

**EAGLE RANCH
ACADEMY, INC.**

*Admissions / Enrollment
Information*

2009



"Our Goal is to Help YOU Help Your Child."
Paul Arslanian - Executive Director

ADMISSIONS / ENROLLMENT INFORMATION

CONGRATULATIONS - Your Child has been accepted to one of the finest Youth Development Programs in the world. We look forward to working with your Child, and helping YOU help your Child begin to enjoy the benefits and opportunities of youth.

Eagle Ranch Academy is proud to be able to bring families an upper level program at a more affordable price. ERA is not a Group Home with Students maintained in a confined space, nor a facility with a large enrollment where Students are just one of many. Our enrollment is limited, and our setting is a spacious residential campus in the heart of one of the favored locations in the USA. Our Team is committed to helping your Child benefit from this wholesome, healthy environment. We need your help to maximize the effects of our Staff. As we make our assessment of your Child during our Admissions/Intake Process, we will provide you with some very specific steps for you to take to help your Child progress in our Program.

Our Program is unique among Youth Development Centers as your Child will be monitored and supervised by qualified therapists and professionals on a 24 hour 7 day a week basis. Thank you for completing the Application/Student Intake Assessment information, and we trust that it was as thorough as possible, as it will assist us in determining the appropriateness of our Program for your Child/Student. At Eagle Ranch Academy we provide the services necessary to assist each person in making the transition back to successful living. Now that your Child has been accepted, the accuracy of the information in each section of the Application will help us in effectively understanding your Child, and completing our Intake Assessment and Admissions Process.

It is understood that upon physical admission to Eagle Ranch Academy, the admitting staff will do a complete assessment to ascertain whether or not the applicant/resident is sufficiently qualified (including detoxified) for admission. Eagle Ranch Academy is not a medical facility and in the event, during the Intake Process if the applicant does not meet the criteria for immediate admission, Eagle Ranch Academy will require immediate transportation to the necessary facility. Eagle Ranch Academy will assist you with this, but cannot assume responsibility for transportation, monitoring, or making arrangements for medical care prior to official admission.

Additionally, it is understood if the applicant/resident is recalcitrant, refusing treatment, and unwilling to participate in the Program at anytime during residency, Eagle Ranch Academy reserves the right to immediately discharge, and although ERA will assist you with the following, it cannot assume responsibility for transportation, monitoring, or making arrangements for transfer to another facility. Eagle Ranch Academy is a voluntary program that challenges young adults to participate in the recovery process. We are committed to this process and the integrity of our community.

Once again - Congratulations for the acceptance of your Child to Eagle Ranch Academy. Now, to complete the Admissions Process proceed to the next page, and follow the steps required.

List of steps to take for Admission:

1. Contact current counselor, therapist, etc., and let them know you are interested in placing your Child into Eagle Ranch Academy. It is important to sign the Release of Protected Health Information form (HIPAA) so we can discuss your Child's case with your Child's Clinician.
2. Provide ERA with copies of all Mental & Emotional Treatment Records including – Discharge Summaries, Treatment Termination Summaries, Results of Psychological & Psychiatric Testing, Hospital Discharge Summaries, and Educational Testing Summaries.
3. Copy of Immunization Records. And, be sure to list any current and past medications.
4. Copy of Birth Certification.
5. Copies of all current School Transcripts and Records. Signed Permission Form so ERA can correspond directly with Child's current school officials.
6. Sign and have notarized the Power of Attorney form.
7. Current photograph of your Child.
8. If requested, provide a copy of Court Custody Agreements in case of divorced/separated Parents.
9. Work with ERA Admissions Director to arrange a date for your Child to be enrolled into ERA, and to help arrange for transportation.
10. Interstate Compact Agreement filled out, signed and returned to us.
11. Copy of Insurance Cards.
12. Pre-approved Insurance if benefits are available.
13. Review the Application / Student Intake Assessment form you previously filled out to make sure it is accurate, complete, and signed. We rely on this information in making our assessment.

And finally - Secure the funds necessary for enrollment, sign the Enrollment Agreement, and send or bring everything requested to the Admissions Director at Eagle Ranch Academy.

We are aware that it was a difficult decision for you to send your Child away from home. Your decision to do so was made after careful consideration and a great deal of anguish and pain. As you are realizing these specialized programs are not cheap. Most parents that enroll a child in a quality program such as Eagle Ranch Academy do so by making the personal sacrifice of dipping into the assets they have accumulated over the years or taking out a loan or second mortgage. We are unique in that we have a non-profit organization we work closely with to provide scholarships to you to help reduce the cost, and to your Child for long term benefit. We also have a full-time Insurance Specialist that will help guide you through the Insurance process, and our Admissions Staff will offer suggestions and advice on securing financing for the Tuition and Admission/Intake Assessment Fee.

ERA provides assistance in billing your Insurance Company, and any reimbursement from your Insurance will be credited to your account or refunded to you if your Child has been discharged and your account is paid in full. Please note that this billing is a courtesy provided by ERA, and is for your convenience, but Parent/Guardians are still responsible for full payment via credit or debit card or check or cash, the 1st of each month. Payment 6 months ahead will assist in scholarship benefit.

Our monthly Tuition and Admission / Intake Assessment Fee are based on \$350 per day. The Admission / Intake Assessment Process takes 20 days, and the Fee = \$7,000 (20 days X \$350). The monthly Tuition = \$10,500 per month. Partial months are figured at \$350 per day, and full months are billed at \$10,500 per month. Before the Child can be brought to ERA, a payment of \$7,000 (minimum) for 20 days @ \$350 per day must be sent to ERA. Once enrollment is secured, the monthly Tuition (\$10,500) is due by the 1st of each month, and full payment paid in advance can help in scholarship qualifications.

Payment Options include:

- Tuition can be paid via debit or credit card or check prior to the 1st of each month.
- Pre-payment by check or cash for partial or full Tuition for anticipated length of stay. Any overpayment due to Students early or mid-month completion or discharge will be refunded.
- Failure to pay Tuition will result in Students discharge; but, before this happens, please make arrangements with ERA to work with the personal advocate that we make available for funding consulting. The company is Solutions Financial, and due to a special arrangement with ERA, they will assist you in finding the most appropriate and cost efficient financing options.

