



## Application Checklist

Completing the following application is the first step toward admission to Project PATCH Ranch. It is our goal to help you expedite this process. Please contact us if you have questions.

- \_\_\_ 1 Fill out application completely  
Double check to make sure the Release of Information section of the application is filled out and signed
- \_\_\_ 2 *A \$35.00 non-refundable processing fee must accompany the application.*
- \_\_\_ 3 Make sure the reference pages of the application are filled out and either sent in to the Vancouver office or accompany the application. The reference forms are necessary in order to provide a perspective from someone outside the immediate family. **No application packet is complete without the completed reference forms.** Suggested individuals to fill out the reference forms are:
  - Counselors
  - Pastors
  - Teachers
  - Probation Officers
  - Principals
  - School Counselors
  - Family friends or relatives
- \_\_\_ 4 Copy of any psychological evaluations
- \_\_\_ 5 Copy of prior year's income tax return together with a financial statement showing number of family members, total family assets, income and expenses for a typical month

The Admissions Committee will review the application and will contact you in approximately one week.

→ ***These do not need to accompany the application, but are MANDATORY at time of admission.*** ←

- Certified Copy of Birth Certificate
- Dental Evaluation (within 60 days of admission)
- Current Immunization Records (or a signed statement of conscientious objection)
- Tuberculosis test (within 30 days of admittance)
- Tetanus Vaccine (within 9 years)
- Evidence of custody arrangements. **PATCH will not admit any child without a clear definition of legal custodian. (Physical custody of a child is not sufficient for such determination.) Generally, signature from both legal parents, custodial and non-custodial, is required.**
- A State Photo Identification Card for child (check with Department of Motor Vehicles)
- The Custody Agreement papers giving permission for the child to be a resident of Project PATCH Ranch. Project PATCH will provide these after reviewing the application and determining that we can provide a positive environment for the child.
- All entrance fees and payment of the first month's fees.

PATCH requires that both parents/guardians accompany the child to the Ranch at the time of admission (unless there is only one parent or guardian); we encourage all parents/guardians to participate. All parents/guardians or significant person in child's life must plan a minimum of one visit every 6 weeks to 3 months) to the Ranch to meet with the counseling staff and the child. These visits are to be scheduled with the counseling staff.



# RANCH APPLICATION

1. PROVIDE DETAILED INFORMATION. USE ADDITIONAL PAPER AS NEEDED.
2. COMPLETE IN **DARK BLUE** OR **BLACK** INK.
3. ENCLOSE \$35.00 NONREFUNDABLE APPLICATION FEE AND RETURN TO PROJECT PATCH, 2404 E Mill Plain Blvd Suite A, Vancouver, WA 98661. **THIS IS A PROCESSING FEE AND DOES NOT GUARANTEE ADMISSION.**

PERSON COMPLETING FORM \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

REFERRAL DATE \_\_\_\_\_

## APPLICANT'S FULL NAME

APPLICANT'S STREET ADDRESS _____	DATE OF BIRTH _____	AGE _____	SEX _____	APPLICANT RELIGION _____	AGE AT ADOPTION _____
CITY, STATE, ZIP _____	SOCIAL SECURITY NUMBER _____			ETHNIC ORIGIN _____	BIRTH PLACE _____
PHONE NUMBER _____	SCARS OR BIRTH MARKS _____			HAIR COLOR _____	EYE COLOR _____
MOTHER'S MAIDEN NAME _____	LEGAL GUARDIAN (S) _____			HEIGHT _____	WEIGHT _____

## Parents

\*Legal Father or Mother as listed on Birth Certificate. Please use full names.

LEGAL FATHER* (BIOLOGICAL OR ADOPTIVE) _____	DATE OF MARRIAGE _____ ( <input type="checkbox"/> NEVER MARRIED )	LEGAL MOTHER* (BIOLOGICAL OR ADOPTIVE) _____	
LEGAL FATHER DATE OF BIRTH _____	PLACE OF MARRIAGE _____	LEGAL MOTHER DATE OF BIRTH _____	
LEGAL FATHER'S RELIGION _____	DATE OF DIVORCE _____ ( <input type="checkbox"/> NEVER DIVORCED )	LEGAL MOTHER'S RELIGION _____	
LEGAL FATHER SOCIAL SECURITY NUMBER _____		LEGAL MOTHER SOCIAL SECURITY NUMBER _____	
STREET _____		STREET _____	
CITY, STATE, ZIP _____		CITY, STATE, ZIP _____	
WORK PHONE NUMBER _____ HOME PHONE NUMBER _____		WORK PHONE NUMBER _____ HOME PHONE NUMBER _____	
E MAIL ADDRESS _____		E MAIL ADDRESS _____	
SPOUSE OR SIGNIFICANT OTHER OF LEGAL FATHER		SPOUSE OR SIGNIFICANT OTHER OF LEGAL MOTHER	
<input type="checkbox"/> CHECK IF FATHER IS DECEASED	DATE _____	<input type="checkbox"/> CHECK IF MOTHER IS DECEASED	DATE _____
CAUSE OF DEATH _____		CAUSE OF DEATH _____	
PLACE OF DEATH _____		PLACE OF DEATH _____	





# RANCH APPLICATION

**ENVIRONMENT** PLEASE LIST ALL **OUT-OF-HOME PLACEMENTS**, INCLUDING BUT NOT LIMITED TO: STATE FOSTER CARE, RELATIVES, FRIENDS, RESIDENTIAL TREATMENT FACILITIES, BOARDING SCHOOLS, WILDERNESS PROGRAMS.

NAME OF PLACEMENT	PHONE NUMBER	PLACEMENT DATE	DISCHARGE DATE	SUCCESSFUL PLACEMENT

### LIST OF ALL INDIVIDUALS CURRENTLY IN HOME

NAMES OF ALL INDIVIDUALS RESIDING IN APPLICANT'S HOME	RELATIONSHIP TO APPLICANT

### FAMILY INFORMATION

**APPLICANT LIVING WITH:**

- \_\_\_\_\_ MOTHER AND FATHER
- \_\_\_\_\_ ADOPTED PARENTS
- \_\_\_\_\_ MOTHER ONLY
- \_\_\_\_\_ FATHER ONLY
- \_\_\_\_\_ MOTHER AND STEP FATHER
- \_\_\_\_\_ FATHER AND STEP MOTHER
- \_\_\_\_\_ MOTHER AND DOMESTIC PARTNER
- \_\_\_\_\_ FATHER AND DOMESTIC PARTNER
- \_\_\_\_\_ STEP PARENT(S) ONLY (WHO? \_\_\_\_\_)
- \_\_\_\_\_ RELATIVE (WHO? \_\_\_\_\_)
- \_\_\_\_\_ FOSTER PARENTS

