



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

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

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

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

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

Email: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Boy: \_\_\_\_\_

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

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

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

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

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

Email: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

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

Children in the home please provide number by sex & age: Boys - \_\_\_\_\_

Girls - \_\_\_\_\_

**BOY'S INFORMATION**

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

Optional Race/Ethnicity Information	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> 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.

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

**Boy's insurance**

Do you have health, vision & dental insurance on your boy?    \_\_\_ Yes    \_\_\_ No

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

Are you receiving any type of financial support or a State subsidy payment for you son?    \_\_\_ Yes    \_\_\_ No

Are you willing to forward the support or subsidy payment to FGBR to support the care of your boy?    \_\_\_ Yes    \_\_\_ No

Considering the cost for FGBR to help your boy, are you willing to provide financial support?    \_\_\_ Yes    \_\_\_ No

(Note: We do not have a set fee and will not turn your boy away because of the inability to pay. If you are able to help with the cost of your boy, we are looking for a commitment.)

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.**

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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

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

- |   |   |
|---|---|
| <input type="checkbox"/> Family separation or divorce                   | <input type="checkbox"/> Death of a loved one                         |
| <input type="checkbox"/> Subjected to bullying                          | <input type="checkbox"/> Abused by a care provider or parent          |
| <input type="checkbox"/> Neglected by a care provider or parent         | <input type="checkbox"/> Sexually abused                              |
| <input type="checkbox"/> Witness to the abuse of a sibling              | <input type="checkbox"/> Witness to abuse of a care provider / parent |
| <input type="checkbox"/> Participated in an abuse/neglect investigation |   |
| <input type="checkbox"/> Removal from home of parents or relatives      |   |
| <input type="checkbox"/> 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 boy's current behavior. Use the back of this page or an additional sheet of paper if necessary.**

**8. Describe your boy's past behavior. Use the back of this page or an additional sheet of paper if necessary.**



9. How often does your boy take medications and what is he being treated for? **Use the back of this page or an additional sheet of paper if necessary.**

10. Please identify the types of issues your boy is having at school. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Bored at school                           | <input type="checkbox"/> Unhappy at school                          |
| <input type="checkbox"/> Grades have gone down                     | <input type="checkbox"/> Not passing classes                        |
| <input type="checkbox"/> Fails to do or hand in homework           | <input type="checkbox"/> Skips classes                              |
| <input type="checkbox"/> Habitually tardy                          | <input type="checkbox"/> Receives special educational services      |
| <input type="checkbox"/> Has problems with school authorities      | <input type="checkbox"/> Disrupts classes                           |
| <input type="checkbox"/> Destroys school property                  | <input type="checkbox"/> Physically aggressive at school            |
| <input type="checkbox"/> Will not attend school                    | <input type="checkbox"/> Is not enrolled in school                  |
| <input type="checkbox"/> Has detentions, suspensions or expulsions | <input type="checkbox"/> Passing grades but working below potential |
| <input type="checkbox"/> Other -- _____                            |   |

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.**

**Please complete the "School History" form at the back of this application.**



11. **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 -- \_\_\_\_\_

Please explain and provide details for the issues identified in 11. Above. **Use the back of this page or an additional sheet of paper if necessary.**

12. **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

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.**



**13. 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 -- \_\_\_\_\_  
\_\_\_\_\_

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

**14. 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

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.**



**15. 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 -- \_\_\_\_\_
- \_\_\_\_\_

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

**16. 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.**



17. 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.

**NOTE:** *Freedom Gates Boys Ranch has a list of approved Medical Providers and Pharmacies. Arrangements will be made for your son to be treated by or obtain services from providers on this list. See the List of Approved Providers attached to this application.*

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

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

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

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



### School History

School Currently Attending			
Street Address			
City/State/Zip			
Phone		Fax Number	
School Counselor			

Previous Schools	Years Attended	Behavioral Problems

What grades does your boy earn? \_\_\_\_\_

Relationship to his teachers: \_\_\_\_\_

Relationship to other students: \_\_\_\_\_

Behavioral problems (ex. Suspensions, detention, expulsion, etc.): \_\_\_\_\_

Other issues: \_\_\_\_\_

Has your boy ever repeated a grade?  
 No     Yes-which grades? \_\_\_\_\_

Has your boy ever received tutoring?  
 No     Yes-which subjects? \_\_\_\_\_

Has your boy ever been tested for special education?  Yes     No

Please check all that apply:

- Gifted/Accelerated
- SLD (Specific Learning Disability)
- ED (Emotional Disturbance)
- MR (Mental Retardation)
- OHI (Other Health Impaired)



	Speciality	Name & Address	Phone Numbers	Doctors Names
1	Counseling – Med Evals	Horizons Mental Health Center 102 S Main St – PO Box 212, ML – 67104	620-886-5057 620-663-7595	
2	Counseling	Heritage Family Counseling 6525 E Mainsgate, Wichita, KS 67226	316-461-7923	On-site with Kevin Neuenswander
3	Dentist	Erickson & Gill 113 N Anthony Ave, Anthony, KS 67003	620-842-3844	
4	Dentist	Jana K Oister Dentist 1506 S Grand Ave, Cherokee, OK	580-896-3541	
5	General Health & Physicals, Blood Work, Health Assessments	Kiowa District Healthcare 1002 S 4 <sup>th</sup> St, Kiowa, KS 67070	620-825-4121 620-825-4131	Oklahoma St Insurance accepted here Dr. Paul Wilhelm
6	General Health & Physicals, Blood Work, Health Assessments	Medicine Lodge Memorial Hosp & Clinic 710 N Walnut St, Medicine Lodge, KS 67104	620-886-5949 620-886-3771	Dr. Justin Morgan C Patrick Martin
7	Vision	Grene Vision 115 W Main St Anthony, KS 67003	620-842-5596 800-696-4467 842-3521 Fax	
8	Vision	Grene Vision 115 W Main St Anthony, KS 67003	620-842-5596 800-696-4467 842-3521 Fax	
9	Vision	Carl Newton 1504 S Grand Ave Cherokee, OK 73728	580-596-3573	
10	Pharmacy	Kiowa Prescriptions Plus 530 Main St Kiowa, KS 67070	620-825-4782	
11	Pharmacy	Walmart Pharmacy 914 Oklahoma Blvd Alva, OK 73717	580-327-4054	
12	Pharmacy	Holder Drug 513 Barnes St Alva, OK 73717	580-327-3332	