The Admission / Intake Assessment Fee includes the following:

1. Complete physical examination.
2. Dental examination if needed.
3. Psychiatric, psycho-social assessment.
4. Lab work.
5. Psychological/psychiatric and educational evaluation and testing as needed.
6. Academic assessment.
7. All academic books and supplies.
8. Complete student evaluation.
9. All clothing, sandals, coats, hats, etc. **Except for a pair of Athletic Shoes for hiking, basketball, soccer, active sports, etc. to be provided by Parent/Guardian.
10. All bedding needs (sheets, pillow case, blanket/comforter), linens, towels, and all personal hygiene items.
11. The Staff Physician administers a physical examination at admission, and the Staff Nurse monitors health issues thereafter.
12. The Staff Psychiatrist/Psychologist will complete a mental health examination and will provide ongoing psychiatric care thereafter, as needed; but please note that after the 2 initial visits, it will be billed as extra medical service, if necessary. ERA is not a medical facility, but if we can provide the appropriate level of care that your Child needs, we will do so at a much more cost efficient level than a medical facility is able to do.

EAGLE RANCH ACADEMY - ADMISSIONS AND ENROLLMENT INFORMATION

I. FORMS	Complete and Sign before Student can be Admitted <ol style="list-style-type: none">1. Enrollment Agreement.2. Power of Attorney (Must be Notarized).3. Student Intake Assessment (previously filled out and sent to ERA during the Application Process).4. Contact Information / Notification in case of Emergency.5. Release of Protected Health Information - HIPAA.6. Permission for Program Items.7. Consent to Receive Psychoactive Medications.8. Interstate Compact Law and Agreement.9. Permission to Obtain School Records.10. Assignment of Insurance Benefits & Omnicare Form.11. Credit Card Policy and Authorization.12. Academic Background.13. Permission for Field Trips / Consent to Examination and Treatment.14. Runaway Information.
II. ITEMS TO INCLUDE	Please include the following items with Admissions / Enrollment Information. <ol style="list-style-type: none">1. Current Picture of Student.2. Copy of Student's Birth Certificate.3. Copy of Physical Exam if within last three months. AND, copies of all Mental and Emotional Treatment Records including – Discharge Summaries, Treatment Termination Summaries, Psychological & Psychiatric Testing, Hospital Discharge Summaries, and Educational Testing.4. Copy of Immunization Records.5. Copy of Insurance Cards.6. If Parents are divorced, include copy of Court Decree granting custody of the Student.
III. TUITION AND FEES	Tuition is \$10,500.00 per month (\$350 per day for partial months). Admissions / Intake Assessment Fee is \$7,000.00. Initial payment is \$7,000.00 for 1 st 20 days + \$3,500 for next 10 days. Make payment to Eagle Ranch Academy, Inc. (The Admissions / Intake Assessment Fee is Non-Refundable). Credit or debit cards are accepted and billed monthly. Check or cash pre-paid for a minimum of 6 months will qualify for a Scholarship benefit.
IV. ITEMS TO BRING	The ONLY item you need to bring/send for your Child is a pair of Athletic Shoes for sports, hiking, everyday use. ALL other items are provided by ERA. All items brought to ERA by your Child, will be returned to you upon your first visit to ERA.

ENROLLMENT AGREEMENT

This Enrollment Agreement (“Agreement”) is made by and between Eagle Ranch Academy, a Utah corporation (“**ERA**”), with its principal place of business located in Washington County, State of Utah, and the undersigned (hereafter “Sponsor”).

RECITALS

A. ERA is licensed by the Utah State Department of Human Services to operate and does operate a facility in St. George, Utah, for the purpose of providing rehabilitation and educational services for students with special needs.

B. Sponsor desires to enroll Student at ERA for purposes of providing rehabilitation and educational services to Student, for the consideration, and subject to the terms contained herein.

WHEREFORE, the parties hereby agree as follows:

AGREEMENT

1. **Authority of Sponsor.** The Sponsor affirms that they are the legal guardian, having both legal and physical custody of, _____ hereinafter known as the “Student,” whose birth date is _____/_____; and, that Sponsor expressly desires to enroll the Student in ERA according to the terms and conditions of this Agreement.

2. **Enrollment.** Sponsor agrees to enroll the Student with ERA and pay to ERA the fees and expenses set forth herein, and ERA agrees to render rehabilitation and educational services for and on behalf of the Student, all as set forth in this Agreement. Sponsor acknowledges and agrees that ERA’s acceptance and ultimate enrollment of the Student is subject to the personal evaluation and screening process conducted by ERA. If the Student satisfies ERA’s screening criteria, ERA shall accept the Student and permit the Student to complete ERA’s program, subject to the terms of conditions of this Agreement. If the Student fails to satisfy ERA’s screening criteria the Student will be returned promptly to Sponsor and ERA will also return any prepaid tuition fee for the Sponsor less the **\$5,000.00** admission/intake assessment fee. This fee covers expenses incurred by ERA in behalf of the Student.

3. **Fees and Expenses.** Sponsor agrees to pay ERA in consideration for services to be rendered the following amounts and at the following times:

- (a) The published tuition amount is \$350.00 per day/\$10,500.00 per month. This agreement is based on a reduced tuition amount of \$250.00 per day/\$7500 per month. The admission/intake assessment process takes 20 days, and the fee is equal to \$5,000.00 (20 days x \$250). The next 10 days is equal to \$2500.00 for tuition (10 days x \$250). ERA must receive the non-refundable admission/intake assessment fee of \$5,000.00 before the Student can be brought to ERA. Once enrollment is secured by Student, the monthly tuition of \$7,500.00 is due on the 1st of the next month

- (b) Monthly tuition in the amount of **\$7,500.00**, due each and every month during the period of enrollment, due and payable on or before the 1st day of each month. Partial months are billed at \$250.00 per day.
- (c) Sponsor shall be responsible to satisfy miscellaneous expenses. Payment shall be made in full by the first of each month.
- (d) Any payment due past the tenth of the month will be subject to a late fee of \$250.00, and any payment more than 30 days past due may be subject to interest charges at a rate of 18% per annum.
- (e) Students may be sent home at Sponsor's expense when payments are more than 30 days past due.
- (f) School records will not be released until all tuition payments and miscellaneous expenses have been paid in full.
- (g) ERA may award certain scholarships which may offset or reduce the amount of tuition and fees required hereunder. The award of any scholarship is in ERA's sole and absolute discretion.

4. Contract Period. This Agreement is for a minimum of 6 months. The pre-assessment provided by ERA will indicate an expected program length, with a minimum length of 6 months. Early termination by Sponsor shall be in accordance with the provisions of this Agreement. Notwithstanding the minimum contract period, ERA has the right to dismiss the Student, at any time, as set forth in this Agreement.

5. Individual Treatment Plan. An individual treatment plan will be formulated for Student and services will be provided on a reasonable and regular basis. Services provided may include: individual therapy with a clinical Social Worker, Certified Social Worker, a Licensed Addiction Counselor, a Marriage Family Therapist, a Licensed Clinical Psychologist, a Licensed Clinical Social Worker, a Licensed Social Worker, an intern for a Licensed Clinical Psychologist, a Social Work Intern, a Certified School Counselor, or a combination thereof.

