

Heritage Ranch Client Application



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Letter to the Applicant– Revised 07.01.2015

Dear Parents, Guardians, and Students,

Thank you for requesting an application to Heritage Ranch. Heritage Ranch provides a Christ-centered home environment for youth ages 13-18 within an 80 mile radius, in need of respite from personal or family crisis. We will provide housing, educational support, counseling, and life skills training on campus year round. Our aim is to provide a safe and nurturing environment where young people are empowered to regain personal stability and, whenever possible, achieve family reunification. Ultimately youth are equipped to become productive members of society who will pass on the inheritance of hope and healing they have received to subsequent generations.

Admission decisions are made on the basis of information submitted by qualified professionals (psychologists, psychiatrists, school counselors, diagnostic facilities, etc.), families and/or guardians. The primary consideration in each case is the appropriateness of Heritage Ranch for the needs of the student referred. A completed admissions packet is required within three (3) business days of planned admission.

Heritage Ranch's application process is a seven step procedure, as listed below:

- Step 1: Phone interview
- Step 2: Completion and submission of application
- Step 3: On campus interview of youth and guardian
- Step 4: Psycho-educational Assessment
- Step 5: Admission determination/Enrollment
- Step 6: Youth and Parent Orientation
- Step 7: Intake

We understand that our application process is lengthy; however, we are obligated to have all of the following documentation on file in order to meet state, local and ethical responsibilities and to ensure that we can provide appropriate care for the family.

Sincerely,

Vicki Ellis, LCSW

Executive Director at Heritage Ranch

Section 1: Intake Process

Intake Process– Revised 07.01.2015

Step 1: Phone Interview

Step 2: Initial Application:

Completed Application Form

\$20 non-refundable processing fee

Contact the student's present school and have them mail to us:

- Copy of their current transcript
- Current academic class schedule
- Report Cards for the last 2 years
- Standardized Test (from the last 2 years)
- Current IEP or 504 plan

Any clinical records, such as previous outpatient or inpatient care, psychological or psychiatric evaluation or testing, social history, and progress reports (including IQ testing, achievement scores, and personality testing) if pertinent.

Copy of the child's insurance card

Reference using enclosed forms

A current photograph of the child

A copy of the child's Social Security Card

A copy of guardianship papers (when applicable)

Most recent income tax return

2 current pay stubs

Brief autobiography written by the child (including his/her life story and why he/she think(s) Heritage Ranch could be a good fit for him/her)

Step 3: On-Campus Interview with Guardian and Youth, to include

A brief interview with the counselor and Executive Director to compile family history and need for residential care

A tour of the campus

A tour of the home where child would be placed (or similar home if placement is not known)

Give family teacher/parent forms from Achenbach CBCL from psychologist

Step 5: Admissions Determination/Enrollment

If the child is accepted, the family will be sent an admission acceptance letter with a break-down of initial fees to be paid, their orientation date, and move in date.

In addition, the family will be sent a request for the following documents, along with an Enrollment Packet.

- € Medical exam and physical
- € Proof of Dental Exam (within past 6 months)
- € Updated immunization record

- € Original or certified copy of birth certificate
- € Signed financial agreement

Step 5: Youth and Parent Orientation/Intake

- Become acclimated with property
- Review the Parent and Student Handbook in detail & sign
- Receive Grievance Process and Prohibited Practices List
- Meet Houseparents and staff
- € First family counseling session scheduled
- € Overview of the first month
- € Give family teacher/parent forms from Achenbach CBCL from psychologist
- € Medications submitted and logged
- € Inventory belongings
- € Set Up Room/Move in

Step 6: Psycho-educational Evaluation done by consulting psychologist

- Psycho-educational Assessment (Full day with lunch break)
 - Bring completed psychosocial and Achenbach forms from parents/teachers
- Debrief with Counselor and parents
- Refer to physician if necessary for prescription

Section 2: Application

Applicant Information— Revised 02.26.2014

Name (person filling out this application) _____

Relationship to child _____ Date _____

I hereby request that Heritage 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 our program.

Signature of Parent/Guardian _____ Date _____

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

How did you hear about Heritage Ranch?

