

SALEM RANCH

Application for Admission

THIS IS A PERMANENT RECORD. Please answer every question on this application. If information is unknown, every effort should be made to obtain it. This record will be valuable in working with your child. Please use N/A (not applicable) if a question asked does not apply to your child. Please feel free to use additional paper to provide all information requested... THANK YOU!

PLEASE PRINT USING BLACK INK:

PART I— GENERAL INFORMATION

Name of Person Making Application: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Place of Employment: _____

Address: _____ Phone: _____

Relationship to Child: _____

Name of child for whom the application is being made: _____

Social Security Number: _____

Birth Date: _____ Birthplace: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Race/Ethnic Group (for record keeping purposes only.)

- Hispanic
- Native American
- Asian or Pacific Indian
- Black / African American
- White / Caucasian
- Other

Name and Relationship of Child's Guardian: _____

Address: _____

Phone (W): _____ (H): _____

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Assessment Checklist:

Check all that apply to your son:

- Traumatic events or changes in his/her life? (I.e. abuse, divorce, death, etc.)
- Inability to manage anger?
- Changes in behavior and/or mood? (I.e. sad, angry, withdrawn, etc.)
- Depressive symptoms? (i.e. weight loss, weight gain, excessive sleep, etc.)
- Problems getting along with others?
- Change in friends?
- Do you have reason to suspect that your child has used drugs or alcohol?
- Has your child disregarded family rules and parental guidance?
- Shown hostility toward other family members?
- Been physically assaultive toward adults or peers?
- Been verbally assaultive toward adults or peers?
- Had more frequent violent outbursts at home?
- Escaped consequences by manipulating people and situations?
- Had problems in school? (i.e. poor grades, challenging authority, etc.)
- Shown a tendency toward reckless behavior?
- Intentionally frightened others?
- Made threatening statements in writing?
- Implied that they might have a plan for violent or suicidal behavior?
- Implied that they have identified a target for violence?
- Been destructive to property?
- Had valuables suddenly appear in their possession?
- Shown a loss of interest in healthy activities and/or a general lack of motivation?
- Shown no concern about his/her future?
- Had gang involvement or gang 'wanna be' behavior?
- Shown inappropriate boundaries?
- Shown inappropriate sexual behavior with same or opposite sex?
- Run away?
- Self-injurious acts or threats such as cutting or mutilating self?
- Set fires/participated in arson?
- Other (specify) _____

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Family Information

Part I – Parental Information

Father

Father's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer: _____ Work Phone: _____

Birthdate: _____ Birthplace: _____

Highest grade completed in school: _____

Other Training: _____

If deceased, date of death: _____

Cause of death: _____

Can child have contact? _____

Mother

Mother's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer: _____ Work Phone: _____

Birthdate: _____ Birthplace: _____

Highest grade completed in school: _____

Other

Training: _____

If deceased, date of death: _____

Cause of death: _____

Can child have contact? _____

Who has legal custody of the child? _____

If neither parent has custody, has the court appointed a guardian? Yes No

If so, whom? _____

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Part II – Family Information

Is the child permitted contact with any other family member? Yes No

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Are you aware of any relatives or friends who might object to this placement?

Yes No If yes, list names and addresses of same and why they would object:

Please describe your family and support system (friends, relatives, etc). Also include significant events in your family that have impacted your child.

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Part III- Current Legal Status

Please describe child's history of legal charges. Include previous charges, pending charges, name of Probation/Parole Officer and disposition of charges:

No legal charges

Name of Probation/ Parole Officer: _____

Address: _____ Phone #: _____

Please describe your child's drug and alcohol history (include suspected use, previous treatment and outcome as well as current treatment or current substance abuse):

No previous treatment

Part IV- Community Agency Involvement

Please describe the manner in which various community agencies are currently involved with this family (include name of agency):

No community involvement

Please describe past involvement with community agencies:

No community involvement

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AUTHORIZATION FORM

Legal Authorization for _____

1. By signing below, I am giving authorization to Salem Ranch, a legal entity of Salem Children's Home, 15161 N. 400 East Road, Flanagan, IL 61740.
2. I herein affirm that I am in agreement with this enrollment in the Ranch Program at Salem and will cooperate to the best of my ability with the rules, regulations and administration as they relate to the training of _____.
3. I do hereby grant temporary custody of _____ to Salem Children's Home for the period of his enrollment in the Ranch Program. This means that Salem Children's Home will have the final say regarding your child as long as he is enrolled in our care.
4. I authorize any consultation by a legal professional as deemed by Salem Children's Home to protect the physical, emotional, and spiritual health of _____ and to directly or indirectly be responsible for all expenses incurred by the above authorized examinations or treatment. It is understood that I (we) shall be notified of any treatment and/or emergency care and agree to cooperate in executing any necessary doctor, hospital, or insurance forms as soon as I (we) have been notified of the necessity of the same.
5. I hereby affirm that I (we) will be financially responsible for _____ and will pay the amount as stated in the Financial Enrollment Agreement with Salem Children's Home.
6. I hereby give permission for all of _____ letters, phone calls, and communications to be monitored according to Salem Children's Home rules and policies.
7. As a Salem Children's Home student, it is assumed that, for the purpose of providing information concerning The Ranch Program, name and appropriate pictures of _____ may be used by Salem Children's Home.
8. As a parent, I agree to have my (our) names(s) and addresses given as a reference to other prospective Salem Children's Home parents and will honestly answer their questions.

