



New England Kurn Hattin Homes
Westminster, VT 05158
(802)721-6925
FAX: (802)722-3174

APPLICATION FOR ADMISSION

GENERAL

Child's Full Name _____ Age _____ DOB _____

Sex _____ Place of Birth _____ Child's Social Security Number: _____

Child's preferred name/nickname: _____ Person with legal custody _____

Address _____ Phone (____) _____

Email _____ Do they prefer phone or email? _____

Relationship to child _____ Is child living with this person? Yes No

If not, name and contact information of person child is living with _____

Is child adopted? Yes No If yes, does child know? _____

What is the primary language spoken in the home? _____

Does the legal guardian speak English? Yes No Some

Were you referred to Kurn Hattin by a teacher, counselor, or other service? Yes No

If yes, contact information _____

Current or most recent school _____ Phone (____) _____

School Address _____

Grade (if school is out, grade child starts in Sept.) _____ Any grades repeated? _____ Which one(s)? _____

Does the student have a 504 plan or IEP? Yes No *If Yes, please include a copy in the application.*

Has your child ever been suspended from school, camp, sports team or other program? Yes No

If yes, please explain _____

FAMILY

1. Parent/Guardian #1

Name _____ Date of birth _____ Age _____

Address _____ Phone (____) _____

Occupation _____ Highest grade completed in school _____

2. Parent/Guardian #2

Name _____ Date of birth _____ Age _____

Address _____ Phone (____) _____

Occupation _____ Highest grade completed in school _____

3. Siblings/Other children living in child's current home (eg. cousins, foster siblings, children of roommates etc.)

Name	Age	Sex	Relationship	Living with child?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Adults living in the child's current home that have **not yet been listed on this form** (stepparents, aunts etc.)

Name	Age	Sex	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Other important adults in the child's life (grandparents, parent's significant other, neighbors, coaches etc.)

Name _____ Relationship to child _____ Age _____

Email address _____ Phone number (____) _____

Name _____ Relationship to child _____ Age _____

Email address _____ Phone number (____) _____

YOUR CHILD

1. What do you hope to address by enrolling your child at Kurn Hattin? Please check all that most closely apply.

- Improve child’s day-to-day living, structure, adult role models, and access to healthy meals and a safe home
- Provide access to small class sizes, exceptional extracurriculars, and individualized academic attention
- Increase child’s ability to positively connect with peers and adults and meet behavioral expectations
- Improve quality of life for other members of the home and family through personal, professional, and academic goals (eg. parent/guardian going to school, getting a new job, or receiving services)

2. Tell us some good things about your child _____

3. Does your child see a therapist, counselor, or psychiatrist? Yes No *If yes, please sign attached release.*

Has your child ever received a mental health diagnosis? Yes No *If yes, please explain* _____

Has your child ever received a psychological (neuro psych or psychoeducational) evaluation? Yes No

Has your child ever been hospitalized for a behavioral or mental health issue? Yes No *If yes, please identify program, age of child and reason* _____

4. Has your child ever been involved with the police or adjudicated? Yes No
If yes, explain _____

YOURSELF

1. Have you or another important adult in the child’s life experienced any of the following currently or in the past?

- Drug or Alcohol Abuse
- Serious Physical Illness
- Mental Health Diagnosis
- Homelessness
- Incarceration

Please explain: _____

2. Has there ever been any involvement with other agencies such as DCF (VT), DCF (MA), or DCYF (NH)?

Yes No If Yes, name of agency and why: _____

3. Does your child know you are applying, if yes, what was their reaction? _____

4. Describe your relationship with your child _____

5. Why are you applying to Kurn Hattin Homes? _____

6. What changes do you hope to see in your child and family? *Use an additional page if needed.* _____

If not legal guardian, name of person filling out, or assisting with application:

Name: _____

Relationship to child _____ Phone number (____) _____

Permission to Release Information

I, _____, am the legal guardian of the above named child and have applied for their enrollment to New England Kurn Hattin Homes for Children. I therefore, authorize the release of all records necessary for this process. I understand that all application materials will be kept confidential by Kurn Hattin and no personally identifiable information about my child will be released without my permission.

Signature of Legal Guardian _____ Date _____