



Date received in Office: _____

P.O. Box 7200 • Chestnut Mountain • GA • 30502

P: 770.967.8500 • F: 770-967-3757

EagleRanch.org

This application must be completed in its entirety and returned to Eagle Ranch before the child can be considered for placement. Please Mail, or fax to the attention of the Intake Counselor at the above address or fax number.

Name (person filling out this application) _____

Relationship to child _____ Date _____

Who referred you to Eagle Ranch, Inc.? _____

I hereby request that Eagle Ranch consider providing services to my family and the child named below. All information provided is accurate to the best of my knowledge. I understand that any deliberate false information is grounds for denial of acceptance/ consideration of placement into the Eagle Ranch program.

Signature of Parent/Guardian _____ Date _____

Signature of person completing the application (if different from above) _____ Date _____

A. BIOGRAPHICAL INFORMATION - (please include a current photo of the child)

Child's Name _____
(Last) (First) (Middle) (Nickname)

Social Security # _____ Date of Birth ____/____/____ Current Age _____

Male Female Height _____ Weight _____ Current Grade Level _____

With whom is the child living? _____ Relationship _____

Child's Current Address _____
(Street) (Box #)

(City) (State) (Zip) (County)

Legal Custody Holder (s) _____ Relationship to child _____

Natural Adopted Temporary Other _____

Current Address: _____
(Street) (Box #)

(City) (State) (Zip) (County)

Current Mailing Address: _____
(If different from above)
(Box) (City) (State) (Zip)

Home Ph # _____ Work Ph# _____ Cell Ph# _____

Other Ph # _____ Email (s): _____
(type)

B. CURRENT MEDICAL PERSONNEL INFORMATION

	Name	Phone	How Long?	How Often?
Physician				
Dentist				
Psychologist				
Psychiatrist				
Counselor/Therapist				
Other/Specialty				

(If child has seen numerous doctors in the past, please use a separate sheet of paper to list them using the above format.)

C. MEDICAL HISTORY- (use additional pages if necessary)

Past surgeries/ Hospitalizations	
List of major illnesses	
Allergies (Food, Medication, Insects, Other)	
Diagnosed Medical Conditions	
Psychological Diagnosis	
Past medications	
Current medications	
Describe general health	

D. PERSONAL DEVELOPMENT HISTORY

Were there complications during pregnancy? No Yes If yes, please briefly describe.

What was the method of delivery? Vaginal C-Section Birth Weight: _____ lbs. _____ ozs.

Were there any complications during labor and/or delivery? No Yes

If you answered yes, please briefly describe: _____

Was the achievement of developmental milestones normal? No Yes

(e.g. sitting, standing, walking, talking, toilet training) If you answered No, please briefly describe: _____

E. EDUCATION HISTORY –

(List all schools child has attended **starting with the most current**) Use back of paper if you need additional space.

Grade Level	Name of School and Address	Phone Number	STATUS : Special Education, Promoted, Retained

Is the child currently expelled from Public School? No Yes If yes, please answer the following.

What date will he/she be able to return to public school? _____

Briefly describe the circumstances that caused expulsion? _____

F. CURRENT/PRIOR PLACEMENTS/ DATES

(Residential Treatment Facilities/ OTP/ RYDC/ YDC/ Hospitalizations—continue on back if necessary)

Dates	Name of facility	Phone Number	Reason for Placement	Reason for Termination

G. CURRENT/PRIOR JUVENILE COURT INVOLVEMENT

Has your child ever had charges filed against him/her? No Yes If yes, Please complete the following questions.

What were the charges? _____

What was the determination, guilty or not guilty? Not guilty Guilty

If guilty, Please state the disposition of the court: _____

If other outcome, please explain: _____

Is the child currently on probation? No Yes If yes, Please complete the following

County of Probation _____ For how long? Start: / / Completion: / /

Probation Officer _____ Phone # _____

Is your application to Eagle Ranch in response to a court order or recommendation? No Yes

If your application has been ordered, will your child be committed to RYDC if your application to Eagle Ranch is not accepted? No Yes

G. CURRENT/PRIOR JUVENILE COURT INVOLVEMENT (cont.)

If your child has a history of probation, please complete the following for each previous period of probation

County of Probation _____ For how long Start: / / Completion: / /

Probation Officer _____ Phone # _____

County of Probation _____ For how long Start: / / Completion: / /

Probation Officer _____ Phone # _____

(Please continue on the back of this sheet if necessary, or attach an additional sheet of paper)

