

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 1 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

Bethel Bible Village
AUTHORIZATION FOR RELEASE OF SCHOOL INFORMATION

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

Bethel Bible Village
AUTHORIZATION FOR RELEASE OF INFORMATION

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
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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

**Bethel Bible Village
CHILD AND FAMILY CIRCUMSTANCES**

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.

Grade	Name of School	City/State	Special Education Services (Yes or No)

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:

	Name	Phone Number	City/State
Doctor			
Dentist			
Eye Doctor			
Counselor/ Therapist			
Other			

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

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

G. SIBLINGS

Name	Age	Lives in home with child (Yes or No)

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.)

Name	Relationship

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.

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

J. Family History

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

- | | |
|--|--|
| <input type="checkbox"/> Frequent moves | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Family isolated / No support system | <input type="checkbox"/> Physical illness |
| <input type="checkbox"/> Incarceration of parent | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Financial stress |
| <input type="checkbox"/> Other family violence | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Alcohol abuse or other drug abuse | <input type="checkbox"/> Suicide of parent |
| <input type="checkbox"/> 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

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.