



Date received in Office: _____

The child's legal guardian must complete all parts of this application. Eagle Ranch must receive and review before the child can be considered for placement. Please Mail, or fax to the attention of the Intake Counselor. Information submitted to Eagle Ranch, including but not limited to this application, becomes property of Eagle Ranch. It will not be shared or returned to applicant.

P.O. Box 7200 • Chestnut Mountain • GA • 30502 • 770.967.8500 • 770-967-3757 (fax) • Eagleranch.org

Name of person completing this application: _____

Relationship to child: _____

Who referred you to Eagle Ranch? _____

I hereby request that Eagle 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 the Eagle Ranch program.

Signature of Parent/Guardian _____

Date _____

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

Date _____

A. BIOGRAPHICAL INFORMATION:

Child's Name _____
(Last) (First) (Middle) (Nickname)

Social Security # _____ Date of Birth ____/____/____ Current Age _____

Male Female Height _____ Weight _____ Current Grade Level _____

With whom is the child living? _____ Relationship _____

Child's Current Address _____
(Street) (Box #)

(City) (State) (Zip) (County)

Legal Custody Holder (s) _____ Relationship to child _____

Natural Adopted Temporary Other _____

Current Address: _____
(Street) (Box #)

(City) (State) (Zip) (County)

Current Mailing Address: _____
(If different from above)
(Box) (City) (State) (Zip)

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

Other Ph # _____ Email (s): _____
(type)

B. INSURANCE: Does the child have Insurance Coverage (e.g. Private, or State/Fed)? No Yes

Child must have medical insurance coverage to participate in our program. Please attach copy of card with application.

C. CURRENT MEDICAL PERSONNEL INFORMATION

	Name	Phone	How Long?	How Often?
Physician				
Dentist				
Psychologist				
Psychiatrist				
Counselor/Therapist				
Other/Specialty				

D. MEDICAL HISTORY: Use back of paper if you need additional space.

Past surgeries/ Hospitalizations	
List of major illnesses	
Allergies (Food, Medication, Insects, Other)	
Diagnosed Medical Conditions	
Psychological Diagnosis (DSM-IV)	
Past medications	
Current medications	
Describe general health	
Other health concerns- needs	

E. PERSONAL DEVELOPMENT HISTORY

Were there complications during pregnancy? No Yes If yes, please briefly describe.

What was the method of delivery? Vaginal C-Section Birth Weight: _____ lbs. _____ ozs.

Were there any complications during labor and/or delivery? No Yes If yes, please briefly describe.

Was the achievement of developmental milestones normal? No Yes

(e.g. sitting, standing, walking, talking, toilet training) If you answered **No**, please briefly describe: _____

F. EDUCATION HISTORY: List all schools child has attended starting with the most recent.

Grade Level	Name of School and Address	Phone Number	STATUS : Special Education, Promoted, Retained

Use back of paper if you need additional space.

Is the child currently expelled from Public School? No Yes If yes, please answer the following.

What date will he/she be able to return to public school? _____

Briefly describe the circumstances that caused expulsion? _____

G. CURRENT/PAST PLACEMENTS/ DATES

(e.g. Residential Treatment Facilities/ OTP/ RYDC/ YDC/ Hospitalizations. For residential or psychiatric placements, please list even if child was evaluated and not admitted.) —continue on back if necessary

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

H. CURRENT JUVENILE COURT INVOLVEMENT

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

County of Probation _____ For how long? Start: / / Completion: / /

Probation Officer _____ Phone # _____

Is your application to Eagle Ranch in response to a court order or recommendation? No Yes

If your application has been ordered, will your child be committed to RYDC if your application to Eagle Ranch is not accepted? No Yes

H. PAST JUVENILE COURT INVOLVEMENT

If your child has a history of probation, please complete the following for each previous period of probation

County of Probation _____ For how long Start: / / Completion: / /

Probation Officer _____ Phone # _____

County of Probation _____ For how long Start: / / Completion: / /

Probation Officer _____ Phone # _____

(Please continue on the back of this sheet if necessary, or attach an additional sheet of paper)

Are you, the parent/guardian, currently involved in any type of legal action? No Yes

(i.e. custody, child support, civil, criminal, etc.) If you answered **Yes**, briefly explain: _____

I. CURRENT DEPT. OF FAMILY/CHILD SERVICES/PROTECTIVE SERVICES (DFCS)

Is your family involved **in any** capacity with the DFCS, and/or Child Protective Services?

No Yes If yes, Please complete the following

Name of agency _____ County _____ For how long? _____

Case Worker _____ Phone # _____

Briefly describe the circumstances of involvement? _____

J. PAST DFCS/CHILD PROTECTIVE SERVICES INVOLVEMENT

Has your family **ever had** any history in any capacity with DFCS, and/or Child Protective Services?

No Yes If yes, Please complete the following

Name of agency _____ For how long Start: / / Completion: / /

County _____ Case Worker _____ Phone # _____

Briefly describe the circumstances of involvement? _____

K. CUSTODY OR LEGAL WARD, GUARDIAN AD LITEM

Is the child under the care of or legal custody of the state or any of its agencies?

