

REQUIRED ADMISSION INFORMATION

- COMPLETED APPLICATION FORM
- SOCIAL OR COURT HISTORY
- UP-TO-DATE HEALTH HISTORY TO INCLUDE:
 - Record of immunization
 - Verification of TB test within past 30 days
 - Copy of physical examination results within past 30 days
- RECENT PSYCHOLOGICAL OR PSYCHIATRIC EXAMINATION IF AVAILABLE
- SCHOOL INFORMATION
 - Transcript and statement of current grade placement
 - Records of counseling contacts / recommendations
 - IEP if available
- SIGNED INTERSTATE COMPACT AGREEMENT (out of state only)
- CERTIFIED COPY OF BIRTH CERTIFICATE

TO BE COMPLETED IF NOT INCLUDED ELSEWHERE

1. REASON FOR REFERRAL: _____

2. TREATMENT GOALS (issues on which you fee the boy needs to work):

3. ANTICIPATED LENGTH OF PLACEMENT (please check one):

- LESS THAN SIX MONTHS SIX TO NINE MONTHS
 NINE TO TWELVE MONTHS LONGER THAN TWELVE
 AS LONG AS NEEDED BASED ON PERIODIC REVIEWS

THE BOY

NAME _____ DOB _____
 FIRST MI LAST

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

RACE _____ SOCIAL SECURITY NUMBER _____

TITLE XIX# _____

PRESENTLY RESIDING WITH _____

LIST DATE AND LOCATIONS OF LIVING SINCE BIRTH:

<u>LOCATION</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CUSTODY

WHO HAS CUSTODY AT THIS POINT (parents, court, social services, etc):

(IF COURT PLACEMENT, ENCLOSE A COPY OF THE COURT ORDER)

FAMILY

Biological father	age	address/zip	phone	education
Biological mother	age	address/zip	phone	education
Step or adoptive father	age	address/zip	phone	education
Step or adoptive mother	age	address/zip	phone	education

SIBLINGS

PLEASE LIST ALL SIBLINGS, AGES, AND PRESENT LIVING ARRANGEMENT (at home, in college, on his/her own, etc.)

PERSON(S) WITH WHOM BOY SHOULD NOT HAVE CONTACT

PLEASE LIST THE NAMES OF ANY PERSONS WITH WHOM HE SHOULD HAVE NO CONTACT WHILE AT THE RANCH:

HEALTH

IS HE:

SUBJECT TO FAINTING OR SEIZURES _____ YES _____ NO

IF YES, DESCRIBE:

ALLERGIC TO ANYTHING _____ YES _____ NO

IF YES, LIST

RECEIVING MEDICATION AT THE PRESENT TIME _____ YES _____ NO

IF YES, LIST

NAME, ADDRESS AND PHONE NUMBER OF PHYSICIAN:

DATE OF LAST PHYSICAL EXAMINATION _____

SCHOOL

LAST GRADE SUCCESSFULLY COMPLETED _____ DATE _____

CURRENT GRADE PLACEMENT _____

LAST SCHOOL ATTENDED(name, address, phone number and fax):

WILL THE SCHOOL REQUIRE AN IEP? _____ YES _____ NO

WHAT IS HIS ATTITUDE TOWARD SCHOOL? _____

IS HE PRESENTLY IN SCHOOL? _____

IS HE CERTIFIED FOR SPECIAL EDUCATION? _____

RESPONSIBLE SCHOOL DISTRICT(name, address, phone number, and fax)

RELIGION

DENOMINATION _____ PASTOR/PRIEST _____

IS HE BAPTIZED ___ YES ___ NO CONFIRMED ___ YES ___ NO

DOES RELIGION PLAY A _____ LARGE _____ AVERAGE _____ SMALL PART IN HIS LIFE? IS HE ACTIVE IN A CHURCH NOW? _____ YES _____ NO

OUTLINE OF FINANCIAL RESPONSIBILITY

ITEM

TO BE PAID BY

Daily fee(room,board,services-\$ _____)

Tuition(\$ _____ per school day)

Major medical expenses(surgery,hospital)	_____
Minor medical(office calls, etc.)	_____
Dental Care	_____
Optometric Care	_____
Psychiatric care (if required	_____
Travel funds	_____

If a boy leaves Sky Ranch in an unplanned manner, every effort will be made to secure his clothing and personal belongings but Sky Ranch can not be responsible for any losses which may occur under those circumstances.

CHECKLIST OF BEHAVIOR CHARACTERISTICS

- | | |
|---|--|
| <input type="checkbox"/> RESISTS AUTHORITY | <input type="checkbox"/> BITES NAILS |
| <input type="checkbox"/> LIES <input type="checkbox"/> NIGHTMARES | <input type="checkbox"/> DAYDREAMS |
| <input type="checkbox"/> SUCKS THUMB | <input type="checkbox"/> TEMPER TANTRUMS |
| <input type="checkbox"/> RUNS AWAY | <input type="checkbox"/> AGGRESIVE |
| <input type="checkbox"/> USES OBSCENE LANGUAGE | <input type="checkbox"/> TALKS OF SUICIDE |
| <input type="checkbox"/> STAMMERS OR STUTTERS | <input type="checkbox"/> ATTEMPTED SUICIDE |
| <input type="checkbox"/> LIMITED VERBAL EXPRESSION | <input type="checkbox"/> HOMOSEXUAL ACTIVITY |
| <input type="checkbox"/> PREOCCUPPED WITH SEX | <input type="checkbox"/> ENURETIC |
| <input type="checkbox"/> HYPERACTIVE | <input type="checkbox"/> STEALS |
| <input type="checkbox"/> DISOBEDIENT | <input type="checkbox"/> TRUANCY |
| <input type="checkbox"/> DESTRUCTIVE | <input type="checkbox"/> -SCHOOL |
| <input type="checkbox"/> FEARFUL | <input type="checkbox"/> -HOME |
| <input type="checkbox"/> ANXIOUS | |
| <input type="checkbox"/> ENCOPRETIC | |

CONSENT/AUTHORIZATION FORMS

BOY'S NAME _____

- FLIGHT TRAINING PROGRAM

The undersigned, parent(), guardian(s) or placing agency representative, being fully aware that Sky Ranch for Boys has instituted a pre-flight and flight training program and is carrying liability insurance in said regard, hereby consent(s) and authorize(s) Sky ranch for Boys, its agents and employees, to give ground training and flight training to the above-named boy.

Signature Relationship Date

Signature Relationship Date

- PUBLICITY

I(we) being the parent(s), legal guardian(s), or placing agency with authority to do so, do hereby give my/our permission and consent to Sky Ranch for Boys to use, for the purpose of publication thereof, information relating to the residency and activities of the above-named boy at Sky Ranch. This permission and consent includes but is not limited to the use of the boy's full name and photography and any positive stories concerning his residency and activities at the Ranch.

Signature Relationship Date

Signature Relationship Date

- VISITS OR WORK

I(we) hereby _____ give _____ do not give consent for the above named boy to visit or work with local ranchers, subject to the discretion of Sky Ranch personnel. I will not hold Sky Ranch and/or the ranchers responsible for accidents and injuries when normal precautions have been taken.

Signature Relationship Date

Signature Relationship Date

- ATHLETICS