**REASON FOR PARENTAL ABSENCES:**

- \_\_\_\_\_ MOTHER DIED
- \_\_\_\_\_ FATHER DIED
- \_\_\_\_\_ PARENTS SEPARATED
- \_\_\_\_\_ PARENTS DIVORCED
- \_\_\_\_\_ MOTHER INSTITUTIONALIZED
- \_\_\_\_\_ FATHER INSTITUTIONALIZED
- \_\_\_\_\_ MOTHER UNKNOWN
- \_\_\_\_\_ FATHER UNKNOWN
- \_\_\_\_\_ PARENTS NEVER MARRIED
- \_\_\_\_\_ ADOPTED (AGE? \_\_\_\_\_)
- \_\_\_\_\_ OTHER \_\_\_\_\_

PLEASE INDICATE ANY OF THE FOLLOWING THAT HAVE BEEN EXPERIENCED BY THE APPLICANT AND HIS/HER **AGE** AT THAT TIME.

- |  |   |
|--|---|
| <p><b>AGE</b></p> <ul style="list-style-type: none"> <li>_____ DEATH OF MOTHER</li> <li>_____ DEATH OF SISTER</li> <li>_____ ABANDONED BY MOTHER</li> <li>_____ MENTAL ILLNESS IN FAMILY (WHO? _____)</li> <li>_____ SERIOUS PHYSICAL ILLNESS OF A FAMILY MEMBER (WHO? _____)</li> <li>_____ DESERTION BY LOVED ONE _____</li> <li>_____ MOTHER ALCOHOLIC</li> <li>_____ MOTHER USED DRUGS</li> <li>_____ *INCEST (OFFENDER? _____)</li> </ul> | <p><b>AGE</b></p> <ul style="list-style-type: none"> <li>_____ DEATH OF FATHER</li> <li>_____ DEATH OF BROTHER</li> <li>_____ ABANDONED BY FATHER</li> <li>_____ DIVORCE OF PARENTS</li> <li>_____ SEPARATION OF PARENTS</li> <li>_____ DEATH OF LOVED ONE—PLEASE EXPLAIN _____</li> <li>_____ FATHER ALCOHOLIC</li> <li>_____ FATHER USED DRUGS</li> <li>_____ *SEXUAL MOLESTATION?</li> </ul> |
|--|---|

\*WE MUST KNOW WHEN THIS OCCURRED, WHO WAS THE OFFENDER, TO WHOM IT WAS REPORTED AND THE RESULTS OF THE INVESTIGATION. WE ARE REQUIRED BY LAW TO REPORT THIS UNLESS WE HAVE DOCUMENTATION THAT THE PROPER AUTHORITIES HAVE ALREADY INVESTIGATED IT. (USE ADDITIONAL PAPER IF NECESSARY. PLEASE BE COMPLETE.)

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# RANCH APPLICATION

PLEASE LIST THE **STRENGTHS, HOBBIES, SPECIAL TALENTS, INTERESTS AND ABILITIES** OF THE APPLICANT.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

PLEASE LIST PROBLEM BEHAVIORS.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

PLEASE LIST THE GOALS YOU HAVE FOR APPLICANT AND EXPECTATIONS OF PLACEMENT AT PROJECT PATCH RANCH.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

HAS APPLICANT EVER FATHERED A CHILD OR BEEN PREGNANT?

No  Yes

IF YES,

WAS THERE A LIVE BIRTH?

No  Yes  DATE \_\_\_\_\_

WAS CHILD PLACED FOR ADOPTION?

No  Yes  DATE \_\_\_\_\_

IF NO, WHO IS CURRENTLY PARENTING THE CHILD? (LIST ALL PARENTAL FIGURES PAST & PRESENT)

\_\_\_\_\_  
\_\_\_\_\_

A STILL BIRTH?

YES  NO  DATE \_\_\_\_\_

AN ABORTION?

YES  NO  DATE \_\_\_\_\_



# RANCH APPLICATION

## COMMON AREAS OF FAMILY AND COMMUNITY CONCERN *CHECK THOSE THAT APPLY.*

### EMOTIONAL CHECKLIST

	<u>OFTEN</u>	<u>OCCASIONAL</u>	<u>COMMENTS</u>
SUPERFICIALLY ENGAGING AND CHARMING	<input type="checkbox"/>	<input type="checkbox"/>	
LACK OF EYE CONTACT ON PARENTAL TERMS	<input type="checkbox"/>	<input type="checkbox"/>	
INDISCRIMINATELY AFFECTIONATE WITH STRANGERS	<input type="checkbox"/>	<input type="checkbox"/>	
NOT AFFECTIONATE (CUDDLY) ON PARENT'S TERMS	<input type="checkbox"/>	<input type="checkbox"/>	
DESTRUCTIVE TO SELF, OTHERS AND MATERIAL THINGS (ACCIDENT)	<input type="checkbox"/>	<input type="checkbox"/>	
CRUELTY TO ANIMALS	<input type="checkbox"/>	<input type="checkbox"/>	
LYING ABOUT THE OBVIOUS (CRAZY LYING)	<input type="checkbox"/>	<input type="checkbox"/>	
STEALING	<input type="checkbox"/>	<input type="checkbox"/>	
NO IMPULSE CONTROLS (FREQUENTLY ACTS OUT)	<input type="checkbox"/>	<input type="checkbox"/>	
LEARNING LAGS	<input type="checkbox"/>	<input type="checkbox"/>	
LACK OF CAUSE AND EFFECT THINKING	<input type="checkbox"/>	<input type="checkbox"/>	
LACK OF CONSCIENCE	<input type="checkbox"/>	<input type="checkbox"/>	
ABNORMAL EATING PATTERNS	<input type="checkbox"/>	<input type="checkbox"/>	
POOR PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	
PREOCCUPATION WITH FIRE	<input type="checkbox"/>	<input type="checkbox"/>	
PREOCCUPATION WITH BLOOD AND GORE	<input type="checkbox"/>	<input type="checkbox"/>	
PERSISTENT NONSENSE QUESTIONS/INCESSANT CHATTER	<input type="checkbox"/>	<input type="checkbox"/>	
INAPPROPRIATELY DEMANDING AND CLINGY	<input type="checkbox"/>	<input type="checkbox"/>	
ABNORMAL SPEECH PATTERNS	<input type="checkbox"/>	<input type="checkbox"/>	