Are you, the parent/guardian, currently involved in any type of legal action? No Yes

(i.e. custody, child support, civil, criminal, etc.) If you answered **Yes**, briefly explain: _____

H. CURRENT / PRIOR DEPT. OF FAMILY/CHILD SERVICES/PROTECTIVE SERVICES

Has your family ever had any **past** involvement in any capacity with the Department of Family/Child Services, or Child Protective Services? No Yes If yes, Please complete the following

Name of agency _____ For how long Start: / / Completion: / /

County _____ Case Worker _____ Phone # _____

Briefly describe the circumstances of involvement? _____

Is your family **currently** involved in any capacity with the Department of Family/Child Services (DFCS), or Child Protective Services? No Yes If yes, Please complete the following

Name of agency _____ County _____ For how long? _____

Case Worker _____ Phone # _____

Briefly describe the circumstances of involvement? _____

Is the child a legal ward of any agency? No Yes If you answered **Yes**, Complete the following information.

Name of agency _____ County _____ For how long? _____

Case Worker _____ Phone # _____

Does child have respite care for scheduled weekends home? No Yes With whom? _____

Does child have respite care for scheduled breaks (e.g. school holiday breaks, summer breaks, etc)? No Yes With whom? _____

I. INSURANCE: Does the child have Insurance Coverage (e.g. Private, or State/Fed)? No Yes
 Please include copy of card with application. Child must have insurance coverage to participate in our program.

J. FAMILY HISTORY

What problems have existed in this child's natural or adoptive family? (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol or drug abuse | <input type="checkbox"/> Incarceration | <input type="checkbox"/> Parental Death |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Absent Parent |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Physical Illness | <input type="checkbox"/> Frequent Moves |
| <input type="checkbox"/> Child Neglect | <input type="checkbox"/> Financial Stress | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Child Sexual Abuse | <input type="checkbox"/> Poverty | <input type="checkbox"/> Family Break-up |
| <input type="checkbox"/> Spouse Abuse | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other Family Violence | <input type="checkbox"/> Divorce | _____ |
| <input type="checkbox"/> Court Involvement | <input type="checkbox"/> Legal separation | _____ |

K. CURRENT FAMILY DATA FORM

	Biological Father	Biological Mother	Step-parent, Adoptive Parent, Other Guardian:	Step-parent, Adoptive Parent, Other Guardian:
Full Name				
Current Address				
Current Phone				
Birth Place & Date				
Grade Completed				
Occupation				
Employer				
Salary (annual)				
Work Hours				
Work Phone				
Other Numbers				
Marital Status				
Name of Spouse				
Date of Marriage				
Date of Divorce				
If Deceased, Date of Death				
Cause of Death				
Describe General Health				

L. List all Biological siblings of child (children of the same mother and father as child applying)

Name	Date of Birth	Age	Current Address	Phone Number

M. List all step/ half siblings of child:

Name	Date of Birth	Age	Name of Parents	Address	Phone Number

N. Please list all persons that are currently involved with the child:

Name	Relationship	Address	Phone Number

O. PSYCHOLOGICAL/BEHAVIORAL/SOCIAL HISTORY

Parent or Guardian: Please check all that apply relating to the child's past and/or present psychological, behavioral, and /or social issues of concern.

Past/ Present

Past/ Present

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> | Not getting good grades in school. | <input type="checkbox"/> <input type="checkbox"/> | Coping with a divorce of his/her parents/guardians. |
| <input type="checkbox"/> <input type="checkbox"/> | Gets into fights at school. | <input type="checkbox"/> <input type="checkbox"/> | Coping with a family member's drinking/drug use. |
| <input type="checkbox"/> <input type="checkbox"/> | Getting in-school or out-of-school suspensions. | <input type="checkbox"/> <input type="checkbox"/> | Coping with past physical abuse, emotional, or sexual abuse. |
| <input type="checkbox"/> <input type="checkbox"/> | Not doing his/her homework. | <input type="checkbox"/> <input type="checkbox"/> | Coping with feelings about being adopted. |
| <input type="checkbox"/> <input type="checkbox"/> | Feeling anxious. | <input type="checkbox"/> <input type="checkbox"/> | Dealing with a break-up. |
| <input type="checkbox"/> <input type="checkbox"/> | Feeling lonely. | <input type="checkbox"/> <input type="checkbox"/> | Loss of friend due to move or death. |
| <input type="checkbox"/> <input type="checkbox"/> | Wishing he/she was dead. | <input type="checkbox"/> <input type="checkbox"/> | Difficulty handling the death of someone close to him/her. |
| <input type="checkbox"/> <input type="checkbox"/> | Feeling down or depressed. | <input type="checkbox"/> <input type="checkbox"/> | Loss of pet. |
| <input type="checkbox"/> <input type="checkbox"/> | Not motivated to do anything. | <input type="checkbox"/> <input type="checkbox"/> | Using alcohol. |
| <input type="checkbox"/> <input type="checkbox"/> | Not doing household chores. | <input type="checkbox"/> <input type="checkbox"/> | Using drugs. |
| <input type="checkbox"/> <input type="checkbox"/> | Weight problems. | <input type="checkbox"/> <input type="checkbox"/> | Being sexually active. |
| <input type="checkbox"/> <input type="checkbox"/> | Poor hygiene. | <input type="checkbox"/> <input type="checkbox"/> | Running away. |
| <input type="checkbox"/> <input type="checkbox"/> | Not making and keeping good friends. | <input type="checkbox"/> <input type="checkbox"/> | Stealing. |

