



# Arkansas Sheriffs' Youth Ranches, Inc.

“Our mission is to address, remedy, and prevent child abuse and neglect by creating safe, healthy, and permanent homes for children.”

## **Arkansas Sheriff's Youth Ranches, Inc.**

### ***Admissions Criteria***

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

To be admitted into the Arkansas Sheriff's Youth Ranches, a child must:

- Have a legal guardian.
- Between the ages of 6-17.
- Have the cognitive skills necessary to perform routine living tasks.
- Have no history of violent behavior and pose no threat to staff or other residents.
- Have no serious criminal record (i.e. violent crimes against people).
- Have a complete 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 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 send an email to [admissions@youthranches.com](mailto:admissions@youthranches.com).*

### **Application for Admission**

Please complete the enclosed application, writing clearly. If more room is needed to answer questions, please use the back of any page. Once we have received the completed application, the admissions team will review the information and notify you of their recommendation. 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 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 the applicant and the children who are already in our program.

Please send all completed applications to:

Arkansas Sheriff's Youth Ranches

Attn: Admissions

Or email application to:

P.O. Box 3964

[admissions@youthranches.com](mailto:admissions@youthranches.com)

Batesville, AR 72503

## 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

\_\_\_\_\_ Completed Application Form

\_\_\_\_\_ Complete School Records

\_\_\_\_\_ Physical completed by Physician

\_\_\_\_\_ Psychologist/Clinician's Statement completed by licensed Psychologist/Clinician

\_\_\_\_\_ Testing, Discharge summaries, Progress notes

\_\_\_\_\_ Signed Consent for Release of Information

\_\_\_\_\_ Signature Page

\_\_\_\_\_ Recent Picture of Child

**Upon admission, there will be additional forms to be filled out and signed. We will also require copies of social security cards, birth certificate, and documentation of medical coverage (private insurance, Medicaid, ARKids).**

**This form can be printed or edited online and printed for submission.**



## Arkansas Sheriff's Youth Ranches

### Application for Admission

This application is to be completed by parents, legal guardians, or referring agency.

#### **Child's Information**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Citizenship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Medicaid Number \_\_\_\_\_

Present Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person to Contact in case of EMERGENCY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Present Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### **Present Family Characteristics**

##### Information of Legal Guardians

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Present Occupation \_\_\_\_\_ Income: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Present Occupation \_\_\_\_\_ Income: \_\_\_\_\_

Are the guardians the child's natural parents? \_\_\_\_\_ yes \_\_\_\_\_ no

If you answered no, please explain:

Guardians' Marital Status

Still Married \_\_\_\_\_ Divorced \_\_\_\_\_ Re-married \_\_\_\_\_

\*If remarried, please list spouse:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First Middle

Present Occupation \_\_\_\_\_ Income: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First Middle

Present Occupation \_\_\_\_\_ Income: \_\_\_\_\_

Have the natural parents had any involvement with the following:

Police/Law Enforcement \_\_\_\_\_

Mental Illness \_\_\_\_\_

Alcoholism \_\_\_\_\_

Drug Dependency \_\_\_\_\_

Siblings

Name (List all siblings in and out of the home.)      Age      Do they live in the home?

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Answer the Following Questions:

(Use the back or a separate piece of paper if more room is needed)

What were the circumstances in the family at the time of the Youth's birth?

Was there anything unusual in the Youth's development? (walking, talking, feeding, etc.)

List any changes and/or unusual events that have occurred in the family since the Youth's birth.

List any out of home placements and any counseling services the youth has received beginning with the most recent. (include correctional, residential, foster homes, school counseling, clinics, social services, etc.)

Dates	Name	Address	Reason for Discharge
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are the courts involved with this youth?(If yes, please explain each instance)

Does this child have a history of “acting out” behavior such as assaulting others, destruction of property, cruelty to animals, fire setting, running away, suicidal gestures, sexual promiscuity, and self mutilation? (If yes, please list any instances)

Does this child have any history of drug or alcohol abuse? (If yes, please list substances)

Is the child receiving any income or government assistance? (Social Security, SSI, Child Support, Etc.)

Educational Information

**\*Please include copies of transcript of academic records, achievement test results if available, last available grades, and any additional records that might be helpful.**

Name of school \_\_\_\_\_ Is Youth currently enrolled here? \_\_\_\_\_

Current Grade \_\_\_\_\_ Has Youth ever been retained? \_\_\_\_\_ Which Grades? \_\_\_\_\_

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

Has school provided any additional services to this child? (counseling, health services, tutoring, etc.)

\_\_\_\_\_ Please specify \_\_\_\_\_

Has there been any Special Education Classification, Resource Room, Remedial or Supplemental help?