6. Additional ERA Documents and Forms. Sponsor acknowledges that he or she has received, read, and understood the following documents: the admissions/intake assessment information, the application/student intake assessment, insurance documents, health care treatment documents, family information, physician's health examination documents, confidential health history for medical examination documents, petition for release of school records, immunization records, interstate compact form for out-of-state students, permission for release of medical records, mail instructions for student, and all other documents, forms, manuals and instruction materials made available by ERA, and understands and agrees that each of said documents are incorporated into this Agreement the same as though set forth fully herein. Furthermore, Sponsor covenants and agrees to cause Student to conform to all obligations on the part of the Student as contained in this Agreement and the incorporated materials and documents.

7. Health Care Services. ERA will provide initial medical and physical tests as itemized in the admission/intake assessment information, the costs of which is incorporated in the admission/intake assessment fee as set forth in Section 3(a). ERA will be responsible to arrange for all necessary and reasonable health care service for Student, provided however that the cost of such health care services and any related travel expenses to and from any health care provider shall be the responsibility of Sponsor. Sponsor shall reimburse ERA for any health care expenses advanced on behalf of Student within 30 days after written notice thereof is sent to Sponsor. Sponsor understands that ERA staff have to make numerous decisions about when to seek medical or dental help for students ranging from small to serious ailments or injuries.

ERA's staff tries to make decisions by taking into consideration the added costs to the parent and the true need of the Student. The Sponsor therefore understands and acknowledges that ERA staff can miscalculate the timing or need of medical intervention like any parent. It is understood that ERA staff make these judgment calls in good faith for and on behalf of the Sponsor. Any such judgment calls are subject to human error, especially since many of these judgment calls would have to be made by non-medical staff. The Sponsor understands and agrees that ERA makes no representation and accepts no liability for the performance of any physician, dentist, clinic, or hospital to which the Student is delivered for medical intervention. The Sponsor understands these risks and agrees to hold harmless and release ERA and its staff from all liability associated with medical care.

8. Injuries, Accidents, or Illnesses. Many of the activities in which the Student may participate involve some risk. There are some inherent risks of illness, including, but not limited to, illnesses that are contagious; illnesses or health risks that are common to the geographic location, illnesses connected to food services, etc. There is also risk of acts of God and other matters that are out of the hands of ERA

9. Pharmacy and Medications. Current physician's orders or a copy of the current prescription with the Student's physician's signature is required at the time of placement. No medication may be administered without this information. Sponsors who request medications from a pharmacy other than the one used by ERA in St. George, Utah, will be responsible for alerting their pharmacy concerning refills on medications. If a parent wishes to send medications from home, ERA must receive these medications before the Student's supply runs out. If the Student's medications run out prior to medications being sent from home or other pharmacies, we will purchase needed medications at the pharmacy selected by ERA and Sponsor will be responsible for the cost of the medication.

10. Travel Expenses. Except as otherwise set forth herein, all travel expenses incurred by Student or incurred by ERA on behalf of the Student for schooling, home visits, or otherwise shall be paid and satisfied in full by Sponsor, and Sponsor shall hold ERA fully harmless therefrom. If ERA incurs or advances any travel expenses on behalf of Student, Sponsor shall reimburse ERA within 30 days after receiving notice thereof.

11. Discipline of Student. If the Student is a safety concern to themselves or others, the Sponsor authorizes ERA staff to place the Student in the Multipurpose Room away from the interaction of others, where he/she will remain under the close supervision of a staff member until such time that the staff feel that the Student is no longer a danger to himself/herself or others. The Sponsor understands that all such decisions are judgment calls and are open to human or judgment error. Sponsor hereby gives consent and authorization to ERA staff to physically intervene, control and detain the Student for and including, but not limited to, the following purposes: To prevent the Student from jeopardizing the safety of self or others, to prevent the flight of the Student into a dangerous or unsupervised situation, to prevent the destruction of property. The Sponsor authorizes ERA to use Positive Control Systems intervention techniques to insure a safe, positive environment for each student.

12. Authorization of Search and Seizure. Sponsor hereby authorizes ERA personnel to search the person and personal effects of Student at any time. ERA is further authorized to confiscate any and all items deemed by ERA to be contraband or counterproductive to the Student's successful completion of the Program. The disposition of all items confiscated by ERA shall be left to the sole discretion of ERA. Sponsor understands and agrees that ERA expressly disclaims any and all responsibility for the care or return of confiscated items.

13. Authorization for Drug Screening. Sponsor hereby gives consent and authorizes ERA to administer to the Student routine saliva or urinalysis for drugs. The Sponsor agrees to pay for such expenses.

14. Visitation. Upon completion of the admission/intake assessment process, ERA will establish a visitation schedule for the Sponsor and possibly the family to visit Student on campus and/or in the surrounding area. Near the end of the program ERA suggests a home visit for no longer than seven days. Student must be on appropriate level for all visits, as determined by ERA. Visits may be canceled at any time by ERA, with or without notice, when Student's level drops or loses privileges from not working appropriately on behavioral, therapeutic, or educational goals.

15. Dismissal of Student. ERA shall have the right to dismiss Student at its sole discretion for any of the following reasons: (a) any breach of this Agreement or any term, document, promise or other obligation incorporated herein; (b) behavior on the part of Student that seriously breaches the rules of discipline and conduct imposed and maintained from time to time by ERA; and/or (c) deviant or criminal behavior by Student that significantly and adversely impacts the various programs of ERA or the effectiveness of services provided to other students.

16. Insurance Coverage for Tuition and Expenses.

- a) In the event that Sponsor has insurance coverage to satisfy tuition and other expenses incurred by, for, or on behalf of Student, the responsibility to complete all insurance forms, process all insurance claims, and otherwise secure insurance benefits, shall be strictly and solely the responsibility of Sponsor. ERA shall not have any duty or obligation to deal directly with any insurance company, but ERA may, in its discretion, do so, from time to time.
- b) ERA assumes no responsibility for the approval or processing of insurance reimbursements, payments or billings.
- c) The Sponsor agrees to maintain the fee schedule while any reimbursements or payments are being approved or processed. The responsibility for tuition is the Sponsor's and shall be paid monthly.