Parent/Legal Guardian Date

Witness Date

Parent/ Legal Guardian Date

Witness Date

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PLACEMENT AGREEMENT

Between: _____ and Salem Children's Home
_____ 15161 N. 400 East Rd.
_____ Flanagan, IL 61740
_____ Placement Date: _____

Child's Name: _____, Birthdate: _____
Hereinafter call the youth.

This agreement, between Salem Children's Home, hereinafter called SCH or Salem Ranch, and _____, hereinafter referred to as the family. The following stipulations shall apply for the duration of the child's placement with SCH and shall be binding to all parties involved.

The guardian (s) of the child is: _____

Mailing Address: _____

Telephone: _____

And as guardian shall have primary and continuing responsibility for the child until released from SCH. The family, who is responsible for the child, shall maintain an active role in planning for the child during placement at SCH.

1. The tuition for placement in The Ranch Program is reflected in the current Program Cost document established by the SCH Board of Directors (attached to this agreement). This amount will remain in effect for the youth's entire stay even if the rate is raised during his stay. All monthly fees for the Ranch Program are payable in advance. Payment for one month is due on admission and on the same day each month as the day of admission. The monthly tuition fee covers the cost of room and board, regularly scheduled student workshops, and therapy as the Ranch Program determines.
2. I herein affirm that I am in agreement with this enrollment in The Ranch Program at Salem and will cooperate to the best of my ability with the rules, regulations and administration as they relate to the training of the youth.
3. I hereby affirm that I (we) will be financially responsible for the youth and will pay the amount stated in the attached Program Cost sheet.
4. Prior to placement the family shall provide Salem Ranch with a recent (within ninety (90) days) physical, dental, and eye examination.

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5. The family shall be responsible for replacement of clothing, regular school expenses, a small allowance for the child, and any personal needs. This may be done through the youth's Petty Cash account. The family is also responsible for all medical and dental examinations, drugs and authorized special services occurring during his placement in Salem Ranch.
6. The family shall provide adequate clothing at the initial placement and replace clothing as necessary. If, at the time of admission, the clothing of the child does not meet the youth's needs, Salem will purchase the clothing and withdraw the necessary funds from the Petty Cash account of the youth. The family agrees to keep the youth's Petty Cash account with sufficient funds for these purchases.
7. I do hereby grant temporary custody of the youth to SCH for the period of his enrollment in the Ranch Program. I authorize any consultation by a legal professional as deemed by Salem Children's Home to protect the physical, emotional, and spiritual health of the youth and to directly or indirectly be responsible for all expenses incurred by the above authorized examinations or treatment. It is understood that I (we) shall be notified of any treatment and/or emergency care and agree to cooperate in executing any necessary doctor, hospital, or insurance forms as soon as I (we) have been notified of the necessity of the same.
8. The youth and family shall be financially responsible for the cost of reparation or replacement of property that is damaged by the youth.
9. SCH shall have day-by-day responsibility of the child and provide casework and counseling services according to the child's needs.
10. SCH shall receive consent from the family prior to placement of a child away from SCH facility.
11. Salem has regularly scheduled breaks when the child will be on a home visit for a period of time. These home visits are part of the overall treatment program of SCH and an important part of the goal of returning the child home in a timely manner. Transportation to and from SCH and home shall be the responsibility of the parents. Parents are responsible for the tuition during these periods. There are no fee adjustments or reductions for any days or periods of time in which the student is not physically present at the ranch program, whether or not the student's absences are authorized by either the parents or the Ranch Program. Other home visits and vacation for the child shall be arranged individually with family.
12. The family understands that certain actions are prohibited on Salem and may result in police involvement. These actions include but are not limited to: assault against a peer or staff, excessive and malicious property damage, retail theft that occurs while a resident of Salem Ranch, and possession of illicit substances.

13. SCH has the right to establish policy regarding parental visits, participation in school and community activities.
14. A written notice shall be sent to the family requesting written consent for any of the following: baptism, driver's training permit, driver's license, marriage, and enlistment in armed forces and travel out of state.
15. As a Salem Children Home student, it is assumed that, for the purpose of providing information concerning The Ranch Program, name and appropriate pictures of the youth may be used by Salem Children's Home.
16. As a parent, I agree to have my (our) name(s) and addresses given as a reference to other prospective Salem Children's Home parents and will honestly answer their questions.
17. I hereby give permission for all of the youth's letters, phone calls, and communications to be monitored according to Salem Children's Home rules and policies. SCH has the right to supervise the use of the telephone and may withhold and/or open mail in the child's interest.
18. The family shall be notified promptly if the child becomes involved in serious trouble in school, with the police or other children, runs away, has caused personal or property damage or has a serious illness or accident.
19. Either party to this agreement may initiate a request for a conference about the child's adjustment, special problems or an anticipated change or termination of placement.
20. It is understood by both parties that the placement is intended for a minimum of nine (9) months and that termination of this placement can only be made my thirty days written notice or under sufficient emergency circumstances and the agreement of both parties. However, SCH may request immediate removal of child if it is felt it is the best interest of the child or SCH program.

