



Still Creek Ranch

The Children's Promised Land

**6055 Hearne Road, Bryan Texas 77808
(979) 589-3206 • Fax (979) 589-2152**

APPLICATION FOR ADMISSION

TO THE APPLICANT:

Please answer all questions giving us much information as possible. Complete information helps us access the services needed and eligibility for care. If uncertain about an area, answer as accurately as possible and put a question mark at area of uncertainty. It is our policy to close an inquiry if this form has not been returned within 30 days. This is the first part of the application procedure. Further assessment will be necessary in order to make an admission decision. We welcome your patience and full cooperation and we thank you for your interest in Still Creek Ranch.

I. Child for whom admission is desired:			Social Security Number / /	
Child's Name:			Age:	Sex:
Address:				
State:	Zip Code:	Phone Number:		Birth Date:
Birth Place:		Religious Preference		Race:
Height:		Weight:		Color of Eyes:
II. Information concerning Applicant's Parents:				
Father's Name:			Email	
Address:			City:	
State:		Zip Code:	Home Phone:	
Place of Employment:			Work Phone:	
Employer Address:			City:	
State:	Zip Code:	Cell Phone:	E-mail:	
II. Information concerning Applicant's Parents (continued):				
Mother's Name:			Email	
Address:			City:	
State:		Zip Code:	Home Phone:	
Place of Employment:			Work Phone:	
Employer Address:			City:	
State:	Zip Code:	Cell Phone:	Email:	

III. Family Background

Marital status of applicant's parents: (Check one) Single Married Separated Divorced

If divorced, who has custody of child:

Father remarried?

Mother remarried?

Yes No

Yes No

Education level of applicant's Father? Jr. High Sch. High Sch. Undergrad. Graduate

Education level of applicant's Mother? Jr. High Sch. High Sch. Undergrad. Graduate

What is the Father's relationship to the child at the present time? (Please explain below; attach a separate sheet if necessary).

What is the Mother's relationship to the child at the present time? (Please explain below; attach a separate sheet if necessary).

List applicant's siblings and their ages:

Name:

Gender:

Age:

1.

2.

3.

4.

5.

IV. Legal History

Has the child or either parent been convicted of a crime? Yes No (Explain below; including current legal status).
Attach a separate sheet if necessary.

Is child currently on probation or is adjudication pending? Yes No

Date of adjudication:

Charges:

V. Specific Information on Applicant: Education

Name of School currently attending:

Grade: Address:

State: Zip Code: Phone:

List in order of attendance all schools where the child has been enrolled:

School Name (City and State)	Enrollment Dates
1.	
2.	
3.	
4.	
5.	

Has the applicant had difficulties in school? Yes No (Please describe, use a separate sheet if necessary):

Has the child been tested for learning disabilities? Yes No What disabilities are known, please describe:

Has the child given educational or I.Q. tests? Yes No (If yes, please explain below):

Has the child been assigned to Special Education classes in school? If yes, please explain below:

Has your child ever been retained or held back a grade in school? If yes explain below:

Please describe your child's medication history below:

Does your child have a history of suspension or expulsion from school for truancy or misbehavior? If yes, explain below:

Please comment on your child's educational history, including whether or not he attended kindergarten, his academic strengths and weaknesses, and other information you feel would be helpful to our program and school staff.

Special Interest or hobbies: (See list on next page.)

Interests and personality traits:

Please place \sqrt in front of all the activities enjoyed by the applicant and the personality traits that describe the applicant. Please circle two activities enjoyed most and two personality traits that best describe you.

Activities

- Aerobics
- American Football
- Archery
- Badminton
- Baseball
- Basketball
- Bible Study
- Bike Riding
- Camping
- Checkers
- Chess
- Crafts
- Computers
- Cooking
- Dancing
- Debating/Speech
- Drawing
- Drama/ Acting
- Field Hockey
- Fishing
- Games
- Gardening
- Golf
- Gymnastics
- Hiking
- Horseback Riding
- Ice Skating
- Martial Arts
- Painting
- Playing Instrument
- Photography
- Reading
- Sailing
- Sing
- Skiing (water)
- Surfing
- Sewing, Knitting
- Swimming
- Tennis
- Track, running
- Volleyball
- Watching Movies
- Others

Personality Traits

- Active
- Adaptable
- Bright
- Calm
- Charming
- Cheerful
- Communicative
- Considerate
- Curious
- Daring
- Deceiving
- Emotional
- Enthusiastic
- Extroverted
- Flexible
- Friendly
- Kind
- Hard working
- Honest
- Independent
- Intellectual
- Intuitive
- Lazy
- Loyal
- Mature
- Motivated
- Natural
- Neat
- Open
- Optimistic
- Organized
- Patient
- Polite
- Quiet
- Relaxed
- Reliable
- Realistic
- Reserved
- Respectful
- Sense of Humor
- Sensitive
- Serious
- Shy
- Sincere
- Smiling
- Spontaneous
- Talkative
- Thoughtful
- Tolerant
- Traditional
- Well-mannered

BEHAVIOR RATING SCALE

Frequency of behavior within the past 6 months. (Circle correct number)

1.	Physically assaults peers and/or adults.	0	1 or 2	3+
2.	Verbally or physically threaten people.	0	1 or 2	3+
3.	Is cruel to animals	0	1 or 2	3+
4.	Is cruel, bullying or mean to others	0	1 or 2	3+
5.	Talks about suicide	0	1 or 2	3+
6.	Deliberately harms self or has attempted suicide	0	1 or 2	3+
7.	Vandalizes or destroys own or others possessions	0	1 or 2	3+
8.	Sets fires	0	1 or 2	3+
9.	Has documented problems with school work	0	1 or 2	3+
10.	Is truant, skips school	0	1 or 2	3+
11.	Runs away from home	0	1 or 2	3+
12.	Behaves like opposite sex	0	1 or 2	3+
13.	Steals at home or outside the home	0	1 or 2	3+
14.	Exhibits strange or bizarre behavior	0	1 or 2	3+
15.	Hallucinates	0	1 or 2	3+
16.	Wets self during the day	0	1 or 2	3+
17.	Wets the bed	0	1 or 2	3+
18.	Has bowel movements outside the toilet	0	1 or 2	3+
19.	Sexually active	0	1 or 2	3+
20.	Has there been any sexual abuse	0	1 or 2	3+

How typical of child's behavior?

		<u>Not at all</u>	<u>Somewhat</u>	<u>Very</u>
21.	Does not appear to feel guilty after misbehaving	0	1	2
22.	Expresses feelings that others are out to get him/her	0	1	2
23.	Lies and/or cheats	0	1	2
24.	Has quit speaking	0	1	2
25.	Wishes to be opposite sex	0	1	2
26.	Withdraws, not involved with others	0	1	2
27.	Worries excessively, even with minor annoyances	0	1	2
28.	Has difficulty concentrating, easily distracted	0	1	2
29.	Does not get along with other children	0	1	2
30.	Expresses feelings of worthlessness, not measuring up	0	1	2
31.	Prefers playing with older children	0	1	2
32.	Stares blankly	0	1	2
33.	Sulks, pouts, whines	0	1	2
34.	Is fearful or anxious	0	1	2
35.	Has trouble sleeping	0	1	2
36.	Is slow moving and/or lacks energy	0	1	2
37.	Screams and/or cries more or less than usual	0	1	2
38.	Demands attention	0	1	2
39.	Has difficulty sitting still; is restless	0	1	2
40.	Is disobedient at home and/or at school	0	1	2
41.	Gets into fights	0	1	2
42.	Associates with children who get into trouble	0	1	2
43.	Swears and/or uses obscene language	0	1	2
44.	Has temper tantrums; is volatile	0	1	2
45.	Impulsive acts without thinking	0	1	2
46.	Exhibits sudden mood changes	0	1	2
47.	Speech problems	0	1	2
48.	Allergies	0	1	2
49.	Asthma	0	1	2
50.	Overweight or underweight	0	1	2
51.	Substance abuse; drugs, alcohol inhalants	0	1	2

Section 1 – Social and Development Assessment

Describe the child's general social and developmental history. Feel free to expand the description of your impressions of the child. Attach a separate sheet if necessary. Be certain that you include all the following:

A description of the circumstances that led to the child's referral.

The immediate and long-range goals of placement.

A description of the child's relationship with other significant adults and children.

A description of the child's behavior including both appropriate and inappropriate behavior.

The child's developmental history and current level of functioning.

Section 2 – Special Needs Problems and Behavior (Describe in detail the special needs, problems, or behaviors).

Suicide History: (Describe suicide attempts and gestures in detail; include the number of suicide attempts, and the date of the last known suicide attempt.

History of child's assault behavior.

Runaway History:

Other significant needs problems and behaviors (including setting fires, etc.)

Other significant needs problems and behaviors (including setting fires, etc.)

Briefly describe the child's history of delinquency. Include a description of contributing factors, whether child is a follower or leader, and delinquency patterns you detect.

Briefly describe the child's relationship with family members and significant others, both in and out of the home. Address both strength and weakness. (Attach a separate sheet if necessary).

Briefly describe the overall family situation, highlighting the positive and negative aspects of the child's family environment.

Section 3 – Mental Health

Attach as appropriate:

1. Psychological Report(s)
2. Psychiatric Report(s)

Describe any mental health problems not otherwise documented. Add any additional information you feel is important.