

Arkansas Sheriffs' Youth Ranches

Post Office Box 3964, Batesville, AR 72503 870 -793-6841

Admissions Criteria

The Arkansas Sheriffs' Youth Ranches selects for admission to its residential program male and female children who are residents – or have relatives who are residents – of the state of Arkansas. The Ranch admits children without regard to race, creed, color, religion, national origin or physical handicap.

Additionally, children must:

- Have a legal guardian. Could be an agency, such as DHS.
- Be age 17 years or under.
- Have full-scale IQ of at least 80.
- Have the cognitive skills necessary to perform routine living tasks.
- Have no history of violent behavior and pose no serious threat to staff or other residents.
- Have no serious criminal record (i.e. violent crimes against people).
- Have a completed Ranch application.
- Have no objection by the sheriff in the county of residence.
- Have the ability to attend public school.
- Be willing to attend church of choice at least once a week.
- Be willing to actively participate in Ranch Life programming and activities.

For more information or assistance with admittance, contact the Admissions Office, at (870) 793-6841 or write Admissions Office, Arkansas Sheriffs' Youth Ranches, P.O. Box 3964, Batesville, AR 72503.

APPLICATION FOR ADMISSION

Please complete the enclosed application, writing clearly. We need to have as much information as possible. (You may use the back of any page if necessary). Once we have received the completed application and all requested documents (see Applicant Checklist), the admissions team will review the information and notify you of their recommendation (whether our program seems to be appropriate for the child, or that our program cannot meet the child's needs.). The Ranch is in a position to offer permanent placement for the child, therefore, we try to make the Ranch as homelike as possible. We want each child to enter the Ranch with the attitude that this is a home.

It is required by our admissions team, (and it expedites the admissions process) to have all the items listed on the Applicant Checklist attached to the completed application.

All decisions about admission or rejection of a particular applicant are made by a committee who strive to meet the needs of both the applicant and the children/youth who are already in our program.

APPLICANT CHECKLIST

Applications cannot be fully reviewed unless *all* forms are completed and returned. Please submit complete applications *only*. Please use this guide to help you complete the following application.

Child's Name _____

Date of Birth _____ Social Security No. _____

DOCUMENTATION

COMMENTS

____ Completed Application Form _____

 ____ Child's Information (p. 1) _____

 ____ Present Family Characteristics (p. 2-4) _____

 ____ History of Youth (p. 5-6) _____

 ____ Child/Youth Application Form (p. 7-8) _____

 ____ Family Financial Statement (p. 9) _____

____ Educational Information (p. 10-11) _____

 ____ Complete School Records _____

 ____ Release of Educational Information (p. 12) _____

____ Medical History (p. 13-14) _____

____ Psychologist/Clinician's Statement (p. 15) _____

 ____ Latest psychological evaluation/testing: Must state IQ _____

____ Progress Notes and Discharge Summaries from Previous Placements _____

____ History and Physical (p. 16-19) _____

____ Consent for Release of Information (p. 20) _____

____ Publicity Release Form (p. 21) _____

____ Consent for Treatment (p. 22) _____

____ Signature Page (p. 23) _____

____ Copy of child's birth certificate _____

____ Copy of Social Security Card _____

____ Copy of child's Medicaid card, if applicable. _____

____ Documentation of medical coverage (health insurance, cards, etc.) _____

____ Recent picture of child (indicate date taken) _____

FOR OFFICE USE ONLY

Date Received: _____

Date Processed: _____

THIS SECTION TO BE COMPLETED BY:
PARENTS, LEGAL GUARDIAN, OR REFERRING AGENCY

**APPLICATION FOR ADMISSION TO THE
ARKANSAS SHERIFFS' YOUTH RANCHES**

CHILD'S INFORMATION

Date: _____

Name _____ Nickname _____

Age _____ Sex _____ Citizenship _____ Religion _____

How long has child been a resident of Arkansas? _____

Place of Birth _____ Date of Birth _____

Present Address _____

What is his/her Social Security Number: _____

Is child receiving Social Security? _____ Amount \$ _____/month

Who has custody of this child? _____

Person to contact in case of EMERGENCY: _____
Name

Present Address	Phone	Relationship
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Description of youth's personality: _____

