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) INFORMATIO	N
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Full Name	Social Security Number						
Date of Birth	Place of Birth		,				
Date of BirthMonth/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		rmation on bacl	c page of a	application.			
Does applicant have a record or history of:							
Playing with fire or acts of arson?	2. Bed-	wetting?					
3. Cruelty to animals?	4. Aggr	essive or violent	behavior?				

6. Juvenile criminal record? 5. Learning disabilities? 8. Homosexual behavior? 7. Special medical needs? 10. Being sexually abused? 9. Running away from home? 11. Being emotionally abused? 12. Being neglected? 14. Tobacco use? 13. Drug or alcohol 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. 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 Home phone Work phone Fax Employer How long? Employer address ______Phone Second parent or spouse of legal guardian Email: SSN DOB Name 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 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 -3 Do these children receive any income? _____ If yes, what is the monthly amount?

BACKGROUND (cont)

FINANCIAL INFORMATION

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

Address Home phone What is birth parents involv Does birth parent provide from Mother Address S	Street Work phone mancial support for applicant child street Work phone	City SSN City Gray Gray Gray Gray City	State Fax , what is the many	Zip onthly a	mount? _ _DOB_	County
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Father	Street	SSN	State	Zip		County
Father		SSN				
Father		SSN				
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BIRTH PARENT INFOR						
Attach claim forms and any for co-payment if other than	y special instructions if applicable in guardian.	e. Include name, addi	ress, and phone	e number	r of perso	n responsit
Coverage: Medical	Prescription drugs	Dental	Other			
Name of policyholder:			Relation to chi	ld		
Policy Number:						
Insurance company:						
Medical/Dental Insurance	ce					
Total Monthly Income	\$\$	\$				
Social Security Other income		\$ \$				
Other income						
Social Security Child Support	\$\$					
	\$\$_					
Disability income	\$\$_					

pp. received Date Initials dmissions Committee: Approve/Disapprove		Date.	Initials
nn received			
his section for ranch administrative use.	Ann to ad	missions committee	
ignature (required)	Date ⁻	Witness signature	Date
ll of the information that I have given in this a	pplication is t	rue to the best of my knowledge.	
XPECTED INVOLVEMENT OF PARENT I	N REACHING	G GOALS	
PECIFIC GOALS YOU HAVE FOR CHILD'	S FUTURE_		
PECIFIC REASONS FOR PLACING CHILE	AT RODEH	EAVER BOYS RANCH	
IFE HISTORY-Narrative of boy's life to include	de present prob	blems between boy and guardian	

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 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 County Home phone Work phone Fax How long? Employer Employer address Spouse of joint legal guardian 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 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 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

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

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