



Dear Parent/Legal Guardian,

Thank you for your interest in the Boys Town Family Home Program. Each application made to Boys Town is reviewed carefully to determine if we can best serve a child within our program. Included in this packet are the required admissions forms to be completed and returned. In addition, please provide supporting documentation that may include:

1. Mental health or behavioral health records such as therapy notes, evaluations, assessments, IQ assessment
2. School transcripts, behavioral reports, IEP
3. Previous placement plans/discharge notes, etc. (if applicable)
4. Financial statements such as W2s, paystubs, tax returns
5. Custody/Divorce Documentation (if applicable)
6. Bulleted timeline of behaviors that describes the youth's behaviors inside the home and their environment over the last 6-12 months

Please submit the required admissions forms and supporting documentation to the Boys Town Admissions Department via:

Email: [admissions@boystown.org](mailto:admissions@boystown.org)

Fax: 531-355-1925

Mail: Attn: Boys Town Admissions  
13603 Flanagan Boulevard  
Boys Town, NE 68010

Please contact us at 1-800-989-0000 or visit our website [boystownadmissions.org](http://boystownadmissions.org) if you have any additional questions.

Thank you,  
Boys Town Admissions Department

13603 Flanagan Boulevard  
Boys Town Nebraska 68010  
[admissions@boystown.org](mailto:admissions@boystown.org)  
p. 800.989.0000  
f. 531.355.1925  
[www.boystown.org](http://www.boystown.org)

**Saving Children, Healing Families**



## Family Home Program Admissions Information

BT ID#:	_____		<i>Internal Use Only</i>
Admit Date:	_____	Depart Date:	_____
Community:	_____	Address:	_____

Youth's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Youth's Preferred Name: \_\_\_\_\_ Youth's Preferred Pronoun(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(Month) (Day) (Year)

Gender: M F Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Identifying Features: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Number of Prior Placements: \_\_\_\_\_

Current School Information	
Name of School: _____	Address: _____
Phone: _____	Fax: _____

Legal Guardian:		Legal Guardian:	
Name: _____		Name: _____	
Relationship: _____		Relationship: _____	
Address: _____		Address: _____	
City: _____		City: _____	
State: _____		State: _____	
Zip: _____		Zip: _____	
Home: _____		Home: _____	
Work: _____		Work: _____	
Cell: _____		Cell: _____	
Fax: _____		Fax: _____	
Email: _____		Email: _____	
Visitation/Contact:	Complete None Restricted	Visitation/Contact:	Complete None Restricted

Emergency Contact:		Agency Contact:	
Name: _____		Name: _____	
Relationship: _____		Relationship: _____	
Address: _____		Address: _____	
City: _____		City: _____	
State: _____		State: _____	
Zip: _____		Zip: _____	
Home: _____		Home: _____	
Work: _____		Work: _____	
Cell: _____		Cell: _____	
Fax: _____		Fax: _____	
Email: _____		Email: _____	
Visitation/Contact:	Complete None Restricted	Visitation/Contact:	Complete None Restricted

Youth name: \_\_\_\_\_

### Family Information

Mother		Father		
<b>Name:</b>		<b>Name:</b>		
Unknown      Deceased		Unknown      Deceased		
<b>Visitation/Contact:</b>	Complete None Restricted	<b>Visitation/Contact:</b>	Complete None Restricted	
<b>Address:</b>		<b>Address:</b>		
<b>City:</b>		<b>City:</b>		
<b>State:</b>		<b>State:</b>		
<b>Zip:</b>		<b>Zip:</b>		
<b>Home:</b>		<b>Home:</b>		
<b>Work:</b>		<b>Work:</b>		
<b>Cell:</b>		<b>Cell:</b>		
<b>Fax:</b>		<b>Fax:</b>		
<b>Email:</b>		<b>Email:</b>		
<b>Family</b>	Number of Children living in home under age 19 _____ Number of adults living in home age 19 or older _____ Unknown			
<b>Estimated Family Yearly Income</b>	Under \$11,170 \$11,170 – 15,130 \$15,130 – 19,090	\$19,090 – 23,050 \$23,050 – 27,010 \$27,010 – 30,970	\$30,970 – 34,930 \$34,930 – 38,890 Above \$38,890	Unknown

