

WILLOW SPRINGS BOYS RANCH

P.O. BOX 308 • Chandler • Oklahoma • 74834 • Phone: 405 258-5176

web-address: www.wsbr.ws

APPLICATION FOR ADMISSION

(Complete and return to the address indicated above)

Child

Full Legal Name _____ Nickname _____

As listed on birth certificate: First _____ Middle _____ Last _____

Date of Birth ____/____/____ Place of Birth _____ Social Security Number ____-____-____

Weight _____ Height _____ Eye color _____ Hair _____ Race: _____

Religious Preference: _____

Address

Child currently resides at: _____

_____ Street _____ City/State _____ Zip _____

Person/Agency with whom child resides: _____ Relation to child _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Employer _____

Email Address: _____

Legal Custodian

Full Legal Name _____ Relationship to child _____

_____ First _____ Middle _____ Last _____

Present Address: _____

_____ Street _____ City/State _____ Zip _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Employer _____

Father's SSN# _____ D.O.B. _____ Mother's SSN# _____ D.O.B. _____

Any other having Joint Custody, Guardianship, or any other Legal Responsibility for this child.

Full Legal Name _____ Relationship to child _____

_____ First _____ Middle _____ Last _____

Present Address: _____

_____ Street _____ City/State _____ Zip _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Employer _____

If by Court Action, give type: Divorce Guardianship Temporary

Court of jurisdiction _____ Case Number _____

Is child adopted? _____ By whom _____ Date ____/____/____

Emergency Contact (other than above)

Full Name _____ Relationship to child _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Employer _____

Signature _____ **Name** _____ **Date** ____/____/____
Legal Custodian/Parent *Print Name Here*

Signature _____ **Name** _____ **Date** ____/____/____
Legal Custodian/Parent *Print Name Here*

OFFICIAL USE

Date Received ____/____/____

By _____

FAMILY INFORMATION

	BIOLOGICAL FATHER	BIOLOGICAL MOTHER	CURRENT STEP-FATHER	CURRENT STEP-MOTHER
FULL NAME				
STREET ADDRESS				
CITY, STATE, ZIP				
EMPLOYER				
SOC. SECURITY NO.				
MARITAL STATUS				
No. of MARRIAGES				
No. of CHILDREN				
GROSS INCOME PER MONTH				
EDUCATION COMPLETED				
RACE				
RELIGION				
LEGAL ISSUES				
HEALTH ISSUES				

FATHER'S PARENTS

Name _____ Home Phone (____) ____ - _____
First Middle Last

Present Address: _____
Street City/State Zip

MOTHER'S PARENTS

Name _____ Home Phone (____) ____ - _____
First Middle Last

Present Address: _____
Street City/State Zip

NEAREST RELATIVE (For Emergency Use)

Full Legal Name _____ Relation to child _____
First Middle Last

Present Address: _____
Street City/State Zip

Home Phone (____) ____ - _____ Work Phone (____) ____ - _____
Employer

CHILD'S BROTHERS

RELATIONSHIP **AGE**
(Full, Half, Step)

1. _____
Name

2. _____
Name

3. _____
Name

4. _____
Name

5. _____
Name

CHILD'S SISTERS

RELATIONSHIP **AGE**
(Full, Half, Step)

1. _____
Name

2. _____
Name

3. _____
Name

4. _____
Name

5. _____
Name

List every setting in which this child has lived (from birth to present age). Specify the relationship of the person caring for the child (Biological parents, step-parents, foster homes, other children's homes etc.)

