

RODEHEAVER BOYS RANCH, INC.

380 Boys Ranch Road

Palatka, Florida 32177

Phone 386-328-1281

APPLICATION FOR ADMISSION

SUBMIT THE FOLLOWING WITH THE COMPLETED APPLICATION:

1. Psychological evaluation
2. Latest report card
3. Most recent academic testing
4. Photograph
5. Juvenile justice records (If applicable)

THE FOLLOWING WILL BE REQUIRED FOR ADMISSION:

1. Physical examination
2. Medical/Dental insurance ID card
3. Certified copy of birth certificate
4. Social Security Card
5. Immunization record
6. Custody Documents
7. Registration fee of \$250.00
8. All items on needs list
9. \$50.00 (min.) to establish boy savings account

RODEHEAVER BOYS RANCH

"It is better to build boys than to mend men"

ATTACH PHOTO HERE

Fill out all applicable sections completely.

APPLICANT (CHILD) INFORMATION

Full Name _____ Social Security Number _____

Date of Birth _____ Place of Birth _____
Month/Day/Year City State

Current Address _____
Street City State Zip County

Last school grade successfully completed _____ Age _____ Height _____ Weight _____

Allergies _____

Current prescription medication _____

Reason for medication _____

List all diagnosed behavioral disorders and attach documentation _____

APPLICANT BACKGROUND INFORMATION

Answer yes or no to the following. If yes, provide amplifying information on back page of application.

Does applicant have a record or history of:

- | | | | |
|--|-------|------------------------------------|-------|
| 1. Playing with fire or acts of arson? | _____ | 2. Bed-wetting? | _____ |
| 3. Cruelty to animals? | _____ | 4. Aggressive or violent behavior? | _____ |

BACKGROUND (cont)

- | | |
|--|--|
| 5. Learning disabilities? _____ | 6. Juvenile criminal record? _____ |
| 7. Special medical needs? _____ | 8. Homosexual behavior? _____ |
| 9. Running away from home? _____ | 10. Being sexually abused? _____ |
| 11. Being emotionally abused? _____ | 12. Being neglected? _____ |
| 13. Drug or alcohol use? _____ | 14. Tobacco use? _____ |
| 15. Divorce of parent or guardian? _____ | 16. Death of parent or guardian? _____ |

PARENT or LEGAL GUARDIAN INFORMATION

Person legally authorized to place boy at Rodeheaver Boys Ranch. For joint custody see insert.

Name _____ SSN _____ DOB _____

Relation to child (father, adoptive mother, grandparent, etc.) _____

If other than natural parent how did you become guardian? _____

_____ Date you became guardian _____

Address _____
Street City State Zip County

Home phone _____ Work phone _____ Fax _____

Employer _____ How long? _____

Employer address _____ Phone _____

Second parent or spouse of legal guardian Email: _____

Name _____ SSN _____ DOB _____

Relation to child (stepfather, stepmother, grandparent, etc.) _____

If other than natural parent how did you become guardian? _____

_____ Date you became guardian _____

Address _____
Street City State Zip County

Home phone _____ Work phone _____ Fax _____

Employer _____ How long? _____

Employer address _____ Phone _____

OTHER CHILDREN IN HOME OF GUARDIAN

List names and ages of other children in the home

1 _____ 2 _____

3 _____ 4 _____

Do these children receive any income? _____ If yes, what is the monthly amount? _____

FINANCIAL INFORMATION

Legal guardian family monthly income (include all household income):

	Guardian	Spouse	Child
Salaries	\$ _____	\$ _____	
Pensions	\$ _____	\$ _____	
Disability income	\$ _____	\$ _____	
Social Security	\$ _____	\$ _____	
Child Support	\$ _____	\$ _____	
Other income	\$ _____	\$ _____	
Social Security			\$ _____
Other income			\$ _____
Total Monthly Income	\$ _____	\$ _____	\$ _____

Medical/Dental Insurance

Insurance company: _____

Policy Number: _____

Name of policyholder: _____ Relation to child _____

Coverage: Medical _____ Prescription drugs _____ Dental _____ Other _____

Attach claim forms and any special instructions if applicable. Include name, address, and phone number of person responsible for co-payment if other than guardian.