No Yes If yes, Please complete the following

Name of agency _____ County _____ For how long? _____

Contact person _____ Phone # _____

Does child have respite care for scheduled weekends home, scheduled breaks (e.g. school holidays, summer breaks, etc.)? No Yes With whom? _____

L. PSYCHOLOGICAL/BEHAVIORAL/SOCIAL HISTORY

Parent or Guardian: Please check all that apply relating to the child's past and/or present psychological, behavioral, and /or social concerns.

Past/ Present	Past/ Present
<input type="checkbox"/> <input type="checkbox"/> Not getting good grades in school.	<input type="checkbox"/> <input type="checkbox"/> Coping with feelings about being adopted.
<input type="checkbox"/> <input type="checkbox"/> Gets into fights at school or on bus.	<input type="checkbox"/> <input type="checkbox"/> Coping with physical abuse.
<input type="checkbox"/> <input type="checkbox"/> In-school or out-of-school suspensions.	<input type="checkbox"/> <input type="checkbox"/> Coping with emotional abuse.
<input type="checkbox"/> <input type="checkbox"/> Not doing his/her homework.	<input type="checkbox"/> <input type="checkbox"/> Coping with sexual abuse.
<input type="checkbox"/> <input type="checkbox"/> Not doing household chores.	<input type="checkbox"/> <input type="checkbox"/> Coping with a family member's drinking/drug use.
<input type="checkbox"/> <input type="checkbox"/> Not motivated to do anything.	<input type="checkbox"/> <input type="checkbox"/> Dealing with a break-up.
<input type="checkbox"/> <input type="checkbox"/> Feeling anxious.	<input type="checkbox"/> <input type="checkbox"/> Loss of friend due to move or death.
<input type="checkbox"/> <input type="checkbox"/> Feeling lonely.	<input type="checkbox"/> <input type="checkbox"/> Loss of family member due to move or death.
<input type="checkbox"/> <input type="checkbox"/> Feeling down or depressed.	<input type="checkbox"/> <input type="checkbox"/> Loss of pet.
<input type="checkbox"/> <input type="checkbox"/> Wanting to hurt self or others.	<input type="checkbox"/> <input type="checkbox"/> Using alcohol.
<input type="checkbox"/> <input type="checkbox"/> Wishing he/she was dead	<input type="checkbox"/> <input type="checkbox"/> Using drugs.
<input type="checkbox"/> <input type="checkbox"/> Intentional harm to self	<input type="checkbox"/> <input type="checkbox"/> Using non-drug substances to get high.
<input type="checkbox"/> <input type="checkbox"/> Weight problems.	<input type="checkbox"/> <input type="checkbox"/> Lying.
<input type="checkbox"/> <input type="checkbox"/> Poor hygiene.	<input type="checkbox"/> <input type="checkbox"/> Stealing.
<input type="checkbox"/> <input type="checkbox"/> Bed Wetting	<input type="checkbox"/> <input type="checkbox"/> Running away.
<input type="checkbox"/> <input type="checkbox"/> Encopresis	<input type="checkbox"/> <input type="checkbox"/> Poor boundaries with boys
<input type="checkbox"/> <input type="checkbox"/> Trouble making and keeping friends.	<input type="checkbox"/> <input type="checkbox"/> Poor boundaries with girls
<input type="checkbox"/> <input type="checkbox"/> Having friends who are a bad influence.	<input type="checkbox"/> <input type="checkbox"/> Being sexually active.
<input type="checkbox"/> <input type="checkbox"/> Stuffing his/her anger.	<input type="checkbox"/> <input type="checkbox"/> Pornography
<input type="checkbox"/> <input type="checkbox"/> Exploding with his/her anger.	<input type="checkbox"/> <input type="checkbox"/> Dealing Drugs.
<input type="checkbox"/> <input type="checkbox"/> Damaging property.	<input type="checkbox"/> <input type="checkbox"/> Gang involvement.
<input type="checkbox"/> <input type="checkbox"/> Difficulty getting along with family.	<input type="checkbox"/> <input type="checkbox"/> Being arrested or detained by the police.
<input type="checkbox"/> <input type="checkbox"/> Difficulty getting along with peers.	<input type="checkbox"/> <input type="checkbox"/> Aggression or cruelty of animals/pets.
<input type="checkbox"/> <input type="checkbox"/> Difficulty with authority figures.	<input type="checkbox"/> <input type="checkbox"/> Setting fires.
<input type="checkbox"/> <input type="checkbox"/> Coping with a parent/guardian divorce.	<input type="checkbox"/> <input type="checkbox"/> Involvement with the occult.

Explain further any other psychological, behavioral, and/or social concerns:

Tell us how you feel Eagle Ranch would be of help to you and your child?

M. FAMILY HISTORY

What problems have existed in this child's natural or adoptive family? (Please check all that apply)

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

N. CURRENT FAMILY DATA FORM

If you are not the biological parent of the child, please fill in as much information about the biological parents as available.