Age
0-1 _____

1-2 _____

2-3 _____

3-4 _____

4-5 _____

5-6 _____

6-7 _____

7-8 _____

8-9 _____

Age
9-10 _____

10-11 _____

11-12 _____

12-13 _____

13-14 _____

14-15 _____

15-16 _____

16-17 _____

MEDICAL INFORMATION

INSURANCE Yes No

Person carrying the insurance _____ *Name* Insurance Company _____ *Name*

Policy Number _____ Type of coverage _____

Special Instructions _____

Does child have a Medicaid Card through the welfare department: _____ If Yes, please give number _____

Does child have an Indian Card: _____ If Yes, please give number _____

MEDICAL HISTORY

(To be filled out by parent)

I. Name: _____ Age: _____ Date of Birth: _____

II. Childhood Information:

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

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

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

D. Childhood Illnesses. Check if child has had:

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

III. Allergies: Is your child allergic to any drugs, food, plants, etc.?

If so, please list: _____

IV. Is your child on any medication at this time? Give reason and dosage.

V. 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 _____

VI. List any fractures child has had and age they occurred:

VII. Child's Personal Information:

Height _____

Weight _____

Hair Color _____

Eye Color _____

Glasses/Contacts? _____

Corrective Shoes? _____

Hearing Difficulty? _____

Speech Impairment? _____

Braces (orthodontic)? _____

VII. Give dates of the following:

1. Last Physical Exam _____

2. Last Dental Exam _____

3. Last Vision Exam _____

MEDICAL EXAMINATION

(To be completed by family physician within 30 days prior to admission.)

Date of Examination _____

Child's Name _____ Age _____ DOB _____

Parent's Name _____ Address _____

City _____ State ___ Zip _____ Home Phone _____ Bus Phone _____

Child's Information

Sex _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Blood Pressure _____ Pulse _____ Vision: L _____ R _____

Please note any abnormalities or history of such in the following areas:

Eyes	Yes	No	Nervous System	Yes	No
Nose/Throat	Yes	No	Skin	Yes	No
Teeth	Yes	No	Abdominal Organs	Yes	No
Heart	Yes	No	Genito – Urinary Track	Yes	No
Lung	Yes	No	Extremities	Yes	No
Gonads	Yes	No	Hypertension	Yes	No
Chest/Breasts	Yes	No	Diabetes	Yes	No

Please discuss any positive findings noted above: _____

Does the child have any physical limitations? _____

If so, please explain _____

Doctor's signature

date

CONSENT FOR MEDICAL AND DENTAL CARE

As the legal guardian/parent/custodian of _____
I/We do hereby request and give consent to the Director of Willow Springs Boys Ranch, or its duly appointed representative, for said child to receive such medical, surgical, or dental aid as deemed necessary and expedient by a duly licensed physician, surgeon, or dentist. In the event that expenses are not covered by my insurance policy, I/we agree to assume responsibility for payment.

Signature of Parent/Guardian

Address

City

State

Zip

Insurance Company

Address

I.D. Number

PLEASE ATTACH
A CURRENT
PICTURE OF YOUR
CHILD HERE.

SOCIAL HISTORY

Person filling out this form: _____ Date: _____

Name of Child: _____ SS# _____ Age _____

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

Father's Name: _____

Mother's Name: _____

Who currently has custody of this child? _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Please give the following for each member of your family who lives in your home:

FULL NAME	AGE	RELATIONSHIP TO THE FAMILY	BIRTH ORDER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe the circumstances which have led to your call to Willow Springs Boys Ranch:

What would be your immediate goals for your child upon placement at Willow Springs Boys Ranch?

What would be your long-range goals?

Describe your child's relationship with other members of your family:

Describe your child's relationship with other **significant** adults and children:

Do any other members of your family have emotional, physical or behavioral problems? Yes No
If yes, please describe:

If there is a history of any medical problems, please describe:

Please describe the child's development history and current level of functioning:

Has there been a death of anyone close to your child in recent years, such as a father, mother, brother, sister, good friend, etc.?

Have parents been separated or divorced during the child's lifetime?

Is there a history of drug or alcohol abuse in the immediate family?

Has your child ever been placed in another home or facility? Yes No If yes, please list and describe those placements and send any records you might have concerning those placements.

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

Describe any physical limitations your child may have:

Describe your child's commitment and relationship to God:

Describe your child's job experience:

What are your child's interests and hobbies?

What are your child's ambitions?

What talents does your child possess? Is he gifted in any particular area?

What do **you** think your child's current problem is?

