



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 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

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

_____ Testing, Discharge summaries, Progress notes

_____ Signed Consent for Release of Information

_____ 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).



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

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

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

- Chicken Pox _____
- Measles _____
- Mumps _____
- German Measles _____

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 wet the bed? If so, how often and under what circumstances.

f. Personal Information:

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

Social Security Number

Date of Birth

THIS PAGE ONLY: After Submission, this page will be faxed or emailed back to you for a physical signature. Must be faxed back to (870) 793-9012 or email to admissions@youthranches.com before an interview can be scheduled.

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 Youth Ranches, Inc.?

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

Electronic Signature

Date