Flying H Youth Ranch
370 Flying H Loop
Naches, WA 98937
Phone: 509-658-2990
Email: familyservices@flyingh.org

**PLEASE ATTACH A CURRENT PICTURE OF YOUR SON HERE**

# ADMISSION APPLICATION

*(Please Complete Forms in Detail)*

Please type or print clearly. Date: _____

Person filling out this form: _____ Relationship to boy: _____

**Applicant Information**

Name of your son: _____ S.S.#: _____ Age: ___

Birthplace: _____ Birthday: ____/____/____ Current Grade Level: ___

Ethnicity: _____ Natural Child? _____ Adopted? _____ When? _____

Religious Affiliation (*Denomination*): _____

Is your son currently living at home? _____ If no, please explain _____

_____

_____

_____

Has your son had previous placements outside the home? _____

If yes, please list other programs, schools, family members, and hospital or other institutions:

| Facility/Address | Date | Reason for intervention |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Parent Information:** *(If deceased, please note date and cause)*

**Father's Name:** _____ Age: _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Cell Phone: _____ E-Mail: _____

Occupation: _____ Highest Grade Completed: ____ S.S. #: _____

Religious Affiliation (*Denomination*): _____

**Mother's Name:** _____ Age: _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Cell Phone: _____ E-Mail: _____

Occupation: _____ Highest Grade Completed: ____ S.S. #: _____

Religious Affiliation (*Denomination*): _____

Who currently has custody of your son? _____

**Stepfather's Name:** _____ Age: _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Cell Phone: _____ E-Mail: _____

Occupation: _____ Highest Grade Completed: ____ S.S. #: _____

Religious Affiliation (*Denomination*): _____

**Stepmother's Name:** _____ Age: _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Cell Phone: _____ E-Mail: _____

Occupation: _____ Highest Grade Completed: ____ S.S. #: _____

Religious Affiliation (*Denomination*): _____

Please give the following information for each member of your family who lives in your home and or/ immediate family members:

| NAME | AGE: | RELATION | CURRENTLY LIVING WITH |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Person to Notify in case of emergency** *(other than parents)*

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

**Social History** *(Please describe the personality of your son in the following phases)*

Birth to six years old: _____

Six to twelve: _____

Twelve to present: _____

**Present Problems**

What are your son's current behavioral problems? _____

_____

_____

_____

_____

What are your son's current emotional problems? _____

_____

_____

_____

_____

What is currently being done about these problems? _____

_____

_____

_____

_____

**Family Relationships**

Please describe your son's past and present relationship with:

Father: _____

_____

_____

_____

Mother: _____

_____

_____

_____

_____

Stepfather: _____

_____

_____

_____

Stepmother: _____

_____

_____

_____

Siblings: _____

_____

_____

_____

Please describe any other significant relationships with family members your son may have: _____

_____

_____

_____

_____

Is there any history of emotional, medical, or physical problems in the family? _____

_____

_____

_____

_____

**Divorce/Separation History**

Are parents divorced? _____ If yes, when? _____ How old was your son at the time? ____

Has the divorce been an issue for your son? _____

_____

_____

_____

Who has custody of your son? _____

Any past or current divorce/custody battles? _____

Have parents remarried? _____ If yes, who and when? _____

_____

_____

Has the remarriage been an issue for your son? _____

Has your son or family had history of relocation? _____ If yes, date and reason: _____

_____

Effects on your son: _____

_____

_____

_____

**Adoption**

Was your son adopted? _____ If yes, when? _____ Age at adoption: _____

Where was your son adopted from? _____

Did your son have any previous adoption homes? _____ If yes, how many? _____

Were there any special circumstances leading up to the adoption? Explain: _____

_____

_____

_____

Has the adoption been an issue for your son? _____

_____

_____

_____

Does your son know information about his biological parents? _____

_____

_____

Have his biological parents been involved? _____ If so, how and when? _____

_____

_____

_____

**Behavioral History**

Has your son ever demonstrated aggressive or violent behavior? _____ If yes, please explain: _____

_____

_____

_____

Has your son had any involvement with the legal system? _____ If yes, please explain: _____