1. Additional Arrangements:

I hereby certify that I have carefully read the contents of this agreement and will accept conditions and obligations as contained therein.

Name of family	SALEM CHILDREN'S HOME:
Parent/Legal Guardian	
Parent/Legal Guardian	Title
Date	Date
Witness	Date

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Placement Agreement

The following items constitute the terms and conditions of your placement at Salem Ranch.

1. I understand and agree to commit to a minimum placement at Salem Ranch beginning _____ and ending when my son completes the program.
2. **I understand and agree to the Salem Ranch no home visitation policy during Phase I (6 weeks).** Upon completion of Phase I, I understand that I am eligible for one home visit per month, depending upon my level. I understand that I am eligible for two home visits per month at Phase III and four per month on Phase IV. All home visits and on-site visits may be cancelled dependant on staff discretion.
3. If I should be discharged from Salem Ranch and/or choose to withdraw from the program prior to completing the program, the student will lose credit for any class work he is currently doing but has not yet completed.
4. If I receive three level 3 infractions, my placement at Salem Ranch may be terminated and all academic credit shall be revoked.
5. If I should choose to withdraw from Salem Ranch upon completing my one year commitment with the completion of all Illinois State requirements prior to graduation ceremonies, I would receive my High School diploma, however, I will not be eligible to return and participate with my graduating class.
6. Monthly Tuition Cost: \$4,200.00 (\$135.50/day) Approved Scholarship Amount:

Approved Students Monthly Tuition: _____

I have read the above agreement and understand the terms described. I agree to participate in accordance with the Salem Ranch Placement Agreement.

Parent Signature

Date

Student Signature

Date

Executive Director/ Residential Manager

Date

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PLACEMENT CONSENT OF PARENT OR GUARDIAN

This is an agreement between _____ and Salem Ranch,
(Parent or Guardian)

in the STATE of ILLINOIS, county of LIVINGSTON regarding _____.
(Name of Youth)

We the parent/guardian of the above named person agree to the following:

I agree that I will hold harmless and not bring suit against Salem Ranch or its agents or employees for any injury, harm or other dangers whether caused by its agents, employees, or by third parties.

This consent authorizes the use of pictures or other audio or visuals in which my child may appear or any other media in which said my child appear in promotions or productions which are connected with Salem Ranch or its ministries.

I consent that the staff of Salem Ranch may provide for examination and/or diagnostic procedures and may provide emergency surgery, counseling services, and/or medical or dental treatment or administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such examinations, diagnostic procedures, emergency surgery, administration of anesthetics or medical treatment is necessary for the mental or physical health of said child.

I further agree to be responsible for the total cost of any emergency, medical or dental needs.

I grant my child permission to travel to various Salem Ranch functions during his/her stay.
I understand that these activities may take him to other states.

In addition, I agree not to hold Salem Ranch liable for any accidents or injuries that occur while on the road or at any of these functions.

I have read and agree to abide by all of the above. I have also read, understand and give my consent to have my child governed by all policies, rules, and regulations of Salem Ranch. To the best of my knowledge, all statements in this application are completely true.

I affirm that I am the legal guardian of the above named person and that I have the authority to make this placement.

SIGNATURE OF YOUNG PERSON _____ SEAL

SIGNATURE OF FATHER _____ Not applicable

SIGNATURE OF MOTHER _____ Not applicable

SIGNATURE OF GUARDIAN _____

Signature of Notary _____ Signed before me on this date _____

My commission expires on _____

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**HIPAA PRIVACY PRACTICE ACKNOWLEDGEMENT
SIGNATURE FORM**

My signature is an acknowledgement of the receipt of the HIPAA Privacy Practice Notice from Flanagan Pharmacy. My signature also indicates acknowledgement for all minor children or those who have authorized me to act in their best interest.

Signature

Date

Please return as soon as possible.
Thank you.

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Statement of Religious Instruction

Many of today's teens are exposed to an environment of poor choices, immaturity, irresponsibility, disrespect, and lack of boundaries. In addition, their life events are, at times, magnified by different negative circumstances. Salem Ranch's approach to these events is sharing with the youth the love and accountability of Jesus Christ and by walking alongside them in their struggle.

Salem Ranch will not force any child to accept our Christian faith and/or doctrinal beliefs. However it is our desire to help them see the security and significance that they are seeking can be found in a personal relationship with Jesus Christ.

While at Salem Ranch, your youth will experience many Christian activities. These include devotional/quiet time, times where people verbally pray, collective chapel time, a Biblical approach to their counseling, and weekly church attendance. Your youth will also be offered opportunities to participate in Bible studies.

In order to teach self-control and unity of purpose, residents and Ranch Mentors will participate in these activities together on a regular basis. By signing this statement you are acknowledging your understanding of these activities and giving your permission for your child to participate in them. You are also acknowledging that you understand that it is an integral part of the Salem Ranch program for these activities to be conducted as a group and that individual accommodations such as going to different churches on Sunday morning or not going to church at all is beyond our program's latitude.