O. PSYCHOLOGICAL/BEHAVIORAL/SOCIAL HISTORY- Cont.

Please continue to check all that apply relating to the child’s past and/or present psychological, behavioral, and /or social issues of concern.

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Having friends who are a bad influence. | <input type="checkbox"/> | <input type="checkbox"/> | Lying. |
| <input type="checkbox"/> | <input type="checkbox"/> | Stuffing his/her anger. | <input type="checkbox"/> | <input type="checkbox"/> | Being arrested or detained by the police. |
| <input type="checkbox"/> | <input type="checkbox"/> | Exploding with his/her anger. | <input type="checkbox"/> | <input type="checkbox"/> | Setting fires. |
| <input type="checkbox"/> | <input type="checkbox"/> | Damaging things that belong to him/her or another | <input type="checkbox"/> | <input type="checkbox"/> | Gang involvement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty getting along with family members. | <input type="checkbox"/> | <input type="checkbox"/> | Dealing drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty getting along with people outside of the family. | <input type="checkbox"/> | <input type="checkbox"/> | Pornography (includes internet porn and 900 calls). |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty getting along with authority figures. | <input type="checkbox"/> | <input type="checkbox"/> | Involvement with the occult. |

ASSETS AND STRENGTHS CHECKLIST- Please check all that apply to the child:

- | | | |
|---|---|--|
| <input type="checkbox"/> Accepting of others | <input type="checkbox"/> Has good health | <input type="checkbox"/> Shows compassion/empathy |
| <input type="checkbox"/> Nurturing to others | <input type="checkbox"/> Is physically attractive | <input type="checkbox"/> Shows joyfulness |
| <input type="checkbox"/> Tolerant of others | <input type="checkbox"/> Has good personal hygiene | <input type="checkbox"/> Has personal goals |
| <input type="checkbox"/> Sensitive to others | <input type="checkbox"/> Is physically strong | <input type="checkbox"/> Has developing or clear values |
| <input type="checkbox"/> Caring of others | <input type="checkbox"/> Likes himself/herself | <input type="checkbox"/> Has a strong conscience |
| <input type="checkbox"/> Listens to others | <input type="checkbox"/> Is intelligent | <input type="checkbox"/> Is remorseful when he/she misbehaves |
| <input type="checkbox"/> Loving to others | <input type="checkbox"/> Is creative | <input type="checkbox"/> Is bonded and connected to family |
| <input type="checkbox"/> Receives feedback from others | <input type="checkbox"/> Is artistic | <input type="checkbox"/> Wants to succeed in life |
| <input type="checkbox"/> Respects authority | <input type="checkbox"/> Likes music | <input type="checkbox"/> Shows self-control |
| <input type="checkbox"/> Responds to authority | <input type="checkbox"/> Likes sports | <input type="checkbox"/> Is organized |
| <input type="checkbox"/> Makes friends | <input type="checkbox"/> Has a good work ethic/works hard | <input type="checkbox"/> Is competitive |
| <input type="checkbox"/> Has friends | <input type="checkbox"/> Positive habits | <input type="checkbox"/> Is open to therapy and getting help |
| <input type="checkbox"/> Is loyal to friends | <input type="checkbox"/> Shows responsibility | <input type="checkbox"/> Wants the family to work on issues and get along better |
| <input type="checkbox"/> Has family support system | <input type="checkbox"/> Is diligent | <input type="checkbox"/> Shows independence |
| <input type="checkbox"/> Has church support system | <input type="checkbox"/> Tries hard | <input type="checkbox"/> Has a sense of humor |
| <input type="checkbox"/> Has a personal relationship with Jesus | <input type="checkbox"/> Shows honesty | <input type="checkbox"/> Can laugh at himself/herself |
| <input type="checkbox"/> Enjoys playing alone and with others | <input type="checkbox"/> Shows trustworthiness | <input type="checkbox"/> Expresses his/her emotions & feelings |
| <input type="checkbox"/> Works and plays well with others | <input type="checkbox"/> Shows courage | <input type="checkbox"/> Shows some insight into his problems |
| <input type="checkbox"/> Shares with others | <input type="checkbox"/> Shows purity | <input type="checkbox"/> Wants help |
| <input type="checkbox"/> Can receive from others | <input type="checkbox"/> Shows perseverance | |
| <input type="checkbox"/> Is a team player | <input type="checkbox"/> Shows endurance | |
| <input type="checkbox"/> Has personal interests | <input type="checkbox"/> Shows humility | |
| <input type="checkbox"/> Engages in personal interests | <input type="checkbox"/> Shows patience | |
| | <input type="checkbox"/> Shows gratefulness | |