Contact Information – Revised 02.26.2014

Applicant's full name _____

Preferred Name _____

Date of Birth _____ Place of Birth _____

Age _____ Sex _____ Social Security Number _____ (attach copy of card)

Race _____ Nationality _____ Religion _____

Height _____ Weight _____

Hair color _____ Eye color _____

Special markings _____

Physical Description _____

Mailing Address – Street or RFD _____

City _____ State _____ Zip _____

Father's name _____ Date of Birth _____

Father's address – street/PO _____

City _____ State _____ Zip _____ Home Phone (_____) _____

Contact Information Continued

Place of Business _____
Job Title _____ Business Phone (_____) _____
Race _____ Sex _____ Religion _____
Family Composition _____
Mother's name _____ Date of Birth _____
Mother's address – street/PO _____
City _____ State _____ Zip _____ Home Phone (_____) _____
Place of Business _____
Job Title _____ Business Phone (_____) _____
Race _____ Sex _____ Religion _____
Family Composition _____
Step-parent's name (if applicable) _____
Place of Business _____
Job Title _____ Business Phone (_____) _____

Additional Contact Information– Revised 02.26.2014

Additional Contacts (Pastors, extended family, family friend)
Others Involved in Child's Life in a Significant Way _____
Place of Business _____
Job Title _____ Business Phone (_____) _____
Is this person allowed to receive information about the resident? (Circle One) Yes No
Others Involved in Child's Life in a Significant Way _____
Place of Business _____
Job Title _____ Business Phone (_____) _____
Is this person allowed to receive information about the resident? (Circle One) Yes No
Others Involved in Child's Life in a Significant Way _____
Place of Business _____
Job Title _____ Business Phone (_____) _____
Is this person allowed to receive information about the resident? (Circle One) Yes No

Additional Contact Information Continued– Revised 02.26.2014

Who has Legal Custody of this child?

Name _____ Relationship _____

Address _____

Place of Employment _____

Home Phone _____ Work Phone _____

If by Court Action, Give Type:

___ Divorce ___ Guardianship ___ Temporary ___ Adoption

Court of Jurisdiction _____ Case Number _____

Date of Most Recent Court Action _____

Birth History of Child– Revised 12.02.2015

	YES	NO	If "yes," please explain:
Premature Delivery			
Breathing Problems			
Feeding Problems			
Infections			
Prolonged Hospitalization Immediately After Birth			
Other:			

During pregnancy, did the birth mother use any of the following:

	YES	NO	If "yes," please explain:
Alcohol			
Illegal Drugs			
Cigarettes			
Medications			

Developmental History of Child– Revised 12.02.2015

Motor Skills	Early	Normal	Late	Not Yet
Sit Alone	<input type="checkbox"/> before 6 months	<input type="checkbox"/> b/w 6-8 months	<input type="checkbox"/> after 8 months	<input type="checkbox"/>
Crawl	<input type="checkbox"/> before 8 months	<input type="checkbox"/> b/w 8-11 months	<input type="checkbox"/> after 11 months	<input type="checkbox"/>
Walk Unassisted	<input type="checkbox"/> before 11 months	<input type="checkbox"/> b/w 11-15 months	<input type="checkbox"/> after 15 months	<input type="checkbox"/>
Speech				
Coo, Make Sounds	<input type="checkbox"/> before 11 months	<input type="checkbox"/> b/w 11-15 months	<input type="checkbox"/> after 15 months	<input type="checkbox"/>
Single Words	<input type="checkbox"/> before 15 months	<input type="checkbox"/> b/w 15-18 months	<input type="checkbox"/> after 18 months	<input type="checkbox"/>
Words Together	<input type="checkbox"/> before 18 months	<input type="checkbox"/> b/w 18-24 months	<input type="checkbox"/> after 24 months	<input type="checkbox"/>
Toilet Training				
Bowel	<input type="checkbox"/> before 24 months	<input type="checkbox"/> b/w 2-3 years	<input type="checkbox"/> after 3 years	<input type="checkbox"/>
Bladder	<input type="checkbox"/> before 24 months	<input type="checkbox"/> b/w 2-3 years	<input type="checkbox"/> after 3 years	<input type="checkbox"/>

Sexual Development	YES	NO	Describe:
Reached Puberty			
Sexually Active			
Has your child had dating relationships?			

