

Flying H Youth Ranch

**Flying H Youth Ranch
370 Flying H Loop
Naches, WA 98937**

Phone (509) 658-2990 Fax (509) 658-2009

E-mail youth@flyingh.org

Website www.flyingh.org

Dear Parent,

Thank you for requesting information about the Flying H Youth Ranch. We wish to answer specific questions you may have regarding our program and invite you to call, write or fax us.

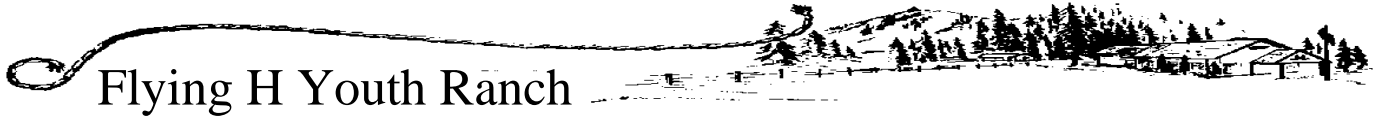
To continue the process for consideration of placement of your son, please return the following items to us:

1. A thoroughly completed Flying H Youth Ranch application (included with the Program Description).
2. \$20.00 Application Processing Fee
3. A thorough biography:
 - a. Describing behavior
 - b. Personality
 - c. Significant events
4. Recent family photo (within 1 year)
5. A copy of your son's official school records
6. A copy of your current 1040 Tax Return
7. A separate Personal Data Inventory form completed by each parent and one by your son.

An incomplete application package will delay the process. Please be sure to include all requested information.

Sincerely,

Jim Fried
Family Services Director



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Program Description

Contact Person: Jim Fried, Family Services Director

Directions: West from Yakima, 12 miles past Naches on Hwy. 410,
left on Nile Road, cross bridge, left at Carmack Lane,
right on Flying H Loop.

Youth Profile: We accept males, 14-17 years old and of average intelligence.
We will not accept homosexuals, sexual offenders/predators,
serious felony, or chronic drug user referrals.

Minimum Stay: 18 months. We plan for release contingent upon the youth
completing program goals.

Operating year round since 1962, the Flying H Youth Ranch is currently serving a capacity of 20 boys, emphasizing concern for helping entire families and encouraging faith in Jesus Christ and the Bible.

Residents often come with little ability to build meaningful relationships, control impulses, achieve academically, or form responsible moral codes. Our program addresses many social problems of our day including: divorced family issues; single parent issues; adoptive family issues; poor academic achievement, along with many others.

The focus of this program is primarily on character development as defined by Biblical standards. The development of character is measured through interaction between the staff and the residents in the following categories;

- Respect for authority
- Following instructions
- Treating others in a loving way
- Putting forth the effort to change attitudes and actions for the better
- Seeking trustworthiness

- Using your abilities to encourage and serve
- Seeking wisdom
- Using abilities to love
- Making right what was made wrong
- Persevering

Notice of Nondiscriminatory Policy as to Students

The Flying H Youth Ranch, Hope Academy/Nile Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

The dimensions of our treatment include:

Emotional: Our staff provides a healing environment for the scarred and damaged youth.

Social: Anti-social behaviors are addressed generally through our highly structured Relational/Behavioral/Consequential treatment program. Building social relationship based on character development is stressed

Spiritual: A Biblical philosophy is fostered for residents to integrate into their personal value system, which provides a foundation for present and future family relationships.

Vocational: Residents have options in automotive technology, culinary, life skills, photography, and metal machining fabrication. Residents are aided in the discovery of their aptitudes and given work experience opportunities. A strong work ethic is modeled and taught.

Educational: Classes are held on the Ranch. Our program offers a strong student/teacher ratio. A nine (9) month traditional classroom approach is used. The summer offers one (1) full credit in “Outdoor Education”, films & field trips make use of community resources.

