Bethel Bible Village

ADMISSION GUIDELINES

Bethel Bible Village offers on-campus living for youth, ages 5-17, in family-style homes where live-in houseparents provide care, supervision, guidance and accountability. An application packet addressing the needs of the youth and family must be completed for each referral.

[Youth who do not clearly fit the following criteria or who have unique circumstances may be eligible for admission with the approval of the admissions team.]

Residents in care at Bethel must meet the following admission criteria:

- Age 5-17 for the LIFE STEPS Program, age 13-17 for the PROMISE Program (teen-mom with one child, or pregnant), and age 14-17 males for the Back on Track Program. Exceptions in ages considered to keep siblings together.
- Family involvement is a central part of Bethel’s programs. Therefore, it is necessary for a child’s parent/guardian to be able to get to our campus for visits and other family activities a couple times monthly.
- Residents must be able to attend Bethel’s on-campus school or public school, with a minimum I.Q. of 80.

Children/youth that we often CAN effectively serve:

- A child who needs a temporary stable home and care due to economic or legal situations such as a parent in jail, homelessness or family illness
- A child who needs more structure and supervision because of a guardian’s work schedule
- A child whose family is heavily conflicted and emotionally stressed enough to require some time apart
- A child who has completed a higher level of care program but is currently unable to return home
- A child who struggles to make appropriate choices when faced with negative peer pressure
- A child who needs training in social skills, peer interaction or relationships with authority figures
- A child who is struggling with grades, school behavior or truancy
- A child who is beginning to experiment with a delinquent value system or lifestyle but is not yet engrained or “hard core” in their lifestyles
- A child whose family needs a temporary placement for the child to avoid losing custody or to avoid disrupting an adoption

Children/youth that we CANNOT effectively serve:

- A child who is dependent upon or addicted to alcohol or other drugs, or who sells or distributes illegal substances to others
- A child who has had suicidal or psychotic episodes within the past six months
- A child who has recently been discharged from psychiatric inpatient programs or other intensive programs and does not appear to have the self-control necessary for group living in a family-style home
- A child who is physically aggressive or violent toward peers, adults, animals or property
- A child who has sexually acting out behaviors or is at risk of sexually perpetrating upon others
- A child who has medical conditions that require specialized diets, frequent specialized medical care, or 24-hour standby specialized medical care which would prevent their participation and involvement in similar schedules, responsibilities and activities
- A child who is unwilling to work toward changing identified behavior patterns

Bethel Bible Village does not discriminate on the basis of mental or physical handicap, race, color, religion, national origin, age or sex (except where age, sex or mental/physical condition is a bona fide treatment or program criteria).
Bethel Bible Village – Child/Youth Residential Services Application Packet

ADMISSIONS PROCESS AND CHECKLIST

Keep this page for your information.

Phase I  Start of the Admissions Process
Complete and return the items listed in Phase 1. Once we receive the items listed in Phase 1, we will review the packet to determine if the referral is appropriate for Phase 2.

- Completed Application (completed by the legal guardian/custody holder)
- Custody Court Order (if custody is not with birth parents)
- Any recent Psychological Assessments or Mental Health Evaluations

Phase 2  Family Meeting
The next step in the application process is a Family Meeting at Bethel Bible Village. This meeting will include the Child, Parent(s) or Guardian(s) and Bethel Staff. At the meeting, we will obtain further details regarding the needs of the child and family and the child and family will learn more about our services and tour the campus.

Phase 3  Decision
If the family and Bethel staff determines that Bethel Bible Village is appropriate for the situation, we will arrange a date for the child to enroll. (The child will go onto a waiting list if there are no current openings for the program needed.)

At admission, the following items must be brought with the child:
- Results from a physical exam done within 6 months of admission
- Results from a vision exam done within 1 year of admission (may be included as part of the physical exam or done separately)
- Results from a dental cleaning done within 6 months of admission
- Original Birth Certif. and original Social Security Card or good copies of each
- Official Immunization (Shot) Record
- Health Insurance Card (if on a health insurance plan)
- Any medication the child is currently prescribed
- Withdrawal form from the child’s school (if admission during the school year)
- Child’s personal items discussed prior to admission

Contact David Shinn with any questions at (423) 842-5757 ext. 1-222
Or E-Mail: dshinn@bethelbiblevillage.org
Return Application:
Fax: 423-842-5785; Scan and attach to an E-Mail; or
Mail or drop off Mon.-Fri. 8:00-5:00 at:
Bethel Bible Village, Attn: Admissions
3001 Hamill Road, Hixson, TN 37343
The information obtained or released is for the purpose of providing services that may be necessary to assist the following person:

_________________________________________    __________________________
Child’s Full Name                                      Date of Birth

I hereby authorize the release of all educational records to and from Bethel Bible Village and the following schools for the above named person:

Current School

____________________________________________________

Previous School

____________________________________________________

This authorization will allow the release of the child’s educational information, including special education records, if applicable. I understand the information released will be used to determine present and/or future needs for the well-being of this child. All information will be placed in the child’s file and will only be available to appropriate personnel and/or agencies.

