



**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