### PSYCHOLOGICAL DIAGNOSES

	<u>Yes</u>	<u>No</u>	<u>COMMENTS</u>
ATTACHMENT DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	
ATTENTION DEFICIT DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	
ATTENTION DEFICIT HYPERACTIVE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	
BI POLAR	<input type="checkbox"/>	<input type="checkbox"/>	
CONDUCT DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	
DIMINISHED IQ	<input type="checkbox"/>	<input type="checkbox"/>	
DEPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	
FETAL ALCOHOL SYNDROME	<input type="checkbox"/>	<input type="checkbox"/>	
FETAL ALCOHOL EFFECT	<input type="checkbox"/>	<input type="checkbox"/>	
MULTIPLE PERSONALITY DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	
OBSESSIVE COMPULSIVE DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	
OPPOSITIONAL DEFIANT	<input type="checkbox"/>	<input type="checkbox"/>	
PASSIVE AGGRESSIVE	<input type="checkbox"/>	<input type="checkbox"/>	
POST TRAUMATIC STRESS DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	
PERSONALITY DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	
RAGE	<input type="checkbox"/>	<input type="checkbox"/>	

### NAME AND ADDRESS OF DIAGNOSING PROFESSIONAL(S)

NONE

(PAST TO PRESENT. PLEASE USE ADDITIONAL PAPER AS NECESSARY TO PROVIDE COMPLETE INFORMATION)

NAME	DATE	DIAGNOSIS
ADDRESS	PHONE NUMBER	
NAME	DATE	DIAGNOSIS
ADDRESS	PHONE NUMBER	
NAME	DATE	DIAGNOSIS
ADDRESS	PHONE NUMBER	



# RANCH APPLICATION

PROBLEM BEHAVIOR	OFTEN	OCCASIONAL	COMMENTS
ABUSIVE LANGUAGE	<input type="checkbox"/>	<input type="checkbox"/>	_____
ABUSIVE TO ANIMALS	<input type="checkbox"/>	<input type="checkbox"/>	_____
ALCOHOL USE	<input type="checkbox"/>	<input type="checkbox"/>	_____
ANGER	<input type="checkbox"/>	<input type="checkbox"/>	_____
ASSAULTIVE TOWARD ADULTS	<input type="checkbox"/>	<input type="checkbox"/>	_____
ASSAULTIVE TOWARD CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>	_____
ASSAULTIVE TOWARD PARENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____
ASSAULTIVE TOWARD PEERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
ASSAULTIVE TOWARD SIBLINGS	<input type="checkbox"/>	<input type="checkbox"/>	_____
AUTHORITY ISSUES	<input type="checkbox"/>	<input type="checkbox"/>	_____
AWOL'S/RUNAWAYS (# )	<input type="checkbox"/>	<input type="checkbox"/>	_____
ANXIETY	<input type="checkbox"/>	<input type="checkbox"/>	_____
BINGE EATING AND/OR PURGING	<input type="checkbox"/>	<input type="checkbox"/>	_____
CULT	<input type="checkbox"/>	<input type="checkbox"/>	_____
DESTRUCTION OF PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	_____
DISRESPECTFUL	<input type="checkbox"/>	<input type="checkbox"/>	_____
DRUG POSSESSION	<input type="checkbox"/>	<input type="checkbox"/>	_____
DRUG DEALING	<input type="checkbox"/>	<input type="checkbox"/>	_____
DRUG USE	<input type="checkbox"/>	<input type="checkbox"/>	_____
EATING DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
EMOTIONALLY ABUSED	<input type="checkbox"/>	<input type="checkbox"/>	_____
ENURESIS	<input type="checkbox"/>	<input type="checkbox"/>	_____
ENCOPRESIS	<input type="checkbox"/>	<input type="checkbox"/>	_____
FIRE SETTING	<input type="checkbox"/>	<input type="checkbox"/>	_____
GOTHIC	<input type="checkbox"/>	<input type="checkbox"/>	_____
HOMOSEXUALITY	<input type="checkbox"/>	<input type="checkbox"/>	_____
HYGIENE	<input type="checkbox"/>	<input type="checkbox"/>	_____
IMPULSIVE	<input type="checkbox"/>	<input type="checkbox"/>	_____
LIES	<input type="checkbox"/>	<input type="checkbox"/>	_____
MANIPULATIVE	<input type="checkbox"/>	<input type="checkbox"/>	_____
NEGLECTED	<input type="checkbox"/>	<input type="checkbox"/>	_____
OUT OF CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	_____
PARENTED A CHILD	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHYSICALLY ABUSED	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHYSICALLY AGGRESSIVE	<input type="checkbox"/>	<input type="checkbox"/>	_____
PROSTITUTION	<input type="checkbox"/>	<input type="checkbox"/>	_____
RAPE SURVIVOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
REBELLIOUS	<input type="checkbox"/>	<input type="checkbox"/>	_____
SATANIC INTEREST	<input type="checkbox"/>	<input type="checkbox"/>	_____
SATANIC INVOLVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
SELF MUTILATION	<input type="checkbox"/>	<input type="checkbox"/>	_____
SELF-DESTRUCTIVE	<input type="checkbox"/>	<input type="checkbox"/>	_____
SEXUAL ACTING OUT	<input type="checkbox"/>	<input type="checkbox"/>	_____
SEXUALLY ACTIVE	<input type="checkbox"/>	<input type="checkbox"/>	_____
SEXUALLY ABUSED	<input type="checkbox"/>	<input type="checkbox"/>	_____
STEALING (PETTY)	<input type="checkbox"/>	<input type="checkbox"/>	_____
SUICIDAL ATTEMPTS	<input type="checkbox"/>	<input type="checkbox"/>	_____
SUICIDAL THREATS	<input type="checkbox"/>	<input type="checkbox"/>	_____
TEMPER TANTRUMS	<input type="checkbox"/>	<input type="checkbox"/>	_____
THEFT	<input type="checkbox"/>	<input type="checkbox"/>	_____
TOBACCO	<input type="checkbox"/>	<input type="checkbox"/>	_____
VERBALLY ABUSIVE	<input type="checkbox"/>	<input type="checkbox"/>	_____
WICCAN	<input type="checkbox"/>	<input type="checkbox"/>	_____