Explain any other psychological, behavioral, and/or social concerns and how you feel Eagle Ranch would be of help to you and your child? _____

P. CHILD QUESTIONNAIRE - Please have child complete the following questions.

What are your interest and hobbies? _____

What are your future plans? _____

Do you think Eagle Ranch will help you? If so, how? _____

AREAS OF DIFFICULTY - Please check all that apply to you:

- | Past/ Present | Past/ Present |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Not getting good grades in school. | <input type="checkbox"/> <input type="checkbox"/> Coping with a divorce of his/her parents/guardians. |
| <input type="checkbox"/> <input type="checkbox"/> Gets into fights at school. | <input type="checkbox"/> <input type="checkbox"/> Coping with a family member's drinking/drug use. |
| <input type="checkbox"/> <input type="checkbox"/> Getting in-school or out-of-school suspensions. | <input type="checkbox"/> <input type="checkbox"/> Coping with past physical abuse, emotional, or sexual abuse. |
| <input type="checkbox"/> <input type="checkbox"/> Not doing his/her homework. | <input type="checkbox"/> <input type="checkbox"/> Coping with feelings about being adopted. |
| <input type="checkbox"/> <input type="checkbox"/> Feeling anxious. | <input type="checkbox"/> <input type="checkbox"/> Dealing with a break-up. |
| <input type="checkbox"/> <input type="checkbox"/> Feeling lonely. | <input type="checkbox"/> <input type="checkbox"/> Loss of friend due to move or death. |
| <input type="checkbox"/> <input type="checkbox"/> Wishing he/she was dead. | <input type="checkbox"/> <input type="checkbox"/> Difficulty handling the death of someone close to him/her. |
| <input type="checkbox"/> <input type="checkbox"/> Feeling down or depressed. | <input type="checkbox"/> <input type="checkbox"/> Loss of pet. |
| <input type="checkbox"/> <input type="checkbox"/> Not motivated to do anything. | <input type="checkbox"/> <input type="checkbox"/> Using alcohol. |
| <input type="checkbox"/> <input type="checkbox"/> Not doing household chores. | <input type="checkbox"/> <input type="checkbox"/> Using drugs. |
| <input type="checkbox"/> <input type="checkbox"/> Weight problems. | <input type="checkbox"/> <input type="checkbox"/> Being sexually active. |
| <input type="checkbox"/> <input type="checkbox"/> Poor hygiene. | <input type="checkbox"/> <input type="checkbox"/> Running away. |
| <input type="checkbox"/> <input type="checkbox"/> Not making and keeping good friends. | <input type="checkbox"/> <input type="checkbox"/> Stealing. |
| <input type="checkbox"/> <input type="checkbox"/> Having friends who are a bad influence. | <input type="checkbox"/> <input type="checkbox"/> Lying. |
| <input type="checkbox"/> <input type="checkbox"/> Stuffing his/her anger. | <input type="checkbox"/> <input type="checkbox"/> Being arrested or detained by the police. |
| <input type="checkbox"/> <input type="checkbox"/> Exploding with his/her anger. | <input type="checkbox"/> <input type="checkbox"/> Setting fires. |
| <input type="checkbox"/> <input type="checkbox"/> Damaging things that belong to him/her or another | <input type="checkbox"/> <input type="checkbox"/> Gang involvement. |
| <input type="checkbox"/> <input type="checkbox"/> Difficulty getting along with family members. | <input type="checkbox"/> <input type="checkbox"/> Dealing drugs |
| <input type="checkbox"/> <input type="checkbox"/> Difficulty getting along with people outside of the family. | <input type="checkbox"/> <input type="checkbox"/> Pornography (includes internet porn and 900 calls). |
| <input type="checkbox"/> <input type="checkbox"/> Difficulty getting along with authority figures. | <input type="checkbox"/> <input type="checkbox"/> Involvement with the occult. |

