



## The 10 Most Frequently Asked Questions

1. What is the average length of stay in your program?  
Although we require a one-year placement, our typical student completes his program in 12 to 16 months.
2. Where are you located?  
Jubilee is located on 400 acres, 30 miles east of Pasco in the southeast corner of Washington. The property is nestled in the rural wheat-lands off the bank of the Snake River.
3. What are your costs, and are there scholarships available?  
Tuition is \$3,000 a month. Jubilee works with parents, relatives, churches and charitable groups, and individuals to provide funding for a student's care. Scholarships may be available for those demonstrating a need.
4. Is your school accredited and can credits be transferred to another school?  
Our school is accredited through the Washington State's Office of the Superintendent of Public Instruction, which means that any work a student completes here can be transferred to any other school, public or private once he has completed his minimum stay of one-year.
5. How do I receive information about your program?  
Contact Starting Point Manager Myriam Campos at 509-749-2103 ext 237 or send an inquiry to our address. Then she will send you an application to complete.
6. What are the common problems youth have who are admitted into Jubilee?  
Jubilee serves youth who exhibit defiant or oppositional behavior. The behavior may be the effects of physical or emotional mistreatment or abuse. It usually results in a disregard for rules, declining grades and a history of substance use. Most of the students are from broken families and have been isolated and unaccepted in their homes, school and communities.
7. What is the daily schedule?  
The typical daily schedule consists of morning chores, personal hygiene time, breakfast, chapel, core academics, lunch, vocational education, extracurricular activities, dinner, evening growth groups, and devotions.
8. Are you a locked facility?  
We are not a typical "lock-down" facility, even though students may not leave without permission. We prefer to call ourselves a "staff secure" facility.
9. What is the average age of the students in your program?  
Our average age is 15 years old. We accept students from 13 to 18 years of age.
10. Are you affiliated with a particular Church or Denomination?  
Jubilee Youth Ranch is a non-denominational Christ-centered ministry. A copy of our statement of faith is available upon request.



Dear Applicant,

Thank you for your recent request for information about Jubilee Youth Ranch. Enclosed you will find the forms that will need to be completed before your child will be considered for admission.

\*To be considered for admission the following forms/information must be returned to Jubilee Youth Ranch:

- |  |   |
|--|---|
| ▪ \$50 non-refundable application fee                      | Reports, Previous Placement Discharge Summaries, etc.             |
| ▪ Completed <i>Application for Admission</i>               | ▪ Copy of Legal Custody Court Documents                           |
| ▪ Completed <i>Contact Information</i>                     | ▪ Completed <i>Fee Schedule And Financial Agreement</i>           |
| ▪ Completed <i>Student Questionnaire</i>                   | ▪ Completed <i>Scholarship Application</i> (if applicable)        |
| ▪ Transcripts of School Records                            | ▪ Completed <i>Caregiver Financial Disclosure</i> (if applicable) |
| ▪ Copies of any Psychological Testing Reports, Psychiatric |   |

\*All scholarship applications are prayerfully reviewed and considered so that available funds will be used and stretched to the greatest return for as many youth possible.

The application will be reviewed by the Jubilee Youth Ranch staff. If application is accepted you will be contacted to proceed with an interview. Placement is not guaranteed at this point.

\*Should your child be accepted for placement you will need to bring the following:

- |   |   |
|---|---|
| ▪ Record of Educational Testing   | ▪ At least one month's supply of medication(s)                        |
| ▪ Copy of Social Security Card  | ▪ <i>History &amp; Physical</i>                                       |
| ▪ Copy of Insurance Card (both sides)                                       | ▪ <i>Consent to Release Confidential Records</i>                      |
| ▪ Copy of Birth Certificate   | ▪ <i>Warning, Agreement To Obey Instructions, Release Assumptions</i> |
| ▪ Copy of Immunization Records  | ▪ <i>Notarized Consent of Parent-Guardian</i>                         |
| ▪ Records regarding legal custody (if applicable)                           | ▪ <i>One Year Placement Agreement</i>                                 |
| ▪ Physician's documentation of prescription(s) and reason for medication(s) |   |

*\*Italics indicate that the form is included in the packet.*

# JUBILEE YOUTH RANCH APPLICATION FOR ADMISSION

**Please be advised that a completed application does not constitute acceptance. All parts of this application must be completed and signed and a *non-refundable* application fee of \$50.00 received before your application will be considered.**

THIS IS A PERMANENT RECORD. Please answer every question on this application. If information is unknown, every effort should be made to obtain it. This record will be valuable working with this student. Please use N/A (not applicable) if a question asked does not apply to student. If there is a section you feel you cannot answer, contact our intake department; do not leave any sections blank. Please feel free to use additional paper to provide all information requested.

A Recent Photo of  
Student is REQUIRED

Please Seal Here

## PART I – STUDENT INFORMATION

**Student First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Race / Ethnic Group: ☐ White/Caucasian ☐ Black/African American  
☐ Hispanic ☐ Asian or Pacific Islander  
☐ American Indian ☐ Other: \_\_\_\_\_  
☐ Alaskan Native

City, State, and Country of Birth: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Name of person submitting application: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Is student currently living with you? ☐ Yes ☐ No

Your Address: \_\_\_\_\_ City: \_\_\_\_\_ St/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

How did you hear about Jubilee: \_\_\_\_\_

Have you or any other relatives placed students at Jubilee previously? ☐ No ☐ Yes:

Name: \_\_\_\_\_ Year: \_\_\_\_\_ Grade: \_\_\_\_\_

## PART II – APPLICANT BACKGROUND

### A. SPIRITUALITY SNAPSHOT

That you know of, student considers himself (check one):

- ☐ Christian   ☐ Atheistic/Agnostic   ☐ A Specific Denomination? \_\_\_\_\_
- ☐ Other: \_\_\_\_\_   ☐ Does Not Recognize Any Religion/Cult/Philosophy
- ☐ Yes   ☐ No The student has personalized his relationship with Jesus Christ, for example, he prays, talks openly of his salvation, etc.
- ☐ Yes   ☐ No The student DOES NOT subscribe to a relationship with Jesus Christ, but DOES participate in common expressions of religion (such as church).
- ☐ Yes   ☐ No The student does/has attended church youth group or urban youth outreach.
- ☐ Yes   ☐ No As part of your family, this student has been exposed to spiritual values/upbringing.

### B. TRAUMATIC EXPERIENCES

1. Physical Abuse History (check all applicable)

a. List any physical abuse student has ☐ witnessed and/or ☐ sustained:

i. \_\_\_\_\_, Age: \_\_\_\_

ii. \_\_\_\_\_, Age: \_\_\_\_

2. Sexual Abuse History (check all applicable)

List any sexual abuse student has ☐ witnessed and/or ☐ sustained:

i. \_\_\_\_\_, Age: \_\_\_\_

ii. \_\_\_\_\_, Age: \_\_\_\_

3. Emotional Abuse History (check all applicable)

List any emotional abuse (insults/put downs, intimidations/bullying, being cussed at, etc.) student has ☐ witnessed and/or ☐ sustained:

i. \_\_\_\_\_, Age: \_\_\_\_

ii. \_\_\_\_\_, Age: \_\_\_\_

4. Traumatic/High-Stress Event

List any event in which student was likely to have experienced extreme anxiety (death, severe accident, violence, divorce, abandonment, incarceration of parent, etc.)

i. \_\_\_\_\_, Age: \_\_\_\_

ii. \_\_\_\_\_, Age: \_\_\_\_

### C. SEXUAL EXPERIENCES

That you know of, student's sexual *preference* is (check all that apply):

- ☐ Heterosexual      ☐ Homosexual      ☐ Bisexual      ☐ Questioning

That you know of, has student ***ever*** been active (check all that apply):

- ☐ Heterosexually      ☐ Homosexually      ☐ Bisexually

That you know of, students has/has had (# of) sexual partners (estimates ok).

