

AGAPE YOUTH RANCH
Agape Youth Ministry
P. O. Box 11415
Phoenix, Arizona 85061-1415
Office Phone: (480) 471-8253 Fax: (480) 471-8253

RESIDENT APPLICATION

YOUTH

DATE: ___/___/20__

Youth's full legal name: _____ Age: _____

Current address: _____

City: _____ State _____ Zip Code _____ County _____

Home phone (____) _____ Cell phone (____) _____

SSN: _____ Citizenship _____ Race _____

Date of Birth _____ Place of Birth _____

Height _____ Weight _____ Eye color _____ Hair color _____

Unique physical characteristics: No Yes If yes, explain below. Do not type in ALL CAPS.

Who has legal custody of this Youth? _____

Medicaid No. _____ Not Applicable or None

BIOLOGICAL FATHER

Name _____ SSN _____ Unknown

Current Address _____

City: _____ State _____ Zip Code _____ County _____

Home phone (____) _____ Cell phone (____) _____

Work phone (____) _____ E-mail address _____

Date of Birth _____ Age _____

Present occupation: _____

Employer: _____

Employer address _____

Status: Married - (Date married): _____ Separated - (Date Separated) _____

 Divorced (Date Divorced) _____ Deceased (Date of death) _____

If deceased, cause of death: _____

BIOLOGICAL MOTHER

Name _____ SSN _____
Current Address _____
City: _____ State _____ Zip Code _____ County _____
Home phone (____) _____ Cell phone (____) _____
Work phone (____) _____ E-mail Address _____
Date of Birth _____ Age _____
Present occupation: _____
Employer: _____
Employer address _____
Status: Married (Date Married) _____ Separated (Date Separated) _____
Divorced (Date Divorced) _____ Deceased (Date of Death) _____
If deceased, cause of death: _____

ADOPTIVE or STEP-FATHER

Name _____ SSN _____
Current Address _____
City: _____ State _____ Zip Code _____ County _____
Home phone (____) _____ Cell phone (____) _____
Work phone (____) _____ E-mail address _____
Date of Birth _____ Age _____
Present occupation: _____
Employer: _____
Employer address _____
Status: Married (Date Married) _____ Separated (Date Separated) _____
Divorced (Date Divorced) _____ Deceased (Date of Death) _____
If deceased, cause of death: _____

ADOPTIVE or STEP-MOTHER

Name _____ SSN _____
Current Address _____
City: _____ State _____ Zip Code _____ County _____
Home phone (____) _____ Cell phone (____) _____
Work phone (____) _____ E-mail address _____
Date of Birth _____ Age _____
Present occupation: _____
Employer: _____
Employer address _____
Status: Married (Date Married) _____ Separated (Date Separated) _____
Divorced (Date Divorced) _____ Deceased (Date Deceased) _____
If deceased, cause of death: _____

LEGAL GUARDIAN (With whom Youth resides)

Name _____ SSN _____
Current Address _____
City _____ State _____ Zip Code _____ County _____
Home phone (____) _____ Cell phone (____) _____
Work phone (____) _____ E-mail address _____
Date of Birth _____ Age _____
Present occupation: _____
Employer: _____
Employer address _____
Status: Married (Date Married) _____ Separated (Date Separated) _____
Divorced (Date Divorced) _____ Deceased (Date Deceased) _____

NOTIFY IN CASE OF EMERGENCY:

1. Name: _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip _____
2. Name: _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip _____
3. Name: _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip _____

ADDITIONAL FAMILY INFORMATION:

List the names and birthdays of siblings, including half & stepbrothers/sisters. Please indicate if they live at a location different from the home of the youth.

NAME	Age	Sex	Birth Date	Full, Step, Half	ADDRESS

OTHER CLOSE RELATIVES:

List the names and phone numbers of other close relatives, such as aunts, uncles, grandparents, etc.

Name	Phone	Relation	Age
1.			
Address:		Occupation:	
2.			
Address:		Occupation:	
3.			
Address:		Occupation:	
4.			
Address:		Occupation:	
5.			
Address:		Occupation:	
6.			
Address:		Occupation:	

LIST ALL PERSONS CURRENTLY LIVING IN THE HOME WHERE THE YOUTH RESIDES:

PLACEMENT INFORMATION

Referred by _____ Phone _____

Relationship to Youth _____

Address _____

City _____ State _____ Zip code _____

Reasons to seek placement: (complete details are needed.)

Please include the circumstances that have led you to contact Agape Youth Ranch.

What do you think are the reasons for the youth's current problems?

What are the goals for the family and the youth in seeking placement?

Does The Youth Have A Court Record? Yes No.If yes, describe the offenses, including dates:

Dates	Offenses

Will there be a court order? Yes No / Type of court involved (FINS, Criminal etc) _____

Probation Officer name:

Caseworker name(s):

List any out-of-home placements:

Dates: From To

Is the youth currently receiving counseling? Yes No

Current Counselor _____

Name of Agency _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ How long? _____

* * * * *

Past Counselor _____

Name of Agency _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ How long? _____

Past Counselor _____

Name of Agency _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ How long? _____

Past Counselor _____

Name of Agency _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ How long? _____

EDUCATION INFORMATION

Is the youth currently enrolled in school? Yes No

Current grade: _____ Grade last completed: _____

Last school attended: _____

Address of school: _____

City : _____ State _____ Zip Code _____

Phone: _____ Grade average this year: _____ Last year: _____

Favorite subject(s): _____

Least favorite subject(s): _____

EDUCATIONAL QUESTIONNAIRE	YES	NO
Behavioral problems in school		
Functioning below grade level		
Unable to concentrate or is easily distracted		
Diagnosed learning disability		
Special education		
Currently failing grades at school		
Poor peer relationships at school		
Has been suspended from school		
Has the youth been retained and, if so, what grade(s) _____		
Likes to read		
Likes school		

Describe major problem areas in school:

Give the Name, City and State of all schools the youth has attended:

Kindergarten: _____

City: _____ State _____

1st _____

City: _____ State _____

2nd _____

City: _____ State _____

3rd _____

City: _____ State _____

4th _____

City: _____ State _____

5th _____

City: _____ State _____

6th _____

City: _____ State _____

7th _____

City: _____ State _____

8th _____

City: _____ State _____

9th _____

City: _____ State _____

10th _____

City: _____ State _____

11th _____

City: _____ State _____