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

What are your child's specific needs and strengths in each of the following areas:

PHYSICAL

FAMILIAL

EDUCATIONAL

SPIRITUAL

SOCIAL

PSYCHOLOGICAL

What are your expectations of placement at Willow Springs Boys Ranch?

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

How do you plan to be involved in your child's growth while he is at Willow Springs Boys Ranch?

What is your child's perception of being placed at Willow Springs Boys Ranch?

What do you see as your child's – and ultimately your family's – goal of sending him to Willow Springs Boys 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 Willow Springs Program.

SUBSTANCE ABUSE HISTORY

DRUG	AGE OF ONSET	HOW MUCH*	HOW OFTEN*	LAST USE	PROBLEMS AS A RESULT OF USE**
MARIJUANA					
QUAALUDES					
UPPERS (SPEED)					
SEDATIVES					
HALLUCINOGENS/LSD					
HEROIN					
COCAINE					
CRACK					
INHALANTS					
TOBACCO/CIGARETTES					
OTHER DESCRIBE					
ALCOHOL (DESCRIBE TYPES)					

History of using/sharing yes _____ no _____
 needles

Other substance abuse related issues (i.e. selling drugs, steal)

*Maximum uses in past six months

**Withdrawl, blackouts, seizures, hangovers, increased use, failed attempts to stop, family, social, financial, legal, sexual, school, job, spiritual, leisure, mental, physical, recreational.

SUBSTANCE ABUSE HISTORY

Family substance Abuse History: _____

Current Alcohol/Drug use in the home: _____

Parent's assessment of resident's substance abuse problems: _____

Resident's assessment of their substance abuse problem: _____

Perceptual Disturbances? (Hallucinations): _____

RISK FACTORS

Suicidal/Self Destructive History: _____

Feelings of helplessness _____
Feelings of hopelessness _____
History of self-injury, mutilation _____
Feelings of worthlessness _____

Aggressive/Violence Risk Factors: _____

Vandalism _____
Assault _____
Verbal abusive or threats _____
Arrests/convictions _____
Family history of aggression, crime _____

Fear of losing control _____
Cult involvement _____
Witness to violence _____
Cruelty to animals _____
Firesetting _____

Gang Involvement _____

Elopement Risk Factors: _____

HISTORY OF ABUSE (SEXUAL, PHYSICAL, AND EMOTIONAL)

(Specify whether victim or offender)

Specific History of Abuse **Dates, Duration, Frequency, Treatment**

Incest

Rape

Molestation

Sexual Perpetration

Physical Abuse

Verbal/Emotional Abuse

Neglect

Legal Measures Taken: _____

Resident's Behavior, Attitude, and Defenses Exhibited: _____

Degree of Family involvement in the resident's abuse treatment: _____

SCHOOL INFORMATION

What grade is your child currently in, or about to go into? _____ **The last grade completed** _____

Last School Attended _____
Name *City* *Zip*

Principal _____
Name *Phone Number*

Counselor _____
Name *Phone Number*

If your child is not currently attending public school, please explain. _____

Describe your child's education. List schools attended. Give a summary of his: _____

Schools/Grades: _____

Relationship to teachers: _____

Relationship to other students: _____

Behavioral problems: _____

Describe feelings about ability to do school work: _____

Extracurricular Activities: _____

Other: _____

List any suspension from school and give reasons: _____

Has your child ever been:

a) Placed in Special Education classes? _____ SED LD ED EMH OTHER _____
Type

b) Received remedial help? _____ What subjects? _____

c) Repeated a grade(s)? _____ Which grade(s)? _____

d) Received tutoring? _____ Subject(s)? _____

e) Tested by a school psychometrist for Special Education classes? _____ Date of last Special Education testing ___/___/___

Is your child currently in Special Education classes? _____ SED LD ED EMH OTHER _____
Type

D. Specific problems bearing on school difficulties (depression, clumsiness, tics, stuttering, psychosomatic, drowsiness, organic, etc.)

IV. Please specify particular assets or liability that bear on this student's education.

Assets

Deficits

<hr/>	<hr/>
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V. Do you have any specific recommendations regarding either curriculum planning or educational approaches which might be helpful to this child?