That you know of is student expecting to be or is he a teen father? ☐ No ☐ Yes (If yes, please complete following section):

When: \_\_\_\_\_ Current relationship to child's mother: \_\_\_\_\_

Have you ever known the student to have a ***preoccupation*** with pornography? ☐ No ☐ Yes  
(If yes, please check any of the following that apply):

- ☐ Internet      ☐ Magazines      ☐ Graphic Novels/Hentai      ☐ Personal Drawings

#### D. SUICIDAL BEHAVIORS/IDEATION (THOUGHTS ABOUT SUICIDE, CHARACTERISTIC SYMPTOMS)

Check any of the following characteristics that seem to describe student:

- ☐ Hopelessness    ☐ Severe Anxiety    ☐ Depression    ☐ Unexplained Agitation
- ☐ Phobias    ☐ Unable to express/experience satisfaction appropriate to activity

Check any of the following behaviors that student has displayed or engaged in:

- ☐ Comments like:
- ☐ “I wish I was dead.”
  - ☐ “I wish I could disappear.”
  - ☐ “I wish I wasn’t here.”
- ☐ Written/Talked About Suicide
- ☐ Made a Non-lethal Suicidal Gesture
- ☐ Suicide Attempt: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Made a Plan to Commit Suicide
- ☐ Admitted for Suicide Watch at a Mental Health Facility or Hospital:

\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Hospital Date

## E. SUBSTANCE ABUSE

Has student ever attended an assessment or screening for substance abuse diagnosis?

☐ No ☐ Yes If yes, what was the Diagnosis? \_\_\_\_\_

If treatment was recommended or required, did the student **complete**:

☐ Outpatient Treatment ☐ Inpatient Treatment ☐ Drug Education

Report **all** of the following you know **or believe** student has tried/used (this chart is meant to capture the estimated range that you perceive to be the student's involvement; **estimates ok**):

	Range (indicate experimental to heavy usage by placing an x on the line to indicate frequency pattern):	Treatment Received, Date: (i.e., In-patient, Out-patient, Drug Education)
<b>Cigarettes</b>	experimenting ----- heavy	_____, __/__/__
<b>Alcohol</b>	experimenting ----- heavy	_____, __/__/__
<b>Marijuana</b>	experimenting ----- heavy	_____, __/__/__
<b>Heroin</b>	experimenting ----- heavy	_____, __/__/__
<b>Cocaine</b>	experimenting ----- heavy	_____, __/__/__
<b>Meth</b>	experimenting ----- heavy	_____, __/__/__
<b>Ecstasy</b>	experimenting ----- heavy	_____, __/__/__
<b>Huffing/Sniffing</b>	experimenting ----- heavy	_____, __/__/__
<b>Cold/Flu Meds</b>	experimenting ----- heavy	_____, __/__/__
<b>'Shrooms</b>	experimenting ----- heavy	_____, __/__/__
<b>Valium</b>	experimenting ----- heavy	_____, __/__/__
<b>Oxycotin</b>	experimenting ----- heavy	_____, __/__/__
<b>Hydrocodone</b>	experimenting ----- heavy	_____, __/__/__
<b>Xanax</b>	experimenting ----- heavy	_____, __/__/__
<b>Prescriptions</b>	experimenting ----- heavy	_____, __/__/__
<b>Hallucinogens</b>	experimenting ----- heavy	_____, __/__/__
<b>Tranquilizers</b>	experimenting ----- heavy	_____, __/__/__
<b>Sedatives</b>	experimenting ----- heavy	_____, __/__/__
<b>Other: _____</b>	experimenting ----- heavy	_____, __/__/__

Please specify if student has ever "tried" to quit using any of the above substances and if so, how many times:

☐ Substance: \_\_\_\_\_ How many times has he tried to quit: \_\_\_\_\_

☐ Substance: \_\_\_\_\_ How many times has he tried to quit: \_\_\_\_\_

## F. INVOLVEMENT WITH LEGAL SYSTEM

List **all** activities that resulted in the student being arrested, and then report on disposition of arrest or any legal action taken (use additional paper to respond if necessary):

Activity	Date Arrested:	Legal Action Taken to Date (Check All That Apply)
1. _____ _____	____/____/____	<input type="checkbox"/> Action Pending: _____ <input type="checkbox"/> Time in Juvenile Hall: _____ <input type="checkbox"/> Diversion <input type="checkbox"/> Probation <input type="checkbox"/> Charges Dropped
2. _____ _____	____/____/____	<input type="checkbox"/> Action Pending: _____ <input type="checkbox"/> Time in Juvenile Hall: _____ <input type="checkbox"/> Diversion <input type="checkbox"/> Probation <input type="checkbox"/> Charges Dropped
_____ Probation Officer's Name	(    ) _____ Phone	

## G. ANTISOCIAL BEHAVIORS

Check any of the following behaviors you know or suspect student has engaged in:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Assault       | <input type="checkbox"/> Threats/Intimidation   | <input type="checkbox"/> Violate Boundaries of Others      |
| <input type="checkbox"/> Lying         | <input type="checkbox"/> High Impulsivity       | <input type="checkbox"/> Extreme Sense of Entitlement      |
| <input type="checkbox"/> Fire Starting | <input type="checkbox"/> Disregard for Rules    | <input type="checkbox"/> Lack of Genuine Remorse           |
| <input type="checkbox"/> Theft         | <input type="checkbox"/> Poor Hygiene           | <input type="checkbox"/> Reckless Disregard for Safety     |
| <input type="checkbox"/> Vandalism     | <input type="checkbox"/> Intolerance of Boredom | <input type="checkbox"/> Inability to Make or Keep Friends |
| <input type="checkbox"/> Bullying      | <input type="checkbox"/> Crude Gestures/Noises  | <input type="checkbox"/> Cruelty to Animals/People         |

That you know of, have any of the items checked been ***evaluated*** by a mental health professional:

☐ No

☐ Yes, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of mental health professional: \_\_\_\_\_

What recommendations, if any, were given: \_\_\_\_\_

## H. MENTAL HEALTH

1. Check all mental health **diagnoses** student has received, past or present, and note date **or** that you suspect he may be struggling with (in this case, leave the dates blank):

- ☐ ADHD, \_\_\_\_/\_\_\_\_/\_\_\_\_      ☐ Eating Disorder, \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Depression, \_\_\_\_/\_\_\_\_/\_\_\_\_      ☐ Conduct Disorder, \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Anxiety, \_\_\_\_/\_\_\_\_/\_\_\_\_      ☐ Oppositional Defiant Disorder (ODD), \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Bi-Polar, \_\_\_\_/\_\_\_\_/\_\_\_\_      ☐ Obsessive Compulsive Disorder (OCD), \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Fetal Alcohol/Drug Related Neurological Disorders, \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Other: \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Of those diagnoses checked above, please note the name of the doctor or mental health professional and/or the name of the mental health institution where the diagnosis was made:

Name of Doctor: \_\_\_\_\_, Facility: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_, Facility: \_\_\_\_\_

*If a formal diagnosis has not been made, why do you suspect any of these might exist?*

\_\_\_\_\_

3. Of those diagnoses checked above, report all known treatment (use additional paper if needed):

**1st Disorder Treated:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dr.: \_\_\_\_\_

Treatment/Counseling: \_\_\_\_\_

List any prescriptions part of **this** treatment:

Rx: \_\_\_\_\_, Dosage \_\_\_\_\_ Still taking: ☐ No ☐ Yes

Is treatment: ☐ Pending ☐ Court-ordered ☐ In-progress ☐ Terminated, \_\_\_\_/\_\_\_\_/\_\_\_\_

**2nd Disorder Treated:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dr.: \_\_\_\_\_

Treatment/Counseling: \_\_\_\_\_

List any prescriptions part of **this** treatment:

Rx: \_\_\_\_\_, Dosage \_\_\_\_\_ Still taking: ☐ No ☐ Yes

Is treatment: ☐ Pending ☐ Court-ordered ☐ In-progress ☐ Terminated, \_\_\_\_/\_\_\_\_/\_\_\_\_



4. Has student ever or is he currently “cutting” himself or using any other method to harm himself (such as burning himself with cigarettes/stove/iron, etc.):

☐ No ☐ Yes (Describe): \_\_\_\_\_ Age this began: \_\_\_\_\_

Frequency (place x on line): Almost Never ----- Daily

5. Does student engage in extremely dangerous “play” such as jumping from roof tops, “street/freeway surfing,” or fence/wall charging, etc.:

☐ No ☐ Yes (Describe): \_\_\_\_\_ Age this began: \_\_\_\_\_

Frequency (place x on line): Almost Never ----- Daily

6. Has student ever engaged in voyeuristic behaviors (viewing/filming/photographing others without their knowledge or consent:

☐ No ☐ Yes (Describe): \_\_\_\_\_ Age this began: \_\_\_\_\_

Frequency (place x on line): Almost Never ----- Daily

7. Does your child have awareness or insight into their current struggles? (place x on line)

Minimal ----- Fully Aware

#### I. SOCIAL SNAPSHOT

Describe student’s need to conform to his peer group: \_\_\_\_\_

Identify student’s support system; those who he relies on for emotional/social support (check all that apply):

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Friends     | <input type="checkbox"/> Chat-Rooms            | <input type="checkbox"/> Celebrities(related through media)    |
| <input type="checkbox"/> Sibling(s)  | <input type="checkbox"/> Gang Brother(s)       | <input type="checkbox"/> Fictional Characters (books or media) |
| <input type="checkbox"/> Parent(s)   | <input type="checkbox"/> Church Leader(s)      | <input type="checkbox"/> Non-relative Adults                   |
| <input type="checkbox"/> Relative(s) | <input type="checkbox"/> Video Game Characters | <input type="checkbox"/> Teacher(s)                            |

Identify activities that student engages in regularly (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sports        | <input type="checkbox"/> Music (plays instrument) | <input type="checkbox"/> Hobby: _____       |
| <input type="checkbox"/> Partying      | <input type="checkbox"/> Internet “Chatting”      | <input type="checkbox"/> “Working Out”      |
| <input type="checkbox"/> “Hanging Out” | <input type="checkbox"/> Video Gaming             | <input type="checkbox"/> Internet “Surfing” |
| <input type="checkbox"/> Reading       | <input type="checkbox"/> Skateboarding            | <input type="checkbox"/> Other: _____       |

List any gangs the student idolizes, has joined, or has been “jumped into”:

\_\_\_\_\_ For How Long? \_\_\_\_\_

Describe student’s reaction to confrontation (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Refuses to Concede | <input type="checkbox"/> Hostile but Responsive | <input type="checkbox"/> Threatens/Retaliates                |
| <input type="checkbox"/> Ignores            | <input type="checkbox"/> Accepts Responsibility | <input type="checkbox"/> Freezes/Blank look                  |
| <input type="checkbox"/> Justifies Behavior | <input type="checkbox"/> Rationalizes Behavior  | <input type="checkbox"/> Minimizes Behavior                  |
| <input type="checkbox"/> Shows No Remorse   | <input type="checkbox"/> Accepts Responsibility | <input type="checkbox"/> Charming, but Unrepentant           |
| <input type="checkbox"/> Shifts Blame       | <input type="checkbox"/> Lies to Cover Behavior | <input type="checkbox"/> Extreme Reaction without Resolution |

**III. ACADEMIC HISTORY (ALL MIDDLE SCHOOL AND HIGH SCHOOL RECORDS REQUIRED)**

**The following section may be added to using additional pages. Please include all additional information you feel is pertinent to the success of the student while placed at Jubilee Youth Ranch.**

**PRE-SCHOOL/KINDERGARTEN**

**Preschool and Kindergarten attended:** \_\_\_\_\_,

**He was socially (check one)** ☐ Engaged ☐ Withdrawn

**He was academically (check one)** ☐ Proficient ☐ Gifted ☐ Behind

**He was developmentally (check one):** ☐ Normal ☐ Delayed

**He was thriving physically:** ☐ Yes ☐ No

**Describe any problems from birth to 6yrs:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ELEMENTARY SCHOOL**

**Elementary School attended:** \_\_\_\_\_

**Elementary School(s) attended:** \_\_\_\_\_

**He was socially (check one):** ☐ Engaged ☐ Withdrawn

**He was academically (check one):** ☐ Proficient ☐ Gifted ☐ Behind

**Repeated Grade?** ☐ No ☐ Yes: \_\_\_\_\_

**Seen by school counselor?** ☐ No ☐ Yes: if yes please describe \_\_\_\_\_

\_\_\_\_\_

**Describe any problems from 6 yrs to 12 yrs:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MIDDLE SCHOOL

Middle School attended \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Middle School(s) attended \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Middle School(s) attended \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

He is/was socially (check one): ☐ Engaged ☐ Withdrawn

He is/was academically: ☐ Proficient ☐ Gifted ☐ Behind

Repeated Grade? ☐ No ☐ Yes: if yes, which one(s) \_\_\_\_\_, \_\_\_\_\_

Suspension(s) #of \_\_\_\_\_ Expulsion(s) #of \_\_\_\_\_

Modified Program/IEP ? ☐ No ☐ Yes: if yes, describe \_\_\_\_\_

\_\_\_\_\_

Seen by school counselor? ☐ No ☐ Yes: if yes, describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student was referred for (check all that apply):

☐ Fighting ☐ Insubordination ☐ Truancy ☐ Contraband ☐ Other \_\_\_\_\_

Describe any problems that began in middle school including reasons for suspensions/expulsions and any relevant interventions received (please use additional paper as needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HIGH SCHOOL

High School attended \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

High School(s) attended \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

High School(s) attended \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Class Level: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

Repeated Grade: ☐ 9 ☐ 10 ☐ 11 ☐ 12 Modified Program/IEP ☐ No ☐ Yes: \_\_\_\_\_

Expelled for: \_\_\_\_\_, Number of Expulsions: \_\_\_\_\_

Suspended for: \_\_\_\_\_, Number of Suspensions: \_\_\_\_\_

Student was referred for (check all that apply):

☐ Insubordination ☐ Truancy ☐ Tardy ☐ Failing Grades ☐ Fighting ☐ Contraband

☐ Inappropriate Action ☐ Inappropriate Dialogue ☐ Other: \_\_\_\_\_

Extra-curricular involvement: \_\_\_\_\_

Principal at current high school: \_\_\_\_\_, phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Counselor at current high school: \_\_\_\_\_, phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Seen by school counselor for: \_\_\_\_\_

Describe any problems that began in high school, including reasons for suspensions/expulsions and any relevant interventions received (please use additional paper as needed):

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Please note that no application will be considered complete before all transcripts, academic evaluations, psychological evaluations, referral records or any other pertinent school documents are received.

Because it is sometimes necessary to expedite processing of an application, Jubilee Youth Ranch will agree to accept unofficial copies of school records. However, official copies must be furnished within 30 days of placement at Jubilee Youth Ranch.

Because Jubilee Youth Ranch is a behavior modification program, we place highest priority on a student's growth in character, spirituality, and social functioning. Academics are considered to be only one part of the entire treatment process.

\*\*\* Please note that Jubilee Youth Ranch will use the above information for academic advisement only. It is in no way assured that we will continue the student's current academic plan. After thorough academic evaluation as well as behavioral and psychological evaluation, the student will be placed in coursework commensurate with his academic mastery level. Although he will receive full credit for all coursework successfully completed while at JYR, it is possible that the student will be required to repeat coursework or grade sequences that he previously completed in other schools. For further explanation, please contact Allegra Garcia, Student Academic Advisor. \*\*\*