# RANCH APPLICATION

**LEGAL INVOLVEMENT**

**OFTEN**    **OCCASIONAL**

**COMMENTS**

ARMED ROBBERY	<input type="checkbox"/>	<input type="checkbox"/>	_____
ARSON	<input type="checkbox"/>	<input type="checkbox"/>	_____
ASSAULT	<input type="checkbox"/>	<input type="checkbox"/>	_____
ASSAULT WITH A WEAPON	<input type="checkbox"/>	<input type="checkbox"/>	_____
BATTERY	<input type="checkbox"/>	<input type="checkbox"/>	_____
BOMB BUILDING	<input type="checkbox"/>	<input type="checkbox"/>	_____
BOMB THREAT	<input type="checkbox"/>	<input type="checkbox"/>	_____
BREAKING AND ENTERING	<input type="checkbox"/>	<input type="checkbox"/>	_____
BURGLARY	<input type="checkbox"/>	<input type="checkbox"/>	_____
DESTRUCTION OF PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	_____
DRUG DEALING	<input type="checkbox"/>	<input type="checkbox"/>	_____
DRUG POSSESSION	<input type="checkbox"/>	<input type="checkbox"/>	_____
ELUDING POLICE	<input type="checkbox"/>	<input type="checkbox"/>	_____
FORGERY	<input type="checkbox"/>	<input type="checkbox"/>	_____
GANG	<input type="checkbox"/>	<input type="checkbox"/>	_____
HARASSMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
MINOR IN POSSESSION	<input type="checkbox"/>	<input type="checkbox"/>	_____
PROBATION	<input type="checkbox"/>	<input type="checkbox"/>	_____
PROBATION VIOLATION	<input type="checkbox"/>	<input type="checkbox"/>	_____
RECKLESS DRIVING	<input type="checkbox"/>	<input type="checkbox"/>	_____
ROBBERY	<input type="checkbox"/>	<input type="checkbox"/>	_____
RUNAWAY	<input type="checkbox"/>	<input type="checkbox"/>	_____
SEX OFFENDER	<input type="checkbox"/>	<input type="checkbox"/>	_____
SHOPLIFTING	<input type="checkbox"/>	<input type="checkbox"/>	_____
SMOKING	<input type="checkbox"/>	<input type="checkbox"/>	_____
TAGGING	<input type="checkbox"/>	<input type="checkbox"/>	_____
THEFT	<input type="checkbox"/>	<input type="checkbox"/>	_____
TRESPASS	<input type="checkbox"/>	<input type="checkbox"/>	_____
UNAUTHORIZED USE OF MOTOR VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	_____
VANDALISM	<input type="checkbox"/>	<input type="checkbox"/>	_____
VIOLENT	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Yes**    **No** HAVE AGENCIES SUCH AS CHILD PROTECTIVE SERVICES PROVIDED SERVICES TO THIS APPLICANT OR FAMILY? IF YES, PLEASE EXPLAIN, INCLUDING WORKER AND OFFICE NAMES AND PHONE NUMBERS AND DATES

<b>APPLICANT DELINQUENCY RECORD</b> <span style="float: right;"><input type="checkbox"/> NONE</span>		
<b>(PAST TO PRESENT. PLEASE USE ADDITIONAL PAPER AS NECESSARY TO PROVIDE COMPLETE INFORMATION)</b>		
OFFENSE	DATE	DISPOSITION
JUVENILE WORKER	PHONE NUMBER	
OFFENSE	DATE	DISPOSITION
JUVENILE WORKER	PHONE NUMBER	
OFFENSE	DATE	DISPOSITION
JUVENILE WORKER	PHONE NUMBER	
OFFENSE	DATE	DISPOSITION
JUVENILE WORKER	PHONE NUMBER	
OFFENSE	DATE	DISPOSITION
JUVENILE WORKER	PHONE NUMBER	



# RANCH APPLICATION

## NEGATIVE BEHAVIORS

	<u>OFTEN</u>	<u>OCCASIONAL</u>	<u>COMMENTS</u>
ATTENTION SEEKING (CONSTANT/EXCESSIVE)	<input type="checkbox"/>	<input type="checkbox"/>	_____
STREET ACTIVITIES, I.E., PROSTITUTION	<input type="checkbox"/>	<input type="checkbox"/>	_____
INAPPROPRIATE BEHAVIOR IN SOCIAL SITUATIONS	<input type="checkbox"/>	<input type="checkbox"/>	_____
NEEDS EXTENSIVE SUPERVISION	<input type="checkbox"/>	<input type="checkbox"/>	_____
IDENTIFIES WITH NEGATIVE/DELINQUENT PEERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
CHOOSES DELINQUENT PEERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
BREAKS CURFEW	<input type="checkbox"/>	<input type="checkbox"/>	_____
OVERACTIVE	<input type="checkbox"/>	<input type="checkbox"/>	_____
DEMEANS SELF	<input type="checkbox"/>	<input type="checkbox"/>	_____
MANIPULATIVE	<input type="checkbox"/>	<input type="checkbox"/>	_____
SHORT ATTENTION SPAN	<input type="checkbox"/>	<input type="checkbox"/>	_____
UNPREDICTABLE BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
STUBBORN AND UNCOOPERATIVE	<input type="checkbox"/>	<input type="checkbox"/>	_____
TEMPER TANTRUMS	<input type="checkbox"/>	<input type="checkbox"/>	_____
AGGRESSIVE BEHAVIORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
EXPRESSED FEARS	<input type="checkbox"/>	<input type="checkbox"/>	_____

## POSITIVE BEHAVIORS

	<u>OFTEN</u>	<u>OCCASIONAL</u>	<u>COMMENTS</u>
GOOD PERSONAL HYGIENE	<input type="checkbox"/>	<input type="checkbox"/>	_____
RESPONSIBLE FOR ACTIONS	<input type="checkbox"/>	<input type="checkbox"/>	_____
RESPECTFUL OF AUTHORITY	<input type="checkbox"/>	<input type="checkbox"/>	_____
GOOD WORK HABITS AT SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	_____
GOOD SOCIAL SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	_____
GOOD MANNERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
USES LEISURE TIME CONSTRUCTIVELY	<input type="checkbox"/>	<input type="checkbox"/>	_____
FRIENDLY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
HELPFUL TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OBEDIENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
EXPRESSES SELF CLEARLY	<input type="checkbox"/>	<input type="checkbox"/>	_____
ENJOYS GROUP ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	_____
SHOWS GENUINE REMORSE FOR WRONG ACTIONS	<input type="checkbox"/>	<input type="checkbox"/>	_____
POSITIVE INTERACTION WITH YOUNGER CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>	_____
POSITIVE INTERACTION WITH OLDER CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>	_____
GOOD PEER INTERACTION	<input type="checkbox"/>	<input type="checkbox"/>	_____
LIKES ANIMALS	<input type="checkbox"/>	<input type="checkbox"/>	_____
IS APPROPRIATE WITH ANIMALS	<input type="checkbox"/>	<input type="checkbox"/>	_____
SEEKS HELP APPROPRIATELY	<input type="checkbox"/>	<input type="checkbox"/>	_____
GOOD WORK HABITS AT HOME	<input type="checkbox"/>	<input type="checkbox"/>	_____
SINCERE	<input type="checkbox"/>	<input type="checkbox"/>	_____
ENJOYS PEERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
CHOOSES POSITIVE PEER INFLUENCES	<input type="checkbox"/>	<input type="checkbox"/>	_____

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# RANCH APPLICATION

## LEGAL FATHER

THIS PAGE IS TO BE COMPLETED BY LEGAL FATHER

NAME \_\_\_\_\_

WORK HISTORY \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

SINCE \_\_\_\_\_ SALARY \_\_\_\_\_

EDUCATION \_\_\_\_\_

FATHER'S PERSONALITY SKETCH \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### SPOUSE OR DOMESTIC PARTNER OF LEGAL FATHER

None

PLEASE PROVIDE COMPLETE INFORMATION REGARDING ANY AND ALL INDIVIDUALS WHO HAVE ACTED IN THE ROLE OF A PARENT.

PARENTAL FIGURE'S NAME (NAME OF PARENTAL DOMESTIC PARTNER; BOY/GIRLFRIEND; STEP PARENT; FOSTER PARENT; GRANDPARENT, GUARDIAN; ETC.)	RELATIONSHIP TO APPLICANT (PARENTAL DOMESTIC PARTNER; BOY/GIRLFRIEND; STEP PARENT; FOSTER PARENT; GRANDPARENT, GUARDIAN; ETC.)	APPLICANT'S AGE DURING RELATIONSHIP (GIVE AGE OF APPLICANT AT BEGINNING AND END OF THIS RELATIONSHIP.)	EXPLAIN CURRENT RELATIONSHIP/INVOLVEMENT (IS THE CURRENT RELATIONSHIP POSITIVE, NEGATIVE OR NON-EXISTENT?)

DOES APPLICANT CURRENTLY LIVE WITH YOU?  Yes,  No IF NO, ANSWER **a - e** BELOW

a. WHERE IS APPLICANT'S PRIMARY RESIDENCE? \_\_\_\_\_

b. WHEN DID APPLICANT LAST HAVE CONTACT WITH YOU? \_\_\_\_\_

c. WHEN DID APPLICANT LAST LIVE WITH YOU? \_\_\_\_\_

d. LENGTH OF STAY? \_\_\_\_\_

e. HOW OFTEN DOES APPLICANT SPEND TIME WITH YOU? \_\_\_\_\_

IF APPLICANT HAS NO OR LIMITED CONTACT WITH LEGAL MOTHER, EXPLAIN WHY? \_\_\_\_\_

HOW WELL DO YOU GET ALONG WITH APPLICANT? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# RANCH APPLICATION

WHAT METHODS OF DISCIPLINE DO YOU USE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT PARENTING CLASSES HAVE YOU TAKEN? \_\_\_\_\_

\_\_\_\_\_

WHY DO YOU THINK APPLICANT IS ACTING OUT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHEN DID YOU FIRST NOTICE THIS BEHAVIOR? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST BEHAVIORS IN YOURSELF AND/OR OTHER PARENT(S) THAT YOU THINK (MAY) CONTRIBUTE TO APPLICANT'S BEHAVIOR. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE ANY CONFLICTS BETWEEN ANY PARENTAL FIGURES. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES  NO WOULD YOU LIKE APPLICANT TO COPY YOUR LIFESTYLE?

YES  NO DO YOU USE ALCOHOL?

YES  NO DO YOU USE TOBACCO?

YES  NO DO YOU USE DRUGS?

IS THERE IS A CUSTODY AGREEMENT WITH LEGAL MOTHER:  YES  NO

DOES LEGAL MOTHER HAVE PHYSICAL CUSTODY?  YES  NO

IS PHYSICAL CUSTODY  SOLE  JOINT?

DOES LEGAL MOTHER HAVE LEGAL CUSTODY?  YES  NO

IS LEGAL CUSTODY  SOLE  JOINT?

IF LEGAL MOTHER DOES NOT HAVE LEGAL OR PHYSICAL CUSTODY, IS SHE ALLOWED CONTACT WITH APPLICANT?  YES  NO

SUPERVISED VISITATION?

UNSUPERVISED VISITATION?

CONTACT BY PHONE OR MAIL

WHAT ARE VISITATION REQUIEMENTS? \_\_\_\_\_

\_\_\_\_\_

LEGAL MOTHER HAS SHOWN NO OR MINIMAL INTEREST IN CONTACT WITH APPLICANT.

DOES LEGAL MOTHER KNOW OF APPLICATION TO PLACE APPLICANT AT PROJECT PATCH RANCH?

ARE YOU WILLING TO PARTICIPATE IN THERAPY DESIGNED FOR YOU BY APPLICANT'S CASEWORKER?

YES  NO

WOULD YOU COME TO PROJECT PATCH RANCH FOR THERAPY (ABOUT ONCE EVERY SIX WEEKS)?

YES  NO

IS APPLICANT'S OTHER PARENT(S) ALSO WILLING TO PARTICIPATE IN THERAPY (EVEN AT THE RANCH)?

YES  NO



# RANCH APPLICATION

## LEGAL MOTHER

PAGE IS TO BE COMPLETED BY LEGAL MOTHER

NAME \_\_\_\_\_

WORK HISTORY \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

SINCE \_\_\_\_\_ SALARY \_\_\_\_\_

EDUCATION \_\_\_\_\_

MOTHER'S PERSONALITY SKETCH \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Spouse Or Domestic Partner of Legal Mother

None

PLEASE PROVIDE COMPLETE INFORMATION REGARDING ANY AND ALL INDIVIDUALS WHO HAVE ACTED IN THE ROLE OF A PARENT.

PARENTAL FIGURE'S NAME (NAME OF PARENTAL DOMESTIC PARTNER; BOY/GIRLFRIEND; STEP PARENT; FOSTER PARENT; GRANDPARENT, GUARDIAN; ETC.)	RELATIONSHIP TO APPLICANT (PARENTAL DOMESTIC PARTNER; BOY/GIRLFRIEND; STEP PARENT; FOSTER PARENT; GRANDPARENT, GUARDIAN; ETC.)	APPLICANT'S AGE DURING RELATIONSHIP (GIVE AGE OF APPLICANT AT BEGINNING AND END OF THIS RELATIONSHIP.)	EXPLAIN CURRENT RELATIONSHIP/INVOLVEMENT (IS THE CURRENT RELATIONSHIP POSITIVE, NEGATIVE OR NON-EXISTENT?)

