



PHASE ONE APPLICATION

748 Glenhaven Road, Plainview, AR 72857

Phone: (501) 432-5339 Fax: (501) 432-5330 E-mail: admissions@ghyr.org

Dear Parent or Guardian:

We appreciate your interest in Glenhaven Youth Ranch. The information contained in the Phase One Application allows the Intake Team to evaluate whether your child may be a candidate for residence. Applicants should be in need of close supervision in a structured home and school environment.

Applicants will be considered between 6 and 16 years of age, with preference being given to ages 11 to 14 whose families are willing to work as a part of the treatment team. Applicants should have an average or above average academic aptitude. Applicants with the following will not be considered:

- Felony criminal record
- Sexual offender
- Severe conduct or explosive disorder
- Addiction to drugs or alcohol
- Medical condition that would prevent participation in Ranch activities and programs.

This Phase One Application should be completed and mailed or faxed to the office. In addition, the following information is required:

- Copy of the applicant's most recent psychological evaluation.
- Copies of reports from previous physical/mental the health treatment facilities.
- Copy of latest report cards or high school transcript.
- Release for school and the health records.
- Proof of the health insurance coverage.
- Copy of the child's birth certificate and Social Security card.
- Copies of all court documents including the divorce decree and current custody papers.
- A recent photograph.

If a determination is made that the applicant may be candidate for placement, a Phase Two Application will be sent to you for completion. Phase Three of the application process will include an interview with the Intake Team at Glenhaven. After evaluation, the decision to accept a resident would be based on whether they could benefit from the goals of the program and whether there is an opening available. The parent/guardian will then be informed of the decision.

Once again, thank you for your interest in Glenhaven Youth Ranch. The staff will do all they can to answer your questions and assist you with placement of your child.

Sincerely,

G. Dwayne Webb
Executive Director

Glenhaven Youth Ranch is an equal opportunity provider.

GLENHAVEN YOUTH RANCH

RESIDENT PHASE ONE APPLICATION

748 Glenhaven Road, Plainview, AR 72857

Office Telephone: (501) 432-5339 - Fax: (501) 432-5330 E-mail: admissions@ghyr.org

CHILD

Date Completed: _____

Child's legal name: _____ Age: _____ Grade: _____

Present address: _____

City: _____ State: _____ Zip Code: _____

Home phone: (_____) _____ Nickname: _____

SS#: _____ Citizenship: _____ Race: _____

Date of birth: _____ Place of birth: _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Unique physical characteristics: _____ Male: _____ Female: _____

Who has legal custody of this child? _____

BIOLOGICAL FATHER

Name: _____ SS#: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home phone: (____) _____

Work phone: (____) _____ Cell phone: (____) _____

Email address: _____ Date of birth: _____ Age: _____

Present occupation: _____ Employer: _____

Status (*circle one*): Married Separated Divorced Deceased Date married: _____

Date separated and/or divorced: _____ Date of death: _____

If deceased, cause of death: _____

BIOLOGICAL MOTHER

Name: _____ SS#: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home phone: (____) _____

Work phone: (____) _____ Cell phone: (____) _____

Email address: _____ Date of birth: _____ Age: _____

Present occupation: _____ Employer: _____

Status (*circle one*): Married Separated Divorced Deceased Date married: _____

Date separated and/or divorced: _____ Date of death: _____

If deceased, cause of death: _____

GUARDIAN, ADOPTIVE OR STEP-FATHER (Circle one)

Name: _____ SS#: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home phone: (____) _____

Work phone: (____) _____ Cell phone: (____) _____

Email address: _____ Date of birth: _____ Age: _____

Present occupation: _____ Employer: _____

Status (circle one): Married Separated Divorced Deceased Date married: _____

Date separated and/or divorced: _____ Date of death: _____

If deceased, cause of death: _____

GUARDIAN, ADOPTIVE OR STEP-MOTHER (Circle one)

Name: _____ SS#: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home phone: (____) _____

Work phone: (____) _____ Cell phone: (____) _____

Email address: _____ Date of birth: _____ Age: _____

Present occupation: _____ Employer: _____

Status (circle one): Married Separated Divorced Deceased Date married: _____

Date separated and/or divorced: _____ Date of death: _____

If deceased, cause of death: _____

ADDITIONAL FAMILY INFORMATION

List the names and birthdays of siblings including half and step-brother & sisters. Note if they live at a location different from the home of the youth. *To list additional names, use the back of page.*