17. Runaway Expenses. In the event the Student runs away from the program, ERA will make every reasonable effort to find the Student and return the Student to the program or Sponsor. An accounting of the expenses incurred by ERA in finding and returning the Student will be made to the Sponsor (provided Sponsor has pre-approved such costs) who agrees to accept full responsibility for any and all such costs and expenses, and to pay the sum within seven (7) days of the Sponsor's receipt of said accounting. In the event of any complaint, demands, claims, or legal actions alleging injury, death, or any other type of damage as a result of the runaway of a Student, Sponsor shall indemnify, defend and hold harmless ERA and its officers, directors, employees, and agents from any and against any and all damages, loss, or expense, including court costs and reasonable attorney's fees

18. Early Termination. A 30-day notice must be given to the finance department as well as the Director and therapist of any student being withdrawn from ERA regardless of the reason. If the Student is withdrawn without notice or without fault or breach on the part of ERA, Sponsor shall be obligated to pay to ERA the Student's tuition throughout one month following such termination. The parties recognize that the payment of said amount is reasonable in light of the reliance, which ERA places upon this Agreement, and the time involved for ERA to replace the dismissed Student. If ERA chooses to terminate Student's enrollment with or without cause, any pre-paid tuition will be refunded minus unpaid tuition, fees, and expenses

19. Termination for Certain Diseases. ERA's facility is not equipped to handle or address individuals who have HIV, hepatitis, or tuberculosis. As a result, ERA reserves the right to terminate this Agreement if Student has tested or otherwise tests positive for HIV, hepatitis, or tuberculosis.

20. Health Care Insurance. Sponsor acknowledges and agrees that it is his or her responsibility to maintain health care insurance for the benefit of Student during the enrollment term. ERA shall not provide coverage of that nature, nor shall ERA be obligated to satisfy health care expenses incurred by Student. Furthermore, Sponsor agrees to procure and maintain major medical and accident insurance for the Student during all times while the Student is enrolled with ERA.

21. Release; Discharge; Indemnification. Sponsor agrees to indemnify and otherwise does forever release, discharge, and hold harmless ERA and each of its present and former officers, directors, partners, shareholders, agents, independent contractors, employees, predecessors, successors, assigns, parents, affiliates, subsidiaries, insurers, and attorneys, and the agents and employees of any of them, from and against any all actions, causes of action, obligations, costs, fees, sanctions, damages, losses, claims, liabilities, and demands (hereafter collectively referred to as "Claims") in any way based upon or arising from or related to (a) any damages to person or property, including bodily injury or death, caused by the Sponsor's Student if he/she runs away from ERA's facilities; (b) any damages to person or property, including bodily injury or death, caused by the Sponsor's Student if such damage is caused on ERA's facilities or premises; and (c) any willful or negligent act committed by Student while enrolled at ERA. This release, discharge, and indemnification shall survive the termination of the Agreement. If either party receives notice of a pending or threatened claim arising from or related to this Agreement, the party shall promptly give written notice thereof to the other party.

22. Personal Injury and Damage To Property. Sponsor agrees to accept full responsibility for (a) the repair or replacement of any personal property damages, defaced or destroyed by the Student, whether owned, leased or controlled by ERA or any party and (b) any personal injury to any ERA personnel, other students or third parties caused in whole or in part by the Student; and to promptly reimburse ERA for any costs and expenses it may incur in connection therewith.

23. Disclaimer of Warranties. Sponsor hereby acknowledges that ERA makes no representation, covenant, promise, or commitment to Sponsor or to Student that the educational and rehabilitation service to be furnished by ERA to Sponsor will cause Student to progress, develop, improve, or otherwise advance in terms of social, ethical, moral, or educational respect. Sponsor further acknowledges that each student is different and his/her Student may not respond to the services that will be provided by ERA as set forth herein. Sponsor further acknowledges that ERA makes no warranties, express or implied, that its services will ultimately benefit the Student or Sponsor.

24. Mail and Phone Calls. Sponsor hereby acknowledges that because of the risk of potentially negative influences from outside on the Student's development and progress, including the potential for the mailing of drugs or other substances to students enrolled at ERA, ERA reserves the right to open and screen all of Student's incoming mail and to monitor all of Student's outgoing phone calls.

25. Personal Effects and Property. The care and maintenance of all personal property belonging to Sponsor is the responsibility of Sponsor and Student. Sponsor agrees to hold ERA harmless for any loss or damage to said property. It is recommended that expensive or sentimental items are left at home or are at ERA only at the sole risk of the Student or Sponsor. The Sponsor agrees that ERA is not responsible or liable for items left behind on visits, leave, or when the Student exits ERA.

26. Unauthorized Actions of Employees. The Sponsor understands and agrees that ERA can only be responsible and/or liable for their employees to the degree that the employees operate within the scope of their employment and outlined job responsibilities. This does not relinquish the staff member from their individual liability for damages and/or prosecution for their actions outside of their constituted job duties or realm of employment. The Sponsor therefore agrees to hold harmless and release ERA from all liability or damages for any actions of ERA staff or employees that act outside the training they have received or the scope of their constituted responsibilities or realm of their employment.

27. Staffing. Sponsor understands that ERA's staffs are hired not necessarily on the basis of their credentials but to provide supervision and carry out the structured environment designed to benefit students at ERA.

28. Supervision. Sponsor understands that the amount of supervision varies with each Student depending on his current status. ERA provides a high level of supervision, but it is understood that the supervision provided, regardless of status, does not guarantee that accidents, injuries, self harm, fighting, acts of physical aggression, runaways, suicide attempts, sexual activity or use of alcohol, tobacco or other harmful substances cannot happen. These risks are present in any segment of society no matter how closely supervised or protected.

29. Termination of Enrollment on Majority. ERA is located in the State of Utah. The age of majority in Utah is age eighteen (18). Sponsor acknowledges that the Student may withdraw from ERA at any time upon Student's attaining the age of eighteen, without notice to or consent of Sponsor, and that ERA has no obligation or authority to require the Student to remain enrolled. Sponsor releases and indemnifies ERA from all claims, damages, causes of action, etc. in any manner relating to a Student leaving the ERA once the Student reaches the age of eighteen and Sponsor acknowledges that ERA has no obligation or duty to the Sponsor for the Student regarding the manner in which the Student leaves, including but not limited to destination, method of travel, notification of parents or other person. Sponsor further acknowledges that ERA may terminate the enrollment of any student on or after the Student's eighteenth birthday at ERA's sole discretion if ERA deems it inadvisable to keep the Student enrolled in ERA and that such termination may be without prior notice to either Sponsor or the Student.

30. Protection of Community Image. The Sponsor understands that upon leaving ERA, their child will not go to school or live within 100 miles of ERA, unless (1) permission is given in writing by ERA, (2) their child is 18 years of age, or (3) the Student is living with the parents. Sponsor agrees that failure to comply with this provision would result in the Sponsor being responsible for paying ERA the normal monthly fee for the period of time involved.