Student Information– Revised 02.26.2014

Reason for referral: _____

Please list other agencies involved with youth and family:

Agency: _____ Length of Involvement: _____
 Nature of Involvement: _____

Agency: _____ Length of Involvement: _____
 Nature of Involvement: _____

Agency: _____ Length of Involvement: _____
 Nature of Involvement: _____

Describe the youth's behavior at:

Home: _____

School: _____

Within the community: _____

School Information:

Current School: _____ Grade: _____
 Address: _____
 Contact Name: _____ Phone Number: _____

EDUCATION HISTORY: List all schools child has attended starting with the most recent			
Grade	Name of School & Address	Phone Number	STATUS: Special Education, Promoted, Retained

Student Information– Revised 02.26.2014

Describe the history of the youth’s academic achievement: _____

Has student ever been suspended from school? _____ expelled? _____ asked to withdraw? _____
If so, give particulars; include the principal’s name and address of school.

List school activities, offices held, club memberships, hobbies, etc. in which student is involved:

How does youth relate to authority figures? _____

How many siblings does the student have? *(List more if applicable by attachment)*

Name _____ Age _____ Sex _____
Address _____ Telephone _____

Name _____ Age _____ Sex _____
Address _____ Telephone _____

Name _____ Age _____ Sex _____
Address _____ Telephone _____

Have other children in the family had/have any difficulties? _____
If so, describe briefly: _____

Does student have any speech, hearing or physical difficulties? _____

If so, describe briefly: _____

Student Information– Revised 02.26.2014

Has student ever had an eating disorder (i.e. bulimia or anorexia nervosa)? _____

If yes, explain: _____

Has student ever used any type of drugs, alcohol, and tobacco? _____

If yes, explain: _____

Has student stayed in any other home or institution? _____

if yes, give name/address: _____

Has student ever required services of a psychiatrist, psychologist, or mental health provider?

If so, please provide the following information:

Provider/Reason for visit: _____ Dates: _____

Provider/Reason for visit: _____ Dates: _____

Provider/Reason for visit: _____ Dates: _____

Provider/Reason for visit: _____ Dates: _____

Does student know any past youth residents of Heritage Ranch? _____

if so, please list their names: _____

Current/Prior Juvenile Court Involvement– Revised 12.02.2015

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:

Parish of Probation: _____

For how long? Start: ____ / ____ / ____ Completion: ____ / ____ / ____

Probation Officer: _____ Phone Number: _____

Is your application to Heritage Ranch in response to a court order or recommendation?

NO YES

Challenges/Behavior Checklist – Revised 12.02.2015

Challenges/Behavior Checklist – Please check all that apply to the child:

- Not getting good grades in school
- Gets into fights at school
- Not doing homework
- Feeling anxious
- Feeling lonely
- Feeling down or depressed
- Not motivated to do anything
- Having friends who are a bad influence
- Stuffing anger
- Exploding with anger
- Damaging things that belong to him or another
- Stealing
- Lying
- Using alcohol
- Using drugs
- Coping with a family member’s drinking/drug use
- Coping with feelings about being adopted
- Coping with past physical, emotional or sexual abuse
- Coping with a divorce of his parents/guardians
- Getting along with people outside his family

Challenges/Behavior Checklist Continued– Please check all that apply to the child:

- Setting fires
- Gang involvement
- Dealing drugs
- Not doing household chores
- Being sexually active
- Difficulty handling the death of someone close to him
- Weight problems
- Difficulty getting along with authority figures
- Being arrested or detained by the police
- Poor hygiene
- Involvement with the occult
- Pornography (involves internet pornography and 900 calls)
- Running away
- Dealing with a break-up
- Suicidal thoughts
- Suicide attempt(s)
- Self-mutilation (ex. "cutting")
- Isolating from others
- Listens to others
- Loving to others
- Accepts feedback from others
- Makes friends/has friends
- Is loyal to friends
- Has extended family support system
- Has church support system
- Has a personal relationship with Jesus
- Works and plays well with others
- Shares with others
- Is a team player
- Engages in personal interests
- Likes himself/herself
- Is artistic
- Likes music
- Likes sports
- Has good work ethic/works hard
- Shows responsibility
- Shows honesty
- Shows perseverance
- Shows humility
- Shows patience
- Shows compassion/empathy
- Has personal goals
- Has clear values
- Has a strong conscience
- Is remorseful when he misbehaves
- Wants to succeed in life