This consent for release is given freely, voluntarily, and without coercion and is valid for one year from the date signed below.

____________________________________    ______________________
Signature of Legal Guardian                         Date

____________________________________    ______________________
Signature of Witness                                Date
The information obtained or released is for the purpose of providing services that may be necessary to assist the following person:

_________________________________________  ________________________
Child's Full Name  Date of Birth

I hereby authorize Bethel Bible Village’s authorized personnel to contact the agency(s) or person(s) below to obtain or release information or records as needed for the above named person:

1. Psychological/Counseling records __________________________________________________________
   (if applicable)  Name of Agency/Phone Number

2. Department of Children’s Services’ records __________________________________________________
   (if applicable)  Caseworker/Phone Number

3. Probation records _________________________________________________________________
   (if applicable)  Probation Officer Name/Phone Number

4. Other – please specify ________________________________________________________________

5. Other – please specify ________________________________________________________________

6. Other – please specify ________________________________________________________________

This authorization will allow Bethel to obtain/release medical, psychological, legal or other information for the child. I understand any information obtained/released will be used to determine present and/or future needs for the well-being of this child. All information will be placed in the child’s file and will only be available to appropriate personnel and/or agencies.

This consent for release is given freely, voluntarily, and without coercion and is valid for one year from the date signed below. My signature indicates I am in agreement with the release of information as marked above.

_____________________________________________  ________________________
Signature of Legal Guardian  Date

_____________________________________________  ________________________
Signature of Witness  Date
Name of Child/Youth:

What is your reason for contacting Bethel Bible Village? Please include main concerns and goals.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Written by: Date:
Bethel Bible Village
APPLICATION FOR ADMISSIONS

This application must be completed by the legal guardian and returned to Bethel Bible Village to be considered for placement.

A. BIOGRAPHICAL INFORMATION (PLEASE PRINT)

Child’s Name ____________________________________________
  First     Middle     Last     Nickname

Child’s Current Address ____________________________________________
  Street     City     State     Zip

County (current) ____________________________________________ Race ________________________________

(Check one) Female _____  Male _____  Date of Birth ____________________  Age ____________________

Legal Custody Holder’s Name (Legal Guardian) ____________________________ Relationship to Child ___________

Custody Holder’s Address if different from Child’s
  Street     City     State     Zip

Provide any of the following which we can use to contact you including to leave you a message:

(____) __________________ (____) __________________ (____) __________________
  Cell     Home     Work

____________________________________________________
  Email Address

If the child does not live with the legal guardian, who does the child currently live with? ____________________________

If applicable, how long has the child lived with this person? ____________________________

How did you hear about Bethel? ____________________________________________

B. EDUCATION – List all schools the child has attended in the last 2 school years, starting with the most recent.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Name of School</th>
<th>City/State</th>
<th>Special Education Services (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
C. MEDICAL INFORMATION FOR THE CHILD

Does the child have any allergies? 

List any surgeries or hospitalizations: 

List any mental health diagnosis: 

List any current medications: 

List any past medications: 

Does the child have any other significant health issues? 

Please list below any of the following for the child currently or recently:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>City/State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselor/Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. OUT-OF-HOME PROGRAMS
If Applicable: List all past or current out-of-home programs/hospitalizations the child has been to. Include the agency, type of service and dates of stays. (Examples: Valley Hospital, Scholze Center, Residential Treatment Centers, Foster or Group Homes)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

E. COURT INVOLVEMENT
Has the child ever been to juvenile court? ☐ Yes ☐ No
If yes, please provide age of child, reasons at court and outcomes:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
### F. FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Biological Mother</th>
<th>Biological Father</th>
<th>Other Legal Guardian (If Applicable)</th>
<th>Any Other Adult in the Home with Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>First and Last Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City and State</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How involved is this person?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of church (if attend)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Schedule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date or Marriage or Divorce</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe General Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Deceased, Date/Cause</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### G. SIBLINGS

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Lives in home with child (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### H. LIST OTHER SIGNIFICANT PERSONS THAT ARE INVOLVED WITH THE CHILD
(Include any family or non-family adults not already listed who have a close positive relationship with the child.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# I. INFORMATION ABOUT THE YOUTH

**Concerns Checklist – To be completed by Legal Guardian** – You can check “In the last 6 months” and “More than 6 months ago” if it’s a recent and past issue, or you could check one of them, or check Never if it does not apply.