Parental release signature

Signature of respondent

Position

Return to:
Willow Springs Boys Ranch
P.O. Box 308
Chandler, OK 74834
(405) 258-5176
FAX (405) 258-5176

WILLOW SPRINGS PLACEMENT AGREEMENT

This agreement is made between Willow Springs Boys Ranch and _____
(parent/guardian)

on behalf of _____
(child's name)

I/We, _____, reside at _____

in the city of _____, State _____ Zip _____

Home phone number: (_____) _____ Business number: (_____) _____

I/We further understand and agree that Willow Springs Boys Ranch will develop an individual plan of service for my/our child which entails my/our participation and acceptance of the following conditions of his placement. I further understand that this plan of care will be shared with me/us within the first 30 days of my child's placement.

1. I/We agree on this date, ____/____/____, to hereby grant permission to Willow Springs to act in the best interest of my/our child and do also state that I/we am/are the legal guardian/custodian of the above-named child. I /We do this expecting responsible and prudent judgment from Willow Springs Boys Ranch in dealing with my/our child in my/our absence.
2. While my/our child remains at Willow Springs Boys Ranch, I/We will encourage him to cooperate in all ways with those who are attempting to help him. I/We promise and pledge myself/ourselves to support and cooperate with all who have charge of my/our child in order that he may be as happy as possible under the circumstances. **I/We agree to not discuss verbally or by letter the removal of my/our child from Willow Springs Boys Ranch without first discussing the arrangements with the proper authorities at Willow Springs to be sure removal is possible.**
3. I/We promise and agree that I/we will not seek the removal of my/our child from the Willow Springs Program during the course of any semester school term.
4. I/We agree to discuss clothes and amounts of monies with Willow Springs before giving them to my/our child. I/We agree to send all monies, checks, or tickets directly to the proper authorities of Willow Springs. I/We understand my/requests as to how money is to be spent on my/our child will be honored if it is in the best interest of my/our child. I/WE agree that I/we will not send any money directly to my/our child or allow him to bring money back from home following any visit to me/us. I/We understand Willow Springs desire to monitor and control the amount of money my/our child has.
5. I/We agree to call Willow Springs prior to sending any packages or large parcels to receive permission to send them.
6. I/We will do all things possible to ensure my/our presence at the Family Retreats held three times a year, and I/we understand that our presence is important to my/our child.
7. I/We promise and agree to write my/our child on a regular basis. I/We agree to be the responsible person for Willow Springs to communicate with concerning my/our child. I/We agree to notify Willow Springs if my/our address or telephone number should change. I/We also agree to make myself/ourselves available, if possible, to Willow Springs when my/our child's plan of service is reviewed.
8. I/We agree that for the first 30 days, I/we will not visit or contact my/our child, unless given permission from Staff. I/We understand the reasoning for this request and will do everything possible to comply with this request. I/We also understand that my child will not be able to contact me/us for the first 30 days. I/We do understand that after the first month I/we will be allowed to visit my/our child no more than twice a month, only after one week's notice to Willow Springs. I/We understand that I/we will make all arrangements for visiting in regard to lodging, meals and transportation.
9. Whenever my/our child is permitted to visit me/us, I fully understand and agree that I/we will have to provide all incurred expenses for the trip, including all transportation, telephone calls, food, etc., necessary for the trip. **I/We understand that**

the dates of departure and arrival will be set by Willow Springs and all travel arrangements will be made by Willow Springs.

