



# Freedom Gates Boys Ranch

304 N Church St, Hazelton, KS 67061

P.O. Box 103, Kiowa, KS 67070

Office - (620) 239-4031

Fax - (620) 239-4032

[mfreitag@freedomgatesbr.org](mailto:mfreitag@freedomgatesbr.org)

*All fields are required. Please complete the entire form before submitting.*

## PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

\_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Cell Work

Home Church: \_\_\_\_\_

## CHILD'S INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Gender:  Male  Female

### Optional Race/Ethnicity Information

- Hispanic  Not Hispanic
- Asian  White
- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Is your boy disabled?  Yes  No If yes, please explain the disability below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Child's insurance**

Do you have health / dental insurance on your boy?     Yes         No

If no, how are health issues handled? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about Freedom Gates Boys Ranch?**

\_\_\_\_\_  
\_\_\_\_\_

**What type of assistance are you seeking?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following questions will help us to determine if your boy is eligible for assistance through our programs. Please answer all questions.**

**1. Describe the strengths that you see in your boy. Use the back of this page or an additional sheet of paper if necessary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



2. What goals do you have in mind for your boy and your family? **Use the back of this page or an additional sheet of paper if necessary.**

---

---

---

---

---

3. Please select all of the following out-of-home placements where your boy was placed:

- Drug/alcohol treatment facility -- (Dates \_\_\_\_\_)
- Foster Care/State custody -- (Dates \_\_\_\_\_)
- Residential/Group Home care -- (Dates \_\_\_\_\_)
- Youth Shelter -- (Dates \_\_\_\_\_)
- Juvenile Detention Center -- (Dates \_\_\_\_\_)
- Other Family member homes -- (Dates \_\_\_\_\_)
- Friend's homes -- (Dates \_\_\_\_\_)
- Other (list below) -- (Dates \_\_\_\_\_)

---

---

4. Please provide details for all out-of-home placements. Include the facility name and location and why he was placed out-of-home. Use back of page or additional blank sheets of paper, if necessary.

---

---

---

---

---

---

---

---

---

---



**5. Please identify the types of traumatic events your boy has experienced. Check all that apply.**

- Family separation or divorce
- Death of a loved one
- Subjected to bullying
- Abused by a care provider or parent
- Neglected by a care provider or parent
- Sexually abused
- Witness to the abuse of a sibling
- Witness to the abuse of a care provider or parent
- Participated in an abuse/neglect investigation
- Removal from home of parents or relatives
- Other -- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**6. Please provide a brief description of the events. Use the back of this page or an additional sheet of paper if necessary.**

---

---

---

---

---

---

---

**7. Describe your child's current behavior. Use the back of this page or an additional sheet of paper if necessary.**

---

---

---

---

---

---

---

---

---

---







**12. Please identify the behaviors and relationships your boy has at home. Check all that apply.**

- Poor relationship with me or other parent
- Disrespectful to parental authority
- Physically aggressive to me or other parent
- Refuses to participate in family activities
- Fails to do chores or help with family obligations
- Steals from family members
- Leaves without permission or runs away
- Physically aggressive with siblings
- Poor relationship with siblings
- Poor relationship with non-custodial parent
- Other -- \_\_\_\_\_

**13. Please explain and provide details for the issues identified in 10. Above. Use the back of this page or an additional sheet of paper if necessary.**

---



---



---



---



---



---



---

**14. Please identify your boy's spiritual issues. Check all that apply.**

- Questions the existence of a supernatural authority
- Refuses to participate in church related activities
- Involved in occult or alternative spiritual activities
- No spiritual training

**15. Please explain and provide details for items identified in 12. Above. Use the back of this page or an additional sheet of paper if necessary.**

---



---



---



---



16. Please identify your boy's social issues. Check all that apply.

- Lacks friends
- Fails to keep friends
- Maintains negative friendships
- Steals from peers
- Physically aggressive with friends and peers
- Involved with juvenile justice system
- Involved in a gang or gang related activity
- Other -- \_\_\_\_\_  
\_\_\_\_\_

17. Please explain and provide details for items identified in 14. Above. Use the back of this page or an additional sheet of paper if necessary.

---

---

---

---

---

---

18. How does your boy handle "free time"? Check all that apply.

- Gives up on difficult tasks
- Starts and drops hobbies
- Spends hours and/or late nights on social media sites, video games, etc.
- Abuses tobacco, drugs or alcohol
- Sexually active
- Forced himself on others sexually
- Involved in pornography, sexual communication or other sexual activities

19. Please explain and provide details for items identified in 16. Above. Use the back of this page or an additional sheet of paper if necessary.

---

---

---

---

---

---





**20. What are your boy's emotional issues and attributes? Check all that apply.**

- Fails to show remorse when confronted
  - Argumentative
  - Acts without thinking
  - Lies or sneaks around
  - Makes excuses or fails to take responsibility for behavior
  - Acts like privileges are rights
  - Threatened or attempted suicide
  - Cuts, scratches or burns their own skin
  - Eating disorder
  - Other -- \_\_\_\_\_
- \_\_\_\_\_

**21. Please explain and provide details for items identified in 16. Above. Use the back of this page or an additional sheet of paper if necessary.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**22. Is your boy (or has he been) in trouble with the law? This includes any tickets or information if presently on probation. Use the back of this page or an additional sheet of paper if necessary.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



23. Provide in this space any other information you feel we may need regarding your boy or the family that may help us make a good decision on this application. **Use the back of this page or an additional sheet of paper if necessary.**

---

---

---

---

---

---

---

---

---

---

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_