Please list all extra-curricular activities this child has been involved in during the past 2 years.

List all schools child has attended:

Name	Address	Dates Attended

Medical History

Childhood Information:

- a. Pregnancy and Childbirth: List any problems while during pregnancy.

- b. Medical History: List any serious illnesses, hospitalizations, accidents, injuries, operations youth has had. Please Specify

- c. Childhood Illnesses: Check if the youth has had any of these illnesses.

Chicken Pox            \_\_\_\_\_  
Measles                \_\_\_\_\_  
Mumps                 \_\_\_\_\_  
German Measles      \_\_\_\_\_

- d. Allergies: List any allergies your child has.



e. Is your child on any medication at this time? Give reason and dosage.

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

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g. Personal Information:

Height \_\_\_\_\_  
Weight \_\_\_\_\_  
Hair Color \_\_\_\_\_  
Eye Color \_\_\_\_\_

h. Last physical exam: date \_\_\_\_\_ Doctor \_\_\_\_\_

i. Last dental exam: date \_\_\_\_\_ Doctor \_\_\_\_\_

j. Last vision exam: date \_\_\_\_\_ Doctor \_\_\_\_\_

Family History:

- If natural parents are deceased please state cause of death:

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- Please mark if there is a history of the following in the family

Diabetes	_____	HIV/AIDS	_____
Tuberculosis	_____	Depression	_____
Heart Disease	_____	Hypertension	_____
Cancer	_____	Sickle Cell	_____
Allergies	_____	Anemia	_____
Liver Disease	_____	Asthma	_____

**Please have a licensed psychologist/clinician complete this form.**

**Psychologist or Clinicians Statement**

Please include copies of any test results, progress notes, and discharge summaries.

Re: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

1. What is the DSM IV Diagnosis?

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

3. Describe child's attitude toward possible placement:

4. Describe guardians attitude toward possible placement:

5. Current GAF \_\_\_\_\_ Highest Past Year \_\_\_\_\_

\_\_\_\_\_  
Signature of Clinical Professional

\_\_\_\_\_  
Date

## Physical

**Please have child's doctor complete this form.**

Examination Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

1. General Appearance/Development

- a. Hair Color \_\_\_\_\_
- b. Eye Color \_\_\_\_\_
- c. Height \_\_\_\_\_
- d. Weight \_\_\_\_\_
- e. Complexion \_\_\_\_\_  
\_\_\_\_\_
- f. Body Build \_\_\_\_\_  
\_\_\_\_\_

2. Head/Neck

- a. Hair \_\_\_\_\_
- b. Eyes/Vision \_\_\_\_\_
- c. Ears/Hearing \_\_\_\_\_
- d. Nose \_\_\_\_\_
- e. Throat \_\_\_\_\_
- f. Mouth/Teeth \_\_\_\_\_
- g. Neck (including lymph nodes and thyroid) \_\_\_\_\_  
\_\_\_\_\_

h. Chest

- i. Breast \_\_\_\_\_
- ii. Heart \_\_\_\_\_
- iii. Lungs \_\_\_\_\_

i. Abdomen \_\_\_\_\_

j. Extremities \_\_\_\_\_

- i. Arm/Hand/Nails \_\_\_\_\_
- ii. Leg/Feet/Nails \_\_\_\_\_

k. Genitalia \_\_\_\_\_

i. Male: Circumcised \_\_\_\_\_

Testes \_\_\_\_\_

Hernia \_\_\_\_\_

ii. Female: Date of LMP \_\_\_\_\_

Dysmenorrhea \_\_\_\_\_

Regularity \_\_\_\_\_

1. Spine/Joints \_\_\_\_\_

3. History

a. Illnesses

b. Operations

c. Injuries

d. Alcohol/Drug Use

e. Allergies

f. Past and Current Sexual Activity

4. Current Medical Problems

5. Any restrictions in activities?

6. Is child currently taking any medications? (If yes, please list them)

7. Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ Respiration \_\_\_\_\_

8. Does the child have any scars, bruises, or deformities? see box on next page

9. Laboratory Findings

Hgb \_\_\_\_\_ Hct \_\_\_\_\_ TB Test \_\_\_\_\_ UA Protein \_\_\_\_\_ Sugar \_\_\_\_\_

VDRL \_\_\_\_\_ HIV \_\_\_\_\_ Pregnancy Test \_\_\_\_\_

10. 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 Code

ARKANSAS SHERIFF'S 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, educational, 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, school officials, or to any agency, or individual the release of which the Arkansas Sheriff's 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

**Signature Page**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Who referred you to the Arkansas Sheriff's Youth Ranches, Inc.?

\_\_\_\_\_

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Date