCM must not be based primarily on the delinquency of the child.*

Pastoral involvement is advantageous during the entire length of the placement. When there may be a need for intervention, pastoral sessions with parents and/or relatives, in the event of misunderstandings, or if a time comes when the issue of permanency planning must be discussed, we will be contacting the pastor personally. The pastor will be relied upon heavily in these cases.

Upon the submission by the parents/guardians of a "Request for Removal", we will request the pastor's assurance to TCM's Board of Directors and Administration that all of the family matters are in proper order for the return of the children to the parent's/guardian's custody. Your recommendation is highly regarded in such cases.

AGREEMENT

1. YES NO I am a licensed minister in good standing with the United Pentecostal Church International.
2. YES NO I sincerely believe this placement is worthy of TCM's staff and the United Pentecostal Church International investing its resources of time and finance.
3. YES NO I know positively that the need for placement at TCM is related to family circumstances and NOT just to the delinquency of the child.
4. YES NO During the time of the child's placement at TCM, I agree to assist the Administration in encouraging the parents, relatives, etc., when needed.
5. YES NO I agree upon a "Request for Removal" of the child from TCM by the parent/guardian to act as an advisor in helping TCM to understand the real reason for the request and to assure that the circumstances responsible for the placement of the child at TCM have been resolved.
6. YES NO I will commit to do all I can to encourage regular financial support to TCMM from our church and others to help with the cost of providing for the needs of this child.. **Also, I will continue to encourage others to help support TCM in prayer.**

Pastor's signature: _____

Date: _____

Pastor's phone number: _____

Church name: _____

Address: _____
Street City State Zip

**APPENDIX III
HEALTH MAINTENANCE RECORD**

Measurements: Ht. _____ Wt. _____

Medication: _____ No _____ Yes (List Below)

Name	Dosage	Frequency	Diagnosis
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: _____

Please list below any abnormal conditions or medical problems child may have or has had in the past.
(Examples: asthma, heart murmur, epilepsy, hearing loss, etc.)

Immunizations up to date: _____ No _____ Yes

Surgeries: _____ No _____ Yes

If yes please list type, when, and why
(Examples, tubes in ear, tonsils removed, appendectomy, etc.)

Any broken bones in past: _____ No _____ Yes

If yes please list what bone, when broken, and how break occurred.

Glasses or Contacts: _____ No _____ Yes

Braces: _____ No _____ Yes

Is so when: _____

**APPENDIX V
AUTHORIZATION FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

This authorizes Tupelo Children's Mansion Ministries, Inc. to have any and all information concerning my child, _____.

This authorizes all physicians, therapists, social workers, nurses, hospitals, medical attendants, record custodians, counselors and school staff or other persons in charge of medical information, documents, films, reports, objects, and other related information concerning the undersigned to furnish any and all such matter to Tupelo Children's Mansion, Department of Residential Services, PO Box 167, Tupelo, Mississippi, 38802, or to any representative, attorney or investigator from that office.

This authorization extends to and includes permission for Tupelo Children's Mansion Ministries, Inc. to release any and all information, medical or otherwise, that they may deem appropriate in caring for and providing for the child listed above.

A copy of this authorization, if presented by Tupelo Children's Mansion Ministries, Inc., or by any representative of this agency, shall be as fully effective as the original. This document shall not expire, but will terminate upon the release of the child from the physical custody of Tupelo Children's Mansion Ministries, Inc.

MOTHER/ GUARDIAN SIGNATURE

FATHER/ GUARDIAN SIGNATURE

STATE OF _____

COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the aforesaid County and State, the within named _____ and _____, who being duly sworn, on oath states that they/he/she are/is the guardian(s) of the above mentioned minor. SWORN TO AND SUBSCRIBED BEFORE ME, this, the _day of _____, 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

**APPENDIX VI
TUPELO CHILDREN'S MANSION
SERVICE AGREEMENT**

- BETWEEN -

Tupelo Children's Mansion, Inc. & _____

Effective From The Date of Placement: _____

For A Period of Twelve (12) Months, Ending: _____

As a parent or guardian during my child(ren)'s stay at TCM, I will:

Initial

- ___1. Write or send a card at least weekly.
- ___2. Provide weekly allowance in the amount of _____/week, **per** child.
- ___3. Provide a total of \$_____.00/ month, **per** child.
- ___4. Visit my child(ren) on a regular schedule prepared and agreed upon by me and TCM. *Please do not ask to visit your child(ren) until they have been in residence on our campus for a minimum of five (5) weeks adjustment period. This agreement reflects a mutual decision between you and the Residential Staff.*

VISITATION DATES

To be scheduled with TCM's social worker

- ___5. Remember my child(ren) with special cards or gifts on birthdays, Easter, Christmas, and any other agreed upon special days. Cards, letters, and small gifts from you are encouraged during the entire placement.
- ___6. Cooperate during placement by notifying TCM Residential Staff at least 24 hours in advance if I am unable to fulfill any of the terms of this agreement.
- ___7. Cooperate with TCM by following this individualized, structured placement plan which is designed toward returning my child(ren) to my home. During my child(ren)'s stay at Tupelo Children's Mansion, I will work toward rehabilitating myself and making efforts to provide for my child(ren) in order to have their care, custody, and control returned to me.
- ___8. Obtain and maintain a suitable income adequate for care of my child(ren) at least six (6) months prior to the request for their return to my care.
- ___9. In advance of my request for removal of my child(ren) from TCM, I will obtain a home study, if requested, which satisfies TCM that my home is a suitable placement for my child(ren). I understand that this is solely to protect the welfare of my child(ren).
- ___10. Never disagree openly against Tupelo Children's Mansion's operation and administration in the presence of the child(ren) and at no time work against the policies and practices of said institution.
- ___11. I will provide evidence that I am free from alcohol or other chemical/drug use. This will include, but is not limited to, drug-test results and the results of any rehabilitation programs that I have participated in.
- ___12. As evidence of my desire to reunite my family, I will enroll in parenting classes through an agency in my city. I will supply evidence of my completing these classes to TCM.
- ___13. I fully understand that my failure to meet the terms set out in this Service Agreement, and to cooperate with TCM in implementing this individual placement plan as required by Miss. Code Ann. Sect. 93-15-103(3)(c)*, may result in a request to terminate my parental rights.

Tupelo Children's Mansion will:

- ___ 1. Provide 24-hour custodial care.
- ___ 2. Provide for the child(ren)'s educational needs.
- ___ 3. Provide moral, religious, emotional, and personal support systems to meet the child(ren)'s needs.
- ___ 4. Cooperate with parent/guardian in this Service Agreement by being flexible, when reasonable, and deemed in the best interest of the child(ren).
- ___ 5. Develop and work with parent/guardian to implement an individual placement plan designed to effectuate the safe and smooth return of the child(ren) to a **suitable home environment** that will be in the best interest of the child(ren).

___ * Mississippi law requires that parents of children (placed outside their care, control and custody) under three (3) years of age to prepare for their return within six (6) months and children over three (3) years of age, within a one-year period of time. If that preparation is not completed, termination of parental rights may be granted by the courts.

___ **Tupelo Children's Mansion is committed to permanency planning as required by Federal and State laws for all children knowing that loving, caring parents in a family setting is the most impressive learning and teaching experience for children. Therefore, if parents have not made proper changes and plans to provide the adequate care necessary to meet the needs of the child(ren) placed at Tupelo Children's Mansion within a two (2) year period, procedures will begin to terminate parental rights so that a permanent plan may be carried out for the best interest of each child.**

PARENT/GUARDIAN SIGNATURE

STATE OF _____

COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the aforesaid County and State, the within named _____, who, being duly sworn, on oath state that he/she signed the foregoing "**TCM SERVICE AGREEMENT**" as his/her own act and deed.

SWORN TO ME AND SUBSCRIBED BEFORE ME, this the __day of _____, 20__.

Notary Public

MY COMMISSION EXPIRES:
