

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.

DHS 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 <u>admissions@youthranches.com</u>.

Application for Admission

Please complete the enclosed application, writing clearly. If more room is needed to answer questions, please you 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 P.O. Box 3964

admissions@youthranches.com Batesville, AR 72503

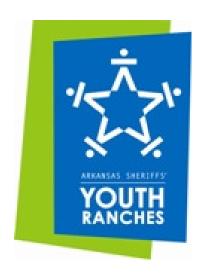
Or email application to:

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		
Testing, Discharge summaries, Pro	gress notes	
Signed Consent for Release of Info	rmation	
Signature Page		

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).



Arkansas Sheriff's Youth Ranches Application for Admission

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

Child's Informa	<u>ation</u>	Date:	
Name	Nickname		
AgeSex	Race	Date o	of Birth
Social Security N	Number	Medicaid Numb	per
Present Address			
Home Phone		Cell Phone	
Person to Contac	et in case of EMERGENCY	7 :	
Name		Relationship	
Present Address			
Home Phone		Cell Phone	
•	*	•	has received beginning with the nseling, clinics, social services,
Dates	Name	Address	Reason for Discharge

Are the courts involved with this youth?(If yes, ple	ease explain each instance)
Does this child have a history of "acting out" beha	vior such as assaulting others, destruction of property,
cruelty to animals, fire setting, running away, suice	dal 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 a	ssistance? (Social Security, SSI, Child Support, Etc.)
Educational Information	
Educational Information	
*Please include copies of transcript of academic available grades, and any additional records the	records, achievement test results if available, last
available grades, and any additional records the	at might be herpful.
Name of school	Is Youth currently enrolled here?
Current Grade Has Youth ever be	een retained? Which Grades?
School Behavior Rating: 0= poor 1= fa	ir 2= good 3= excellent
AchieverAttendance	Peer Relationships
Work Habits Independent Worker	Appropriate Behavior
Adjusts to Change Staff Relationships	Extra Curricular Involvement

Has school provided any addi Please specify	tional services to this child? (cou	nseling, health services, tutoring, etc.)
	ducation Classification, Resource	Room, Remedial or Supplemental help?
List all schools child has atter		The second secon
Name	Address	Dates Attended
Medical History a. Medical History: I youth has had. Ple		lizations, accidents, injuries, operations
b. Childhood Illnesse Chicken Pox Measles Mumps German Measl	es: Check if the youth has had any es	y of these illnesses.
c. Allergies: List any	allergies your child has.	

d.	Is your child on any	medication :	at this time? Give reason and dosage.	
e.	Does your child we	t the bed? If s	so, how often and under what circumsta	ances.
f.	Personal Information	on:		
	Height _			
	Weight _			
	Hair Color			
	Eye Color			
g.	Last physical exam	: date	Doctor	
h.	Last dental exam:	date	Doctor	
i.	Last vision exam:	date	Doctor	

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	THIS PAGE ONLY: After Submission, this page will be faxed or emailed back to you for
Social Security Number	a physical signature. Must be faxed back to (870) 793-9012 or email to admissions@youthranches.com before an interview can be scheduled.
Date of Birth	
	Signature of Parent/Legal Guardian
	Fax or Email To Be Sent To

Date

Signature Page

Name:		
Address:	City, State, Zip Code:	
Phone Number:		
Relationship to the Child:		
Who referred you to the Arkansas Sheriff's Yo	outh Ranches, Inc.?	
I certify that the information given on t best of knowledge.	the preceding pages is true, complete, and accurate to the	
Electronic Signature	Date	