- Shows self-control
- Is organized
- Expresses his/her emotions and feelings
- Shows some insight into his problems

Family Information– Revised 02.26.2014

What problems have existed in your family? (Check all that apply)

- | | |
|--|---|
| <ul style="list-style-type: none"> € Alcohol or drug abuse € Court Involvement € Mental Illness € Financial Stress € Divorce or Legal Separation € Absent Parent € Homelessness € Other: _____ € Other: _____ | <ul style="list-style-type: none"> Child Abuse Incarceration Physical Illness Unemployment Parental Death Frequent Moves Family Break-up |
|--|---|

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			
-------------------------	--	--	--

Insurance Information – Revised 02.26.2014

Name and address of parent/guardian responsible for medical expenses:
 Full Name _____
 Birth date _____ Social Security Number _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____

Type of Coverage: Medical, Dental, Vision, Mental Health. (Circle)

Policy Holder’s full name: _____
 Insurance Company: _____
 Policy # _____ Group # _____
 Insurance Company address _____
 City _____ State _____ Zip _____

WILL YOUR INSURANCE pay for your child to see a nurse practitioner? _____

Emergency Contacts– Revised 02.26.2014

Please list below two emergency contacts that we should contact in case of an emergency and the identified guardians are not available.

Full Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____

Is this contact allowed to receive information about the resident? (Circle one) Yes No

Full Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____

Is this contact allowed to receive information about the resident? (Circle one) Yes No

Youth and Family Medical Information– Revised 02.26.2014

Pertaining To Youth:

Date of Last Exam:

Has youth had periodic physical exam? Yes/No

Has youth had periodic dental exam? Yes/No

Has youth had periodic eye exam? Yes/No

Does youth wear glasses? Yes/No

Youth and Family Medical Information– Revised 02.26.2014

Youth Medical Providers:

Physician's name _____ Clinic Name: _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

Dentist's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Therapist's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Is the student taking any medication, treatment or therapy? _____

If so, what? _____

Any allergic reactions to food, drugs, plants or insects, etc. _____

What medical attention has student received in the last 12 months? List date, reason, results.

Has the student ever had or been treated for (check below and explain):

€ Disease or disorder of heart, urinary tract, digestive system, reproductive system, liver, lungs, back bones, or joints?

€ Diabetes, high blood pressure, chest pain, seizure disorder, rheumatic fever, heart murmur, TB, alcoholism, or drugs?

€ Cancer, tumor, growth, thyroid disease, stroke, paralysis, arthritis, nervous or mental trouble?

€ Eating disorder such as bulimia or anorexia nervosa?

- € Bedwetting?
- € Insomnia or sleepwalking?
- € Attempted suicide?
- € Broken bones?
- € Head injury?
- € Any other physical disorder or deformity?

Youth and Family Medical Information– Revised 02.26.2014

Explain any disorder you checked.

Within the past 3 years, has the student consulted any other doctor, other than the one listed above, been hospitalized, or under medical studies? _____

If so, who and why? _____

Has the student had any allergic reactions to food, drugs, plants or insects, etc?

Has the student ever been physically or sexually abused? _____

If yes, explain _____

Childhood diseases the student has had and at what age:

- Measles _____ years old
- Mumps _____ years old
- Polio _____ years old
- Tuberculosis _____ years old
- Scarlet Fever _____ years old
- Rheumatic Fever _____ years old
- Pneumonia _____ years old
- Chicken Pox _____ years old
- Influenza _____ years old
- Tonsillitis _____ years old
- Asthma _____ years old
- Hepatitis _____ years old
- Other (name) _____ years old

Other (name) _____ years old

GIRLS ONLY:

Menses began at what age? _____ Are periods regular or irregular? _____

Is youth taking birth control pills? _____

Has youth ever been pregnant? _____

Has youth ever had an abortion or placed a child up for adoption? _____

Youth and Family Medical Information– Revised 02.26.2014

Pertaining To Family Members:

Has any member of student's family had any serious illness or surgical operations? _____

If yes, briefly describe: _____

Has any of the student's family been treated for any mental health problems? _____

If yes, briefly describe (with dates): _____

Consent to Treatment– Revised 09.22.2015

We (I), _____ of _____,
Your name(s) City
_____, _____,
Parish State
do hereby state that we (I) are the legal guardian(s) having legal custody of _____
Child's name
a minor, _____, born _____, who resides with us at
Age Date of Birth
_____,
Address
_____.
State Zip

We (I) authorize Heritage Ranch in East Baton Rouge Parish, State of LA, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, mental health treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Louisiana, when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. The above implies and authorizes immunizations.

