

Application for Admission

If form is completed by hand please print clearly. APPLICANT refers to the individual being considered for admission. It is TimberCreek's policy to admit and treat all eligible male applicants regardless of race, color, national origin, religion, age, disability, political beliefs, sexual orientation, and marital or family status.

Biographical Information

Applicants Name:			
Street (Current Placemen	t Address)		
City:	State:	Zip:	
County:	Phone:	Race:	
Date of Birth:	Height:	Weight:	
Age:	SSN:		

Legal Guardian

Name:	Relationship to Applicant:			
Agency: (If MDHHS Prov	ide County and Supervisor)			
County:	Supervisor:			
Address:				
Phone:	Cell:	Fax:		
Email:				

Caregiver Information

Primary Caregiver Name:		Date of Birth:		
Relationship to Applicant:				
Home Address:				
Home Phone:	Cell:		Email:	
Employer:				
Last 4 Digits of Social:				
Secondary Caregiver Name:			Date of Birth:	
Relationship to Applicant:				
Home Address:				
Employer:				
Last 4 Digits of Social:				
Parent's Marital Status:	arried	Divorced	Never Married	Other



info@tcranch.org (517) 507-3144 TIMBERCREEK

13014 Sunny Crest Ln Sunfield, Michigan 48890





Emergency Contact Information

If possible, please provide contact information for an individual OTHER than any currently listed in the previous 'Caregiver Information' section.				
First Name:	Last Name:	Relationship to Applicant:		
Phone:	Cell:			
First Name:	Last Name	Relationship to Applicant:		
Phone:	Cell:			

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Educational Information

Current Grade level (Applicant): Last School Attended:				
Has the Applicant ever received special education se	ervices?	Yes 🔲	No 🗌	
If yes, what type of services did the applicant receiv	e:			
Last Date of IEP:	County of	Last IEP:		

Household Information

Name	Relationship to Applicant	Date of Birth	Current Highest Grade Completed	Identified Disabilities (Yes / No)
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				unitaria:



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Referral Source Information

Referral Source	Information:
Funding Source:	

Current/Past Mental Health Services

Beginning with current providers, please list any therapists or mental health agencies that have provided care for the applicant. Additionally, please provide a history of any out-of-home placements that may have occurred.

(Include any Residential, Acute Inpatient, Wilderness Program, Therapeutic Boarding School, Group Home, Foster

Care, and/or Relative Placements)

Date of Admission	-	Date of Discharge	Type of Placement / Name of Provider	Reason for Beginning Care	Reason for Ending Care
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Medications

Medication Name	Dosage	Currently Taking (Yes / No)	Noteworthy Reactions / Side Effects

Allergies (Medications, Foods, Environment, etc...)

Medical History



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Financial Information

TimberCreek will provi	Id reflect the combined	household income in orde	r to receive grants that help	
	0 - 9,999	41,000 - 50,000	Source of Income: (ex. FT/PT	
Annual Income: (Applicant's	10,000 – 20,000	51,000 - 60,000	Employment, Social Sec, SSI, Child	
primary residence)	21,000 – 30,000	61,000 - 70,000	Support, TANF, Food	
	□ 31,000 - 40,000	71,000 - 80,000	Stamps, Adoption Assistance, Unemployment, etc.)	

Insurance Information

Current Insurance Provider:		
Name of Policy Holder:	Full SSN of Policy Holder:	
Policy Number:	Group Number:	
Benefits Phone Number:		
Secondary Medical Insurance:		
Name of Policy Holder:	Full SSN of Policy Holder:	
Policy Number:	Group Number:	
Benefits Phone Number:		



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