## PART IV – FAMILY INFORMATION

### A. PARENTAL/PRIMARY CARE-GIVER SNAPSHOT

Birth Father's First Name:	_____	Middle:	_____	Last:	_____
Date of Birth	___/___/___	Home Phone: (    )	_____ - _____	Work Phone: (    )	_____ - _____
Address:	_____	City:	_____	County:	_____ St/Zip: _____
Ethno-Cultural Background:	_____ Spiritual/Religious Involvement: _____				
Mental Health Issues:	_____				
Substance Abuse:	_____				
Criminal Convictions:	_____				
Incarcerations:	_____				
Education Level:	_____	Income/Resource Level:	_____		
Total Number of Marriages:	___	Current Spouse:	_____	Total Number of Children:	___
In contact with student?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Frequency of contact:	_____	per	_____
Last date of contact:	___/___/___	Is contact with student court-ordered (such as visitation rights)?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Birth Mother's First Name:	_____	Middle:	_____	Last:	_____
Date of Birth	___/___/___	Home Phone: (    )	_____ - _____	Work Phone: (    )	_____ - _____
Address:	_____	City:	_____	County:	_____ St/Zip: _____
Ethno-Cultural Background:	_____ Spiritual/Religious Involvement: _____				
Mental Health Issues:	_____				
Substance Abuse:	_____				
Criminal Convictions:	_____				
Incarcerations:	_____				
Education Level:	_____	Income/Resource Level:	_____		
Total Number of Marriages:	___	Current Spouse:	_____	Total Number of Children:	___
In contact with student?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Frequency of contact:	_____	per	_____
Last date of contact:	___/___/___	Is contact with student court-ordered (such as visitation rights)?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Step/Adpt Father's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ St/Zip: \_\_\_\_\_  
Ethno-Cultural Background: \_\_\_\_\_ Spiritual/Religious Involvement: \_\_\_\_\_  
Mental Health Issues: \_\_\_\_\_  
Substance Abuse: \_\_\_\_\_  
Criminal Convictions: \_\_\_\_\_  
Incarcerations: \_\_\_\_\_  
Education Level: \_\_\_\_\_ Income/Resource Level: \_\_\_\_\_  
Total Number of Marriages: \_\_\_\_ Current Spouse: \_\_\_\_\_ Total Number of Children: \_\_\_\_  
In contact with student? ☐ No ☐ Yes Frequency of contact: \_\_\_\_\_ per \_\_\_\_\_  
Last date of contact: \_\_\_\_/\_\_\_\_/\_\_\_\_ Is contact with student court-ordered (such as visitation rights)? ☐ No ☐ Yes

Step/Adpt Mother's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ St/Zip: \_\_\_\_\_  
Ethno-Cultural Background: \_\_\_\_\_ Spiritual/Religious Involvement: \_\_\_\_\_  
Mental Health Issues: \_\_\_\_\_  
Substance Abuse: \_\_\_\_\_  
Criminal Convictions: \_\_\_\_\_  
Incarcerations: \_\_\_\_\_  
Education Level: \_\_\_\_\_ Income/Resource Level: \_\_\_\_\_  
Total Number of Marriages: \_\_\_\_ Current Spouse: \_\_\_\_\_ Total Number of Children: \_\_\_\_  
In contact with student? ☐ No ☐ Yes Frequency of contact: \_\_\_\_\_ per \_\_\_\_\_  
Last date of contact: \_\_\_\_/\_\_\_\_/\_\_\_\_ Is contact with student court-ordered (such as visitation rights)? ☐ No ☐ Yes

## B. LEGAL CUSTODY/CURRENT RESIDENCE OF STUDENT

Who has legal custody of student: \_\_\_\_\_ Since: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pending hearing for transfer of custody/guardianship: ☐ No ☐ Yes, \_\_\_\_/\_\_\_\_/\_\_\_\_

Who is attempting to gain custody: \_\_\_\_\_, Relationship: \_\_\_\_\_

Please check one:

Is student living with relatives? ☐ No ☐ Yes:

Is student adopted? ☐ No ☐ Yes:

Is student currently fostered? ☐ No ☐ Yes:

If you checked "yes" above, please complete information below:

From Where: \_\_\_\_\_, Age: \_\_\_\_ Legal Custodian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_, Agency: \_\_\_\_\_ Permanent or Temporary Placement: \_\_\_\_\_

From Whom: \_\_\_\_\_ Circumstances: \_\_\_\_\_

Has student ever run away from primary caregiver:

☐ No ☐ Yes (What triggered the event?): \_\_\_\_\_

Age: \_\_\_\_ For how long: \_\_\_\_ Distance: \_\_\_\_ With whom: \_\_\_\_\_

How many times total has student run away: \_\_\_\_ How old when he first began: \_\_\_\_

List all members of student's immediate household:

\_\_\_\_\_, Age: \_\_\_\_, Relationship to student: \_\_\_\_\_

\_\_\_\_\_, Age: \_\_\_\_, Relationship to student: \_\_\_\_\_

\_\_\_\_\_, Age: \_\_\_\_, Relationship to student: \_\_\_\_\_

\_\_\_\_\_, Age: \_\_\_\_, Relationship to student: \_\_\_\_\_

\_\_\_\_\_, Age: \_\_\_\_, Relationship to student: \_\_\_\_\_

Of the members of the student's current household, who is currently or has been:

☐ Addicted to drugs/alcohol: Name \_\_\_\_\_, Name \_\_\_\_\_

☐ Affiliated with any gang: Name \_\_\_\_\_, Name \_\_\_\_\_

☐ Arrested/Convicted of a crime: Name \_\_\_\_\_, Name \_\_\_\_\_



- ☐ Incarcerated/on Probation: Name \_\_\_\_\_, Name \_\_\_\_\_
- ☐ Suffering with Mental Illness: Name \_\_\_\_\_, Name \_\_\_\_\_
- ☐ Demonstrated behavior problems: Name \_\_\_\_\_, Name \_\_\_\_\_
- ☐ Receiving Public Assistance: Name \_\_\_\_\_, Name \_\_\_\_\_
- ☐ Suffering from depression: Name \_\_\_\_\_, Name \_\_\_\_\_

#### PART IV – MEDICAL INFORMATION

**\*\*\* Proof of medical insurance is required for admittance to Jubilee Youth Ranch. You will also be required to complete an additional Medical History Report.\*\*\***

##### A. MEDICAL/DENTAL INSURANCE COVERAGE

Medical Insurer: \_\_\_\_\_, Policy # \_\_\_\_\_, Group \_\_\_\_\_

Additional Policy Information: \_\_\_\_\_

Dental Insurer: \_\_\_\_\_, Policy # \_\_\_\_\_, Group \_\_\_\_\_

Additional Policy Information: \_\_\_\_\_

Medical coupons student currently uses: \_\_\_ CHPW \_\_\_ Molina \_\_\_ Other: \_\_\_\_\_

Current Primary Care Provider: \_\_\_\_\_, ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX( ) \_\_\_\_\_ - \_\_\_\_\_

Current Mental Health Care Provider: \_\_\_\_\_, ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX( ) \_\_\_\_\_ - \_\_\_\_\_

Current Dental Care Provider: \_\_\_\_\_, ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX( ) \_\_\_\_\_ - \_\_\_\_\_

Current Eye Care Provider: \_\_\_\_\_, ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX( ) \_\_\_\_\_ - \_\_\_\_\_

##### B. IMMUNIZATION HISTORY

**\*\*\*Proof of immunization is required for admittance to Jubilee Youth Ranch.\*\*\***

##### Hepatitis B

(Series must not be completed in less than 4 months. Series should be completed within 9 months of starting school.)

Dose 1 - \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 2 - \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 3 - \_\_\_\_/\_\_\_\_/\_\_\_\_

**DTap/DT/Td**

(3 doses Dtap, DT or Td **if** the last dose is given on or after the 4<sup>th</sup> birthday.)

Dose 1 - \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dose 2 - \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dose 3 - \_\_\_\_/\_\_\_\_/\_\_\_\_

**Polio (IPV or OPV)**

(3 doses **if** the last dose is given on or after the 4<sup>th</sup> birthday.)

Dose 1 - \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dose 2 - \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dose 3 - \_\_\_\_/\_\_\_\_/\_\_\_\_

**MMR**

(2 doses with second dose given 28 days after the first.)