<table>
<thead>
<tr>
<th></th>
<th>In the last 6 Months</th>
<th>More than 6 Months ago</th>
<th>Never/Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>____</td>
<td>____</td>
<td>Not getting good grades in school</td>
</tr>
<tr>
<td>2.</td>
<td>____</td>
<td>____</td>
<td>Getting in-school or out of school suspensions</td>
</tr>
<tr>
<td>3.</td>
<td>____</td>
<td>____</td>
<td>Getting into fights</td>
</tr>
<tr>
<td>4.</td>
<td>____</td>
<td>____</td>
<td>Feeling anxious/worried/stressed out</td>
</tr>
<tr>
<td>5.</td>
<td>____</td>
<td>____</td>
<td>Feeling lonely</td>
</tr>
<tr>
<td>6.</td>
<td>____</td>
<td>____</td>
<td>Feeling down or depressed</td>
</tr>
<tr>
<td>7.</td>
<td>____</td>
<td>____</td>
<td>Self-harm such as cutting or other harm to self</td>
</tr>
<tr>
<td>8.</td>
<td>____</td>
<td>____</td>
<td>Wishing he/she was dead</td>
</tr>
<tr>
<td>9.</td>
<td>____</td>
<td>____</td>
<td>Holding in his/her anger (not expressing or discussing it)</td>
</tr>
<tr>
<td>10.</td>
<td>____</td>
<td>____</td>
<td>Exploding with his/her anger</td>
</tr>
<tr>
<td>11.</td>
<td>____</td>
<td>____</td>
<td>Damaging things that belong to him/her or others</td>
</tr>
<tr>
<td>12.</td>
<td>____</td>
<td>____</td>
<td>Stealing</td>
</tr>
<tr>
<td>13.</td>
<td>____</td>
<td>____</td>
<td>Lying</td>
</tr>
<tr>
<td>14.</td>
<td>____</td>
<td>____</td>
<td>Using alcohol</td>
</tr>
<tr>
<td>15.</td>
<td>____</td>
<td>____</td>
<td>Using tobacco</td>
</tr>
<tr>
<td>16.</td>
<td>____</td>
<td>____</td>
<td>Using other drugs or dealing drugs</td>
</tr>
<tr>
<td>17.</td>
<td>____</td>
<td>____</td>
<td>Difficulty coping with a family member’s drinking and/or drug use</td>
</tr>
<tr>
<td>18.</td>
<td>____</td>
<td>____</td>
<td>Difficulty coping with feelings about being adopted</td>
</tr>
<tr>
<td>19.</td>
<td>____</td>
<td>____</td>
<td>Difficulty coping with past physical abuse, emotional, or sexual abuse</td>
</tr>
<tr>
<td>20.</td>
<td>____</td>
<td>____</td>
<td>Difficulty coping with divorce or separation of his or her parents/guardians</td>
</tr>
<tr>
<td>21.</td>
<td>____</td>
<td>____</td>
<td>Difficulty coping with the death of someone close to him/her</td>
</tr>
<tr>
<td>22.</td>
<td>____</td>
<td>____</td>
<td>Difficulty getting along with family members</td>
</tr>
<tr>
<td>23.</td>
<td>____</td>
<td>____</td>
<td>Difficulty getting along with people outside of the family</td>
</tr>
<tr>
<td>24.</td>
<td>____</td>
<td>____</td>
<td>Difficulty getting along with authority figures</td>
</tr>
<tr>
<td>25.</td>
<td>____</td>
<td>____</td>
<td>Having friends who are a bad influence</td>
</tr>
<tr>
<td>26.</td>
<td>____</td>
<td>____</td>
<td>Setting fires</td>
</tr>
<tr>
<td>27.</td>
<td>____</td>
<td>____</td>
<td>Hurting animals</td>
</tr>
<tr>
<td>28.</td>
<td>____</td>
<td>____</td>
<td>Not doing household chores</td>
</tr>
<tr>
<td>29.</td>
<td>____</td>
<td>____</td>
<td>Poor hygiene</td>
</tr>
<tr>
<td>30.</td>
<td>____</td>
<td>____</td>
<td>Weight problems</td>
</tr>
<tr>
<td>31.</td>
<td>____</td>
<td>____</td>
<td>Being arrested or detained by the police</td>
</tr>
<tr>
<td>32.</td>
<td>____</td>
<td>____</td>
<td>Gang involvement</td>
</tr>
<tr>
<td>33.</td>
<td>____</td>
<td>____</td>
<td>Is or has been sexually active</td>
</tr>
<tr>
<td>34.</td>
<td>____</td>
<td>____</td>
<td>Pornography (internet or other)</td>
</tr>
<tr>
<td>35.</td>
<td>____</td>
<td>____</td>
<td>Inappropriate sexual behavior toward others</td>
</tr>
<tr>
<td>36.</td>
<td>____</td>
<td>____</td>
<td>Running away</td>
</tr>
<tr>
<td>37.</td>
<td>____</td>
<td>____</td>
<td>Loss of friend due to move or death</td>
</tr>
<tr>
<td>38.</td>
<td>____</td>
<td>____</td>
<td>Dealing with a break-up</td>
</tr>
<tr>
<td>39.</td>
<td>____</td>
<td>____</td>
<td>Bedwetting</td>
</tr>
<tr>
<td>40.</td>
<td>____</td>
<td>____</td>
<td>Loss of a pet</td>
</tr>
</tbody>
</table>
J. Family History