I have read the above statements and hereby give my permission for my child to participate in the religious instruction part of the Salem Ranch program.

Parent or Guardian

Date

Parent or Guardian

Date

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This is to inform that according to the law, employees of Salem Children’s Home are mandated reporters. What this means is that if we see something, which we believe to be neglect or abuse involving you or your family, we have to make a call reporting it to the Hotline of the Department of Children and Family Services.

Client Signature Date

Parent/Guardian Signature Date

Witness Date

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Items to Bring

It is the desire of Salem to have the residents dress as appropriately as possible. Therefore the following is a list of clothing to be brought with the residents upon admission to Salem Ranch.

Undergarments (socks, underwear, under shirts) (at least one weeks worth of each item)
1 or 2 pair pajamas
5 T-shirts (no tye-die; no inappropriate logos for example gang representation, drugs, cussing)
2 long sleeved work shirts
5 pair of work/plain jeans
1 pair of Khaki pants (for dress-up occasions.)
1 Button down shirt to match or go with Khaki pants
2 pair sweatpants
5 pair shorts
2 plain sweatshirts
1 lightweight casual jacket
1 coat for outside chores
1 stocking hat
1 pair of gloves for outside chores
2 pair of tennis shoes
Work boots suitable for work and riding
Slippers or bath sandals
Swim suit
Bathrobe
Clothes hamper
Towels/washcloths (minimum of 2)
Bible
Bedding for a twin bed (pillow, pillow case, top sheet, fitted sheet, blanket)
Toothbrush/toothpaste
Comb or brush
1 deodorant
1 bar of soap
Soap Dish

Important

Prior to admission parents should mark with permanent laundry pen or sewn-in fabric nametag using the child's first initial and last name.

All other necessary items will be purchased. As you student advances in the level system, he will be able to have additional personal items. Due to lack of sufficient storage space, please limit the items brought to those on the list.

If your son is on prescription medicine, please bring a month's work with you on the day of admission. **ALL PRESCRIPTIONS AND OVER THE COUNTER MEDICATIONS WILL BE LOCKED IN THE STAFF OFFICE AND DISPENSED BY QUALIFIED STAFF. THERE WILL BE NO SELF-MEDICATING BY THE RESIDENTS.**

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ITEMS NOT ALLOWED AT SALEM RANCH

Dew rags/bandanas
Tie-dye of any kind
Baggie jeans
Earrings or jewelry
Radios
Handheld electronic video games
Personal TV's/VCR's
Personal computers
Personal cell phones or pagers
Pornography or other suggestive material
Tobacco products
Alcohol or mood altering drugs
Matches or lighters
Weapons of any kind
Posters will be reviewed by Clinical Staff

IF ANY ITEMS THAT ARE INAPPROPRIATE ARE BROUGHT TO SALEM RANCH, THEY WILL BE RETURNED HOME.

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ADDITIONAL ITEMS NECESSARY FOR ADMISSION
TO SALEM RANCH PROGRAM

1. Copy of current insurance or medical card with any updates or changes forwarded to Salem as necessary.
2. Copy of client's social security card and birth certificate
3. Copy of school records or signed release form for Salem to request them from client's most recent school.
4. Dental Examination Record must be current (showing yearly check-up)
5. Immunization Records must be included with medical information.
6. Physician must complete physical form within 90 days of admission.

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Health Information

A. Physical Health

Does this child have any physical disabilities? Yes _____ No _____

If yes, please explain:

Has he received any medical attention over the past year? Yes _____ No _____

If yes, please specify:

Is he taking any medications at the present time? Yes _____ No _____

Please specify the medication, duration, and the condition being treated:

Date of last physical exam: _____ (must be within 90 days of admission to Salem)

Enclose copy

Are all immunizations current? _____ Enclose a copy of child's immunization record.

Physician's Name: _____ Phone #: _____

Address: _____

Does he have any allergies? Yes _____ No _____

If yes, please specify what allergies (food, medications, environment), how severe, and how treated:

Is there any family history of chronic illness or major health problems: Yes ____ No ____

If yes, please describe:

Will your insurance or HMO cover the Dr., Dentist, Optometrist, Psychiatrist or hospital that Salem uses? _____ If not, please list other arrangements made for medical care while your child is at Salem.

Mental Health

Please describe all previous counseling (include duration, diagnosis, and results):

No previous counseling ____

Please list any previous Psychiatric Hospitalizations (include date and duration):

No previous counseling ____

Date of last psychological and/or psychiatric exam reports: _____. (if applicable)
Enclose copies.

List any insurance policies that cover this child

Address: _____ Policy #: _____

Name of Policyholder: _____

Have you applied to any other programs?: _____

Where? _____

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History and Physical Form

Name: _____ Date of Birth: _____

Address: _____ Date: _____

Phone Number: _____

FAMILY HISTORY: PLEASE CIRCLE IF ANY BLOOD RELATIVE HAS SUFFERED ANY OF THE FOLLOWING:

- | | | | |
|----------------|---------------|-------------------|------------|
| 1) EPILEPSY | 6) THYROID | 11) OSTEOPOROSIS | 16) ANEMIA |
| 2) MIGRAINE | 7) HAY FEVER | 12) ARTHRITIS | 17) CANCER |
| 3) MENTAL ILL. | 8) ASTHMA | 13) HEART DISEASE | |
| 4) GLAUCOMA | 9) ALCOHOLISM | 14) BLEEDS EASILY | |
| 5) DIABETES | 10) STROKE | 15) HYPERTENSION | |

MEDICAL HISTORY: PLEASE CIRCLE ALL OF THE CURRENT PROBLEMS, CHECK AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING SYMPTOMS OR DISEASES.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Decreased Hearing | <input type="checkbox"/> Loss of Appetite- <i>recent</i> | <input type="checkbox"/> Cancer | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Ringing in Ear | <input type="checkbox"/> Difficulty Swallowing | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Ear Infections-frequent | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Persistent Nausea | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Failing Vision | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Stroke | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Eye Pain | <input type="checkbox"/> Abdominal Pain- <i>chronic</i> | <input type="checkbox"/> Tremor | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Double/Blurred Vision | <input type="checkbox"/> Gall Bladder Trouble | <input type="checkbox"/> Muscle Weakness | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Eye Infections-frequent | <input type="checkbox"/> Jaundice/Hepatitis | <input type="checkbox"/> Numbness | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Nose Bleeds- <i>recurrent</i> | <input type="checkbox"/> Change in Bowel habits | <input type="checkbox"/> Headaches-frequent | <input type="checkbox"/> Alcohol per week |
| <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Smoking per day |
| <input type="checkbox"/> Sore Throats- <i>frequent</i> | <input type="checkbox"/> Constipation | <input type="checkbox"/> Back Pain-recurrent | <input type="checkbox"/> Coffee/Tea per day |
| <input type="checkbox"/> Hay Fever/Allergies | <input type="checkbox"/> Colitis | <input type="checkbox"/> Bone Fracture | <input type="checkbox"/> Sleeping Difficulty |
| <input type="checkbox"/> Hoarseness- <i>prolonged</i> | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Gout | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Hernia | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Urine Infections | <input type="checkbox"/> Foot Pain | <input type="checkbox"/> Memory Loss |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Rashes | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Hives | <input type="checkbox"/> Bruise Easily |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Leg Pain |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Urethral Discharge | <input type="checkbox"/> Eczema | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Irregular Pulse | <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Moodiness | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Swollen Ankles | <input type="checkbox"/> Weight Loss-recent | <input type="checkbox"/> Nervousness | |

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HOSPITAL ADMISSIONS

Year	Illness or Operation

LIST ALL MEDICATIONS YOU ARE NOW TAKING

Medications	Allergies

TO THE PHYSICIAN: Please complete the following:

Height _____ in. Weight _____ lbs. Pulse _____ Blood Pressure _____

Vision: Left, 20/ _____ Right 20/ _____ Contact Lens _____ Glasses _____

NORMAL

ABNORMAL (describe findings below)

- Head**
- ENT**
- Teeth**
- Chest**
- Lungs**
- Heart**
- Abdomen**
- Genitalia**
- Neurological**
- Skin**
- Physical Maturity**
- Spine, back**
- Upper Extremities**
- Lower Extremities**

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

HCT _____

Dipstick _____

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SCHOOL HISTORY

Is your child currently enrolled in school? Yes ____ No ____

Name of School: _____ Grade: _____

Address: _____ Phone: _____

Special Education: Yes ____ No ____ Any Learning Disabilities: Yes ____ No

If yes, please describe:

Please describe your child's academic performance: _____

Please describe your child's attendance history: _____

Please describe your child's conduct/behavior at school: _____

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TO THE PHYSICIAN: The following tests and or information are MANDATORY for placement at Salem Ranch.

Date of last Tetanus Shot: _____

TB Test Results:

Hepatitis Test Results:

Any Comments:

Physician's Signature: _____

Date: _____

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**PHYSICIAN CONSENT FOR RESTRAINT
(Option 1 or 2)**

1. I have examined _____
and find no medical restrictions in the use of physical restraints by
qualified staff using the Therapeutic Crisis Intervention technique if
needed.

Physician Signature: _____

Date: _____

2. I have examined _____
and advise no use of physical restraints due to the following medical
restrictions:

Physician Signature: _____

Date: _____

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Psychological Authorization Release Form

To: _____

Address: _____

Dear Sir or Madam:

I do hereby authorize the release of the following records for

(Student)

(Social Security No. & Birth Date)

and/ or information with no limitation, which may include treatment for psychiatric illness, alcohol or drug abuse and HIV test results or AIDS/ARC diagnoses. A general authorization for release of information is not sufficient. I hereby authorize the release of the information to and for the sole use of:

The Ranch Program
Salem Children's Home
15161 N. 400 East Road
Flanagan, IL 61740
815-796-4561

Parent or Legal Guardian Signature Date

Student Signature (if required) Date

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*****Consent for the Release of Confidential Records*****

I, _____ parent of,
(Parent or Guardian)

(Student) Address _____

Authorize _____
(Program Making Disclosure)

to exchange with Salem Ranch the following information for the facilitation of education:

- Grade Reports
- Psychological Evaluations
- I.E.P.
- Behavioral Reports
- Medical
- Social History
- Speech and Handwriting
- Other _____

I understand that my records are protected under the Federal and State Confidentiality Laws and Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at anytime except to the extent that the action has been taken in reliance on it and that in any event this consent expires automatically as described below.