	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				

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

Name	Date of Birth	Age	Current Address	Phone Number

P. List all step/ half siblings of child:

Name	Date of Birth	Age	Name of Parents	Address	Phone Number

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

Name	Relationship	Address	Phone Number

R. CHILD QUESTIONNAIRE - Please have child complete the following questions.

Tell us a little about yourself, for instance, what are your likes, interests, hobbies, and what are your future plans?

Please check all that apply to you:

Past/ Present

- Exploding with his/her anger.
- Damaging property.
- Using alcohol.
- Using drugs.
- Using non-drug substances to get high.
- Being sexually active.
- Running away.
- Gang involvement.
- Pornography.

Past/ Present

- Coping with feelings about being adopted.
- Coping with a family member's drinking/drug use.
- Coping with physical abuse.
- Coping with emotional abuse.
- Coping with sexual abuse.
- Wishing he/she was dead.
- Wanting to hurt self or others.
- Setting fires.
- Involvement with the occult.

Signature of Child _____

Date _____

S. FAMILY INVOLVEMENT – These are the expected activities of families/guardians.

Please indicate your willingness to participate:

**Please
initial**

- | | | |
|--|--|-------|
| 1. Willing and able to furnish transportation to/from all appts., breaks and home visits. | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 2. Willing to comply with the times set up for pick-up and drop-off for home visits. | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 3. Willing to offer supervision during home visits (every other weekend, holidays, and other scheduled breaks). | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 4. Willing to implement the therapeutic program as directed by the assigned Counselor (including carry over consequences at home for behavior while at E.R.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 5. Willing to participate in all scheduled events, meetings, and therapy sessions on campus. (multiple visits per month, possibly weekly) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 6. Agree to pay the monthly payment on time every month. (1 st or 15 th of each month, see Eagle Ranch Fee Schedule) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

T. EAGLE RANCH MISSION STATEMENT

Eagle Ranch helps make life better for children and their families, positively impacting communities for the glory of God.

Core Values:

- ❖ **We have an unwavering faith in Christ.**
- ❖ **We consider the care of children a sacred trust.**
- ❖ **We partner with families to help make life better.**
- ❖ **We create a peaceful, stable environment.**
- ❖ **We are a community that serves communities.**
- ❖ **We are committed to timeless innovation.**
- ❖ **We are careful stewards.**

I have read and understand the beliefs and perspective from which Eagle Ranch works to accomplish its mission.

Signature: _____ (Parent/Guardian)

Signature: _____ (Parent/Guardian)



P.O. Box 7200, Chestnut Mountain GA 30502
770-967-8500 Fax 770-967-3757

U. AUTHORIZATION FOR RELEASE OF INFORMATION

It is the desire of Eagle Ranch, Inc. to provide the most effective care which at times may include contacting the referral sources and other related agencies of our applicants, clients and their families.

Child: _____ **DOB:** _____

I, _____, Parent/Guardian of child listed above, hereby authorize Eagle Ranch to receive and/or release information, including verbal dialogue, as may be necessary from/to school officials, counselors, therapist, hospitals, doctors, clergy, case workers, probation officers or court officials, and other family members that is relevant to the assessment of and assistance to my family/child.

Specific information to be disclosed may include but is not all inclusive to:

- Acknowledgment of presence in treatment
- Psychiatric evaluations
- Psychological evaluations
- Medical records
- Education assessments
- Special Education records
- Social history
- Discharge summaries from residential/hospital facilities
- Case records
- Offense history
- First Placement/ Best Placement
- Level of Care assessment
- Guardianship documentation

This consent expires after the period necessary to complete all business related to the intake process and treatment of the family/child listed within this application (unless revoked earlier in writing).

Signature of person or person authorized to consent

Relationship

Witness

Date of Signature

V. DEMOGRAPHIC AND REFERRAL INFORMATION:

Please complete the following information to help us in reaching other families.

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.

County of Residence _____ **Gender** _____ **Age** _____ **Grade** _____

3. How did you find out about Eagle Ranch? (Please check all that apply)

Radio advertisement

Newspaper. Please list: _____

Magazine. Please list: _____

Eagle Ranch website

Other Internet / website. Please list website: _____

Department of Family and Children Services. Please list the contact person if available:

Contact Name: _____

Juvenile Court / DJJ/ probation officer. Please list the contact person:

Contact Name: _____

School (counselor or social worker) Please list the following:

Counselor Name: _____ School Name: _____

Counselor / psychologist/ psychiatrist. Please list the contact person if available:

Contact name: _____ Organization Name: _____

Church/ Pastor/ Civic Group. Please list the following:

Contact name: _____ Organization Name: _____

Ranch staff or board member: current previous

Donor

A family whose child has been at Eagle Ranch

Relative /friend. Please list name and relationship: _____

If by relative/ friend, can you tell us how they knew about Eagle Ranch? _____

Other: _____

4. Please identify primary person who referred you to Eagle Ranch, Inc. (Name and Relationship)?

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