_____

_____

_____

Has your son ever talked about, threatened, or tried to commit suicide? _____ If yes, please explain: ___

_____

_____

_____

History of self-mutilation: _____

_____

_____

_____

Has he had any changes in behavior and/or mood? (*sad, anxious, withdrawn, angry, etc.*) _____

_____

_____

_____

When did these changes occur? _____

Has he had any abnormal thoughts? _____

_____

_____

_____

Please describe the history of any specific disorder (*depression, behavioral, eating disorders, etc.*) that your son has had: _____

_____

_____

_____

_____

Please check any of the following characteristics that applied to your son growing up or currently. If current behavior, please denote with a C:

| | | | |
|---|---|---|---|
| | Shy or Timid | | Strange thoughts |
| | Withdrawn | | Difficult to control |
| | Daredevil behavior | | Often aggressive with others |
| | Bedwetting | | Loner |
| | Cruel to animals | | Destructive |
| | Played with fire | | Disliked being touched |
| | Basically an unhappy child | | Restless |
| | Witness to violence/abuse | | Let self be pushed around |
| | Fear of losing control | | Gang involvement |
| | Verbal/emotional abuse | | Physical abuse |
| | Other | | Other |
| | | | |

If your son has ever run away, please answer the following questions:

How many times has your son run away: _____ When? _____ Alone? _____ With whom? _____

How long was your son gone? _____

Did your son telephone home? _____

Distance traveled: _____ City: _____ State: _____

Stay with relatives? _____ Friends? _____

How were his needs met (*stealing, pan-handling, friends, other*)? _____

What was the reason for running away? _____

_____

_____

_____

_____

Explain circumstances of your son's return home: _____

_____

_____

_____

_____

Was your son involved in illegal activities? _____ If yes, describe in detail: _____

_____

_____

_____

_____

**Runaway Information**

Hair Color: _____ Eye Color: _____ Birthmarks, Scars, Tattoos: _____

Please list friends or relatives your son might try to contact (*include phone numbers*):

_____

_____

_____

_____

**Social Relationships**

Please explain:

Does your son make friends easily, or have difficulty making friends? _____

Does your son prefer to be alone? _____

Does your son get along well with others? _____

Does your son have more friends his age, or older or younger? _____

_____

Does your son have more friends of the same sex or the opposite sex? _____

Has your son recently changed friend groups, or stopped hanging out with long time friends? _____

_____

_____

What type of peer group does your son spend time with? _____

What are your feelings about these choices? _____

_____

**Sexual History**

To your knowledge has your son been sexually active? (*Please describe history, frequency, patterns, etc.*)

_____

_____

_____

_____

To your knowledge has your son had any sexual problems? _____

_____

Has your son exhibited any sexual identity issues and/or inappropriate sexual behavior (*i.e. sexual acting out or perpetration*)? _____

_____

_____

_____

_____

To your knowledge has your son ever been sexually abused or raped? _____

_____

_____

_____

_____

**SON'S HISTORY OF ABUSE (SEXUAL, PHYSICAL, AND EMOTIONAL)**

*Specify whether victim or offender

_____

_____

_____

_____

**Specific History of Abuse** (*Please list the Dates, Duration, Frequency, Treatment*)

Incest: _____

_____

_____

Rape: _____

_____

_____

Molestation: _____

_____

_____

Sexual Perpetration: _____

_____

_____

Physical Abuse: _____

_____

_____

Verbal/Emotional Abuse: _____

_____

_____

Neglect: _____

_____

_____

Legal measures taken: _____

_____

_____

_____

_____

_____

_____

Son's behavior, attitude and defense exhibited: _____

_____

_____

_____

_____

_____

_____

Degree of family involvement in the son's abuse treatment: _____

_____

_____

_____

_____

**Substance Abuse Use**

Has your son ever used tobacco, drugs or alcohol? _____ Please describe history, usage, frequency, types, interventions, etc. _____

_____

_____

_____

_____

_____

_____

Family History of substance abuse: _____

_____

_____

_____

_____

Current substance **use,** not necessarily abuse in the home (*including tobacco and alcohol*) _____

_____

_____

**Medical Information**

Please list all doctors and other professionals (*i.e. general physicians, psychiatrists, psychologists, education, etc.*) who have examined and/or treated your son (*please use additional paper if needed*):