We (I) hereby give my full consent for my child and/or myself to receive services from Heritage Ranch until I notify Heritage Ranch of any changes or until Heritage Ranch determines that services are no longer necessary. Services include but are not limited to individual therapy, group therapy, group support and family therapy. I understand that Heritage Ranch is a training facility for licensed and unlicensed clinicians.

We (I) understand Heritage Ranch will be making decisions in regards to my child's educational needs and give them consent to do so. These decisions will include educational provisions on the Heritage Ranch campus and decisions in regard to educational services being received at school and/or any other service agency.

Dated the _____ of _____, _____.
Day Month Year

Signature of parent or legal guardian

Guardianship expiration date

Fees for service - 02.26.2014

APPLICATION FEE: A \$20 non-refundable application fee is required for all **newly applying** students at the time an application is first submitted.

ADMISSION FEES: Everyone must pay the following **non-refundable** admission fees at time of admission and every additional year at the Heritage Ranch.

- Admission fee for first time student- \$350
- Admission fee for returning student- \$250

ROOM, BOARD, TUITION FEES: The room, board, and tuition fees are \$12,000 per year or \$1,000 per month, including any partial months your child is at Heritage Ranch. Personal spending money is payable along with the tuition. We recommend \$8 per week, (\$32 per month) but **no more** than \$40 monthly.

BILLING: After a child is enrolled, a monthly financial statement will be mailed to the responsible party. Your statement should arrive within 10 days of the billing date. Tuition and student spending payments may be made in one monthly payment and are due **on the first of every month**. Anything received in our Business Office after the billing date on your statement will be shown on the following month's statement. Heritage Ranch also offers Automatic Cash withdrawals from your bank account if preferred. An ACH account form must be filled out and placed on file if you wish to pay your monthly bill this way. **If you have any questions, please contact us.**

Note: All payments should be sent payable to 'Heritage Ranch' and mailed directly to our business office. *Please **DO NOT** send money or checks directly to your child or their houseparent.*

Financial Aid Application— Revised 02.26.2014

Although we can make no guarantees about meeting this amount—we would like to know what you feel you are able to pay monthly.

Full Tuition - \$1,000/month
Other: \$ _____/month

Student's Name: _____ Birth date: _____ Social Security #: _____

Custodial Parent's Name: _____

Phone Number: _____

Present Address: _____

How long at this address? _____

Number of Dependents & their ages: _____

Ever received financial aid at HR? Explain. _____

INCOME

Your present employer (company name & address): _____

Employer's phone number: _____ Your position/title: _____

Date of hire: _____ Present annual salary: _____

Other income: _____ Source of other income: _____

Spouse's present employer (company name & address) _____

Employer's phone number: _____ Position or title: _____

Date of hire: _____ Present annual salary: _____

Other income: _____ Source of other income: _____

Financial Aid Application– Revised 02.26.2014

ASSETS

Checking account: _____ Savings account: _____ Other funds: _____

Home value: _____ Other real estate: _____ Other substantial assets: _____

DEBTS

Types of Debt	Present Balance	Monthly Balance	Past Due?
Landlord or Mortgage			Yes / No
Automobile note			Yes / No
Credit Cards			Yes / No
HR Tuition			Yes / No
Other Debt: _____			Yes / No
Other Debt: _____			Yes / No
TOTAL DEBTS:			

Please enclose your latest IRS TAX RETURN FORM.

The foregoing is true and correct to the best of my knowledge and I understand it will be used to determine the need for financial aid from HR.

Husband's Signature: _____ Wife's Signature: _____

Date of Application: _____

OFFICE USE

Gross income \$ _____ Total Monthly Payments \$ _____ % _____

Admission Testing – Revised 02.26.2014

Youth Name: _____

Guardian Name: _____

Street Address _____

City _____ State _____ Zip Code _____

I, _____, am the natural parent and/ or legal guardian having legal custody of _____.