Dose 1 - \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dose 2 - \_\_\_\_/\_\_\_\_/\_\_\_\_

**C. CURRENT MEDICAL TREATMENTS AND PRESCRIPTIONS**

Student is currently being treated for:

1. \_\_\_\_\_ by Dr. \_\_\_\_\_

Last seen on \_\_\_\_/\_\_\_\_/\_\_\_\_ Follow up on \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) \_\_\_\_ - \_\_\_\_\_

Prescription given \_\_\_\_\_ Dosage \_\_\_\_\_ Until \_\_\_\_/\_\_\_\_/\_\_\_\_

2. \_\_\_\_\_ by Dr. \_\_\_\_\_

Last seen on \_\_\_\_/\_\_\_\_/\_\_\_\_ Follow up on \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) \_\_\_\_ - \_\_\_\_\_

Prescription given \_\_\_\_\_ Dosage \_\_\_\_\_ Until \_\_\_\_/\_\_\_\_/\_\_\_\_

3. \_\_\_\_\_ by Dr. \_\_\_\_\_

Last seen on \_\_\_\_/\_\_\_\_/\_\_\_\_ Follow up on \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) \_\_\_\_ - \_\_\_\_\_

Prescription given \_\_\_\_\_ Dosage \_\_\_\_\_ Until \_\_\_\_/\_\_\_\_/\_\_\_\_

4. \_\_\_\_\_ by Dr. \_\_\_\_\_

Last seen on \_\_\_\_/\_\_\_\_/\_\_\_\_ Follow up on \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) \_\_\_\_ - \_\_\_\_\_

Prescription given \_\_\_\_\_ Dosage \_\_\_\_\_ Until \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART V – STATEMENT OF AUTHENTICITY AND  
AUTHORIZATION FOR THE EXCHANGE OF CONFIDENTIAL INFORMATION**

x \_\_\_\_\_ As the party responsible for the submission of this application, I attest to the comprehensiveness and accurateness of the information I have listed and further affirm that all items have been completed to the best of my knowledge. I concede to the possibility of changes to the above information and agree to notify Jubilee Youth Ranch and Academy immediately should changes to any part of the given information occur.

x \_\_\_\_\_ As the party responsible for the submission of this application, I understand that although its contents shall be considered strictly confidential, it will be necessary for Jubilee Youth Ranch and Academy staff members to view its contents and to share the information herein with supervisors, department heads, committee members, colleagues, and any other authorized persons currently employed at Jubilee Youth Ranch whose insight lends support to the thorough consideration of placement for the student and to verify its contents. I give my full permission to Jubilee Youth Ranch and Academy staff members to do so as they act in official capacity, as of this date of signed authorization, to be in effect for one calendar year. Should placement at Jubilee Youth Ranch be declined by either party, this permission shall be immediately void. In the event that consent is no longer valid, I further authorize Jubilee Youth Ranch and Academy to archive all records in accordance with state regulations and Jubilee Youth Ranch and Academy policies for confidential record maintenance.

x \_\_\_\_\_ I have been informed of the type of information that will be required in the course of providing care, the benefits and/or disadvantages of releasing this information, and that family history, substance abuse, legal, educational, medical, and mental health information may be contained in the requested reports. *I authorize both written and verbal exchange of information.* I understand that the provision of services is not contingent on the release of this information and I voluntarily consent to the release of the requested information.

x \_\_\_\_\_ I understand that there is no guarantee of placement made either expressly or implied in this application and that any placement at Jubilee Youth Ranch and Academy is by contract. This means that although placement may be terminated by *either* party, those making who agree to financial commitments shall be considered fully liable for all charges agreed to in the contract should termination of placement occur before contract expiration.

x \_\_\_\_\_ I further agree that this application and its contents are considered valid for placement purposes for not longer than one calendar year from the date of signed authorization. If I would like placement to be considered for longer than the contract year, I must declare this intent in writing and resubmit requested documents (including financial statements) at that time.

x \_\_\_\_\_ I have been informed that this application in no way guarantees a specific financial obligation or rate of tuition. I will submit my financial records for consideration, though I understand that my requested tuition amount may be different than the final contract amount.

_____ Applicant Signature, Printed Name	_____/_____/_____ Today's Date
_____ Co -Applicant Signature, Printed Name	_____/_____/_____ Today's Date
_____ Student Signature, Printed Name	_____/_____/_____ Today's Date
_____ Notary/Witness Signature, Printed Name	_____/_____/_____ Today's Date

## CONTACT INFORMATION AND RELEASE

**Student:** \_\_\_\_\_, **Date Filed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list all people the student currently has or is likely to request contact with. Consider all family members, relatives and close friends. Even if you do not wish student to have contact with a person, please list their names and indicate you preferences. You may update us at any time.

**Primary and  
Emergency  
Contact**

1. **Name of Contact** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Contact** H ( ) \_\_\_\_ - \_\_\_\_\_ W ( ) \_\_\_\_ - \_\_\_\_\_ C ( ) \_\_\_\_ - \_\_\_\_\_

**E-mail** \_\_\_\_\_

**On Campus Visits?** Yes or No **Comments** \_\_\_\_\_

\*This person will be called in the event of an emergency

**Contact**

☐ No ☐ Yes

2. **Name of Contact** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Contact** H ( ) \_\_\_\_ - \_\_\_\_\_ W ( ) \_\_\_\_ - \_\_\_\_\_ C ( ) \_\_\_\_ - \_\_\_\_\_

**E-mail** \_\_\_\_\_

**On Campus Visits?** Yes or No **Comments** \_\_\_\_\_

**Contact**

☐ No ☐ Yes

3. **Name of Contact** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Contact** H ( ) \_\_\_\_ - \_\_\_\_\_ W ( ) \_\_\_\_ - \_\_\_\_\_ C ( ) \_\_\_\_ - \_\_\_\_\_

**E-mail** \_\_\_\_\_

**On Campus Visits?** Yes or No **Comments** \_\_\_\_\_

**Contact**

☐ No ☐ Yes

4. **Name of Contact** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Contact** H ( ) \_\_\_\_ - \_\_\_\_\_ W ( ) \_\_\_\_ - \_\_\_\_\_ C ( ) \_\_\_\_ - \_\_\_\_\_

**E-mail** \_\_\_\_\_

**On Campus Visits?** Yes or No **Comments** \_\_\_\_\_

**Contact**

☐ No ☐ Yes

5. **Name of Contact** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Contact** H ( ) \_\_\_\_ - \_\_\_\_\_ W ( ) \_\_\_\_ - \_\_\_\_\_ C ( ) \_\_\_\_ - \_\_\_\_\_

**E-mail** \_\_\_\_\_

**On Campus Visits?** Yes or No **Comments** \_\_\_\_\_

# JUBILEE YOUTH RANCH STUDENT QUESTIONNAIRE

The following section is to be completed by the student. All sections must be completed and returned before his application will be considered.

## Note to Student:

Jubilee Youth Ranch places a high priority on your willingness to change your behavior patterns. Completing the following sections signifies that you are willing cooperate during the admissions process and are cognizant of the mission of this program.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

My-Space Address: \_\_\_\_\_ Face Book Address: \_\_\_\_\_

### **With whom in your current household do you feel connected?**

Name: \_\_\_\_\_ Because: \_\_\_\_\_

Name: \_\_\_\_\_ Because: \_\_\_\_\_

### **With whom in your current household are you angry or frustrated?**

Name: \_\_\_\_\_ Because: \_\_\_\_\_

### **Name two things you have done to make things work in your current household:**

a. \_\_\_\_\_ When: \_\_\_\_\_

b. \_\_\_\_\_ When: \_\_\_\_\_

### **Name two things people in your current household have done that make you feel loved:**

a. \_\_\_\_\_ When: \_\_\_\_\_

b. \_\_\_\_\_ When: \_\_\_\_\_

### **Name two things, even if they are very small, that people in your household have done to help support the things that are truly important to you:**

a. \_\_\_\_\_ When: \_\_\_\_\_

b. \_\_\_\_\_ When: \_\_\_\_\_

Use at least three words to describe how you get along with your:

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Your brother(s): \_\_\_\_\_

Your sister(s): \_\_\_\_\_

Who is the person who knows about your desires, beliefs, goals, and strengths?

Name: \_\_\_\_\_ Because: \_\_\_\_\_

Use at least five words to describe the best thing about your family:

\_\_\_\_\_

Use at least five words to describe the worst thing about your family:

\_\_\_\_\_

Use at least two sentences to describe what you think about school:

\_\_\_\_\_

\_\_\_\_\_

Why do you think you are being considered for placement at Jubilee?

\_\_\_\_\_

Use at least five words to describe how you feel about leaving your family for a year:

\_\_\_\_\_

If you could change anything or any event in your life, what would you change?