Name: _____

Address: _____

Nature of Services: _____

Age when seen: _____ Date seen (mm/yy): _____

Name: _____

Address: _____

Nature of Services: _____

Age when seen: _____ Date seen (mm/yy): _____

Name: _____

Address: _____

Nature of Services: _____

Age when seen: _____ Date seen (mm/yy): _____

**Medication**

Allergies: _____

Please list any past/present medications (*use additional paper if needed*):

Medication: _____

Doctor Prescribing: _____

Reason for prescribing: _____

Reason for discontinuing/side-effects: _____

Dates: _____

Medication: _____

Doctor Prescribing: _____

Reason for prescribing: _____

Reason for discontinuing/side-effects: _____

Dates: _____

Medication: _____

Doctor Prescribing: _____

Reason for prescribing: _____

Reason for discontinuing/side-effects: _____

Dates: _____

Medication: _____

Doctor Prescribing: _____

Reason for prescribing: _____

Reason for discontinuing/side-effects: _____

Dates: _____

Medication: _____

Doctor Prescribing: _____

Reason for prescribing: _____

Reason for discontinuing/side-effects: _____

Dates: _____

To adequately understand the parent/son relationship and its impact on your son, it is very important that we know of any family therapy. Please list all psychiatric, psychological, and/or marriage and family therapy in which the family members have participated:

Name of Therapist: _____

Address: _____

Nature of Services: _____

What was addressed: _____

Frequency: _____ Dates: _____ Duration: _____

Family members who participated: Father _____ Mother _____ Son _____ Other Siblings: _____

Name of Therapist: _____

Address: _____

Nature of Services: _____

What was addressed: _____

Frequency: _____ Dates: _____ Duration: _____

Family members who participated: Father _____ Mother _____ Son _____ Other Siblings: _____

Name of Therapist: _____

Address: _____

Nature of Services: _____

What was addressed: _____

Frequency: _____ Dates: _____ Duration: _____

Family members who participated: Father _____ Mother _____ Son _____ Other Siblings: _____

Please list any past/present medical concerns or conditions of family members which may affect your son or family relationships: _____

_____

_____

_____

**Additional Information**

Have there been any unusual circumstances in your son's life which have been hard for him to accept?

Have there been any deaths of family or friends that have greatly impacted your son?

What does **your son** believe his current problem to be?

What are your expectations of placement at the Flying H Youth Ranch?

What do you see your son's estimated length of stay?

How do you plan to be involved in your son's growth while he is at the Flying H Youth Ranch?

What is your son's perception of being placed at the Flying H Youth Ranch?

What do you see as your son's – and ultimately your family's goal – of sending him to the Flying H Youth Ranch? _____

_____

_____

_____

_____

Please attach any other pertinent information which would be helpful to our Staff in understanding your current situation, or which would help us in our assessment of your family's participation in the Flying H Youth Ranch program.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What are your son's special needs and strengths in each of the following areas:

**PHYSICAL**

Needs: _____

_____

_____

_____

Strengths: _____

_____

_____

_____

**FAMILIAL**

Needs: _____

_____

_____

_____

Strengths: _____

_____

_____

_____

**EDUCATIONAL**

Needs: _____

_____

_____

_____

Strengths: _____

_____

_____

_____

**SPIRITUAL**

Needs: _____

_____

_____

_____

Strengths: _____

_____

_____

_____

**SOCIAL**

Needs: _____

_____

_____

_____

Strengths: _____

_____

_____

_____

**PSYCHOLOGICAL**

Needs: _____

_____

_____

_____

Strengths: _____

_____

_____

_____

**EDUCATIONAL HISTORY**

Please describe your son's school performance (*grades, relationship with teachers, classroom behavior*):

Kindergarten to 6th grade: _____

_____

_____

_____

_____

Junior High School (7th and 8th grade): _____

_____

_____

_____

_____

High School (9th – 12th grades): _____

_____

_____

_____

_____

Has your son had difficulties in school? _____ If yes, what? _____

_____

Has your son ever received any type of remedial instruction? _____ If yes, which grades and classes, explain: _____