Description of youth's appearance: _____

Name some good things about this youth: _____

Explain this youth's ability to accept discipline/assume responsibility: _____

Add anything that you think might help us understand this child better: _____

PRESENT FAMILY CHARACTERISTICS

Information on Natural Father

Name _____ Age _____
Last First Middle

Address _____ Phone _____

Present Occupation _____

Information on Natural Mother

Name _____ Age _____
Last First Middle

Address _____ Phone _____

Present Occupation _____

Parents' Marital Status

Still married _____ Divorced _____ Re-married _____

Other (Please explain) _____

Adoptive or Step-father _____ Age _____
Last First Middle

Present Address _____ Phone _____

Present Occupation _____

Adoptive or Step-mother _____ Age _____
Last First Middle

Present Address _____ Phone _____

Present Occupation _____

Other Family Information

Persons living in youth's home at present time:

Name	Relationship	Age
_____	/ _____	/ _____
_____	/ _____	/ _____
_____	/ _____	/ _____
_____	/ _____	/ _____

Current Relationship between parents: _____

Youth's attitude toward present family: _____

Briefly describe the child's current living situation: _____

Have the natural parents, adoptive or step-parents had any involvement with the following:

Police/law enforcement?	Yes _____	No _____
Mental illness?	Yes _____	No _____
Alcoholism?	Yes _____	No _____

If any are marked yes, please explain: _____

Does this child have a history of "acting out" behaviors such as assaulting others, destruction of property, cruelty to animals, fire setting, running away, suicidal gestures, sexual promiscuity, self mutilation (examples - tattoos, self inflicted burns, cuts, etc.)?

Yes _____ No _____ (please circle all that apply and explain)

Name some strengths about your family: _____

Name some good things about you as a parent: _____

Why, in your opinion, does this child desire placement at our Ranch? _____

Briefly describe your reasons for referring this child to the Arkansas Sheriffs' Youth Ranches:

What would you like your involvement to be if this child is placed here? _____

Who else will this child have as a support system? What will be their involvement? _____

List the Names, Ages, and Addresses of All Brothers and Sisters:

1. _____
2. _____
3. _____
4. _____
5. _____

Any related family information that would help us provide the best service for this child (include relationship(s) with extended family members (example: grandparents, aunts, uncles, etc.):

Spiritual Development/Community Involvement:

Church/Religious Affiliation _____

How often attended _____

This child's attitude and involvement _____

This child's involvement with other organizations (such as Scouts, 4-H, school clubs, etc.) _____

HISTORY OF YOUTH

Date of Birth: _____ Place of Birth: _____

Family Members in household at time of birth:

Name	Relationship	Age
_____	/ _____	/ _____
_____	/ _____	/ _____
_____	/ _____	/ _____
_____	/ _____	/ _____

Circumstances in family at time of pregnancy and birth _____

List any changes that have occurred in the family since youth's birth. (Divorces, reconciliations, additional family members, job changes, relocations, deaths, etc. Include dates of changes.)

Developmental history (Use back of page or additional sheets if needed). Anything unusual (early or late) in the youth's development (walking, talking, feeding, etc.) _____

Unusual events that happened during the first 5 years of life: _____

Unusual events between ages 6 and 12: _____

Unusual events after age 13 (Please give age & event) _____

Other unusual/important event(s) that may be a cause for concern.

List any past medical or physical problems (including accidents, hospitalizations, and illnesses)

Dates	Incident	Comments
_____ / _____	_____	_____ / _____
_____ / _____	_____	_____ / _____
_____ / _____	_____	_____ / _____

List any out-of-the home placements beginning with the most recent (include correctional, non-correctional facilities, foster homes, etc.)

Dates	Name and Address	Reason for leaving
_____ / _____	_____	_____ / _____
_____ / _____	_____	_____ / _____
_____ / _____	_____	_____ / _____
_____ / _____	_____	_____ / _____

Court and Law Enforcement encounters (If applicable)

Dates	Offenses	Disposition
_____ / _____	_____	_____ / _____
_____ / _____	_____	_____ / _____
_____ / _____	_____	_____ / _____

Runaway History

Dates	Farthest traveled	Usual person/place of destination	Longest time gone
From Home _____			
From Foster Home _____			
From Institution _____			

Please have child/youth complete this form.