Signature of Child _____

Date _____

Q. FAMILY INVOLVEMENT – These are the expected activities of families/guardians in the Eagle Ranch Program. Please indicate your willingness to participate:

Family or Guardian’s participation in the program

Please initial:

- | | |
|--|--|
| 1. Willing and able to furnish transportation to/from all appts., breaks and home visits. | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 2. Willing to comply with the timeframe set up for pick up and drop off times for the children. | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 3. Willing to offer supervision during weekends home (at least every other weekend, holidays, and a few weeks during the summer). | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 4. Willing to implement the choice/consequence model as directed by the assigned Counselor (including carry over consequences at home for behavior while at E.R.) | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 5. Willing to attend all required sessions, including family therapy with Counselor at least 2 times per month, Parent Groups at least once per month, and other Eagle Ranch events as directed. | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 6. Agree to pay the monthly payment on time every month. (1 st or 15 th of each month, see Eagle Ranch Fee Schedule) | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |

R. AUTHORIZATION FOR RELEASE OF INFORMATION

It is the desire of Eagle Ranch, Inc. to provide the most effective care which at times may include contacting the referral sources and other related agencies of our clients and their families.

I, _____, Parent/Guardian of _____ hereby authorize Eagle Ranch to receive and/or release information, including verbal dialogue, as may be necessary from/to school officials, counselors, therapist, hospitals, doctors, clergy, case workers, probation officers or court officials, and other family members that is relevant to the assessment of my family/child.

Specific information to be disclosed may include but is not all inclusive to:

- | | |
|---|--|
| ▪ Acknowledgment of presence in treatment | ▪ Discharge summaries from residential/hospital facilities |
| ▪ Psychiatric evaluations | ▪ Case records |
| ▪ Psychological evaluations | ▪ Offense history |
| ▪ Medical records | ▪ First Placement/ Best Placement |
| ▪ Education assessments | ▪ Level of Care assessment |
| ▪ Special Education records | ▪ Guardianship documentation |
| ▪ Social history | |

This consent expires after the period necessary to complete all business related to the intake process and treatment of the family/child listed within this application (unless revoked earlier in writing).

Signature of person or person authorized to consent

Relationship

Witness

Date of Signature

S. DEMOGRAPHIC AND REFERRAL INFORMATION:

Please complete the following information to help us in reaching other families.

1. Please provide the date in which you are completing this application. _____

2. Please provide characteristic information about the child for whom you are applying.

County of Residence _____ **Gender** _____ **Age** _____ **Grade** _____

3. How did you find out about Eagle Ranch? (Please check all that apply)

Radio advertisement

Newspaper. Please list: _____

Magazine. Please list: _____

Eagle Ranch website

Other Internet / website. Please list website: _____

Department of Family and Children Services. Please list the contact person if available:

Contact Name: _____

Juvenile Court / DJJ/ probation officer. Please list the contact person:

Contact Name: _____

School (counselor or social worker) Please list the following:

Counselor Name: _____ School Name: _____

Counselor / psychologist/ psychiatrist. Please list the contact person if available:

Contact name: _____ Organization Name: _____

Church/ Pastor/ Civic Group. Please list the following:

Contact name: _____ Organization Name: _____

Ranch staff or board member: current previous

Donor

A family whose child has been at Eagle Ranch

Relative /friend. Please list name and relationship: _____

If by relative/ friend, can you tell us how they knew about Eagle Ranch? _____

Other: _____

4. Who specifically referred you to Eagle Ranch, Inc. (Name and Relationship)?

5. Out of the categories above, which prompted you to contact Eagle Ranch? Please explain.

6. When did you first learn about our program? Give either the date or approximate time period.

Thank you for taking your time in providing this information.

We appreciate your assistance in better serving the greater North Georgia Community.