DOES APPLICANT CURRENTLY LIVE WITH YOU?  Yes,  No

IF NO, ANSWER **a - e** BELOW

a. WHERE IS APPLICANT'S PRIMARY RESIDENCE? \_\_\_\_\_

\_\_\_\_\_

b. WHEN DID APPLICANT LAST HAVE CONTACT WITH YOU? \_\_\_\_\_

\_\_\_\_\_

c. WHEN DID APPLICANT LAST LIVE WITH YOU? \_\_\_\_\_

\_\_\_\_\_

d. LENGTH OF STAY? \_\_\_\_\_

\_\_\_\_\_

e. HOW OFTEN DOES APPLICANT SPEND TIME WITH YOU? \_\_\_\_\_

\_\_\_\_\_

IF APPLICANT HAS NO OR LIMITED CONTACT WITH LEGAL FATHER, EXPLAIN WHY? \_\_\_\_\_

\_\_\_\_\_

HOW WELL DO YOU GET ALONG WITH APPLICANT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# RANCH APPLICATION

WHAT METHODS OF DISCIPLINE DO YOU USE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT PARENTING CLASSES HAVE YOU TAKEN? \_\_\_\_\_

\_\_\_\_\_

WHY DO YOU THINK APPLICANT IS ACTING OUT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHEN DID YOU FIRST NOTICE THIS BEHAVIOR? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST BEHAVIORS IN YOURSELF AND/OR OTHER PARENT(S) THAT YOU THINK (MAY) CONTRIBUTE TO APPLICANT'S BEHAVIOR. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE ANY CONFLICTS BETWEEN ANY PARENTAL FIGURES. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES  NO WOULD YOU LIKE APPLICANT TO COPY YOUR LIFESTYLE?

YES  NO DO YOU USE ALCOHOL?

YES  NO DO YOU USE TOBACCO?

YES  NO DO YOU USE DRUGS?

IS THERE IS A CUSTODY AGREEMENT WITH LEGAL FATHER:  YES  NO

DOES LEGAL FATHER HAVE PHYSICAL CUSTODY?  YES  NO IS PHYSICAL CUSTODY  SOLE  JOINT?

DOES LEGAL FATHER HAVE LEGAL CUSTODY?  YES  NO IS LEGAL CUSTODY  SOLE  JOINT?

IF LEGAL FATHER DOES NOT HAVE LEGAL OR PHYSICAL CUSTODY, IS HE ALLOWED CONTACT WITH APPLICANT?  YES  NO

SUPERVISED VISITATION?  UNSUPERVISED VISITATION?  CONTACT BY PHONE OR MAIL

WHAT ARE VISITATION REQUIREMENTS? \_\_\_\_\_

LEGAL FATHER HAS SHOWN NO OR MINIMAL INTEREST IN CONTACT WITH APPLICANT.

DOES LEGAL FATHER KNOW OF APPLICATION TO PLACE APPLICANT AT PROJECT PATCH RANCH?

ARE YOU WILLING TO PARTICIPATE IN THERAPY DESIGNED FOR YOU BY APPLICANT'S CASEWORKER?

YES  NO

WOULD YOU COME TO PROJECT PATCH RANCH FOR THERAPY (ABOUT ONCE EVERY SIX WEEKS)?

YES  NO

IS APPLICANT'S OTHER PARENT(S) ALSO WILLING TO PARTICIPATE IN THERAPY (EVEN AT THE RANCH)?

YES  NO



# RANCH APPLICATION

STEP FATHER OR MALE DOMESTIC PARTNER

THIS PAGE IS TO BE COMPLETED BY STEP FATHER

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

WORK HISTORY \_\_\_\_\_ EMPLOYER \_\_\_\_\_

\_\_\_\_\_ POSITION \_\_\_\_\_

\_\_\_\_\_ SINCE \_\_\_\_\_ SALARY \_\_\_\_\_

\_\_\_\_\_ EDUCATION \_\_\_\_\_

DESCRIBE YOUR PERSONALITY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW LONG HAS APPLICANT KNOWN YOU? \_\_\_\_\_

DATE YOUR RELATIONSHIP WITH LEGAL MOTHER BEGAN. \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES  NO HAS APPLICANT EVER LIVED WITH YOU?

DOES APPLICANT CURRENTLY LIVE WITH YOU  YES,  NO IF NO, ANSWER **a - e** BELOW

a. WHERE IS APPLICANT'S PRIMARY RESIDENCE? \_\_\_\_\_

b. WHEN DID APPLICANT LAST HAVE CONTACT WITH YOU? \_\_\_\_\_

c. WHEN DID APPLICANT LAST LIVE WITH YOU? \_\_\_\_\_

d. LENGTH OF STAY? \_\_\_\_\_

e. HOW OFTEN DOES APPLICANT SPEND TIME WITH YOU? \_\_\_\_\_

YES  NO ARE YOU REGULARLY INVOLVED IN APPLICANT'S LIFE?

YES  NO DO YOU USE ALCOHOL?

YES  NO DO YOU AND APPLICANT GET ALONG?

YES  NO DO YOU USE DRUGS?

YES  NO WOULD YOU LIKE APPLICANT TO COPY YOUR LIFESTYLE?

YES  NO DO YOU USE TOBACCO?

IF APPLICANT HAS NO OR LIMITED CONTACT WITH OTHER PARENT, EXPLAIN WHY? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# RANCH APPLICATION

## STEP FATHER PAGE 2

HOW WELL DO YOU GET ALONG WITH APPLICANT? \_\_\_\_\_

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WHAT METHODS OF DISCIPLINE DO YOU USE? \_\_\_\_\_

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WHAT PARENTING CLASSES HAVE YOU TAKEN? \_\_\_\_\_

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WHY DO YOU THINK APPLICANT IS ACTING OUT? \_\_\_\_\_

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WHEN DID YOU FIRST NOTICE THIS BEHAVIOR? \_\_\_\_\_

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LIST BEHAVIORS IN YOURSELF AND/OR OTHER PARENT(S) THAT YOU THINK (MAY) CONTRIBUTE TO APPLICANT'S BEHAVIOR. \_\_\_\_\_

---

---

DESCRIBE ANY CONFLICTS BETWEEN ANY PARENTAL FIGURES. \_\_\_\_\_

---

---

ARE YOU WILLING TO PARTICIPATE IN THERAPY DESIGNED FOR YOU BY APPLICANT'S CASEWORKER?  YES  NO

WOULD YOU COME TO PROJECT PATCH RANCH FOR THERAPY (ABOUT ONCE EVERY SIX WEEKS)?  YES  NO

IS APPLICANT'S OTHER PARENT(S) ALSO WILLING TO PARTICIPATE IN THERAPY (EVEN AT THE RANCH)?  YES  NO



# RANCH APPLICATION

**STEP MOTHER** OR FEMALE DOMESTIC PARTNER

THIS PAGE IS TO BE COMPLETED BY STEP MOTHER

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

WORK HISTORY \_\_\_\_\_ EMPLOYER \_\_\_\_\_

\_\_\_\_\_ POSITION \_\_\_\_\_

\_\_\_\_\_ SINCE \_\_\_\_\_ SALARY \_\_\_\_\_

\_\_\_\_\_ EDUCATION \_\_\_\_\_

DESCRIBE YOUR PERSONALITY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW LONG HAS APPLICANT KNOWN YOU? \_\_\_\_\_

DATE YOUR RELATIONSHIP WITH LEGAL FATHER BEGAN. \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES  NO HAS APPLICANT EVER LIVED WITH YOU?