CHILD/YOUTH APPLICATION FORM

Name _____ Home Phone _____

Sex: M ____ F ____ Date of Birth _____ SS# _____

Home Address: _____
Street City State Zip

Please complete the following sentences:

1. The person who understands me best _____

2. My mother _____

3. My father _____

4. My sister(s) _____

5. My brother(s) _____

6. The thing(s) that I like best about my family _____

7. The thing(s) that I don't like about my family _____

8. My favorite subject(s) in school are _____

9. I don't like school when _____

10. I like school when _____

11. My friends _____

12. My favorite teacher _____

13. Making friends is easy because _____

14. What I like best about me is _____

15. I would like to change _____

16. My favorite things to do are _____

17. Men _____

18. I wish I could live _____

19. To understand me you need to know that _____

20. When people tell me to do something, I _____

21. Women _____

22. I am _____

23. I want to live at the Ranch because _____

24. People who really know me say that I _____

25. Religion/Church is _____

Signature: _____ Date: _____

FAMILY FINANCIAL STATEMENT

Please complete the following information for every person living in your household:

1. _____
Full Name Relationship
_____/_____/_____
Date of birth Social Security # \$_____ Monthly
Income

Source of Income/Place of employment

2. _____
Full Name Relationship
_____/_____/_____
Date of birth Social Security # \$_____ Monthly
Income

Source of Income/Place of employment

3. _____
Full Name Relationship
_____/_____/_____
Date of birth Social Security # \$_____ Monthly
Income

Source of Income/Place of employment

4. _____
Full Name Relationship
_____/_____/_____
Date of birth Social Security # \$_____ Monthly
Income

Source of Income/Place of employment

5. _____
Full Name Relationship
_____/_____/_____
Date of birth Social Security # \$_____ Monthly
Income

Source of Income/Place of employment

PLEASE USE BACK OF FORM TO LIST ANY ADDITIONAL PERSONS

EDUCATIONAL INFORMATION

****PLEASE INCLUDE COPIES OF SCHOOL RECORDS**

1. Is child currently enrolled in school? _____ Current grade _____
2. Name of school _____ Grade last completed _____
3. Has youth ever been retained? _____ Which grade(s)? _____
4. What is child's grade average this year? _____ Last year? _____
5. What is child's specific IQ? _____ Favorite subject(s) _____
Least favorite subject _____ Child's attitude toward attending school ? _____

6. School Behavior Rating: 0 = poor 1 = fair 2 = good 3 = excellent
___Achiever ___Attendance ___Peer relationships
___Work habits ___Independent worker ___Appropriate behavior
___Adjusts to change ___Staff relationships ___Extra curricular involvement
7. Has school provided any additional services to this child? (Counseling, health services, tutoring, etc) _____ Please specify _____
8. Has there been Special Education classification?
Please specify _____
9. Has there been any Resource Room, Remedial or Supplemental help?
Please specify _____
10. Please list areas of academic interests and strengths _____

11. Has this child expressed or demonstrated an interest in or aptitude for a vocational or career field? ___Please specify_____
12. Please list all extra-curricular activities this child has been involved in during the past 2 years

13. Are there any discipline problems with this child at school? _____

Explain _____

14. What type of discipline has been most effective with this child? _____

15. Is there a history of truancy (skipping)? _____ Explain _____

16. Has this child ever been suspended from school? _____

Number of times? Reason _____

17. Has this child ever been expelled from school? _____

Number of times? Reason _____

18. Is there anything you can add to help us understand this child's educational needs?

19. List ALL other schools child has attended: dates, levels, addresses (use back of this page if necessary)

Arkansas Sheriffs' Youth Ranches

Post Office Box 3964, Batesville, AR 72503 870 -793-6841 FAX 870 793-9012

Please fill out and send to your child's current school.

RELEASE OF EDUCATIONAL INFORMATION

TO: (School Name, Address, Telephone & Fax)

RE: _____

DOB: _____

SS#: _____

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

Arkansas Sheriffs' Youth Ranches, Inc
P.O. Box 3964
Batesville, AR 72503

1. Transcript of Academic Record
2. Immunization/Health Records
3. Achievement Test Results (including Otis-Lemmon SAI, if available)
4. Grades as of withdrawal date (including text or materials used and units/chapters completed)
5. Psychological evaluation and conference results (if available)
6. Any additional records which might be helpful

Authorization to release this information is given by:

Signature of parent or guardian

Date

MEDICAL HISTORY

1. Name of child _____ Age _____ Birthdate _____

2. Childhood Information:

A. Pregnancy and childbirth. List any problems while carrying your child (Illnesses, medications, emotional trauma) and the type of birth: (Forceps, premature, breech, Cesarean)

B. Development: List anything unusual (early or late) in your child's development (walking, weaning, talking, eating, etc.)