NAME	SEX	AGE	DATE OF BIRTH	ADDRESS

RELATIVES/FRIENDS WHO MAY CONTACT RESIDENT

List the names and phone numbers of relatives or friends who may contact the resident while at Glenhaven. *To list additional names, use the back of page.*

NAME	PHONE NUMBER	RELATION

EDUCATION INFORMATION

Is child currently enrolled in school? _____ Yes _____ No Current grade level: _____

Last school attended: _____ Grade average this year: _____

Address of school: _____

Favorite subject: _____ Least favorite subject: _____

Describe major problem areas in school: _____

Complete the following questionnaire regarding the child’s education:

Is/does the child	YES	NO	Is/does the child	YES	NO
In regular classes?			Function below grade level?		
In honor or AP classes?			Currently failing school?		
In special education/resource classroom?			Like to read?		
Have behavioral problems in school?			Like school?		
Have difficulty concentrating?			Easily distracted?		
Have poor peer relationships?			Have a learning disability?		

Number of grades failed		Number of times expelled	
Number of suspensions this school year		Last grade completed	

List all schools the child has attended: *To list additional schools, use back of page.*

Elementary School: _____

School address: _____

Dates attended: _____ Grade levels: _____

Middle School: _____

School address: _____

Dates attended: _____ Grade levels: _____

High School: _____

School address: _____

Dates attended: _____ Grade levels: _____

GLENHAVEN YOUTH RANCH
RELEASE OF EDUCATIONAL INFORMATION

748 Glenhaven Road, Plainview, AR 72857
Telephone: (501) 432-5339 – Fax: (501) 432-5330
E-mail: admissions@ghyr.org

TO:

School: _____

Address: _____

Contact person: _____

Telephone number: _____ Fax number: _____

REGARDING:

Student's name: _____

Date of birth: _____ SS#: _____

FROM:

Glenhaven Youth Ranch
Child & Family Services Director
748 Glenhaven Road
Plainview, AR 72857

Please send the following school records for the student named above to Glenhaven Youth Ranch:

- _____ Transcript of academic record
- _____ Immunization record
- _____ Health records
- _____ Testing records
- _____ Grades as of withdrawal date
- _____ Any additional records which might be helpful

Authorization to release student's information is given by:

Signature of Parent/Guardian

Date

GLENHAVEN YOUTH RANCH

RELEASE OF MEDICAL & PSYCHOLOGICAL INFORMATION

748 Glenhaven Road, Plainview, AR 72857
Telephone: (501) 432-5339 – Fax: (501) 432-5330
E-mail: admissions@ghyr.org

I hereby authorize **Glenhaven Youth Ranch:**

to release to obtain medical records to/from:
(Name & Address of Person/Organization)

Telephone number: _____ Fax number: _____

Patient's name: _____

Date of birth: _____ SS#: _____

- I understand that a photocopy of this release will give the same authorization as the original.
- I understand that once disclosed the information will no longer be private and may no longer be protected by federal privacy laws and regulations.
- I understand that by affixing my name that Glenhaven Youth Ranch may have VERBAL CONTACT with the above named organization/person.

I consent to the release of information or treatment records as specified:

_____ Initial Assessment	_____ Treatment Plan
_____ Physical Exams	_____ Psychological Evaluation
_____ Pregnancy test	_____ HIV/TB test
_____ School Reports/IEP	_____ Discharge Summary

- I understand that I may revoke this consent in writing at any time but such revocation shall have no effect on disclosures previously made. Unless I revoke this authorization prior to its expiration, the authorization to release information will automatically expire 60 days from the date of my signature.
- I, the undersigned, understand I am releasing the above information for the stated purpose of my own free will.
- I attest that this consent was totally completed prior to affixing my signature.

Signature of Parent or Guardian

Date

Relationship to Patient

Witness

PSYCHOLOGICAL AND EMOTIONAL

QUESTIONS	YES	NO	IF YES, WHEN
Does the child have a negative self image?			
Does the child have visions or hallucinations?			
Does the child hear sounds that other people don't?			
Does the child act fearfully or anxiously?			
Is the child suspicious? Trusts almost no one?			
Does the child exhibit sudden mood changes?			
Does the child seem immature for their age?			
Is the child a victim of sexual abuse?			
Does the child talk about killing him/herself?			
Has the child threatened suicide?			
Has the child attempted suicide?			
Is the child on medication to control behavior?			
Is the child on medication for depression?			
Has the child been hospitalized for psychiatric reasons?			
Has the child had counseling the past two years?*			
Is the child on any other medication? If so, what?			