31. Conflict of Interest. The Sponsor understands and agrees under strict penalties of damages that they will not contract with any ERA employees or former employees for any related or even non-related services while the Student is enrolled in ERA or upon discharge or for a period of one year after the Student is discharged from ERA, without specific and written permission from the Director. The Sponsor also agrees under the same penalties that they will not allow their child to live with or reside in the home of an employee or former employee, upon discharge, or for a period of one year after the Student is discharged from ERA, without specific and written permission from the Director

32. Sponsor Cooperation. Sponsor agrees to give ERA and ERA personnel full cooperation throughout the program in order to maximize the benefits of the program for the Student and Sponsor

33. Governing Law, Jurisdiction, and Choice of Forum. This Agreement shall be governed by and construed in accordance with the laws of the State of Utah. Any action brought to enforce or interpret any provision of this Agreement or that otherwise arises under this Agreement shall be brought in the United States District Court for the District of Utah, Central Division, or in state court in the Fifth Judicial District in and for Washington County, State of Utah. Sponsor hereby expressly consents to the personal jurisdiction of said courts and waives any objection Sponsor may now or hereafter have to the laying of venue of any action brought in such courts arising from or related to this Agreement

34. Attorney Fees. In the event that Sponsor defaults under this Agreement, by failing to pay any money when due or by breaching any other term or provision contained herein, then Sponsor agrees to pay to ERA reasonable attorney fees, whether or not suit is commenced, and if commenced, whether or not prosecuted to final judgment or decree.

35. Acknowledgment/Entire Agreement. Sponsor hereby acknowledges that Sponsor has read this agreement and that Sponsor understands and consents to all of its provisions; that this Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof; and that no other prior agreements, promises, expectations and conditions, oral or written between the parties are incorporated herein.

36. Binding Effect. This agreement shall be binding upon and inure to the benefit of the parties hereto, their heirs, personal representative, successors and assigns.

37. No Waiver. The failure of any party hereto to exercise any right, power, or remedy provided under this Agreement or otherwise available in respect hereof at law or in equity, or to insist upon compliance by any other party hereto with its obligations hereunder, and any custom or practice of the parties at variance with the terms hereof, shall not constitute a waiver by such party of its right to exercise any such or other right, power, or remedy or to demand such compliance.

38. Modification. This Agreement cannot be modified or altered except by a subsequent written agreement signed by the parties; and only the highest ranking officer or his direct superior shall have authority to sign such an amendment on behalf of ERA..

39. Severability. Each term of this Agreement is deemed severable, in whole or in part, and if any provision of this Agreement or its application in any circumstance is found to be illegal, unlawful or unenforceable, the remaining terms and provisions shall not be affected thereby and shall remain in full force and effect.

40. Descriptive Headings. The descriptive headings used herein are inserted for convenience of reference only and are not intended to be part of or to affect the meaning or interpretation of this Agreement

[Signatures on following page]

DATED this _____ day of _____, 20_____

Father/Guardian

Mother/Guardian

Print Name

Print Name

Signature

Signature

Social Security Number

Social Security Number

EAGLE RANCH ACADEMY, INC.

By: _____

Its: _____

POWER OF ATTORNEY
Eagle Ranch Academy, Inc.

THE UNDERSIGNED _____
(hereafter "Sponsors") hereby certify that I/We are the true and lawful attorney in-fact and legal guardians for _____
(hereafter referred to as the "Student"), and that the Student is my/our _____.
I/We hereby execute this Power of Attorney for the purpose of appointing **Eagle Ranch Academy, Inc.**, a Utah corporation (hereafter "ERA") as attorney-in-fact for the Student to provide him/her with custodial care, educational, therapeutic and clinical services in connection with his/her enrollment at ERA.

Without limiting or qualifying the general Power of Attorney granted and delegated by Sponsor to ERA, Sponsor specifically grants to ERA the following powers:

1. To provide or obtain all medical records, dental, psychiatric treatment, and hospital care, and to authorize a physician to perform any and all procedures that may appear to be medically necessary for the well being of the Student.
2. To guide and discipline the Student as deemed necessary and reasonable by ERA (but not to include physical punishment).
3. To physically restrain the Student as deemed necessary should he/she become a danger to him/herself or to anyone else, as deemed necessary by ERA.
4. To allow the Student to participate in all activities.
5. To search the person and personal effects of the Student at any time, including but not limited to all mail sent to or by Student, and seize and confiscate any items deemed by ERA to be contraband or counterproductive to the Student's successful completion of the ERA Program. The search of the Student's person may require Student to remove all of his or her clothing and may include a strip search of all or any portions of Student's body, including cavities in which contraband could be hidden.
6. To restrict the Student's access to telephone calls, and visitors, and to otherwise monitor the Student's participation in telephone calls and visits when the same are allowed.
7. The enumeration of specific items, rights, acts or powers is not intended to, nor does it, limit or restrict, and is not to be construed as limiting or restricting, the powers herein granted to ERA under this Power of Attorney, but shall also include those rights, acts, or powers which relate to or are necessary to perform any of the foregoing items and those rights, acts, or powers which ERA deems necessary to the Student's advancement in ERA's program.

[Signature And Notary On Following Page]

This Power of Attorney shall be effective from the date of arrival, beginning _____
20_____ and shall terminate upon completion or termination of Student's enrollment at ERA.

DATED this _____ day of _____, 20_____.

Father/Guardian

Mother/Guardian

Print Name

Print Name

Signature

Signature

STATE OF _____)
_____) : ss.
COUNTY OF _____)

On the _____ day of _____, 20____, personally appeared before me
_____, and duly acknowledged that
he/she/they fully understand(s) the foregoing Power of Attorney, executed the same of
his/here/their own volition and for the purposes set forth, and that he/she/they was acting under
no constraint or undue influence whatsoever.

Notary Public
Residing at:
My commission expires:

**

Signature & Title of ERA Official receiving this document.

EAGLE RANCH ACADEMY - CONTACT INFORMATION

I hereby authorize Eagle Ranch Academy to keep me updated on the progress of my child through the use of the Parent Page and E-mail. Also, I give you permission to update the referral agent (if applicable) and my home therapist. In addition, the following is a list of names that I also want to receive these updates; and I verify that I have included any/all Parent/Guardians with Legal Custody rights that must be kept informed:

Name	E-Mail Address	Relationship
1. _____	_____	Parent/Guardian
2. _____	_____	Therapist
3. _____	_____	Referral Agent
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Student Name _____

Parent/Guardian Signature _____ Date _____

PERSONS TO NOTIFY IN CASE OF EMERGENCY

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**EAGLE RANCH ACADEMY - AUTHORIZATION FOR THE
RELEASE OF PROTECTED HEALTH INFORMATION - HIPAA**

This authorization form has been specifically designed to comply with all state and federal regulations pertaining to the confidentiality of health information. It must be filled out completely with respect to the required content.

