

# 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 10-18 within an 90 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: Admission determination/Enrollment
- Step 5: Youth and Parent Orientation
- Step 6: Intake
- Step 7: Psycho-educational Assessment

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 \_\_\_\_\_

Siblings (full/half/step):  
\_\_\_\_\_

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 \_\_\_\_\_

Siblings (full/half/step)  
\_\_\_\_\_

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 N

**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 (please attach a copy of the custody paperwork)

\_\_\_ 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**

<b>Motor Skills</b>	<b>Early</b>	<b>Normal</b>	<b>Late</b>	<b>Not Yet</b>
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"/>
<b>Speech</b>				
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"/>
<b>Toilet Training</b>				
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"/>

<b>Sexual Development</b>	<b>YES</b>	<b>NO</b>	<b>Describe:</b>
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: \_\_\_\_\_

<b>EDUCATION HISTORY:</b> 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: \_\_\_\_\_

\_\_\_\_\_

**Student Information– Revised 02.26.2014**

Does student have any speech, hearing or physical difficulties? \_\_\_\_\_

If so, describe briefly: \_\_\_\_\_

\_\_\_\_\_

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
- 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)

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

**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**

<u>Pertaining To Youth:</u>	<u>Date of Last Exam:</u>
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 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?

Explain any disorder you checked.

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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?

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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

### Youth and Family Medical Information– Revised 02.26.2014

#### 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? \_\_\_\_\_

**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): \_\_\_\_\_

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

Has the family been involved with DCFS/FINS/ETC: \_\_\_\_\_

If yes, briefly describe (with dates):

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

## **Fees for Service - 10.06.2017**

**APPLICATION FEE:** A \$20 non-refundable application fee is required for all **newly applying** students at the time an application is first submitted. Applications will not be reviewed until the application fee has been received by the office manager via money order, cash, or credit card.

**ADMISSIONS FEE:** 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

### **Cost of Attendance**

Payment for Heritage Ranch is based on a sliding fee scale determined by household adjusted gross income. The family's most recently filed tax return(s), along with two current pay stubs from each working parent must be submitted.

### **Billing**

All families must authorize Heritage Ranch to automatically debit their monthly fee and any other charges incurred from a personal checking or savings account as fees become due. Benefits of this service include:

- Convenience of not having to write checks
- Elimination of postage expense and the risk of late payments
- Avoidance of late charges through prompt, timely payments
- Establishment of excellent payment and credit records

Heritage Ranch will transmit your debit information to our bank for processing. The information will then be transmitted to your bank or savings institution for withdrawal from your account. Because virtually all financial institutions participate in the direct debit program, there should be no need to alter your current banking arrangement. If your bank refuses any automatic deduction, a fee of \$25.00 may be assessed. If we are unable to deduct sufficient funds on your due date, we will request a replacement payment by check or money order. Additional fees may be imposed by your bank.

### **Refunds**

Families withdrawing residents prior to Admission to Heritage Ranch, shall be refunded the entire amount of fees that have been paid minus deposit/registration fee. If your child is withdrawn or discharged after monthly fees are paid, the fees are non-refundable for that month.

**Sliding Fee Scale**

Heritage Ranch is supported by private donors. Their generosity enables us to keep our program fees surprisingly affordable for our participating families, when compared to similar for-profit private programs. Our monthly fees are based on a sliding scale determined by adjusted gross income as reported on your most recently filed tax return.

Monthly fees listed below encompass all expenses related to room, board, and watchful oversight

ADJUSTED GROSS INCOME	MONTHLY FEE
Minimum Fee	\$175
\$16,000	\$186
\$18,000	\$210
\$20,000	\$233
\$22,000	\$257
\$24,000	\$280
\$26,000	\$303
\$28,000	\$327
\$30,000	\$350
\$32,000	\$373
\$34,000	\$397
\$36,000	\$420
\$38,000	\$443
\$40,000	\$467
\$45,000	\$525
\$50,000	\$583
\$55,000	\$642
\$60,000	\$700
\$65,000	\$758
\$70,000	\$817
\$75,000	\$875
\$80,000	\$933
\$85,000	\$992
\$90,000	\$1,050
\$95,000	\$1,108
\$100,000	\$1,167
Maximum Fee	\$1,200

**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 and the test administrator 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

Counselor 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.

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

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

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**Confidential References– Revised 02.26.2014**

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

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

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

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

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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 _____
_____	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 \_\_\_\_\_**

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