Which of these have existed in the child’s family?  (Check all that apply)

- Frequent moves
- Homelessness
- Family isolated / No support system
- Physical illness
- Incarceration of parent
- Mental illness
- Domestic violence
- Financial stress
- Other family violence
- Unemployment
- Alcohol abuse or other drug abuse
- Suicide of parent
- Other (Please list)

____________________________________________

K. Statement of Truth

I hereby request that Bethel Bible Village consider providing services to _____________________________.

All information provided is accurate to the best of my knowledge.  ____________________  (Full name of child/youth)

I understand that any deliberately false information is grounds for denial.

Signature of Custody Holder: ___________________________  Date: ___________________________

Financial Information

Bethel Bible Village desires, within the bounds of our resources, to serve all those applying who meet our criteria for admission. Funding for our services comes from both private charitable donations and from payments from residents’ families. Each family is asked to pay an affordable monthly fee based on the family’s ability to pay. Financial arrangements will be discussed further if it is determined that Bethel is an appropriate program for the needs of the child and family.

Return this packet to David Shinn by fax, mail or drop off at our campus.

Fax: (423) 842-5785
Mail or drop off Monday-Friday 8:00 am - 5:00 pm
Bethel Bible Village
3001 Hamill Road
Hixson, TN  37343

Other contact information:
Phone: (423) 842-5757 ext. 1-222
E-Mail: dshinn@bethelbiblevillage.org

Application revised February 2018
Bethel Bible Village

STATEMENT OF BELIEF

• We believe in the Scriptures of the Old and New Testaments as verbally inspired by God, and infallible in the original writings and that they are the supreme and final authority in faith and life.

• We believe in one God, eternally existing in three persons: Father, Son and Holy Spirit.

• We believe that Jesus Christ was begotten by the Holy Spirit, was born of the Virgin Mary, and is true God and true man.

• We believe that man was created in the image of God; that he sinned and thereby incurred not only physical death, but also spiritual death which is eternal separation from God; and that all human beings are born with a sinful nature, and in the case of those who reach moral responsibility become sinners in thought, word, and deed.

• We believe that the Lord Jesus Christ died for our sins according to the Scriptures, as a representative and substitutionary sacrifice; and that all who truly believe in Him are justified on the ground of His shed blood.

• We believe that salvation completed by Christ and freely offered to all is entirely of grace and absolutely no merit on our part and therefore our present position and future prospect of Heaven is secure eternally for every believer.

• We believe in the resurrection of the crucified body of our Lord, in His ascension into Heaven and in His present life there for us, as High Priest and Advocate.

• We believe that all who receive by faith the Lord Jesus Christ are born again of the Holy Spirit and thereby become children of God.

• We believe that each believer or child of God is to seek to obey the clear commands as given in God's Word such as following the Lord in water baptism, honoring Christ by observance of the Lord's Supper, holy living and further to abstain from worldliness and all sinful practices.

• We believe in the spiritual unity of all believers in our Lord Jesus Christ.

• We believe in the bodily resurrection of the just and unjust, the everlasting blessedness of the saved, and the everlasting, conscious punishment of the lost.

• We believe in the personal and imminent return of our Lord and Savior, Jesus Christ.