

P H A S E O N E
Mooseheart Admissions Questionnaire

Mooseheart Child City & School
240 James J. Davis Dr., Mooseheart, IL 60539-1077
T:(630)723-2662 F:(630)906-3651
Email: mkessler@mooseheart.org



Date: _____

Lodge Name & Number: _____

Person completing this Questionnaire: _____

Person completing this questionnaire acknowledges the truthfulness of the information provided.

Family Name: _____ Address: _____

Home Phone: () City: _____ State: _____

Work Phone: () Zip code: _____ County: _____

Email: _____

Name of Children	Social Security #	Age/Sex	Grade	Date of Birth

Please list any chronic or recent health concerns: _____

Please check the following with regard to the child(ren) for whom application is being made. Check if applies:

- | | |
|--|---|
| <input type="checkbox"/> Placed in Special Education | <input type="checkbox"/> Has run away |
| <input type="checkbox"/> Received counseling for social emotional difficulties | <input type="checkbox"/> Has experimented with drugs and/or alcohol |
| <input type="checkbox"/> Been in-patient and/or outpatient in a psychiatric hospital | <input type="checkbox"/> Has threatened/attempted suicide/self harm |
| <input type="checkbox"/> Has had involvement with police | |

Is father living? _____ Is mother living? _____

(If deceased — date): _____ (If deceased — date): _____

Mother's marital status: _____ Age: _____

Father's marital status: _____ Age: _____

Give name of person having legal (court) custody: _____

Relationship to children: _____

Address: _____ City: _____ State: _____

Home Phone: () County: _____ Zip: _____

Work Phone: () _____

Name of family and address where children are living if different than above: _____

Address: _____ City: _____ State: _____

Home Phone: () Work Phone: () _____

Give the reason(s) why you feel the child(ren) presently need an alternative home environment:

Share why you feel the child(ren) would likely succeed as a resident of Mooseheart:

Upon receiving this questionnaire, a preliminary inquiry will be conducted.

After the inquiry is completed, you will be contacted regarding whether or not completing a Phase Two Application Packet for admission is recommended.



Authorization for Release of Information

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I, the undersigned (parent/guardian)

do hereby authorize:

Name of Agency/School _____

Address _____
Street

City State Zip

Phone () _____
Area Code Number

Fax () _____
Area Code Number

Email Address: _____

to exchange information regarding grades, achievement test results, case studies including psychological, social, medical/mental health evaluations and records, special education records, disciplinary records, etc. with:

MOOSEHEART ADMISSIONS DEPARTMENT
240 JAMES J. DAVIS DR.
MOOSEHEART, ILLINOIS 60539-1077

Re: Birthdate: _____

Re: Birthdate: _____

Re: Birthdate: _____

This information is to be used for application to Mooseheart Child City and School, a home and school located at Mooseheart, Illinois, owned and operated by Moose International, for children who have a need for Mooseheart services.

Signature _____

Address _____
Street Apt. #

City State Zip

Date _____