Recreational: Program activities offered include gym time, pool, volleyball, soccer and swimming. Our location provides excellent opportunity for involvement in camping, backpacking, snow camps and the highlight of the year, an eight (8) day survival hike.

The services provided to achieve these treatment goals include:

Family Services: This includes individual, group and family counseling with the purpose of addressing issues that have affected the family. All must be involved in order to accomplish greater family cohesion.

Youth Services: Our front-line staff provides 24-hour supervision of our residents. They demonstrate Christ-centered lives and are personally involved in the resident's daily life.

Educational Services: Hope Academy is the Boarding School arm of our program, which is approved by the O.S.P.I. of the State of Washington. Hope Academy admits students of any race, color, and national or ethnic origin.

Business Services: All aspects of billing and finances are handled under this area.

Domestic Services: Nutritional needs are met with well-prepared and balanced meals. Laundry services are also provided for each resident. Resident involvement in both areas may be expected.

Facility Services: Facility maintenance projects provide residents opportunities to receive vocational training.

There are additional vital areas woven into the fabric of how our program operates; these areas include:

Motivation: Here residents are encouraged to give their best through a daily grading system designed to critique the whole person. We operate under a "token economy" where privileges are assigned a token value.

Visits: Visits are encouraged. Visitors are limited to your son's close relatives. Your son must purchase this privilege with earned tokens, therefore planning is vital to the successful visit. Transportation costs, supervision and pre-arranged return times to the Ranch are your responsibility. Overnight accommodations may be arranged.

Parent Participation: Visits and Family Resolves in which all take part are included in this program. Parents are required to come for the bi-annual Family Resolve weekends. These weekends include workshops, small group discussions, consultation with Family Counselors, and opportunity to interact with staff and other parents.

Parent Cooperation: For treatment to be successful, full cooperation on the part of the parent is vital. Treatment will be terminated at any stage if such cooperation breaks down.

Discharge: Planning for the return of your son to the home is accomplished through joint planning between the parent and your Family Counselor at the ranch.



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Doctrinal Statement

We believe:

- That the entire Bible, both the old and the new testaments, is verbally inspired by God as set down in the original languages.
- In one God, eternal, existing in three persons: Father, Son and Holy Spirit.
- That Jesus Christ was conceived by the Holy Spirit, was born of the Virgin Mary, and is truly God and truly man.
- That the blood of Jesus Christ alone can cleanse from sin; according to the Scriptures.
- In the resurrection of the crucified body of our Lord, in His ascension into heaven, and His present intercessory life for us.
- In the bodily resurrection of the dead; the just, to life eternal with God and the unjust, to eternal punishment.
- That all who receive the Lord Jesus Christ as their personal Savior by faith in His atoning work on Calvary, are immediately born again and are baptized by the Holy Spirit into the body of Christ, and are sealed unto the day of redemption.
- In the personal, pre-millennial, imminent return of the Lord Jesus Christ for the redeemed.

Mission Statement

The Flying H Youth Ranch exists to teach struggling boys and their families a Biblical understanding of life, including every persons need for salvation which comes through Jesus Christ.

For God has not destined us for wrath, but for obtaining salvation through our Lord Jesus Christ.
1Thess 5:9

Objectives

We teach our residents and their parent(s):

To honor authorities.

Let every person be in subjection to the governing authorities. For there is no authority except from God, and those which exist are established by God. Therefore he who resists authority has opposed the ordinance of God; and they who have opposed will receive condemnation upon themselves. Rom 13:1-2

To treat everyone with respect.

Never pay back evil for evil to anyone. Respect what is right in the sight of all men. Rom 12:17

How to identify and control destructive behaviors and beliefs.