1. THE PERSON WHO IS PROVIDING THE AUTHORIZATION: (Student Information)

Name _____ SS # _____

Date of Birth _____ Former Name(s) _____

Home Phone No. _____

Address _____

City _____ State / Zip _____

2. AUTHORIZATION IS HEREBY GRANTED FOR: (To be completed by ERA)

Person / Agency Name _____

Address _____

City _____ State / Zip _____

Phone No. _____ Attention to _____

3. THE SPECIFIC INFORMATION REQUESTED TO BE RELEASED: (Completed by ERA)

E.R. Report _____ Discharge Summary _____ History and Physical

Consultation _____ X-Ray Report _____ Pathology Report

Lab Report _____ Clinic/Progress Report _____ Operative Status

Evaluation _____ Mental Status _____ History and Other

Date of Treatment(s) _____

I acknowledge and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV results, or Aids information.

Initial _____

4. PURPOSE OF DISCLOSURE: _____

5. RECORDS ARE TO BE RELEASED TO:

Eagle Ranch Academy
115 West 1470 South
St. George, UT 84770
435-652-8488 office
435-652-9959 fax

6. REVOKING MY AUTHORIZATION AND WHEN IT WILL EXPIRE:

I understand that I have the right to revoke this authorization at any time by sending a written request to the agency privacy officer prior to the expiration date. Revocation of this authorization shall not affect releases of information made prior to the revocation. Unless otherwise revoked, this authorization will expire on the following date or other/event. If I fail to specify an expiration date and/or event, the authorization will expire six (6) months from the date signed.

Expires: Date _____ or Other/Event (Discharge or Completion of ERA) _____

7. SIGNATURE TO GIVE MY AUTHORIZATION:

I understand that authorizing the disclosure of my Protected Health Insurance is voluntary and that I need not sign this authorization in order to receive services. I further understand that the disclosure of this information carries with it the potential for authorized disclosure and the information may no longer be protected by Federal Confidentiality rules.

Clients Signature _____ Date _____

Parent / Guardian / Personal Representative Signature: _____

Date _____ Relationship to Client _____

I.D. Verification by _____

Witness Signature _____ Date _____

EAGLE RANCH ACADEMY - PERMISSION FOR PROGRAM ITEMS

Name of Student _____

My Student has permission to attend any church of his/her choice.

Yes No

Eagle Ranch Academy has my permission to use name, photos, and audio-recordings of my Student in brochures or publicity.

Yes No

Eagle Ranch Academy has my permission to use my name for referrals to prospective Parents.

Yes No

I agree that my Student may be tested at any time that drugs or alcohol are suspected.

Yes No

I grant permission to staff at Eagle Ranch Academy to transport my Student to and from activities.

Yes No

I grant permission for a staff to dispense medications to my Student as prescribed by a Physician.

Yes No

I consent to having my Student photographed for the secured Parent Pages on the Eagle Ranch Academy website, and the Graduation DVD for the purpose of providing Parents with pictures of Activities that their Student is involved; and, **I agree not to use or allow to be used any picture of other Students or Staff for any purpose outside of ERA.** Yes No

Signature _____

Date _____

EAGLE RANCH - CONSENT TO RECEIVE PSYCHOACTIVE MEDICATIONS

To: (Name of Patient) _____

Your attending physician is _____ M.D.

State Department of Mental Health regulations require the treatment center to maintain a written record of your decision to consent to the administration of psychoactive medications. You may be treated with psychoactive medications only after you have been informed of your right to accept or refuse such medications, and you must be provided with sufficient information, which shall include the following:

1. The nature of your mental condition.
2. The reasons for your taking the medications, including the likelihood of your improving or not improving without the medications.
3. Reasonable alternative treatment available if any; the type, range of frequency and amount (including use of PRN orders), method (oral or injection), and duration of the probable side effects or these drugs known to commonly occur, any particular side effects likely to occur, and the possible additional side effects which may occur if you take such medication beyond three months. You should have been advised that such effects may include persistent involuntary movement of the face or mouth at times, and include similar movement of the hands and feet after medications have been discontinued.

Your signature below constitutes your acknowledgment of the following:

1. That you have read and agree to the foregoing.
2. That the medications and treatment set forth below have been adequately explained and/or discussed with you by your supervising physician, and that you have received all of the information you desire concerning such medication and treatment.
3. That you authorize and consent to the administration of such medication.

Medication and Treatment _____

Date _____ Signature _____
 Patient/Parent/Legal Guardian (Please circle)

Time _____ Relationship _____
 (If signed by other than patient)

Student _____ Witness _____

Notations by Physician (if applicable) _____

This form is in case the attending physician finds it necessary or advisable for the Student to receive psychotropic medication. This is in agreement with the Parent/Guardian as well as the Student. This form will/may be signed by the Student & Witness upon arrival at ERA.

INTERSTATE COMPACT LAWS

Dear Parent/Guardian:

The Interstate Compact on the Placement of Children was established to protect parents and their children, and has been adopted in all 50 states. Federal Law requires that children cannot be placed into the care of an agency across state lines without the approval of the Interstate Compact Authorities in each state. This is intended to assure that children are placed into a licensed, safe and suitable environment with persons having appropriate qualifications and facilities to provide necessary and desirable care, and that the state laws in the sending and receiving states are followed.

According to Utah State Law, no child can be sent to an agency in Utah from another state without prior approval from each state. In order to comply with the Utah law you must complete an Interstate Compact Placement Request form.

After you have completed the Interstate Compact Placement Request, return it to Eagle Ranch Academy and we will forward it to the appropriate state. It is important to fill out and sign this form and return it to Eagle Ranch Academy immediately. Please feel free to call us with any questions you may have concerning filling out this form, 435-652-8488

Sincerely,

Dave Arslanian

Admissions Director

Eagle Ranch Academy

Important Items when filling out the attached Interstate Compact Request:

- Section I - Name of Agency or Person Responsible for Planning for Child = Parent/Legal Guardian
- Name of Agency or Person Financially Responsible for Child = Parent/Legal Guardian
- Section II - Name of Person(s) or Facility Child is to be placed with = Eagle Ranch Academy
- Section III - Name and Address of Supervising Agency in Receiving State = Eagle Ranch Academy
- Signature of Sending Agency or Person = Parent/Legal Guardian

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:

FROM:

SECTION I - IDENTIFYING DATA			
Notice is given of intent to place - Name of Child:		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number:		ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex:	Date of Birth	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Name of Mother:	
Name of Mother:		Name of Father:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			
SECTION II - PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is to be placed with:			Soc Sec # (optional): Soc Sec # (optional):
Address:			Phone:
Type of Care Requested:		<input type="checkbox"/> Parent <input type="checkbox"/> Relative (Not Parent) Relationship: _____	
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy	
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent	To Be Finalized In: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State	
<input type="checkbox"/> Child Caring Institution	<input type="checkbox"/> Other: _____		
Current Legal Status of Child:		<input type="checkbox"/> Protective Supervision	
<input type="checkbox"/> Sending Agency Custody/Guardianship	<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption		
<input type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Unaccompanied Refugee Minor		
<input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Other: _____		
SECTION III - SERVICES REQUESTED			
Initial Report Requested (if applicable):		Supervisory Services Requested:	
<input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study		<input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	
		Supervisory Reports Requested:	
		<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other:	
Name and Address of Supervising Agency in Receiving State:			
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Documentation			
Signature of Sending Agency or Person:			Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:			Date:
SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC			
<input type="checkbox"/> Placement may be made		<input type="checkbox"/> Placement shall not be made	
REMARKS:			
Signature of Receiving State Compact Administrator, Deputy or Alternate:			Date:

DISTRIBUTION (Complete six (6) copies):

- 1. Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- 2. Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- 3. Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.
- 4. Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.

