

Steppingstone-A Program of Every Child's Hope/Evangelical Children's Home

5100 Noland Road
Kansas City, MO 64133
www.ech1858.org
Phone: 816-356-0187
Fax: 816-356-4172

Date: _____

Name/Age: _____

Information Need List

Thank you for your inquiry into the Steppingstone Program. The following is a list of information that is required for your application.

- Social History (your written story for the past year, if under 18, legal guardian should also write a history for the youth's application.)
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Insurance Card
- Medical History (including medications and appointment dates)
- Counseling and or Therapy Records (including previous placements/hospitalizations for past 3 years)
- School Records (transcripts including credits and grades)
- Disciplinary Report
- Immunization Record
- Questionnaire
- Copy of State or School ID
- Current CS-9 (CD only)
- Court Order (if applicable)
- Ansell-Casey Assessment (CD only)

Private Placements Must also have the following:

- Power of Attorney
- Parent-Agency Agreement

Steppingstone Forms:

- Declaration of Residency
- Visiting/Pass List
- Treatment Review Notification List
- Consent for Treatment
- Consent for Participation
- Clients Rights/Handbook Form
- Release of Information (3)
- Privacy Practices
- Client Possessions
- Outcome Rating Scale