C. Medical History: List any serious illnesses, hospitalizations, accidents, injuries, operations child has had. Give dates if possible _____

D. Childhood illnesses: Check if your child has had:

- | | | | |
|-------------------|-----------|-------------|-----------|
| 1. Chicken Pox | Age _____ | Other _____ | Age _____ |
| 2. Measles | Age _____ | _____ | _____ |
| 3. Mumps | Age _____ | _____ | _____ |
| 4. German Measles | Age _____ | | |

3. Allergies: Is your child allergic to any drugs/food/plants, etc? _____

If so, list them: _____

4. Is your child on any medication at this time? Give reason and dosage, if possible.

List prescription medications your child has been on in the past, reason for medication, duration, when stopped, and why. _____

5. Family History:

If parent(s) are deceased, please state the cause of death: _____

6. Is there a history of the following in the family?

Diabetes	_____	Depression	_____
Tuberculosis	_____	High Blood Pressure	_____
Heart disease	_____	Sickle Cell Anemia	_____
Cancer	_____	Emotional Disorder	_____
Liver disease	_____	Arthritis	_____
Alcoholism	_____	Drug Dependency	_____
Allergies	_____	Asthma	_____
HIV/AIDS	_____	Other	_____

7. List any fractures child has had and age they occurred: _____

8. Has your child ever had a seizure or seizure disorder? If so, explain:

9. Does this child wet the bed? If so, how often and under what circumstances?

10. Child's Personal Information

1. Height	_____	2. Weight	_____
3. Hair color	_____	4. Eye Color	_____
5. Left/right handed	_____	6. Dentures	_____
7. Glasses/contact lenses	_____	8. Corrective shoes	_____
9. Orthodontic appliances (braces)	_____		
10. Speech impairment	_____	11. Artificial limbs or eye	_____
12. Hearing difficulty	_____	13. Special diet	_____
14. Date of onset of last menstrual period:	_____		

11. Last physical exam: (date) _____ (by whom) _____

12. Last dental exam: (date) _____ (by whom) _____

13. Last vision exam: (date) _____ (by whom) _____

Treatment History

14. List previous counseling services and related mental health history (outside of residential care, includes schools, clinics, social services, community services)

Agency/Location	Dates	Contact Person	Activity/service provided
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Please have psychologist/clinician complete this form.

PSYCHOLOGIST OR CLINICIAN'S STATEMENT

Please include copies of test(s) results

Re: _____

DOB: _____ SS # _____

1. The following INTELLIGENCE TEST(S) were administered:

Test(s) _____ Date(s) _____

2. The following PERSONALITY INVENTORIES were administered:

Test(s) _____ Date(s) _____

3. Results of Testing: IQ _____ VIQ _____ PIQ _____ FSIQ _____

Summary of Personality Assessment(s): _____

4. What is the DSM IV Diagnosis? _____

5. State briefly and frankly the need for placement at the Ranch: _____

6. Describe child's attitude toward possible placement: _____

7. Describe parents/guardians attitude toward possible placement: _____

8. Current GAF _____ Highest past year _____

Signature of Clinical Professional

Date

Please have child's doctor complete this form.

HISTORY AND PHYSICAL

Examination Date: _____ Child's name _____

DOB: _____ Age _____ SSN: _____

I. General Appearance/Development

A. Hair Color _____ B. Eye Color _____

C. Height _____ D. Weight _____

E. Complexion _____

F. Body Build _____

II. Head/Neck

A. Hair _____

B. Eyes _____

Vision: Without glasses _____
With glasses: _____

Abnormalities: _____

C. Ears _____

Hearing Right: _____
Left: _____

Comprehension Right: _____
Left: _____

D. Nose _____

E. Throat _____

F. Mouth/Teeth _____

G. Neck (including lymph nodes & thyroid) _____

III. Chest _____
Breasts _____

Heart _____

Lungs _____

IV. Abdomen _____

V. Extremities _____
Arms/Hand/Nails _____
Legs/Feet/Nails _____

VI. Genitalia _____
Male: Circumcised _____ Uncircumcised _____
Testes _____ Hernia _____
Female: Date of LMP _____ Dysmeniorrhea yes ___ no ___
Regularity _____