EAGLE RANCH ACADEMY - PERMISSION TO OBTAIN SCHOOL RECORDS

To Principal, Counselor of _____

Name of School

Street Address

City

State

Zip

School Phone Number

Fax Number

Name of Student _____ Date of Birth _____

Date Requested _____

Parent / Guardian / Personal Representative Signature _____

The above named student has enrolled in Eagle Ranch Academy. I hereby request the release of his/her school records to be sent to our school at the following address:

Eagle Ranch Academy
115 West 1470 South
St. George, UT 84770
435-652-8488 office
435-652-9959 fax

Please include the following:

1. Transcripts.
2. Withdrawal Grades or Incomplete Classes.
3. Health and Immunization Records.
4. Counseling Information Including Psychiatric or Physiological Evaluations.
5. Special Education or Guidance Records.

Name and Title of Person Requesting _____

Sincerely,

Eagle Ranch Academy

EAGLE RANCH ACADEMY - ASSIGNMENT OF INSURANCE BENEFITS

Patient Name _____ Admit Date _____

Insurance Company _____

Address of Insurance Company _____

Telephone Number of Insurance Company _____

Group Number _____ Policy _____

Insured Name _____ Insured SS # _____

Insured Employer _____

For the purpose of paying all or part monies owing to EAGLE RANCH ACADEMY for services it has or will render to the above patient, the undersigned hereby irrevocably assigns to EAGLE RANCH ACADEMY any benefit payments payable for the benefit of said patient by the above insurance company or companies and all rights and interest in said policy but only to the extent necessary to pay EAGLE RANCH ACADEMY in full. Undersigned hereby grants to EAGLE RANCH ACADEMY the right to bill the above insurance company at retail or at the contract rate. Undersigned acknowledges and agrees, however, that EAGLE RANCH ACADEMY is not obligated or required to bill the insurance company, and may choose to bill the undersigned directly notwithstanding any insurance coverage that may exist. Undersigned agrees to remain liable to pay the full amount of all monies billed by EAGLE RANCH ACADEMY as a result of rendering services to the above mentioned patient and undersigned's liability will only be reduced by the amount of benefit payments received by EAGLE RANCH ACADEMY from the above reference insurer. Notwithstanding the above, undersigned's liability will not be reduced until EAGLE RANCH ACADEMY has collected its full retail or contract rate. Undersigned understands that the nature of patient's disability may be such that no benefit payments will be payable under the policy specified above. EAGLE RANCH ACADEMY verifies insurance as a courtesy to the undersigned, and is not responsible for any misinformation received from the insurance company regarding benefits. It is the responsibility of the insured to understand his/her benefits and allowable coverage under the policy. EAGLE RANCH ACADEMY may bill the insurance company as a courtesy only. To the extent necessary to determine liability for payment and to obtain reimbursement, the undersigned authorizes EAGLE RANCH ACADEMY to disclose information from the treatment received to persons or corporations that may be liable for all or any portion of the facility's charges, including but not limited to insurance companies, health plans and Workers' Compensation carriers. Such information may include psychiatric evaluations, diagnoses, history and physical examination reports, program notes, physicians' orders and laboratory results, as well as school information. Such records may contain psychiatric or substance abuse information. Any monies owing by the undersigned under the terms of this Agreement shall be paid in full within thirty (30) days after billing by EAGLE RANCH ACADEMY unless other arrangements have been made. In the event that collection efforts are undertaken by EAGLE RANCH ACADEMY to enforce any of the terms of this Agreement, all expenses associated therewith, including attorneys' fees, will be paid by the undersigned. The undersigned acknowledges that he or she is entitled to receive a copy of this assignment/authorization.

POLICY HOLDER AND/OR PATIENT

DATE

Please attach a photocopy of the student's medical insurance card in case of necessity.

EAGLE RANCH ACADEMY - CREDIT CARD POLICY

Eagle Ranch Academy is able to accept the following credit cards: Visa, Master Card, Discover, and American Express (plus 2.5% finance charge, which will be waived if payments are received on time). Credit cards can be used for the following: Initial Assessment Fees, Tuition, Medical Bills when insurance does not cover, and any miscellaneous costs incurred by your child.

All credit cards are debited automatically on or around the 25th of each month for the next month. If you are paying by credit card, please fill out the needed information, sign the authorization, and return to Eagle Ranch Academy. An itemized bill will be sent to you each month with all charges and credits that were applied that month.

CREDIT CARD AUTHORIZATION

I _____ hereby give permission for Eagle Ranch Academy to debit my credit card monthly for tuition and other charges for my Student _____
Name

Credit Card Type _____ Name on Card _____

Credit Card Number _____ Expiration Date _____

Signature of Cardholder _____ Date _____

Day Phone No. _____ Evening Phone No. _____

Your Address where you receive your Credit Card Statement:

Address City State Zip



Omnicare

OMNICARE, INC.