_____

_____

_____

_____

Has your son ever had an IEP (Individualized Educational Plan) or special education placement (*resource room, content mastery, etc.*)? _____ If so, please attach any assessment information. _____

_____

_____

Has your son ever been diagnosed with ADD or ADHD? _____

_____

Does your son suffer from poor eyesight, hearing loss, speech impediment, etc.? _____ If yes, please explain: _____

_____

Has your son ever repeated grades? _____ If yes, which ones? _____

Has your son ever skipped grades? _____ If yes, which ones? _____

Has your son ever been suspended or expelled? _____ If yes, when? _____

Please explain: _____

_____

_____

_____

_____

| Name of Schools Attended | Grade | Year | Reason for Leaving |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Current Grade: _____ Still Attending? _____ Last Grade Completed? _____

Name of Current School: _____ Phone: _____

Address _____ City _____ State ___ Zip _____

School Counselor: _____

What do you perceive as your son's current academic needs? _____

_____

_____

_____

_____

**Please attach <u>transcript</u> and home schools <u>graduation requirements</u> if in High School, otherwise the most <u>current grade card.</u>**

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# ADOLESCENT APPLICATION

(*To be filled out by your son*)

Date: _____

Name: _____ Age: _____ Birthdate: _____/_____/_____

Home Address: _____

City: _____ State: ____ Zip: _____ Phone #: _____

1. What do you see as the current problem? _____

_____

_____

2. Why do you think there is a need for an intervention outside the home? _____

_____

_____

3. Is there anyone in your family that you feel understands you? _____

_____

_____

4. How do you get along with your Father? _____

Mother? _____

Sister? _____

Brother? _____

5. Who do you like most in your family? _____

_____

6. Who do you like least in your family? _____

_____

7. What do you like best about your family? _____

_____

8. What do you like least about your family? _____

_____

9. Do you like school? _____

10. What is your favorite subject in school? _____

_____

11. What do you dislike about your school? _____

_____

12. Do you find it difficult to make friends? _____

_____

13. What do you most like about yourself? _____

_____

_____

14. If there was one thing you could change about yourself, what would it be? _____

_____

_____

15. What are your feelings about leaving home and being a part of the Flying H Youth Ranch program?

_____

_____

16. Do you think you need to be separated from your present situation? _____ Why? _____

_____

_____

17. Is there anything you would like to add that might help us to understand you better? _____

_____

_____

18. In what way do you think the Flying H Youth Ranch could be a benefit to you? _____

_____

_____

19. Describe yourself. _____

_____

_____

_____

_____

_____

_____

_____

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# MEDICAL HISTORY

(*To be filled out by parent*)

Son's Name: _____ Age: _____ Date of Birth: _____/_____/_____

Social Security Number: _____

**Childhood Information:**

Pregnancy and Childbirth. List any problems while carrying your son (*illnesses, medication, emotional trauma*) and the type of birth:

_____

_____

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

_____

_____

Medical History. List any serious illnesses, hospitalizations, accidents, injuries, or operations your son has had. Please list dates:

_____

_____

Does your child have or have they experienced the following? (*Check all that apply*)

| | | | |
|---|---|---|---|
| | Dizziness or fainting spells | | Constipation or diarrhea |
| | Frequent or migraine headaches | | Pain or bleeding during bowel movements |
| | Skin allergies or rashes | | Unexplained weight change |
| | Warts or sores | | Rheumatism |
| | Chest pain or shortness of breath | | A rupture or hernia |
| | Spitting or coughing up blood | | Pain in the back, neck, or joints |
| | Sweating at night | | Difficulty walking, running, or lifting |
| | Stomachaches or indigestion | | Heart trouble or disease |
| | Urinary bleeding, frequent urination | | Diabetes or sugar in the urine |
| | Bedwetting | | Goiter or thyroid disease |

**MEDICAL HISTORY** (continued)

| | | | |
|---|---|---|---|
| | High blood pressure | | Venereal disease |
| | Excessive bleeding | | Tumor, growth, cyst, or cancer |
| | Hemophilia | | A knee or ankle injury |
| | An ulcer | | Rheumatic fever |
| | A back injury or deformity | | Anemia |
| | Scarlet Fever | | Pneumonia |
| | Seizures, convulsions, or epilepsy | | Appendicitis |
| | Kidney disorder | | Ear infection |
| | Frequent colds | | Mumps |
| | Chicken Pox | | Polio |
| | Typhoid | | Measles |
| | Arthritis | | |

Has your son been tested for HIV? _____ If, yes, did he test positive _____ or negative _____?