\_\_\_\_\_

\_\_\_\_\_

**If you woke up tomorrow and found things exactly how you wanted them to be, what would it look like?**

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**Name two things in the last year that have been like your “miracle day” listed above, even if it was just a little bit:**

- a. \_\_\_\_\_ When: \_\_\_\_\_
- b. \_\_\_\_\_ When: \_\_\_\_\_

**Write two goals that you know you can accomplish in one year if you had support and resources to reach them:**

- a. \_\_\_\_\_
- b. \_\_\_\_\_

**For the above goals, what support and resources do you currently have that could help you reach them:**

---

**Write one sentence about how coming to Jubilee will help you make changes to your life:**

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**Using as much space as you need, please describe things you do to help you cope (deal) with stress or things that bother you. This may include any activity that you use to “feel better”.**

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## JUBILEE YOUTH RANCH FEE SCHEDULE AGREEMENT

- The billing period is from the first through the last day of every month. Tuition will be charged in advance and statements will be mailed by the first of each month. Payments are due by the tenth of every month.
- **When it is necessary to transport a child for personal needs, i.e. airport, hospital, medical appointments, etc., a \$35.00 fee will be charged for each trip.**
- If any refund is due, it will be sent within 30 days, pending all accounts are paid in full, including tuition, damages accrued, medical charges, etc., and child has fulfilled his one-year contract. Please note refund clause below.
- Transcripts, diplomas, or other official records will be available within 30 days of discharge. Please note restriction noted below.

### The following are due at the time of enrollment:

<input type="checkbox"/> Non Refundable Application Fee	\$ 50.00 _____
<input type="checkbox"/> Expense Account (Used to cover damages, payable at time of Intake)	\$350. 00 _____
<input type="checkbox"/> Personal Funds (Recommended)	\$ 50.00 _____
<input type="checkbox"/> Proof of Medical Insurance Coverage – Required before admittance	_____
<input type="checkbox"/> Monthly Tuition (Less any scholarship monies)	\$3,000.00 _____
First month tuition is pro-rated to date of enrollment.	

### DAMAGE CLAUSE

Damages to the facility structure, fixtures, and any property therein and without, items belonging to any staff member or used as a part of any operations, programs and activities, any vehicles belonging to the property, any live stock, any equipment used for official or extracurricular activities, and any other structure, fixture or item in anyway belonging to or assumed to belong to or be associated with Jubilee Youth Ranch will be assessed on a case by case basis. The \$400.00 Expense Account may be used to cover these damages, and is only refunded if the child has incurred no damages during his entire stay at Jubilee Youth Ranch. Any damage charges must be paid in full even if the child has completed his contract or has been discharged before his contract is completed, whether discharged by parent/guardian, or school decision. Payment is due immediately upon child's departure. No transcripts will be forwarded or graduation from Jubilee conferred until all monetary obligations have been paid in full.

### OUTSTANDING BALANCES CLAUSE

All tuition outstanding, all medical charges incurred, and any other charges related to the child's account must be paid in full. Any student whose account becomes 3 months delinquent may be removed from program (after 3 written warnings). A child's discharge, whether by completion of contract or by early termination by school or parent or guardian, does not in any way release the parent, guardian or family from financial obligation. All charges are due immediately upon child's discharge from our program. At time of discharge, the final month is refunded on a pro-rated basis pending there are no outstanding balances and the child has completed his one-year contract.

I have read and understand the above policies and fees and agree to fully comply with this fee schedule and pay in full all related charges.

\_\_\_\_\_  
Signature of Parent/Guardian/Financial Supporter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/Financial Supporter

\_\_\_\_\_  
Date



## CAREGIVER FINANCIAL DISCLOSURE

Please fill out the following information and return this form along with a copy of your last year's tax return, W-2's, current pay stubs, and any/all monthly expenses/bills. Jubilee Youth Ranch intends to use this information to establish a fair and supportable contribution for the student's care. **We consider this information confidential.**

### (A.) PRIMARY MONTHLY INCOME:

Primary Source of Income: \_\_\_\_\_  
List Name of Person

Social Security Number: \_\_\_\_\_

Gross Monthly Salary or Wages \$ \_\_\_\_\_

All Other Sources of Income (Specify)

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Savings Account Balances \$ \_\_\_\_\_

Withholdings:

a) Federal, State Local Taxes \$ \_\_\_\_\_

b) Social Security \$ \_\_\_\_\_

c) Medical Insurance \$ \_\_\_\_\_

d) Retirement Contribution \$ \_\_\_\_\_

e) Garnishments \$ \_\_\_\_\_

(Including Child Support)

(A) Adjusted Net Monthly Income \$ \_\_\_\_\_

### (B.) SECONDARY MONTHLY INCOME:

Secondary Source of Income: \_\_\_\_\_  
List Name of Person

Social Security Number: \_\_\_\_\_

Gross Monthly Salary or Wages \$ \_\_\_\_\_

All Other Sources of Income (Specify)

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Savings Account Balances \$ \_\_\_\_\_

Withholdings:

a) Federal, State Local Taxes \$ \_\_\_\_\_

b) Social Security \$ \_\_\_\_\_

c) Medical Insurance \$ \_\_\_\_\_

d) Retirement Contribution \$ \_\_\_\_\_

e) Garnishments \$ \_\_\_\_\_

(Including Child Support)

(B) Adjusted Net Monthly Income: \$ \_\_\_\_\_

**COMBINED OBLIGATIONS:****MONTHLY PAYMENT**

Housing (Mortgage/Rent)	\$ _____
Vehicle Loans (All Types)	\$ _____
	\$ _____
Bank Installment Loans	\$ _____
	\$ _____
Non Bank Installment Loans	\$ _____
Educational Loans	\$ _____
Credit Card Debt (Specify)	\$ _____
a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____
Utilities:	
a) Natural Gas (or propane, oil)	\$ _____
b) Electricity	\$ _____
c) Water/Sewage/Irrigation	\$ _____
d) Telephone	\$ _____
e) Waste Disposal	\$ _____
Transportation Expenses:	
a) Gasoline (average monthly)	\$ _____
b) Bus Fares (average monthly)	\$ _____
c) Toll Charges (average monthly)	\$ _____
d) Parking	\$ _____
Insurance:	
a) Life	\$ _____
b) Health/Medical (if not deducted from pay)	\$ _____
c) Auto/Vehicle	\$ _____
d) Home/Rental	\$ _____
e) Other	\$ _____
Food (average monthly)	\$ _____
Clothing	\$ _____
Prescription Drugs/Medical Aids	\$ _____
Recreation	\$ _____
Tuition Payments	\$ _____
Other Debt (Specify)	
a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____
<b>TOTAL COMBINED MONTHLY EXPENSES</b>	<b>\$ _____</b>

	<b><u>CREDITOR'S NAME</u></b>	<b><u>NAME ON ACCOUNT</u></b>	<b><u>BALANCE</u></b>
Mortgage Holder or Landlord	_____	_____	_____
Vehicle Loan Holder	_____	_____	_____
Bank Installment Loan	_____	_____	_____
	_____	_____	_____
Other Installment Loans	_____	_____	_____
	_____	_____	_____
Education Loans	_____	_____	_____
Financial Disclosure			

Credit Cards

_____	_____	_____
_____	_____	_____
_____	_____	_____

Utility Companies

_____	_____	_____
_____	_____	_____
_____	_____	_____

I feel I could afford to pay Jubilee Fellowship Youth Ranch \$\_\_\_\_\_ each month toward the support of my child. **Failure to note specific scholarship needs may delay application process, although this does not guarantee the scholarship amount requested.** All scholarship applications are prayerfully reviewed and considered so that available funds will be used and stretched to the greatest return for as many youth possible.

**FINANCIAL SUPPORTER'S DECLARATION:**

I (We) declare that the financial information provided above is both truthful and accurate to the best of my (our) knowledge. I (We) authorize Jubilee Fellowship Youth Ranch to verify this information with my (our) creditors.

We further agree to notify Jubilee Youth Ranch immediately if significant changes in our net income occur.

**SIGNATURE FOR PRIMARY INCOME**

**SIGNATURE FOR SECONDARY INCOME**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Please Type or Print Name Clearly)

\_\_\_\_\_  
(Please Type or Print Name Clearly)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

# JUBILEE YOUTH RANCH SCHOLARSHIP APPLICATION

Student's Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Desired Date of Placement \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's age at that time \_\_\_\_\_

The cost of caring for a youth at Jubilee is \$3,000 per month. Because of your concern for your child, we expect that you will work hard to provide for your child. It may be necessary to contact relatives, churches or others interested in your child for assistance in making this life-changing intervention. We can help you with materials or by answering any questions these supporters may have.