Patient Admission Record and Acknowledgment of Financial Responsibility

Admission Date: _____

Patient Name: _____
 Patient SSN: _____ DOB: ____/____/____
 Male or Female: _____
 Facility Name: _____
 Room #: _____
 Pharmacy: _____

Power of Attorney or Guardian. (Please circle One)

Responsible Party: _____
 Responsible SSN: _____
 Address: _____
 City, ST, ZIP: _____
 Employer Name: _____
 Home Number: _____

Resident's CURRENT / PRIMARY Payor Status: _____

Medicare A # _____
 Medicaid # _____
 Private Pay _____
 Medicare B # _____
 Policy # _____ Group # _____
 Insurance _____
 Other (Circle One) Veteran/Hospice/Worker's Comp

(please include copies of all cards - front and back)

Resident's SECONDARY Payor Status: _____

Medicaid # _____
 Private Pay _____
 Insurance _____
 Policy # _____ Group # _____
 Other (Specify) _____

(please include copies of all cards - front and back)

Authorization Agreement for EFT Account Payments (Where Applicable) _____

Cash _____ Exp Date ____/____/____
 MasterCard # _____ Exp Date ____/____/____
 Visa Account # _____ Branch _____
 Depository Name City _____ State _____ Zip _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Patient/Resident Name: _____ (Printed) _____ (Date)
 Responsible Party Name: _____ (Printed) _____ (Date)

Patient/Resident Signature: _____ (Signature) _____ (Date)
 Responsible Party Signature: _____ (Signature) _____ (Date)



Resident's STATUS CHANGE Form: _____

Medicare A # _____
 Medicaid # _____
 Private Pay _____
 Insurance _____
 Policy # _____ Group # _____
 Other (specify) _____

(please include copies of all cards - front and back)

Resident's SECONDARY Payor Status: _____

Medicaid # _____
 Private Pay _____
 Insurance _____
 Policy # _____ Group # _____
 Other (Specify) _____

(please include copies of all cards - front and back)

1. **Authorization.** Omnicare hereby is authorized to provide me with all medications, pharmaceutical supplies and services that I may need.

2. **Payment.** I am responsible for the payment when due for all medicines, pharmaceutical supplies and services provided to me by Omnicare. Payment is due within 30 days of Omnicare's statement and a finance charge will accrue on all delinquent amounts at an annual rate equal to the lesser of 1.5% per month or the maximum annual rate permitted by applicable law.

3. **Power of Attorney.** I hereby make, constitute and appoint any officer or agent of Omnicare as my true and lawful attorney-in-fact, with power to endorse my name on any notes, checks, drafts, money orders or other instruments of payment that may come into the possession of Omnicare in full or part payment of any amounts owing by me to Omnicare. This power of attorney is coupled with an interest and is irrevocable.

4. **Records.** I hereby authorize Omnicare to submit to any HMO, PPO, Insurance provider or other third-party payer any of my medical and financial records, which Omnicare determines, is necessary or desirable to obtain payment for any amount owing by me to Omnicare.

5. **Further Assurances.** I hereby agree to execute upon Omnicare's request any other documents which Omnicare may request to further evidence any amounts owing by me to Omnicare (Including, without limitation, one or more promissory notes) and to provide collateral to secure the payment of such amounts.

6. **Termination of Service.** I acknowledge and agree that Omnicare has the right to suspend or terminate service if my account is delinquent.

7. **Fees & Expenses.** I also will pay all costs and expenses incurred by Omnicare in the enforcement of its rights under this Agreement including, without limitation, attorney's fees, court costs and expenses.

8. **No Modifications.** No modification or amendment of this Agreement, or consent to any departure by me there from, will in any event be effective unless the same is in writing and signed by Omnicare.

9. **No Waiver.** No delay or omission by Omnicare in exercising any right hereunder shall operate as a waiver of such right or any other right under this Agreement and a waiver on any one occasion shall not be construed as a bar to or waiver of any right on any future occasions.

10. **Binding Effect.** This Agreement will be binding upon my heirs, executors, administrators, successors and assigns.

Medicare Assignment of Benefits & Release of Information Lifetime Authorization

"I request that payment of authorized Medicare and or Private insurance/Medigap benefits be made to (Omnicare/supplier) on my behalf.. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services (CMS) and it's agents any information needed to determine these benefits or the benefits payable for related services."

** "If this patient is physically or mentally unable to sign, a representative may sign on the patient's behalf. In this event, the statement's signature line must indicate the patient's name followed by "by" the representative's name, address, relationship to the patient, and the reason the patient cannot sign."

Representative **

Representative's Name: _____

Address: _____

Relationship: _____

Reason _____

Patient/Resident
Name: _____
(Printed) (Date)

Responsible Party: _____
(Printed) (Date)

Patient/Resident
Signature: _____
(Signature) (Date)

Responsible Signature: _____
(Signature) (Date)



Omnicare

EAGLE RANCH ACADEMY - ACADEMIC BACKGROUND

What are your child's current academic needs? _____

What are your academic goals for your child while at ERA? _____

At what age and with what class did your child begin school? _____

In what grade did your child start to struggle (if any)? _____

Has your child repeated any grade(s) _____ If yes which grade(s) _____

Has your child ever been suspended? _____ Explain: _____

Has your child ever been expelled? _____ Explain: _____

Has your child received Special Ed. or Resource Classes: _____ Classification? (i.e.. LD/BD): _____

What was the last grade your child completed? _____ What grade is your child in? _____

Last School Attended _____ Counselor _____

Extra Curricular Activities/Hobbies _____

Has your child ever demonstrated violent behavior towards school staff, teachers, or other students?

If yes Explain: _____

Please attach a copy of your child's school transcript and immunization records to this form.

EAGLE RANCH ACADEMY - PERMISSION FOR FIELD TRIPS

I hereby give my permission for my child to participate in Eagle Ranch Academy sponsored excursions by car or van, supervised by school staff, away from school grounds to areas of interest or places for service projects.

- Yes, my child has my permission to go on school sponsored excursions.
- No, my child may not attend school sponsored excursions and is to remain at school in an alternative curriculum experience for the day as outlined by the Program Director.

Student Name _____

Parent/Guardian Signature _____ Date _____

EAGLE RANCH ACADEMY - CONSENT TO EXAMINATION AND TREATMENT

Student Name _____ Date of Birth _____

I hereby authorize and consent to any x-ray examination, anesthetic, inoculation, vaccination, medical or surgical diagnosis or treatment and hospital care to be rendered to the above named minor under the general or special supervision and upon the advice of a licensed medical doctor.

I hereby consent to x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a licensed dentist.

I hereby authorize and consent to any treatment and psychological testing from a licensed psychologist or psychiatrist to be rendered to the above named minor.

I understand that I am responsible for all medical, dental and psychological expenses notwithstanding any health insurance I may have. I have read the foregoing and understand the same.

Parent/Guardian Signature _____ Date _____

EAGLE RANCH ACADEMY - RUNAWAY INFORMATION

This information is to assist Eagle Ranch Academy in the event of a runaway or AWOL.

Student Name _____ SS# _____ DOB _____

Age _____ Race _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Describe any Birth marks, Tattoos, Scars, etc. _____

Please give the name / relation, phone number and address of any individual(s) your child may contact to assist in the case of a runaway attempt.

	Name / Relation	Phone Number	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

List the places your child may go to or where they may go to hang out _____

How many times has your child runaway? _____ Alone or with a Friend? _____

How long was your child gone? _____ Did your child return home? _____

Describe any past runaway attempts, the methodology, the procedures and the mediums used (stolen car, bus, train, airplane, ride from a friend, hitchhiking,) _____

Please Attach Current Photo of Your Child to This Form