



Eagle Valley Children's Home
2300 Eagle Valley Ranch Road
Carson City, Nevada 89703-9513
(775) 882-1188

Placement Application

Date: _____

Name:	Date of Birth:	
Medicaid #:	AID Code:	
Sex:	Social Security #:	
Birth Place:	Mother's Name:	
Father's Name:	Mother's Maiden Name:	
Address:	Address:	
Home Telephone #:	Home Telephone #:	
Place of Work:	Place of Work:	
Address:	Address:	
Work Telephone #:	Work Telephone #:	
Occupation:	Occupation:	
Legal Guardian Name(s):		
Address:		Telephone #:

Current Residence (Home/Facility), Address & Phone #:

Physician's Name & Address:

Medical Problems (including allergies):

Diagnoses (Including MR Level if known):

Description of Abilities:

History of Disability (Causes, etc.):

Family History (Other siblings, etc.):

Reasons for Requesting Placement:

Parent/Guardian Signature

Date