

Director: Dwight Lindsey Home Manager: Lindsay Lindsey Maintenance/Grounds: David Davis

Date:		
Child's Name:	DOB	Age:
Father:		Phone:
Mother:		Phone:
Person/Entity w/ Legal Custody:		Phone:
Custodian Address:		
List any medical issues/medications (ast	hma, diabetes, allergies, o	lisabilities, etc.):
Last doctor's visit?	What clinic:	
Doctors Name:	Insurance if any:	
What school did the child last attend:		What grade is the child in:
Has the child ever had any discipline or s	substance abuse issues, if	yes, explain:



Why does this child need placement:	
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Legal Guardian:		Date:
	(Signature)	
Legal Guardian:		Date:
	(Signature)	
Office Use Only:		
Director or Chairman:	(Signature)	Date:

"Defend the poor and fatherless: do justice to the afflicted and needy." Psalm 82:3