BIRTH PARENT INFORMATION

(Required if birth parent is not legal guardian but has an established relationship with child)

Father _____ SSN _____ DOB _____

Address _____
Street City State Zip County

Home phone _____ Work phone _____ Fax _____

What is birth parents involvement with child? _____

Does birth parent provide financial support for applicant child? _____ If yes, what is the monthly amount? _____

Mother _____ SSN _____ DOB _____

Address _____
Street City State Zip County

Home phone _____ Work phone _____ Fax _____

What is birth parents involvement with child? _____

Does birth parent provide financial support for applicant child? _____ If yes, what is the monthly amount? _____

If more space is needed for any section continue on insert included with this application.

BACKGROUND-Amplifying information for "yes" answers on page 1 and 2 _____

LIFE HISTORY-Narrative of boy's life to include present problems between boy and guardian _____

SPECIFIC REASONS FOR PLACING CHILD AT RODEHEAVER BOYS RANCH _____

SPECIFIC GOALS YOU HAVE FOR CHILD'S FUTURE _____

EXPECTED INVOLVEMENT OF PARENT IN REACHING GOALS _____

All of the information that I have given in this application is true to the best of my knowledge.

Signature (required) _____

Date _____

Witness signature _____

Date _____

This section for ranch administrative use.

App. received _____

Date _____

Initials _____

App. to admissions committee _____

Date _____

Initials _____

Admissions Committee: Approve/Disapprove _____

Signature _____

Date _____

Interviewer: Approve/Disapprove _____

Signature _____

Date _____

Notes _____

FOR COURT ORDERED JOINT CUSTODY INCLUDE INFORMATION ON BOTH CUSTODIAL FAMILIES.
USE THIS INSERT FOR SECOND FAMILY.

PARENT or LEGAL GUARDIAN INFORMATION FOR JOINT CUSTODY

Name _____ SSN _____ DOB _____

Relation to child (father, adoptive mother, grandparent, etc.) _____

If other than natural parent how did you become guardian? _____

_____ Date you became guardian _____

Address _____

Street City State Zip County

Home phone _____ Work phone _____ Fax _____

Employer _____ How long? _____

Employer address _____ Phone _____

Spouse of joint legal guardian

Name _____ SSN _____ DOB _____

Relation to child (stepfather, stepmother, grandparent, etc.) _____

If other than natural parent how did you become guardian? _____

_____ Date you became guardian _____

Address _____

Street City State Zip County

Home phone _____ Work phone _____ Fax _____

Employer _____ How long? _____

Employer address _____ Phone _____

FINANCIAL INFORMATION

Joint legal guardian family monthly income (include all household income):

	Guardian	Spouse	Child
Salaries	\$ _____	\$ _____	
Pensions	\$ _____	\$ _____	
Disability income	\$ _____	\$ _____	
Social Security	\$ _____	\$ _____	
Child Support	\$ _____	\$ _____	
Other income	\$ _____	\$ _____	
Social Security			\$ _____
Other income			\$ _____
Total Monthly Income	\$ _____	\$ _____	\$ _____

OTHER CHILDREN IN HOME OF JOINT LEGAL GUARDIAN

List names and ages of other children in the home

1 _____ 2 _____

3 _____ 4 _____

Do these children receive any income? _____ If yes, what is the monthly amount? _____

FOR COURT ORDERED JOINT CUSTODY INCLUDE INFORMATION ON BOTH CUSTODIAL FAMILIES
USE THIS INSERT FOR SECOND FAMILY

IF MORE SPACE IS NEED FOR APPLICATION USE THIS INSERT

PARENT or LEGAL GUARDIAN INFORMATION FOR JOINT CUSTODY

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

County _____

Home phone _____

Work phone _____

Employer _____ How long? _____

Employer address _____

Relationship to child (stepfather, stepmother, grandparent, etc.) _____

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

County _____

Home phone _____

Work phone _____

Employer _____ How long? _____

Employer address _____

Relationship to child (stepfather, stepmother, grandparent, etc.) _____

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

County _____

Home phone _____

Work phone _____

Employer _____ How long? _____

Employer address _____

Relationship to child (stepfather, stepmother, grandparent, etc.) _____

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

County _____