Date of test: _____. Please attach a copy of the test results.

Has your son been tested for Hepatitis B _____ and/or Hepatitis C _____?

If yes, did he test positive _____ or negative _____ for Hepatitis B and/ or Hepatitis C? _____

Date(s) of test(s): _____. Please attach a copy of the test results.

If your son has not been tested for HIV, Hepatitis B and/of Hepatitis C, prior to entrance to the program we will need current test results.

Childhood Illnesses. Check if your son has had:

1. Chicken Pox Age: _____
2. Measles Age: _____
3. Mumps Age: _____
4. German Measles Age: _____
5. Other: Age: _____

Does your son have any physical limitations? _____ If yes, please explain: _____

_____

Allergies: Is your son allergic to any drugs, food, plants, etc.? _____ If so, please list: _____

_____

Is your son on any prescription or over the counter medications at this time? Give reason and dosage:

_____

_____

If your son is accepted and is currently taking medications, we require that you do the following:

1.Please bring at least a 45 day supply of the medication to the Intake Interview. Please keep all medications in their original prescription bottles.

2.The prescription directions must state correctly how the medicine is administered, i.e. if the medication is given as needed, the directions must state that.

3. If topical medication is self-administered, the Flying H Youth Ranch must have a note from the physician stating that your son can self-administer the medication. This is a state standard.

**MEDICAL HISTORY** (continued)

Family History. Has your father, mother, sister, brother, or children had any of the following:

Diabetes _____ Depression _____

Tuberculosis _____ High Blood Pressure _____

Heart Disease _____ Emotional Disorders _____

List any fractures your son has had and age they occurred:

_____

Son's Personal Information:

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Glasses or Contacts? _____

Corrective Shoes? _____

Hearing Difficulty? _____

Speech Impairment? _____

Braces (orthodontic)? _____

Give dates of the following:

Last Physical Exam: _____

Last Dental Exam: _____

Last Vision Exam: _____

***Please attach a copy of your son's insurance/medical card and any written prescriptions.***

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**FLYING H YOUTH RANCH PERSONAL DATA INVENTORY FORM**
***(Separate forms must be filled out by each parent and son)***

**Name _____**
**Phone _____**

**RELIGIOUS BACKGROUND:**

**Denominational preference _____**
**Church _____**

**Member: ___Yes ___No Church Attendance per month (circle) 0 1 2 3 4 5 6 7 8 9 10+**
**Church Attendance in childhood _____**
**Were you baptized? ___Yes ___No**
**Religious background of spouse (if married)**
**_____**
**Do you consider yourself a religious person? ___Yes ___No ___Uncertain**
**Do you believe in Jesus Christ? ___Yes ___No ___Uncertain**
**Do you pray to God in the name of Jesus? ___Never ___Occasionally ___Often**
**Are you saved: ___Yes ___No ___Not sure what you mean**
**How much do you read the Bible? ___Never ___Occasionally ___Often**
**Do you have regular family devotions? ___Yes ___No**
**Explain recent changes in your religious life, if any:**
**_____**
**_____**

**PERSONALITY INFORMATION:**

**Have you ever had psychotherapy or counseling? ___Yes ___No**
**If yes, list counselor and dates**
**_____**
**What were the issues?**
**_____**
**What was the outcome?**
**_____**

**CIRCLE ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBES YOU NOW:**

**active ambitious self-confident persistent nervous hardworking impatient impulsive moody often-blue excitable imaginative calm serious easy-going shy good-natured introvert extrovert likeable leader quiet hardboiled submissive self-conscious lonely sensitive other: _____**

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1) **What is the main problem as you see it? (What brings you here?)**

_____
_____
_____

2) **What have you done about it?**

_____
_____
_____

3) **What do you want us to do about it?**

_____
_____
_____