<b>Medication:</b>			
Please bring a 30 day supply in prescription bottle and written prescription for next 30 days for each medication			
Name of Medication	Start Date	Amount/Frequency	Reason

<b>Current Providers:</b>			
	Name	Phone	Date of Last Appointment
<b>Physician:</b>			
<b>Dentist:</b>			
<b>Psychiatrist:</b>			
<b>Therapist:</b>			
<b>Optometrist:</b>			
<b>Orthodontist:</b>			
<b>Other:</b>			
<b>Other:</b>			

**Significant Medical History / Concerns:** Including Allergies to Medications / Food or Environmental / Physical Impairments?

No	Yes	If Yes, please describe:

Youth name: \_\_\_\_\_

### **Family Home Information on Contact and Visitation Rights**

In order for Boys Town staff to properly care for youth, it is helpful to know who **is** / **is not** legally allowed phone & visiting privileges with the youth. Please include copy of court order if necessary.

<b>Name &amp; Relationship To Youth</b> (parent, GAL, attorney, P.O. other)	<b>Address</b>	<b>Phone</b>	<b>Phone privileges</b>	<b>Visitation privileges</b>
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised
			Yes No Supervised	Yes No Supervised



Family Home  
Intervention and Assessment  
Insurance Information

**Internal Use Only**

BT ID#:	Admission Date:
Family Teachers:	Community:
Address:	Phone #:
Contract:	Other Information:

Youth's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Month) (Day) (Year)

**Medicaid Information**

**\*Submit copies of the front AND back of cards to keep in file\***

Medicaid #: \_\_\_\_\_ State: \_\_\_\_\_

**Insurance Information**

**Do you have Health Insurance?** ☐ YES ☐ NO

*\*If yes, please fill out this section with your information\**

Policy #:
Group #:
Effective Date:
Policy Holder's Name:
Relationship to Youth:
Address:
City/State/ZIP:
Phone:
Email:
Parent/Guardian DOB:
Parent/Guardian SSN:
Parent/Guardian Employer:

**Do you have Dental Insurance?** ☐ YES ☐ NO

*\*If yes, please fill out this section with your information\**

Policy #:
Group #:
Effective Date:
Policy Holder's Name:
Relationship to Youth:
Address:
City/State/ZIP:
Phone:
Email:
Parent/Guardian DOB:
Parent/Guardian SSN:
Parent/Guardian Employer:



Family Home  
Intervention and Assessment  
Insurance Information

**Do you have Orthodontic Insurance?** ☐ YES ☐ NO

*\*If yes, please fill out this section with your information\**

Policy #:
Group #:
Effective Date:
Policy Holder's Name:
Relationship to Youth:
Address:
City/State/ZIP:
Phone:
Email:
Parent/Guardian DOB:
Parent/Guardian SSN:
Parent/Guardian Employer:

**Do you have Vision Insurance?** ☐ YES ☐ NO

*\*If yes, please fill out this section with your information\**

Policy #:
Group #:
Effective Date:
Policy Holder's Name:
Relationship to Youth:
Address:
City/State/ZIP:
Phone:
Email:
Parent/Guardian DOB:
Parent/Guardian SSN:
Parent/Guardian Employer:

**Do you any other Insurance?** ☐ YES ☐ NO

*\*If yes, please fill out this section with your information\**

Policy #:
Group #:
Effective Date:
Policy Holder's Name:
Relationship to Youth:
Address:
City/State/ZIP:
Phone:
Email:
Parent/Guardian DOB:
Parent/Guardian SSN:
Parent/Guardian Employer:



**Sarah Simms**  
Director, Outreach and Admissions  
**Trisha Kuiper**  
Director, Special Education

## REQUEST OF STUDENT RECORDS

**Today's Date:** \_\_\_\_\_

Boys Town Admissions Department is requesting information for the purpose of legitimate educational interests and planning for the potential admission of:

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Fax#** \_\_\_\_\_

*Federal Law 99.31, 1-1278: No parent signature is required for education records sent to another education agency.*

**For Boys Town Office Use**

Records being requested are:

- ☒ **Cumulative school records**, including, but not limited to: immunization record, transcripts, attendance records, health records, standardized test results, behavior and discipline reports.
- ☒ **Subsidiary school records**, specifically:
  - ☒ Student Assistance Team Report
  - ☒ Multi-Disciplinary Team Reports, including:
    - ☒ Psychological Testing Results
    - ☒ Speech/Language/Hearing Results
    - ☒ Occupational Therapy Results
    - ☒ Physical Therapy Results
    - ☒ Medical Records Relevant to Education
  - ☒ Individual Education Plan
  - ☒ Individual Education Plan Signature Page
  - ☒ Section 504 Records and Plans

Records should be SENT TO:

**Boys Town Admissions Dept.**  
**13603 Flanagan Boulevard**  
**Boys Town, NE 68010**  
Phone: 1-800-989-0000  
Fax: 531-355-1925  
admissions@boystown.org



Parent or Legal Guardian:

Thank you for applying to the Boys Town Nebraska Family Home program.

To determine your family's eligibility for the Father Flanagan's Financial Assistance program you are required to submit the following information. As a parent or legal guardian you are financially responsible for the portion of the cost not covered through this Financial Assistance program. Once this information is returned we will be in contact with you to inform you of the assistance for which you qualify.

You **must** maintain health insurance coverage during your child's placement at Boys Town. During placement your child will receive routine medical, dental, optometry, pharmacy, psychiatric and therapeutic services as necessary. As a parent you are responsible for payment of all services not covered by insurance.

Documents to return:

**Financial Worksheet** - Please do not leave any items blank. You can mark NA, if not applicable.

**Verification of information** - Please do not submit originals of either document listed:

- Copy of your most recent W-2 or income tax return for all household wage earners (1040 form only)
- Copy of your most recent month of income verification (pay stubs, bank statement, etc.)

**Insurance** - Submit **front and back** copies of your child's medical, vision, pharmacy and dental plan cards, along with a copy of the policy and coverage of benefits. Please also complete and return the Family Home Insurance Information form included in the packet.

Boys Town welcomes any questions you may have regarding the financial arrangements for your child. If you have any questions, please contact the admissions office.





## Family Home Program Financial Worksheet

**Please complete and return this form with the additional paperwork required as outlined in the attached letter. If you have questions, please contact the admissions office. This information will be considered confidential.**

Name of Child \_\_\_\_\_ Home Number \_\_\_\_\_

Name of person completing form \_\_\_\_\_ Cell Number \_\_\_\_\_

	Yes	No		
Does this child have a caseworker?			<b>If yes, Name:</b>	<b>Phone number#</b>
Does this child have a probation officer?			<b>If yes, Name:</b>	<b>Phone number#</b>

### Current Salary and Wages

Name of Wage Earner (s)	Employer	Yearly Gross Income (Before Taxes and Deductions)	Yearly Net Income (After Taxes and Deductions)
		\$	\$
		\$	\$

*(For this child only)*

Other Income Sources	Yes	No				
Is this child receiving Social Security Benefits?			<b>If so, amount:</b>	\$	<b>Please check:</b> Death <input type="checkbox"/> Disability <input type="checkbox"/>	
Is there an adoption subsidy for this child?			<b>If so, amount:</b>	\$	Other (please describe)	
Is this child IV-E or IV-B eligible?						
Is this child currently receiving Medicaid in their state of residence?						
Is there a Child Support payment associated with this child?			<b>If so, how much is received for the child: \$</b>			

### Family Assets

<b>Total Savings</b>	\$
<b>Total Investments</b>	\$
<b>Other</b>	\$
<b>Do you Rent/Own</b>	

### Household List of family members under age 18 living in your household

<b>1.</b>	<b>5.</b>
<b>2.</b>	<b>6.</b>
<b>3.</b>	<b>7.</b>
<b>4.</b>	<b>8.</b>

By signing below, I/we agree that the above information is true and correct shows my/our financial condition at the time indicated. I/we agree to give Boys Town prompt written notice of any subsequent substantial change in such financial condition while our child resides at Boys Town. I understand that you will retain this financial information for 30 days in the event that my child is not qualified for placement at Boys Town.

SIGNATURE OF PERSON COMPLETING FORM

DATE