DOES APPLICANT CURRENTLY LIVE WITH YOU  YES,  NO IF NO, ANSWER **a - e** BELOW

a. WHERE IS APPLICANT'S PRIMARY RESIDENCE? \_\_\_\_\_

b. WHEN DID APPLICANT LAST HAVE CONTACT WITH YOU? \_\_\_\_\_

c. WHEN DID APPLICANT LAST LIVE WITH YOU? \_\_\_\_\_

d. LENGTH OF STAY? \_\_\_\_\_

e. HOW OFTEN DOES APPLICANT SPEND TIME WITH YOU? \_\_\_\_\_

YES  NO ARE YOU REGULARLY INVOLVED IN APPLICANT'S LIFE?

YES  NO DO YOU USE ALCOHOL?

YES  NO DO YOU AND APPLICANT GET ALONG?

YES  NO DO YOU USE DRUGS?

YES  NO WOULD YOU LIKE APPLICANT TO COPY YOUR LIFESTYLE?

YES  NO DO YOU USE TOBACCO?

IF APPLICANT HAS NO OR LIMITED CONTACT WITH OTHER PARENT, EXPLAIN WHY? \_\_\_\_\_

\_\_\_\_\_



# RANCH APPLICATION

## Step Mother Page 2

HOW WELL DO YOU GET ALONG WITH APPLICANT? \_\_\_\_\_

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WHAT METHODS OF DISCIPLINE DO YOU USE? \_\_\_\_\_

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WHAT PARENTING CLASSES HAVE YOU TAKEN? \_\_\_\_\_

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WHY DO YOU THINK APPLICANT IS ACTING OUT? \_\_\_\_\_

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WHEN DID YOU FIRST NOTICE THIS BEHAVIOR? \_\_\_\_\_

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LIST BEHAVIORS IN YOURSELF AND/OR OTHER PARENT(S) THAT YOU THINK (MAY) CONTRIBUTE TO APPLICANT'S BEHAVIOR. \_\_\_\_\_

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DESCRIBE ANY CONFLICTS BETWEEN ANY PARENTAL FIGURES. \_\_\_\_\_

---

---

ARE YOU WILLING TO PARTICIPATE IN THERAPY DESIGNED FOR YOU BY APPLICANT'S CASEWORKER?  YES  NO

WOULD YOU COME TO PROJECT PATCH RANCH FOR THERAPY (ABOUT ONCE EVERY SIX WEEKS)?  YES  NO

IS APPLICANT'S OTHER PARENT(S) ALSO WILLING TO PARTICIPATE IN THERAPY (EVEN AT THE RANCH)?  YES  NO



# RANCH APPLICATION

<b>MEDICAL INFORMATION</b> (PAST TO PRESENT. PLEASE USE ADDITIONAL PAPER AS NECESSARY TO PROVIDE COMPLETE INFORMATION)			
PEDIATRICIAN OR FAMILY DOCTOR	NONE <input type="checkbox"/>	DATE OF CARE	DIAGNOSES
ADDRESS		PHONE NUMBER	
PHYSICIAN CURRENTLY ORDERING TREATMENT	NONE <input type="checkbox"/>	DATE OF CARE	DIAGNOSES
ADDRESS		PHONE NUMBER	
PSYCHIATRIST OR PSYCHOLOGIST	NONE <input type="checkbox"/>	DATE OF CARE	DIAGNOSES
ADDRESS		PHONE NUMBER	
COUNSELOR	NONE <input type="checkbox"/>	DATE OF CARE	DIAGNOSES
ADDRESS		PHONE NUMBER	

<b>HISTORY OF MEDICAL CARE</b> (PAST TO PRESENT. PLEASE USE ADDITIONAL PAPER AS NECESSARY TO PROVIDE COMPLETE INFORMATION)		
EMERGENCY ROOM CARE—NAME OF HOSPITAL NONE <input type="checkbox"/>	REASON FOR CARE	DATE(S) OF CARE
ALTERNATIVE MEDICINE (CHIROPRACTOR, NATUROPATH, ETC) NAME OF PROVIDER NONE <input type="checkbox"/>	REASON FOR CARE	DATE(S) OF CARE
URGENT CARE OUT-PATIENT TREATMENT NONE <input type="checkbox"/>	REASON FOR CARE	DATE(S) OF CARE
AUTO ACCIDENT OR OTHER TRAUMA NONE <input type="checkbox"/>	TYPE OF TRAUMA	DATE OF TRAUMA
MAJOR MEDICAL CARE (SURGERIES, BROKEN BONES, ETC) NONE <input type="checkbox"/>	TYPE OF CARE	DATE OF CARE
PSYCHIATRIC CARE (INPATIENT PLACEMENTS) NAME OF FACILITY NONE <input type="checkbox"/>	TYPE OF CARE	DATE OF CARE

PLEASE LIST ANY MEDICATION CURRENTLY OR PREVIOUSLY TAKEN AND ANY SIDE EFFECTS: (NONE )

DRUG	BEGAN	STOPPED	SIDE EFFECTS	REASON FOR TAKING THIS MEDICATION?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



# RANCH APPLICATION

PLEASE GIVE THE DATE ANY OF THE FOLLOWING HAVE OCCURRED TO APPLICANT:

DATE	DATE	DATE
_____ BREATHING PROBLEMS	_____ DIABETES	_____ SEIZURES
_____ HEART PROBLEMS	_____ BED WETTING	_____ VISION PROBLEMS
_____ DENTAL PROBLEMS	_____ VENEREAL DISEASE	_____ CANCER/TUMORS
_____ DIZZINESS/FAINTING	_____ GLAND PROBLEMS	_____ HIGH BLOOD PRESSURE
_____ SERIOUS ACCIDENTS	_____ HEARING PROBLEMS	_____ PHYSICAL HANDICAP

