

# Mooseheart Admissions Questionnaire

Mooseheart Child City & School, Inc.  
 240 James J. Davis Dr., Mooseheart, IL 60539-1077  
 T:(630)906-3631 F:(630)859-6630



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/Gender	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

Mooseheart Child City & School, Inc.  
240 James J. Davis Dr., Mooseheart, IL 60539-1077  
T:(630)906-3631 F:(630)859-6630



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, Inc., 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 \_\_\_\_\_