

EAGLE RANCH

This admissions application must be completed and returned to Eagle Ranch before the child can be considered for placement.

Name (person filling out this application) _____

Relationship to child _____ Date _____

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

Child's Name _____

(Last)

(First)

(Middle)

(Nickname)

Current Physical Address _____

(Street)

(City)

(State)

(Zip)

(County)

Current Mailing Address _____

(Box)

(City)

(State)

(Zip)

(County)

Home Ph # _____ Emergency contact name _____ Phone # _____

Social Security # _____ Current Grade Level _____ Date of Birth _____ Current Age _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Race _____

Legal Custody Holder _____ Relationship to child _____

Adopted _____ Natural _____ Foster _____ Other _____ Email Address _____

Address _____

(Street)

(City)

(State)

(Zip)

(County)

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

With whom is the child living? _____ Is the child a legal ward of any agency? _____

If yes, name of agency _____ For how long _____

Case Worker _____ Phone # _____

Does child have respite care for weekends the children go home? _____ With whom? _____

How did you come to know about Eagle Ranch? (Please check one)

___ Department of Family and Children Services

___ school (counselor or social worker)

Name: _____

___ counselor / psychologist/ psychiatrist

Name: _____

___ Juvenile Court / DJJ/ probation officer

___ relative / friend:

If yes, how did your friend/relative know about Eagle Ranch? _____

___ radio advertisement

___ internet / website

___ church

Name: _____

___ donor

___ Ranch staff or board member (current/previous)

___ a family whose child has been at Eagle Ranch

___ other: _____

B. EDUCATION – (List all school child has attended starting with the most current—continue on back if necessary)

Grade	Name of School and Address	Phone Number	STATUS (Special Education, Promoted, Retained)
<i>Current grade level:</i>	<i>Current School:</i>		

C. CURRENT MEDICAL PERSONNEL INFORMATION (If child has seen numerous doctors in the past please use a separate sheet of paper to list them along with time frame child was seen by doctor and a phone number)

	Name	Address	Phone	How Long?	How Often?
Physician					
Psychologist					
Psychiatrist					
Counselor/ Therapist					

D. MEDICAL HISTORY (use additional pages if necessary)

Past surgeries / Hospitalizations	
List of major illnesses	
Allergies	
Diagnosis	
Past medication	
Describe general health/ Current medications	

E. CURRENT/PRIOR PLACEMENTS/ DATES (Homes/ YDC/ Hospitalizations—continue on back if necessary)

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

F. FINANCIAL

Person financially responsible for the child? _____ Relationship _____
 Source of income and amount for child and /or family:
 Parents/ guardians wages _____ DFCS _____ Child Support _____
 Social Security _____ Other _____

G. INSURANCE

Does child have Insurance? _____ Insurance Co? _____ Expiration Date? _____
 Policy # _____ Employer? _____
 Medicaid? _____ Name of Case Worker _____ Phone # _____

H. CURRENT FAMILY DATA FORM

	Biological Father	Biological Mother	Step/ Foster Father	Step/ Foster Mother
Full Name				
Current Address				
Current Phone				
Birth Place/ Birth Date				
SSN				
Name of Church				
Pastor/ Phone				
Occupation				
Employer				
Work Hours				
Work Phone				
Other Numbers				
Salary (annual)				
Grade Completed				
Marital Status				
Name of Spouse				
Date of Marriage				
Date of Divorce				
If Deceased, Date of Death				
Cause of Death				
Describe General Health				

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

Name	Birth date	Current Address	Phone Number	Grade	Marital Status

J. List all step/ half siblings of child:

Name	Birth date	Current Address	Phone Number	Name of parents	Grade	Marital Status

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

Name	Relationship	Address	Phone Number

L. PARENT QUESTIONNAIRE - To be completed by Parent/Guardian

AREAS OF DIFFICULTY FOR THE CHILD - Please check all that apply to the child:

- | Past | Present | |
|------------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Not getting good grades in school. |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Gets into fights at school. |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Not doing his/her homework. |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Feeling anxious. |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Feeling lonely. |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Wishing he/she was dead. |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Feeling down or depressed. |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Not motivated to do anything. |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Not making and keeping good friends. |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Having friends who are a bad influence. |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Stuffing his/her anger. |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | Exploding with his/her anger. |
| 13. <input type="checkbox"/> | <input type="checkbox"/> | Damaging things that belong to him/her or another. |
| 14. <input type="checkbox"/> | <input type="checkbox"/> | Stealing. |
| 15. <input type="checkbox"/> | <input type="checkbox"/> | Lying. |
| 16. <input type="checkbox"/> | <input type="checkbox"/> | Using alcohol. |
| 17. <input type="checkbox"/> | <input type="checkbox"/> | Using drugs. |
| 18. <input type="checkbox"/> | <input type="checkbox"/> | Coping with a family member's drinking/drug use. |
| 19. <input type="checkbox"/> | <input type="checkbox"/> | Coping with feelings about being adopted. |
| 20. <input type="checkbox"/> | <input type="checkbox"/> | Coping with past physical abuse, emotional, or sexual abuse. |
| 21. <input type="checkbox"/> | <input type="checkbox"/> | Coping with a divorce of his/her parents/guardians. |
| 22. <input type="checkbox"/> | <input type="checkbox"/> | Getting along with family members. |
| 23. <input type="checkbox"/> | <input type="checkbox"/> | Getting along with people outside of the family. |
| 24. <input type="checkbox"/> | <input type="checkbox"/> | Setting fires. |
| 25. <input type="checkbox"/> | <input type="checkbox"/> | Gang involvement. |
| 26. <input type="checkbox"/> | <input type="checkbox"/> | Dealing drugs |
| 27. <input type="checkbox"/> | <input type="checkbox"/> | Not doing household chores. |
| 28. <input type="checkbox"/> | <input type="checkbox"/> | Being sexually active. |
| 29. <input type="checkbox"/> | <input type="checkbox"/> | Difficulty handling the death of someone close to him/her. |
| 30. <input type="checkbox"/> | <input type="checkbox"/> | Weight problems. |
| 31. <input type="checkbox"/> | <input type="checkbox"/> | Difficulty getting along with authority figures. |
| 32. <input type="checkbox"/> | <input type="checkbox"/> | Getting in-school or out-of-school suspensions. |
| 33. <input type="checkbox"/> | <input type="checkbox"/> | Being arrested or detained by the police. |
| 34. <input type="checkbox"/> | <input type="checkbox"/> | Poor hygiene. |
| 35. <input type="checkbox"/> | <input type="checkbox"/> | Involvement with the occult. |
| 36. <input type="checkbox"/> | <input type="checkbox"/> | Pornography (includes internet porn and 900 calls). |
| 37. <input type="checkbox"/> | <input type="checkbox"/> | Running away. |
| 38. <input type="checkbox"/> | <input type="checkbox"/> | Loss of friend due to move or death. |
| 39. <input type="checkbox"/> | <input type="checkbox"/> | Dealing with a break-up. |
| 40. <input type="checkbox"/> | <input type="checkbox"/> | Loss of pet. |

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

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

M. CHILD QUESTIONNAIRE - To be completed by child

Please answer 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 | |
|-----------|---------|--|
| 1. _____ | _____ | Not getting good grades in school. |
| 2. _____ | _____ | Getting in fights at school. |
| 3. _____ | _____ | Not doing my homework. |
| 4. _____ | _____ | Feeling anxious. |
| 5. _____ | _____ | Feeling lonely. |
| 6. _____ | _____ | Wishing I was dead. |
| 7. _____ | _____ | Feeling down or depressed. |
| 8. _____ | _____ | Not motivated to do anything. |
| 9. _____ | _____ | Making and keeping good friends. |
| 10. _____ | _____ | Having friends who are a bad influence. |
| 11. _____ | _____ | Stuffing my anger. |
| 12. _____ | _____ | Exploding with my anger. |
| 13. _____ | _____ | Damaging things that belong to me or someone else. |
| 14. _____ | _____ | Stealing. |
| 15. _____ | _____ | Lying. |
| 16. _____ | _____ | Using alcohol. |
| 17. _____ | _____ | Using drugs. |
| 18. _____ | _____ | Coping with a family member's drinking/drug use. |
| 19. _____ | _____ | Coping with feelings about being adopted. |
| 20. _____ | _____ | Coping with past physical, emotional, or sexual abuse. |
| 21. _____ | _____ | Coping with a divorce of my parents/guardians. |
| 22. _____ | _____ | Getting along with family members. |
| 23. _____ | _____ | Getting along with people outside of the family. |
| 24. _____ | _____ | Setting fires. |
| 25. _____ | _____ | Gang involvement. |
| 26. _____ | _____ | Dealing drugs |
| 27. _____ | _____ | Not doing household chores. |
| 28. _____ | _____ | Being sexually active. |
| 29. _____ | _____ | Difficulty handling the death of someone close to me. |
| 30. _____ | _____ | Weight problems. |
| 31. _____ | _____ | Difficulty getting along with authority figures. |
| 32. _____ | _____ | Getting in-school or out-of-school suspensions. |
| 33. _____ | _____ | Being arrested or detained by the police. |
| 34. _____ | _____ | Poor hygiene. |
| 35. _____ | _____ | Involvement with the occult. |
| 36. _____ | _____ | Pornography (includes internet porn and 900 calls). |
| 37. _____ | _____ | Running away. |
| 38. _____ | _____ | Loss of friend due to move or death. |
| 39. _____ | _____ | Dealing with a break-up. |
| 40. _____ | _____ | Loss of pet. |

Signature of Child _____ Date _____

N. FAMILY HISTORY

What problems have existed in this child’s natural or foster family? (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 | _____ |

O. FAMILY INVOLVEMENT -- Parents normally perform the activities listed below during the child’s stay in the program. Please indicate your willingness to participate:

Family’s or foster family’s participation in the program. Please initial:

	<u>YES</u>	<u>NO</u>
1. Willingness to furnish transportation during weekends home.	_____	_____
2. Willing to comply with the timeframe set up for pick up and drop of times for the children.	_____	_____
3. Willingness to offer supervision during weekend home (at least every other weekend, Holidays, and a few weeks during the summer).	_____	_____
4. Willing to implement the level system from Eagle Ranch at home with the child and maintain a level sheet that you will then share with the Houseparents and counselor.	_____	_____
5. Willing to attend Family session at lease twice a month at Eagle Ranch.	_____	_____
6. Agree to pay the minimal financial charge on time every month (please see Eagle Ranch Fee Schedule Form)	_____	_____

I hereby request that Eagle Ranch consider providing services to the above named child. All information provided is accurate to the best of my knowledge, I understand that any deliberate false information is grounds for denial into the program.

Signature of custody holder _____ Date _____

Signature of person completing the application: _____ Date _____