PLEASE INDICATE PRODUCT AND REACTION TO ANY KNOWN ALLERGEN (NONE )

	PRODUCT	REACTION
DRUGS	_____	_____
	_____	_____
FOODS	_____	_____
	_____	_____
ANIMALS	_____	_____
	_____	_____
PLANTS	_____	_____
	_____	_____
OTHER	_____	_____

LIST ANY RECURRENT ILLNESSES: \_\_\_\_\_

## DIETARY INFORMATION

WE UNDERSTAND THAT BECAUSE WE SERVE A LACTO-OVA VEGETARIAN DIET (NO MEAT OR FISH, WE DO USE DAIRY PRODUCTS AND EGGS) AT PROJECT PATCH RANCH, ADJUSTMENT WILL BE NECESSARY FOR SOME RESIDENTS. TO HELP MAKE THE TRANSITION AS EASY AS POSSIBLE AND IN ORDER TO HELP THE COOKS IN MEAL PLANNING, WE NEED SOME INFORMATION FROM YOU.

FAVORITE FOODS:

LEAST FAVORITE FOODS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# RANCH APPLICATION FINANCIAL RESPONSIBILITY

### MEDICAL RESPONSIBILITY

WHICH LEGAL PARENT(S)/GUARDIAN(S) IS (ARE) FINANCIALLY RESPONSIBLE FOR MEDICAL CARE? \_\_\_\_\_

**PLEASE CHECK WITH YOUR INSURANCE COMPANY FOR COVERAGE.**

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
POLICY NUMBER

### RANCH FEES

WHICH LEGAL PARENT(S)/GUARDIAN(S) IS (ARE) **RESPONSIBLE** FOR RANCH FEES ? \_\_\_\_\_

*TO APPLY FOR SCHOLARSHIP REDUCTION OF THE STANDARD FEE, PLEASE SUBMIT A LETTER OF REQUEST, ALONG WITH THIS APPLICATION, SHOWING ALL **INCOME (INCLUDING SPOUSAL AND CHILD SUPPORT), ASSETS, PROPERTY (EQUITY AND LIABILTY), STOCKS, BONDS, OTHER INVESTMENTS AND HOUSEHOLD EXPENSES** ALONG WITH A **FULL COPY OF FEDERAL TAX RETURN**. PLEASE STATE IN THE LETTER OF REQUEST THE **MONTHLY AMOUNT COMMITTED** FOR CHILD'S PLACEMENT AT PROJECT PATCH RANCH.*

PLEASE PROVIDE CONTACT INFORMATION FOR TWO FRIENDS AND/OR RELATIVES WHO CAN PROVIDE FOR US ANOTHER PERSPECTIVE ABOUT APPLICANT.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PHONE NUMBER



P. O. Box 450  
 25 Miracle Lane  
 Garden Valley, ID 83622

Phone: (208) 462-3074  
 Fax: (208) 462-3209

Email: RanchOffice@projectpatch.org

**AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

I, \_\_\_\_\_, authorize Project PATCH to:  
 Print Name

Release Information to:       Exchange Information with:       Obtain Information from:

Name/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax #: \_\_\_\_\_

**THE HEALTH INFORMATION THAT IS SUBJECT TO THIS AUTHORIZATION PERTAINS TO:**

Myself       My child: \_\_\_\_\_       Other: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_

**AND INCLUDES THE FOLLOWING INFORMATION (client to initial consented disclosures/exchanges):**

_____ Mental health treatment including:	_____ Substance abuse treatment including:
_____ Assessments	_____ Assessments
_____ Progress Notes	_____ Progress Notes
_____ Psychological/Psychiatric Evaluations	_____ Other clinical records: _____
_____ Other clinical records: _____	

\_\_\_\_\_ Case management services  
 \_\_\_\_\_ Information requested for legal purposes (e.g. court-mandated)  
 \_\_\_\_\_ Eligibility for services as a person with a developmental disability  
 \_\_\_\_\_ Appointment dates and times  
 \_\_\_\_\_ Referral information  
 \_\_\_\_\_ STD and HIV-related information  
 \_\_\_\_\_ Other: \_\_\_\_\_

**FOR THE PURPOSE OF:**

\_\_\_\_\_ Verification of insurance eligibility  
 \_\_\_\_\_ Coordinating or planning for treatment, care, or services  
 \_\_\_\_\_ Implementing case management services  
 \_\_\_\_\_ Medication management  
 \_\_\_\_\_ Determining eligibility for services as a person with a developmental disability  
 \_\_\_\_\_ Other: \_\_\_\_\_

**I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and disclosure of my health information. I hereby, knowingly and voluntarily, authorize Project PATCH to use or disclose health information in the manner described above.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Authorizing Individual      Date      Witness

*Project PATCH is a proven program accredited by the Joint Commission (www.jointcommission.org), the Northwest Association of Accredited Schools, and the Idaho Department of Education. It is also licensed with Department of Health and Welfare as residential treatment facility and wilderness program facility.*



## Education

### Frequently Asked Question about School at Project PATCH Ranch.

The school year at Project PATCH consists of four ten-week quarters. There is a period of three weeks between each quarter when school is not scheduled. The academic program is accredited as a special purpose school through the State of Idaho and Northwest Association of Accredited Schools (NAAS). The PATCH educational program concentrates on core subjects such as language arts, science, history, Bible and mathematics. All credits earned while at PATCH are transferable.

All residents are required to participate in an educational program during each ten-week quarter, including Bible class. Due to the varying levels of education, study is primarily self-directed within scheduled class time. The program is custom designed for each student.

**Full NAME, ADDRESS and PHONE** of last school attended:

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Date of admission: \_\_\_\_\_

Date of withdrawal: \_\_\_\_\_

**Current Grade** \_\_\_\_\_      **Tested Grade Level** \_\_\_\_\_      **Test Date** \_\_\_\_\_  
**Reading** \_\_\_\_\_      **Math** \_\_\_\_\_  
**Language Arts** \_\_\_\_\_      **Science** \_\_\_\_\_

**Home School**      List Grade(s) enrolled in Home School program. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Check all that apply:

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> DROPOUT (DATE) _____ | <input type="checkbox"/> GED (DATE) _____  | <input type="checkbox"/> SUSPENDED |
| <input type="checkbox"/> EXPELLED             | <input type="checkbox"/> POOR GRADES       | <input type="checkbox"/> TRUANT    |
| <input type="checkbox"/> FAILING CLASSES      | <input type="checkbox"/> SPECIAL EDUCATION | <input type="checkbox"/> TAG       |