Do not let your heart envy sinners, but live in the fear of the LORD always. Pro 23:17

But do not let immorality or any impurity or greed even be named among you, as is proper among saints; and there must be no filthiness and silly talk, or coarse jesting, which are not fitting, but rather giving of thanks. For you know with certainty, that no immoral or impure person or covetous man, who is an idolater, has an inheritance in the kingdom of Christ and God. Let no one deceive you with empty words, for because of these things the wrath of God comes upon the sons of disobedience. Eph 5:3-6

For this is the will of God, your sanctification; that is that you abstain from sexual immorality; that each of you know how to possess his own vessel in sanctification and honor, not in lustful passion, like the Gentiles who do not know God; 1Thess 4:3-5

How to build healthy relationships.

You shall not take vengeance, nor bear any grudge against the sons of your people, but you shall love your neighbor as yourself; I am the LORD. Lev 19:18

A new commandment I give to you, that you love one another, even as I have loved you, that you also love one another. John 13:34

Nevertheless let each individual among you also love his own wife even as himself; and let the wife see to it that she respect her husband. Eph 5:33

Children, obey your parents in the Lord, for this is right. Honor your father and mother which is the first commandment with a promise. Eph 6:1-2

We teach our residents:

To excel academically and vocationally.

And I saw that wisdom excels folly as light excels darkness. Ecc 2:13

Finally then, brethren, we request and exhort you in the Lord Jesus, that, as you received from us instruction as to how you ought to walk and please God (just as you actually do walk), that you may excel still more. 1Thess 4:1

Buy truth, and do not sell it, get wisdom and instruction and understanding. Pro 23:23

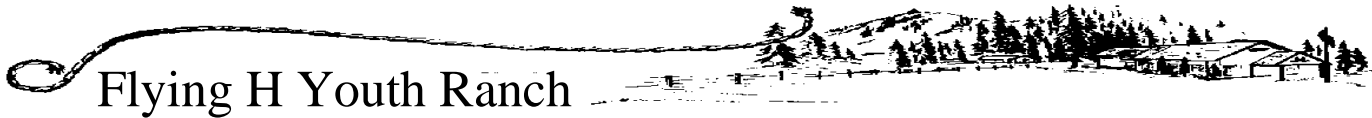
The value of a good work ethic.

Do not love sleep, lest you become poor; open your eyes, and you will be satisfied with food. Prov 20:13

For even when we were with you, we used to give you this order: if anyone will not work, neither let him eat. 2Thess 3:10

Physical conditioning through proper nutrition, sports, and outdoor activities.

And everyone who competes in the games exercises self-control in all things. They then do it to receive a perishable wreath, but we an imperishable. Therefore I run in such a way, as not without aim; I box in such a way, as not beating the air; but I buffet my body and make it my slave, lest possible, after I have preached to others, I myself should be disqualified. 1Cor 9:25-27



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Intake / Admissions Process

Placement in our program is the culmination of a screening process that includes the following steps:

Inquiry - phone call from family. An initial assessment is done to determine, in general, if the proposed resident meets the entrance criteria. We send out an information/ application packet in response to this call.

Application Review - Upon receiving a completed application, it is reviewed here to determine if the needs of the prospective resident match-up well with what we have to offer as a program. This review evaluates the presented needs from an educational, social, and emotional aspect.

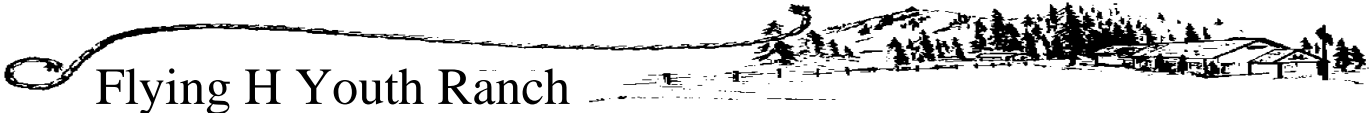
Phone Interview - As a follow-up to reviewing the application, a telephone interview is conducted, where clarification and further discussion takes place in order to explore, in greater detail, the circumstances and events leading up to requesting placement.