(Specification of the date, event, or condition upon which this consent expires)

I further acknowledge that the nature of this information to be released was fully explained to me and this consent was given of my own free will.

Student Name: _____ DOB: _____

Parent or Guardian: _____ Date: _____

Witness: _____ Date: _____

SALEM RANCH
*****Application for Admission*****

PERMISSION TO USE BEHAVIOR TREATMENT TECHNIQUES

I _____, the parent/guardian
of _____, have reviewed,
understand, and received a copy of Salem's Behavior Treatment Plan. I
understand that some techniques may involve physical touch and even restraint.
I grant permission for Salem to utilize the techniques as described in the Behavior
Treatment Plan, if necessary, in the best interest of my child.

Parent/Guardian

Date

Salem Representative

Date

SALEM RANCH
*****Application for Admission*****

Salem Children's Home
Serving Children and Families Since 1896
15161 N 400 East Road
Flanagan, IL 61740
Telephone: (815) 796-4561
Fax: (815) 796-4565

AUTHORIZATION FOR REQUEST FOR TRANSCRIPT

FROM: SALEM JR. AND SR. HIGH SCHOOL
SALEM CHILDREN'S HOME
15161 N. 400 East Road
Flanagan, IL 61740

The Illinois State Board of Education School Code requires that Salem Ranch Jr. and Sr. High school obtain all information including but not limited to highest grade level attained, grades received in each subject area, attendance records, medical/immunization records, academic achievement and aptitude test scores, awards/recognitions and recommendations, disciplinary records, teacher/administrator notes/evaluations/comments from all educational institutions which the student has attended (public, private, or military school). The records will be acceptable only if they are sent directly from the institution to the Salem Ranch Jr. and Sr. High School. **Copies may be accepted at the discretion of the principal.**

Please fill out a separate form for each institution your child has attended and return them to Salem Ranch.

_____ if box is checked and initialized; this form will also be used to obtain information from any other institution(s) not mentioned by name.

Name of Student: _____

Social Security No.: _____

Name of School _____

Address: _____

From _____ to _____ (Year and semester, spring, fall, etc)
(month/day/year) (month/day/year)

Include all items attended, even if they are not in consecutive order.

The following statement authorizes the Salem Ranch High School to receive all information that is requested.

I _____ give permission to send for all of the student's records previously mentioned above.

Parent/Signature: _____

SALEM RANCH
*****Application for Admission*****

WARNING, AGREEMENT TO OBEY INSTUCTIONS, RELEASE, ASSUMPTIONS OF RISK, AND
 AGREEMENT TO HOLD HARMLESS

The applicant, student and parent or guardian must read carefully and sign.
 (Please check only the sports you are not willing to have your student participate in.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Basketball | <input type="checkbox"/> Track |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Cross-country | <input type="checkbox"/> Swimming | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Hockey | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Water Sports/Boating | <input type="checkbox"/> Horsemanship |
| <input type="checkbox"/> Snow skiing | <input type="checkbox"/> Ropes Course | <input type="checkbox"/> Bikes/Skating |
| <input type="checkbox"/> Camping | <input type="checkbox"/> 4x4 Off-Roading | |

I am aware that playing or practicing to play/participate in any sport can be dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury or impairment to other aspects of my child’s body, general health and well being. I understand that the dangers of playing or practicing to play/participate in the above sport(s) may result not only in serious injury, but in serious impairment of my child’s future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

PARENT/GUARDIAN

I, _____ am the parent/legal guardian of _____
 (Student)

I have read the above warning and release and understand its terms, I understand that all sports can involve many risks of injury, including, but not limited to, those risks outlined above.

In consideration of Salem Ranch permitting me/my child to try out for the above sport(s) and to engage in all activities related to the team(s), including, but not limited to, practicing and playing/participating in that sport(s), I hereby agree to hold Salem Ranch collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the Salem Ranch athletic team(s). The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that football, wrestling, ice hockey, and baseball are all contact sports involving even greater risk of injury than other sports.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

SALEM RANCH
*****Application for Admission*****

*****Disclaimer for Personal Entertainment Devices*****

When your son reaches phase three of our program, he will be allowed to bring personal entertainment devices such as, but not limited to, ipods, mp3 players, Wii, PS 2, PS 3, Gamecube, and Xbox systems, along with the associated games for these systems. It is our belief that as your son works through our program, there are special privileges that he has earned, and it is our desire to reward him for earning these things.

However, these are generally very expensive items and are not easily replaced. These are also items that are a privilege for our boys to have, but are not part of their program, or something they need to have to complete our program and graduate.

These items also can become easy items for theft by other boys. We do our best to ensure this does not happen, and have several policies in place, one of which is bag inspections prior to boys leaving for home, to minimize this risk. But it does occasionally happen.

It is to be understood that your son is bringing these items to Salem of his own volition. In the event of loss or damage of these items, Salem will not reimburse or otherwise compensate families for these items. Therefore we ask that you carefully consider bringing these items to Salem.