*Please provide the name, address and phone number of the child's therapist or psychiatrist: _____

MEDICAL

Please disclose any known medical problems, physical or mental disabilities. *(We comply with The Health Insurance Portability & Accountability Act of 1996. All the health information will be kept confidential.)*

BEHAVIORAL AND SOCIAL

QUESTIONS	YES	NO	IF YES, WHEN
Has the child physically assaulted others?			
Is the child verbally or physically threatening?			
Is the child cruel to animals?			
Has the child run away from home?			
Is the child truant or cuts school frequently?			
Does the child steal?			
Does the child lie frequently?			
Does the child disregard rules at home?			
Does the child disregard rules at school?			
Does the child destroy things?			
Does the child swear and use obscene language?			
Does the child have temper tantrums?			
Does the child have trouble sleeping?			
Does the child have bad dreams or nightmares?			
Does the child set fires, play with fire or matches?			
Is the child manipulative?			
Is the child sad, unhappy or depressed?			
Does the child act without thinking?			
Does the child have problems with authority?			
Does the child prefer to be with older children?			
Has the child been sexually, physically or emotionally abused? (<i>indicate which one</i>)			
Has the child harmed, pierced or mutilated him or herself?			
Does the child have inappropriate sexual behavior?			
• seductive			
• attempts sex play with adults			
• attempts sex play with young children			
• masturbates openly			
• exhibitionism			
Is the child sexually active?			
Is the child prone to large mood swings?			

BEHAVIORAL AND SOCIAL (continued)

QUESTIONS	YES	NO	IF YES, WHEN
Does the child prefer to be with younger children?			
Does the child prefer to be alone?			
Do they brag or exaggerate about themselves?			
Is there a gang affiliation?			
Are they involved in satanic or occult activities?			
Does the child have a history of delinquency?			
Have they been arrested for breaking the law?			
Does the child have a criminal history?			
<ul style="list-style-type: none"> • Adjudicated 			
<ul style="list-style-type: none"> • Probation 			
<ul style="list-style-type: none"> • FINS 			
Is the child responsible and mature?			
Does the child follow the rules?			
Is the child considerate and the helpful?			
Is the child playful and happy-go-lucky?			
Does the child entertain themselves well?			
Is the child a leader of their peers?			
Can the child talk to anyone?			
Is the child friendly?			
Is the child alert and interested?			
Does the child work well for praise?			
Is the child self motivated?			
What kind of music does the child listen to?			
How much time does the child spend playing computer & video games each day?			

DIVORCE & LEGAL CUSTODY INFORMATION

Date of divorce: _____ Age of child at time of divorce: _____

Who has legal custody of the child? _____

What are the visitation rights of the non-custodial parent? _____

Are these the visitation rights listed in the divorce decree? _____

Have there been additional court appeals for custody, child support or other reasons regarding the child since divorce decree was signed? _____

If so, please provide details: _____

Describe the child's relationship with the non-custodial parent? _____

How involved is non-custodial parent in child's life? (*school, counseling, discipline, etc.*) _____

Does the non-custodial parent know of the child's placement at Glenhaven Youth Ranch? _____

If no, how and when will this parent be informed? _____

FAMILY FINANCIAL DISCLOSURE STATEMENT

Please include on this form every person living in your household. List all sources of income received by each household member. *Attach additional sheets to list any additional persons or information.*

Full Name			
Relationship			
SS#			
Date of birth			
Source of income			
Place of employment			
Net monthly income			

OTHER INCOME	AMOUNT
Social Security	
<i>Name of person receiving Social Security benefits.</i>	
Social Security Disability	
Supplemental Security Income (SSI)	
<i>Name of person receiving SSI benefits.</i>	
Veteran's Benefits	
Child Support	
TOTAL INCOME	

MONTHLY EXPENSES	AMOUNT
Rent or Mortgage	
Utilities	
Telephone	
Auto Expenses	
Groceries	
Medical Payments	
Educational Expenses	
Savings	
Clothing	
Recreation	
Child Support	
Installment Payments	
Other	
TOTAL EXPENSES	