I authorize Heritage Ranch and its duly appointed representatives to arrange for psychological and academic testing and physical examinations of the above named child, and allow Heritage Ranch to collect the necessary social history information needed for the recommendation of admittance to Heritage Ranch.

Furthermore, while I understand such information will be held in strict confidence, I authorize Heritage Ranch to use it for the purposes of both individual assessment and program self-evaluation.

Heritage Ranch reserves the right to appoint those involved in the professional testing and examining of the above named child.

Effective Dates: from _____, 20____ to _____, 20____

Parent/Guardian Signature (s) & Date:

Signature Date

Signature Date

Program Director Signature & Date:

Signature Date

Confidential References– Revised 02.26.2014

Please complete the reference below and mail directly to Heritage Ranch at: 20090 Tucker Road, Zachary, LA 70791, attn: Admissions

*Heritage Ranch is a Christian Children’s Home for deserving young people.
We accept students on the basis of personal need regardless of race, creed or national origin.*

Name of applicant _____ Age _____ Sex _____ Grade _____

What is your relationship with the student/family?

How long have you known the student/family?

What are some strengths you have observed in this family?

What are some challenges you have observed this family dealing with?

What are some strengths you have observed in this student?

Please describe attitudes, personal relationships and atmosphere you have observed between parents and the student.

What past events, experiences or difficulties in the student’s educational history should we know about?

What past events, experiences or difficulties in the student’s legal history should we know about?

Confidential References– Revised 02.26.2014

Please give your opinion of this student’s overall honesty, character, maturity level, etc.

Do you recommend student for enrollment in Heritage Ranch? _____ Please explain:

Would you recommend student to be a roommate for your child if your child were a student at Heritage Ranch? _____ If no, why not? _____

If you have further information which may assist in the guidance of this student at Heritage Ranch, please indicate: _____

Print Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephones (_____) _____ (_____) _____

Demographic and Referral Information– Revised 02.26.2014

DEMOGRAPHIC AND REFERRAL INFORMATION: Please complete the following information to help us in reaching other families. This page will be removed from your application and will be used for informational purposes only.

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.
Country of Residence _____ Gender _____ Age _____
Grade _____
3. How did you find out about Heritage Ranch? (Please check all that apply)
 - Radio advertisement
 - Newspaper. Please list: _____
 - Magazine. Please list: _____
 - Heritage Ranch website
 - Other Internet/ website. Please list: _____
 - Department of Family and Children Services
 - Juvenile Court/ DJJ/ probation officer. Please list: _____
 - School (counselor or social worker) Please list: _____
 - Church/ Pastor/ Civic Group. Please list: _____
 - Ranch staff or board member: Current/ Previous (Please circle)
 - Donor
 - A family whose child has been at Heritage Ranch
 - Relative/ friend. Please list name and relationship: _____
 - Other: _____
4. What prompted you to contact Heritage Ranch? Please comment briefly.

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

6. If you attend church, what is the name of your current Church and Pastor?

Thank you for taking your time in providing this information. We appreciate your assistance in better serving the greater Baton Rouge community.

Office Use Only– Revised 02.26.2014

OFFICE SECTION

The following information will be completed by Heritage Ranch personnel upon receipt of application.

Date Application Received _____	Staff Initials _____
Date of On Campus Interview _____	Staff Initials _____
Date of Psychosocial sent to psychologist _____	Staff Initials _____
Date of Psychoeducational Assessment _____	Staff Initials _____
Date of Debrief with Psychologist _____	Staff Initials _____
Date of Admission Notification _____	Staff Initials _____
Date of Intake and Enrollment _____	Staff Initials _____
Dates of Other Pertinent Contacts _____	Staff Initials _____
_____	Staff Initials _____
_____	Staff Initials _____
_____	Staff Initials _____
_____	Staff Initials _____
Date of Child Record Audit _____	Staff Initials _____
Date of Parent/Guardian Record Audit _____	Staff Initials _____

Admission Decision (Circle all the apply) **Staff Initials** _____

Admitted to Heritage Ranch Denied Admission Referred Elsewhere

Reason for Admission Decision **Staff Initials** _____