By signing below, you indicate that you have read and are in agreement with the above statement and will not hold Salem liable for loss or damage to personal entertainment items that you or your son bring to Salem.

Child

Salem representative

Parent

SALEM RANCH

Discipline Policy

It is important for parents to understand that your son has come to Salem due to an inability to maintain appropriate behavior or academic performance at home. Due to the likelihood of this poor behavior continuing, at least in the short-term, it is vital at Salem that we maintain a discipline system to be used in the event the boys misbehave. This system is meant not only to maintain order, but also as an elevated system of consequences designed to simulate the real world to our boys. In the real world, consequences tend to start mild and build in severity. Our primary goal is to reach the boy's hearts, and at times this needs to be accomplished through real-life consequences for their actions. In an effort to have you understand how this is carried out at Salem, what follows is the typical course of action in our execution of this system.

Task Packets—Earned for minor infractions

Involves two-hours of physical work, such as scrubbing floors or walls, cleaning, pulling weeds, painting, etc. Boys are on packet until the assigned task is done and signed off, at which time they return back to their level for the day (gold, silver, or bronze).

Work or Written Packets—Earned for repetitive or major infractions

Involves either completing four hours of physical labor, as described above, or the completion of a written packet. These are reserved for repetitive and/or major violations, such as swearing at staff, refusal to follow instructions, theft, aggression, going AWOL, etc. The written packet is the primary form of discipline in this situation, but for various reasons the work packet may be used in lieu of the written packet. Some situations might be: written packets not changing behavior; the boy has extreme difficulty with writing due to a learning disability; answers on written packets indicate the packet is not being taken seriously, etc. When a packet is assigned, the boy is on packet level for 48 hours, and must score two consecutive silver or gold days in those 48 hours to get off packet. He is then on bronze for one day, and then returns to his scored level for the next day.

Ground Zero—Earned for refusal to work the program

There are rare times when the packet system is not deterring the negative behavior and we are put in a position where we need to increase the severity of the consequences. A boy is placed on Ground Zero by a majority decision of all staff. At that time, all of the boy's possessions, with the exception of hygiene items, any medications, three changes of clothes, and a bible are boxed up and placed in the custody of staff. The boy loses all privileges, cannot leave campus, and eats packets meals for one week regardless of his scored level for that day. At the end of that week, a determination is made by staff as to whether to place the boy back on his normal level or to continue for one more week. If he has made effort to work, he is taken off, all things are given back to him, and he is placed back on the level he has earned for the day. If not, he is placed on for one more week, with a warning that boot camp is next if he does not begin to work the program.

Boot Camp—Earned for a total refusal to work program and do what is asked

This is utilized very rarely and only as a last resort to try to turn a boy around. When a boy has shown he has no regard for doing what is asked of him, and the above process has run its course, we will utilize a one-day boot camp. The goal of boot camp is to break his will without breaking his spirit. He will have two staff pushing him hard, much like a military boot camp situation. This will involve very physical labor stopping only for water and bathroom breaks from early in the morning until lunchtime. After lunch, he is pushed just as hard, but the methodology turns to building him up through encouragement, by letting him know how much his family loves and cares for him, the potential he has to do great things, etc. There are several staff involved in this process monitoring the situation at all times.

SALEM RANCH
*****Application for Admission*****

FEE SCHEDULE AND AGREEMENT

- Monthly Tuition Fee: \$4200.00
- The billing period is from the first through the last day of every month. Tuition will be charged in advance and statements will be mailed by the twentieth of each month. Payment is due by the **10th** of the following month.
- Refunds will be sent within 30 days. Transcripts or other official records will be sent within 30 days of notice.
- **Transcripts will be released upon settling of all accounts.**

Tuition Exemplified for Students with Scholarship

Line A: Number of days attended: 31
Line B: Tuition per day: \$135.50
Line C: Multiply Line A x B and enter total: \$4,200.00
Line D: Monthly Scholarship: \$1,200.00
Line E: You owe \$3,000.00 for the partial month

The following are due at the time of enrollment:

- **Non-Refundable School Fee: \$750.00**
- **Pro-rated tuition for remainder of month**

SALEM RANCH
*****Application for Admission*****

SCHOLARSHIP APPLICATION

Youth's Name: _____ Date: _____

Date of Placement: _____

Placing a son outside of the home is a difficult task, regarding of the circumstances, but it is sometimes necessary. The cost of caring for a youth at Salem is \$4,200.00 per month, plus a \$750 school fee. Because of your concern for your child, we expect that you will work hard to provide for your son. It may be necessary to contact relatives, churches, banks or other interested in your child to assist in making this life-changing intervention. We can help you with materials or by answering any questions these supporters may have.

Salem Ranch wishes to be available to the most youth possible, and we realize that many of these youth come from homes of limited financial means. For these reasons, Salem works hard to provide scholarships when necessary. All scholarship applications are prayerfully reviewed and considered so that **available** funds will be used and stretched to the greatest return for the most youth.

Parents must pay the \$750.00 one time school fee.