VII. Spine/Joints _____

VIII. History
A. Illnesses _____

B. Operations _____

C. Injuries _____

D. Alcohol _____

E. Family History _____

F. Allergies _____

G. Past Sexual Activity _____

IX. Current sexual activity _____

X. Current Medical Problems _____

XI. Past or Present Mental Health Problems _____

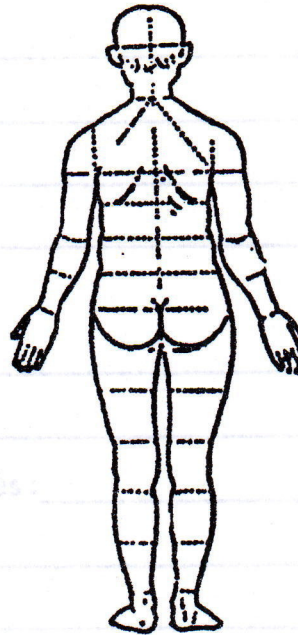
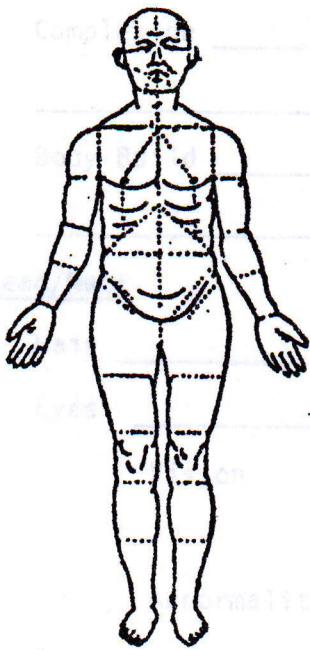
XII. Any restrictions in activities? Yes ___ No ___ If yes, please explain: _____

XIII. Is child currently taking any medication? _____ If yes, medication(s)/Reason(s):

XIV. Condition of Person

Temp. _____ Pulse _____ BP _____ Respiration _____

XV. Indicate all scars, bruises, or deformities



XVI. Laboratory Findings:

Hgb _____ Hct _____ TB Test _____ UA Protein _____ Sugar _____

VDRL _____ HIV _____ Pregnancy Test _____

XVII. I find this child to be free of communicable diseases and without need of medical treatment except as follows: _____

Signature of Physician

Date

Address of Physician

City, State, Zip

ARKANSAS SHERIFFS' YOUTH RANCHES, INC.

P.O. Box 3964

Batesville, AR 72503

**CONSENT FOR RELEASE OF INFORMATION
AND INSPECTION OF RECORDS - MINORS**

I, the legal guardian and/or custodian, hereby authorize the release, or delivery of any personal or medical information, reports or other data reflecting the personal history, physical or mental condition of the undersigned to or from any licensed physician, psychiatrist, therapist, psychologist, or to any agency, or individual the release of which the Arkansas Sheriffs' Youth Ranches, Inc., in its absolute discretion, deems to be in his/her best interest. I also agree to permit the inspection of any and all of records pertaining to my child/ward by an authorized representative of the Department of Human Services of the State of Arkansas, who license this child care facility.

Name of child

Social Security Number

Date of birth

Signature of Parent/Legal Guardian

Signature of Youth

Date

Publicity Release Consent

Option 1:

I, _____, the parent and/or legal guardian of _____ hereby give the Arkansas Sheriffs' Youth Ranches the right and permission to use my (child's) name, image, words, and/or works in its educational and promotional materials, as well as its publicity efforts. I understand that this could include Ranch publications/productions, print ads, direct mail pieces, electronic media (i.e., video, CD-ROM, Internet/www.youthranches.com), outside publications, or other form of promotion. I release the Ranch, its employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I also understand that I (my child) will not receive compensation for this use, and this use is for an indefinite period unless otherwise specified. I understand that I may withdraw this consent at any time and that my child will have the opportunity to give his/her consent or to decline to appear in any publication before it is printed.

Signature of child: _____ Date: _____

Signature of parent/legal guardian: _____ Date: _____

Option 2:

I, _____, the parent and/or legal guardian of _____ DO NOT give the Arkansas Sheriffs' Youth Ranches the right and permission to use my (child's) name, image, words, and/or works in its educational and promotional materials, as well as its publicity efforts.

Signature of child: _____ Date: _____

Signature of parent/legal guardian: _____ Date: _____

CONSENT FOR TREATMENT

As the legal guardian and/or custodian of _____,

I do hereby request and give consent to the Executive Director of the Arkansas Sheriffs' Youth Ranches, Inc., or his/her duly appointed representative, for my child/ward to receive such mental, medical, surgical, or dental care as may be deemed necessary and expedient by a duly licensed or recognized physician, surgeon, dentist or therapist.

I also grant the Arkansas Sheriffs' Youth Ranches permission to arrange for counseling services as deemed necessary by the treatment team. In addition, I hereby request and consent to periodic drug/alcohol screening to help insure the health, safety, and well-being of my child/ward

Signature of Parent/Legal Guardian

Address

City, State, Zip

Telephone Number

Signature of Youth

Date

Medicaid Number

Insurance Company

Address

City, State, Zip

I.D. Number

SIGNATURE PAGE

Name, address and phone number of person(s) completing this form:

Relationship to the child: _____

I certify that the information given on the preceding pages is true, complete, and accurate to the best of my knowledge.

Signature

Date