Jubilee Youth Ranch wishes to be available to many youth and we realize that many of these youth come from homes of limited financial means. For this reason, Jubilee works hard to provide scholarships when necessary. All scholarship applications are prayerfully reviewed and considered so that available funds will be used and stretched to the greatest return for as many youth possible. Scholarships may be awarded up to \$2750.

## Parent/ Guardian Commitment:

I will provide an annual update of my financial situation by providing a copy of my most current tax documents or paycheck stubs and will notify Jubilee of any significant (\$1,000 or more annually) changes to my financial situation. **You can expect my payment no later than the 10<sup>th</sup> of every month. Failure to make these payments could result in the dismissal of my son.**

I wish to apply for a scholarship from Jubilee Youth Ranch to make up the remainder of the \$3,000 per month fee. I understand that this amount will be determined by the Scholarship Committee.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I will seek additional support for the ranch totaling \_\_\_\_\_ from the following sources:

NAME	ADDRESS	PHONE	AMOUNT

Additional sources of support:

\_\_\_\_\_

Scholarship Approval: \$\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian Obligation: \$\_\_\_\_\_/\_\_\_\_\_

Scholarship Committee Representative Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# JUBILEE YOUTH RANCH PHYSICAL HEALTH DISCLOSURE

## Must be completed by Physician and Parent/Legal Guardian

Student's Name: \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Blood Type; \_\_\_\_, \_\_\_\_ Registered Donor \_\_Y \_\_N

**Family History** (Please check if any of relatives of student have been diagnosed with any of the following):

- |  |                                     |  |                                 |
|--|-------------------------------------|--|---------------------------------|
| <input type="checkbox"/> EPILEPSY        | <input type="checkbox"/> THYROID    | <input type="checkbox"/> OSTEOPOROSIS  | <input type="checkbox"/> ANEMIA |
| <input type="checkbox"/> MIGRAINE        | <input type="checkbox"/> HAY FEVER  | <input type="checkbox"/> ARTHRITIS     | <input type="checkbox"/> CANCER |
| <input type="checkbox"/> MENTAL ILLNESS. | <input type="checkbox"/> ASTHMA     | <input type="checkbox"/> HEART DISEASE |                                 |
| <input type="checkbox"/> GLAUCOMA        | <input type="checkbox"/> ALCOHOLISM | <input type="checkbox"/> BLEEDS EASILY |                                 |
| <input type="checkbox"/> DIABETES        | <input type="checkbox"/> STROKE     | <input type="checkbox"/> HYPERTENSION  |                                 |

**MEDICAL HISTORY:** PLEASE CHECK ALL OF THE CURRENT PROBLEMS AND INDICATE AGE NEXT TO THE BOX WHEN STUDENT HAS HAD ANY OF THE FOLLOWING SYMPTOMS OR DISEASES.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Decreased Hearing               | <input type="checkbox"/> Loss of Appetite- <i>recent</i>   | <input type="checkbox"/> Cancer                      | <input type="checkbox"/> Chicken Pox         |
| <input type="checkbox"/> Ringing in Ear                  | <input type="checkbox"/> Difficulty Swallowing             | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Measles             |
| <input type="checkbox"/> Ear Infections- <i>frequent</i> | <input type="checkbox"/> Indigestion                       | <input type="checkbox"/> Thyroid Disease             | <input type="checkbox"/> Polio               |
| <input type="checkbox"/> Dizzy Spells                    | <input type="checkbox"/> Persistent Nausea                 | <input type="checkbox"/> Convulsions/Seizures        | <input type="checkbox"/> Mumps               |
| <input type="checkbox"/> Failing Vision                  | <input type="checkbox"/> Ulcers                            | <input type="checkbox"/> Stroke                      | <input type="checkbox"/> Measles             |
| <input type="checkbox"/> Eye Pain                        | <input type="checkbox"/> Abdominal Pain- <i>chronic</i>    | <input type="checkbox"/> Tremor                      | <input type="checkbox"/> Scarlet Fever       |
| <input type="checkbox"/> Double/Blurred Vision           | <input type="checkbox"/> Gall Bladder Trouble              | <input type="checkbox"/> Muscle Weakness             | <input type="checkbox"/> Tuberculosis        |
| <input type="checkbox"/> Eye Infections- <i>frequent</i> | <input type="checkbox"/> Jaundice/Hepatitis                | <input type="checkbox"/> Numbness                    | <input type="checkbox"/> Herpes              |
| <input type="checkbox"/> Nose Bleeds- <i>recurrent</i>   | <input type="checkbox"/> Change in Bowel Habits            | <input type="checkbox"/> Headaches- <i>frequent</i>  | <input type="checkbox"/> Alcohol per week    |
| <input type="checkbox"/> Sinus Trouble                   | <input type="checkbox"/> Diarrhea                          | <input type="checkbox"/> Arthritis                   | <input type="checkbox"/> Smoking per day     |
| <input type="checkbox"/> Sore Throats- <i>frequent</i>   | <input type="checkbox"/> Constipation                      | <input type="checkbox"/> Back Pain- <i>recurrent</i> | <input type="checkbox"/> Coffee/Tea per day  |
| <input type="checkbox"/> Hay Fever/Allergies             | <input type="checkbox"/> Colitis                           | <input type="checkbox"/> Bone Fracture               | <input type="checkbox"/> Sleeping Difficulty |
| <input type="checkbox"/> Hoarseness- <i>prolonged</i>    | <input type="checkbox"/> Hemorrhoids                       | <input type="checkbox"/> Gout                        | <input type="checkbox"/> Phobias             |
| <input type="checkbox"/> Pneumonia                       | <input type="checkbox"/> Hernia                            | <input type="checkbox"/> Osteoporosis                | <input type="checkbox"/> Mental Illness      |
| <input type="checkbox"/> Bronchitis                      | <input type="checkbox"/> Urine Infections- <i>frequent</i> | <input type="checkbox"/> Foot Pain                   | <input type="checkbox"/> Memory Loss         |
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Blood in Urine                    | <input type="checkbox"/> Rashes                      | <input type="checkbox"/> Anemia              |
| <input type="checkbox"/> Chest Pain                      | <input type="checkbox"/> Kidney Stones                     | <input type="checkbox"/> Hives                       | <input type="checkbox"/> Bruise Easily       |
| <input type="checkbox"/> High Blood Pressure             | <input type="checkbox"/> Venereal Disease                  | <input type="checkbox"/> Psoriasis                   | <input type="checkbox"/> Leg Pain            |
| <input type="checkbox"/> Heart Murmur                    | <input type="checkbox"/> Urethral Discharge                | <input type="checkbox"/> Eczema                      | <input type="checkbox"/> Depression          |
| <input type="checkbox"/> Irregular Pulse                 | <input type="checkbox"/> Chronic Fatigue                   | <input type="checkbox"/> Moodiness- <i>excessive</i> | <input type="checkbox"/> Fainting Spells     |
| <input type="checkbox"/> Swollen Ankles                  | <input type="checkbox"/> Weight Loss- <i>recent</i>        | <input type="checkbox"/> Nervousness                 |  |

Please note any other conditions/allergies/noteworthy history and include severity and student age:

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**Hospital admissions:**

Year	Describe Illness, Injury or Operation

**List all medications student is currently taking:**

Medication	Dosage	Frequency

**Please complete the following:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Vision: Left, 20/\_\_\_\_ Right 20/\_\_\_\_ Contact Lens \_\_\_\_\_ Glasses \_\_\_\_\_

**NORMAL**

- ☐ Head
- ☐ ENT
- ☐ Teeth
- ☐ Chest
- ☐ Lungs
- ☐ Heart
- ☐ Abdomen
- ☐ Genitalia
- ☐ Neurological
- ☐ Skin
- ☐ Physical Maturity
- ☐ Spine, Back
- ☐ Upper Extremities
- ☐ Lower Extremities

**ABNORMAL** (describe findings below)

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
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- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

HCT \_\_\_\_\_ Dipstick \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

TB Results: \_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Hepatitis Results: \_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\* Proof of immunization must accompany this form. Please contact Student Services for complete list of required immunizations. \*\***