Parent's Commitment:

Based on the Financial Information, I agree to pay Salem Ranch the amount of _____ per month in support of _____. **You can expect my payment no later than the 10th of every month. Failure to make these payments could result in the dismissal of my son.**

I wish to apply for a scholarship of \$_____ from Salem Ranch to make up the remainder of the \$4,200.00 per month fee.

Father's Signature: _____ Mother's Signature: _____

Scholarship Approval: _____

Comments: _____

SALEM RANCH
*****Application for Admission*****

Confidential Financial Information
Scholarship Application

Please fill out the following information and return this form and a copy of your last year's tax return to Salem Ranch. Salem intends to use this information to establish a fair and supportable contribution of your child's care. We consider this information confidential.

Father's Name: _____

Social Security Number: _____

(A.) Father's Monthly Income:

Gross Monthly Salary or Wages \$ _____

All Other Sources of Income (Specify)

- a) _____
- b) _____
- c) _____

Savings Account Balances \$ _____

Withholdings:

- a) Federal, State Local Taxes \$ _____
- b) Social Security \$ _____
- c) Medical Insurance \$ _____
- d) Retirement Contribution \$ _____
- e) Garnishments \$ _____
(including Child Support)

Adjusted Net Monthly Income: \$ _____

SALEM RANCH
*****Application for Admission*****

Mother's Name: _____

Social Security Number: _____

(B.) Mother's Monthly Income:

Gross Monthly Salary or Wages \$ _____

All Other Sources of Income (Specify)

- d) _____
- e) _____
- f) _____

Savings Account Balances \$ _____

Withholdings:

- a) Federal, State Local Taxes \$ _____
- b) Social Security \$ _____
- c) Medical Insurance \$ _____
- d) Retirement Contribution \$ _____
- e) Garnishments \$ _____
(including Child Support)

Adjusted Net Monthly Income: \$ _____

PARENT'S COMBINED OBLIGATIONS:
PAYMENT

MONTHLY

Housing (mortgage/rent)	\$ _____
Vehicle Loan (all types)	\$ _____
Bank Installment Loans	\$ _____
Non Bank Installment Loans	\$ _____
Educational Loans	\$ _____
Credit Card Debt (specify)	
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
Utilities:	
a) Natural Gas (or propane, oil)	\$ _____
b) Electricity	\$ _____
c) Water/sewage/irrigation	\$ _____
d) Telephone	\$ _____
e) Waste Disposal	\$ _____
Transportation Expenses:	
a) Gasoline (Average Monthly)	\$ _____
b) Bus Fares (Average Monthly)	\$ _____
c) Toll Charges (Average Monthly)	\$ _____
d) Parking	\$ _____
Insurance:	
a) Life	\$ _____
b) Health/Medical (if not deducted from pay)	\$ _____
c) Auto/Vehicle	\$ _____
d) Home/Rental	\$ _____
e) other	\$ _____
Food (average monthly)	\$ _____
Clothing	\$ _____
Prescription Drugs/Medical Aids	\$ _____
Recreation	\$ _____
Tuition Payments	\$ _____
Other Debt (specify)	
a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____
TOTAL COMBINED MONTHLY EXPENSES:	\$ _____

<u>BALANCE</u>	<u>CREDITOR'S NAME</u>	<u>NAME ON ACCOUNT</u>
Mortgage Holder or Landlord	_____	_____
Vehicle Loan Holder	_____	_____
Bank Installment Loan	_____	_____
Other Installment Loan	_____	_____
	_____	_____
Educational Loans	_____	_____
Credit Cards	_____	_____
	_____	_____
	_____	_____
Utility Companies	_____	_____
	_____	_____

I feel I could afford to pay Salem Ranch \$_____ each month toward the support of my child.

PARENT'S (GUARDIAN'S) DECLARATIONS:

I (we) declare that the financial information provided above is both truthful and accurate to the best of my (our) knowledge. I (we) authorize Salem Ranch to verify this information with (our) creditors.

SIGNATURE OF FATHER (GUARDIAN)

SIGNATURE OF MOTHER (GUARDIAN)

(Please Type or Print Name)

(Please Type or Print Name)

SALEM RANCH
*****Application for Admission*****

SALEM RANCH
Parent's Check List

Please be sure to bring all of the following completed items to your intake interview. We have included the following checklist for your convenience.

- _____ 1. Completed Application
- _____ 2. Guardianship/ Custody Paper
- _____ 3. Immunization Records
- _____ 4. Copies of School Transcripts Note: **A student arriving without a transcript will be tested for grade level competency. Instruction will be provided at grade level.**
- _____ 5. Financial Information Sheet
- _____ 6. Signed Consent Forms. Please have the form signed by a notary public before coming to your interview.
- _____ 7. History and Physical Form (signed by doctor)
- _____ 8. Any other medical or legal papers you feel would be of importance (e.g. probation, parole, criminal records, etc.)
- _____ 9. Proper Clothing (see attached list)
(Note: Make sure all clothing is labeled with your child's name or initials with permanent ink.)
- _____ 10. One Time \$750.00 School Fee

REMEMBER: Your interview does not guarantee admission to our program. Come prepared to take your child back home (bus arrangements, financial arrangements, etc.) if not accepted.