Set-up of Interview - At the conclusion of the phone interview, a determination is made as to whether a face-to-face interview is warranted. If it is apparent that the needs and our program are not a good match-up, a referral will be made to help find a program that better addresses the needs of the family. If the needs seem to match well with what we have to offer as a program, a face-to-face interview is set-up.

Interview/ Intake - This interview is the follow-up to the phone interview, and is the final stage of screening. It is at the conclusion of this interview that a decision is made as to whether the family will be accepted into the program. Having an interview does not mean the family has been accepted. It does serve, however, as the last hurdle to clear in the admissions process. If placement is appropriate, the boy can be admitted immediately to the program, and he will stay on the same day as the interview. Normally a family emphasis time will be planned ahead, and the whole family will spend 1 to 1 ½ days here at the beginning of the program. If this is not feasible, that time will be scheduled at a later date and the boy will enter the program at the first interview.

If you have any further questions, please feel free to contact us. Because of the nature of our program, we will not arrange tours or visits until we have progressed through the above stated process to the point of the Interview/Intake stage.

Jim Fried
Family Services Director



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Financial Policy

The Flying H Youth Ranch is able to provide its services at a cost lower than most programs of this type. The following explains our Financial, Insurance and Enrollment Policy.

Financial and Enrollment Arrangements:

Insurance: All residents must be covered by medical, dental & optical coverage. All insurance coverages are the responsibility of parents. Some insurance plans will cover the counseling portion of treatment. Check with your carrier as to your coverage. Counseling is billable at \$90.00 per hour, though in most cases this is not necessary.

Expenses: Resident clothing needs are provided by their family. All residents travel expenses to and from the Ranch must be covered by the family.

Payment: Payment is due and payable at the first of each month and becomes delinquent if not received by the 25th. Accounts that are delinquent for more than 90 days will be grounds for releasing your son from the program. If financial difficulties occur please communicate this to the Business Manager.

Personal: Spending money for residents must also be provided by the family. It's use will be regulated by the Family Services Counselor. Since the resident will have little opportunity to spend, his account needs to contain no more than \$25.00 at a time.

Registration: (payable upon entrance)
Registration Fee 25.00

Materials and Testing: (payable upon entrance)
Grades 8th - 12th 255.00

Building and Use: (payable upon entrance)
Grades 8th - 12th 250.00

Intake Interview / Mentoring:.....\$300.00

Clothing / Uniform Fee:\$100.00

Program: Call for details

Partial months will be prorated at time of intake.

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**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:

<u>Facility/Address</u>	<u>Date</u>	<u>Reason for intervention</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

<i>NAME</i>	<i>AGE:</i>	<i>RELATION</i>	<i>CURRENTLY LIVING WITH</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

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

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: _____

<u><i>Name of Schools Attended</i></u>	<u><i>Grade</i></u>	<u><i>Year</i></u>	<u><i>Reason for Leaving</i></u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 transcript and home schools graduation requirements if in High School, otherwise the most current grade card.

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. _____

Flying H Youth Ranch
370 Flying H Loop
Naches, WA 98937
Phone: 509-658-2990
Fax: 509-658-2009
Email: youth@flyingh.org

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)

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

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: _____

PLEASE NOTE: 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:

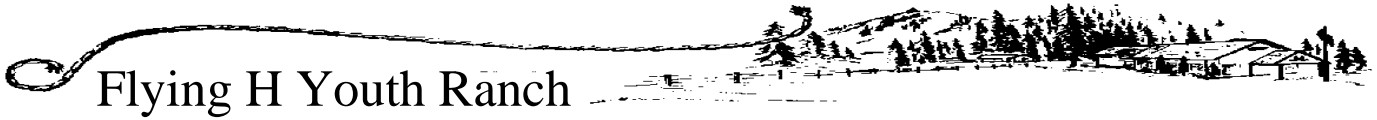
Son's Personal Information:

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.



Flying H Youth Ranch

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Website www.flyingh.org

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 God? Yes No Uncertain

Do you pray to God? 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? _____