10. I/We agree and covenant that I/we will indemnify, protect and save Agency and Willow Springs from and against any and all losses, damages, claims, liabilities, suits and actions, judgments and costs which shall arise from or grow out of any traveling listed above while my/our son is involved in Willow Springs Boys Ranch.
11. I/We further understand that Willow Springs, in planning for the enrichment of my/our child's life, does take trips; does involve all resident's with livestock and horses, water skiing, rappelling, and other outdoor physical activities; and does utilize camping opportunities in its program. Willow Springs also involves all residents in work projects, daily chores, and physical work on the property. I/We also understand that Willow Springs, while caring for my/our child, does transport my/our child from place to place. I/we agree to relinquish all claims against Willow Springs if an accident should occur, so long as prudent care has been maintained and negligence is not present. This also includes out-of-state trips taken.
12. I/we hereby give permission for my/our child to travel alone only when I/we am/are notified and in full approval to and from my/our residence and will accept full responsibility for my/our child if any malicious damage, vandalism or vagrant use of property occurs.
13. I/We understand the placement of my/our child is the care of Willow Springs Boys Ranch give the Director and Staff custody and control until such placement is terminated. It is my/our understanding that this termination is contingent on my/our child reaching Level 3, part of the Level System used by Willow Springs Boys Ranch as a means of motivation and measurement of progress.
14. I/We, the undersigned parents/legal guardians of the minor listed on this contract, do hereby authorize any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and hospital service that may be rendered and said minor under the general, specific or special consent of Willow Springs and its Staff, acting as temporary guardian of listed minor, whether such diagnosis or treatment is rendered at the office of the physician or dentist or at a licensed hospital.

I/We authorize the physician to call in any necessary consultants at his/her/their discretion. I/We further authorize said physician or dentist to exercise his/her/their discretion in authorizing the disposal of any severed tissues or member. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have custody/guardianship of the minor and said physician/dentist to exercise his/her/their best judgment as to the requirements of such diagnosis of medical, dental or surgical treatment.

15. I/We understand that if my/our child ceases to progress in the structured Level System Willow Springs has developed, or if certain unforeseeable circumstances occur whereby my/our child is a detriment or poses a threat to others in the Willow Springs Program or the community, that Willow Springs retains the right to remove my/our child from Willow Springs Boys Ranch immediately and without notice. I/We understand that every effort will be made to contact me/us for consultation, but I/we realize that in some cases this my not be possible.
16. I/We understand that Willow Springs is licensed as a Residential Child Care Facility by the State of Oklahoma Department of Human Services and conforms to all State requirements, safety standards and codes as set forth by the State of Oklahoma.
17. I/We understand the financial system of Willow Springs and realize that my/our payment of my/our child's fee is due the first of each month. I/We understand that amount to be \$ 0. I/we also understand that I/we will be notified at least 60 days in advance of any increase in the fee that might occur. I/We further understand that Willow Springs must receive the first month's fee upon admission.

18. I/we further acknowledge that I/we have received Willow Spring's written handout concerning Willow Springs Boys Ranch's Parent Information sheet that describes policy and rules in regards to the following:

- 1. Visits, mail, gifts and telephone calls
- 2. Discipline Policy
- 3. Program of religious training
- 4. Type and frequency of reports Willow Springs will make to me/us
- 5. Trips away from the facility
- 6. Use of volunteers

19. I/we understand that Willow Springs Boys Ranch does take pictures, videos and slides of its Staff and the residents involved in the program. These photographs or video footage may be used for publicity, fund-raising and general information about the program. In addition, Willow Springs Boys Ranch may video or record a child's testimony to be used for a video, photographic or slide production. I/We hereby give Willow Springs permission to use any picture, video or slide taken of my/our child and his comments or testimony for any fund-raising, publicity or marketing campaign which Willow Springs may have, as long as discretion and respect are used and courtesy and sensitivity are displayed.

20. I/We understand that Willow Springs Boys Ranch is not capable of handling the medical and staff needs of children who have AIDS or other sexually transmitted diseases which require care beyond the capability of the staff while performing their normal duties for others in the Willow Springs Program. Because of this, I/we understand that my/our child would be asked to leave the program should Willow Springs not be able to sufficiently and prudently care for my child under the above listed circumstances.

Those names listed here were present during the discussion of this placement agreement:

_____ of _____
 _____ of _____

Signed:

FATHER/GUARDIAN

MOTHER/GUARDIAN

Subscribed and swore to me this _____ day of _____, 19_____, to certify which I set my hand and seal of office.