**Additional Notes:**

Physician's name (Please print): \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# JUBILEE YOUTH RANCH PLACEMENT AGREEMENT

**This constitutes the agreement of Jubilee Youth Ranch, the Student and the Student's Parent/Guardian to the terms and conditions of Student's placement at Jubilee Youth Ranch.**

1. I/ We understand and agree to commit to a one-year placement at Jubilee Youth Ranch beginning \_\_\_\_\_ and ending \_\_\_\_\_.
2. Student and Parent/Guardian acknowledge that from the time of enrollment, the first 30 days are used to evaluate the progress of each new student and his adaptability to the program. If in the sole discretion of Jubilee Youth Ranch there isn't sufficient progress in the student's assimilation into the program during this time, the student can/will be removed from the program without financial penalty as described below on point 10. Intake fees, personal funds and tuition paid are not refundable. A Conference will be scheduled before the 30 day period is over with the parents to determine the child's continued placement.
3. Student and Parent/Guardian have been provided with a copy of the Jubilee Youth Ranch visitation policy and agree to that policy. On-site family visits are welcomed after the initial 30-day Blackout period. Family visits must receive approval at least 48 hours in advance and should be conducted primarily on weekends. All home visits and on-site visits may be cancelled at staff's discretion.
4. If student should be discharged from Jubilee Youth Ranch and/or choose to withdraw from the program prior to completing his full year commitment, ALL academic credits shall be revoked. No refunds will be paid out for intake fees, damage deposits and tuition costs for the month they are being discharged and/or withdrawn.
5. Transcripts/Diplomas will not be released until the following criteria have been met:
  - All tuition account balances have been paid in full.
  - All fees for damages caused by the student have been paid in full.
6. Students who leave under any circumstances other than the completion of the program must remove all personal belongings from the property of Jubilee Youth Ranch within 10 days. Jubilee Youth Ranch is not responsible for arranging the removal of personal items and after 10 days, all items left on campus will become property of the program. Jubilee Youth Ranch is not responsible for any lost or stolen items throughout a students' stay or after dismissal.
7. If I receive three level 3 infractions, placement at Jubilee Youth Ranch may be terminated and all academic credits shall be revoked.
8. If Student chooses to withdraw from Jubilee Youth Ranch upon completion of a one-year commitment and has completed all Washington State graduation requirements prior to graduation ceremonies, he will receive his High School Diploma, but will not be eligible to return and march with his graduating class.
9. Once a student has been discharged or removed from the program, regardless of reason, he may not return to campus unless he receives prior written approval from the Chief Operations Officer or the Executive Director and must be supervised by a staff member at all times.
10. Early Termination of Placement. If this placement agreement is breached by Student's withdrawal prior to completion of the one-year commitment, Parent/Guardian agrees to pay the remaining one-year contracted tuition balance due under this placement agreement with said charges to be immediately due and payable. Jubilee Youth Ranch may choose to terminate placement prior to completion of the on-year placement agreement upon a 3 day notice (unless a longer period is required by law). In the event of Early Termination by Jubilee Youth Ranch, the Parent/Guardian will be responsible for 50% of the remaining contracted tuition balance due under the Agreement, with said charges to be immediately due and payable. If no payments or agreements have been received and/or scheduled within 90 days of the termination date, your account will be submitted to a collection agency.

I have read the above agreement and understand the terms described. I agree to participate in accordance with the Jubilee Youth Ranch Placement Agreement

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Operations Manager

\_\_\_\_\_  
Date

JUBILEE YOUTH RANCH  
NOTARIZED CONSENT OF PARENT-GUARDIAN

This is an agreement between \_\_\_\_\_ and Jubilee Youth Ranch,  
Name of Parent/ Guardian

In the STATE of WASHINGTON, county of WALLA WALLA regarding \_\_\_\_\_  
Name of Child

We the parent/guardian of the above named child agree to the following:

I agree that I will hold harmless and not bring suit against Jubilee Youth Ranch or its agents or employees for any injury, harm or other dangers whether caused by its agents, employees, or by third parties.

This consent authorizes the use of pictures or other audio or visuals in which my child may appear or any other media in which said child may appear in promotions or productions which are connected with Jubilee Youth Ranch or its ministries.

I consent that the staff of Jubilee Youth Ranch may provide for examination and/or diagnostic procedures and may provide emergency surgery, counseling services, and /or medical or dental treatment or administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such examinations, diagnostic procedures, emergency surgery, administration of anesthetics or medical treatment is necessary for the mental or physical health of said child.

I consent that the staff of Jubilee Youth Ranch can make decisions for psychiatric treatment including psychiatric counseling and psychiatric medications.

I further agree to be responsible for the total cost of any emergency, medical or dental needs.

I grant my child permission to travel to various Jubilee Youth Ranch functions during his/her stay. I understand that these activities may take him/her to other states.

In addition, I agree not to hold Jubilee Youth Ranch liable for any accidents or injuries that occur while on the road or at any of these functions.

I have read and agree to abide by all of the above. I have also read, understand and give my consent to have my child governed by all policies, rules, and regulations of Jubilee Youth Ranch. To the best of my knowledge, all statements in this application are completely true.

I affirm that I am the legal guardian of the above named person and that I have the authority to make this placement.

SEAL

SIGNATURE OF CHILD \_\_\_\_\_

SIGNATURE OF FATHER \_\_\_\_\_ ☐ Not Applicable

SIGNATURE OF MOTHER \_\_\_\_\_ ☐ Not Applicable

SIGNATURE OF GUARDIAN \_\_\_\_\_ ☐ Not Applicable

Signature of Notary \_\_\_\_\_ Signed before me on this date \_\_\_\_\_

My commission expires on \_\_\_\_\_





## AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Jubilee Youth Ranch and Academy  
29 Jubilee Circle  
Prescott, Washington 99348  
Phone (509) 749-2103  
Fax (509) 749-2076

Byron Talbott Director, ext. 207  
Myriam Campos Intake, ext. 237  
Joseph Garcia Student Services, ext. 236  
Allegra Garcia Student Advising, ext. 215

**\*\* Please remit all records via fax labeled  
"Confidential Records"**

### I. Child/Referral Information

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Four Digits of Social Security Number: XXX - XX - \_\_\_\_\_

*The child/referral listed above is/will be a resident of Jubilee Youth Ranch, located in Prescott, Washington.*

### II. Use or Disclosure Authorization

I hereby authorize Jubilee Youth Ranch and Academy to receive, use, and disclose the requested information from each of the below listed component agencies/organizations that maintain individually identifiable records on this child/referral, for the provision of services related to education and treatment/behavior modification as provided by Jubilee Youth Ranch and Academy. I have been informed of the type of information that will be required in the course of providing care, the benefits and/or disadvantages of releasing this information, and that family history, substance abuse, legal, educational, medical, and mental health information may be contained in the requested reports. **I authorize both written and verbal exchange of information.** I understand that the provision of services is not contingent on the release of this information. I voluntarily consent to the release of the requested information.

**The information that is used or disclosed pursuant to this authorization may be redisclosed to appropriate personnel within the receiving organization strictly in accordance with Federal and HIPAA regulations protecting confidentiality and on a need to know basis only.** I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not redisclose the information to any other organization without my further authorization.

**This authorization is in effect for the duration of child/referral's placement at Jubilee Youth Ranch and Academy, and shall expire one calendar year from the date of signed authorization, or on the date the child/referral is withdrawn from this organization, whichever comes first.** I may revoke this authorization at any time prior to its expiration date by notifying the providing/receiving organization(s) in writing, but the revocation will not have any affect on any actions the organization(s) took in reliance on it before it/they received the revocation. I may see and copy the information described on this form if I ask for it.

### III. Authorized Providers and Information to Be Used/Disclosed

#### Educational Agencies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_ Transcripts  
\_\_\_ Educational Evaluations  
\_\_\_ Test Scores  
\_\_\_ IEP/ 504 Plans

#### Medical Agencies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_ Medical Evaluations  
\_\_\_ Physical Reports  
\_\_\_ Vaccine Results  
\_\_\_ Vision/Hearing Reports

#### Mental Health Agencies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_ Psych. Evaluations/History  
\_\_\_ Drug/Alcohol Assess., Treatment  
\_\_\_ Progress Notes  
\_\_\_ Discharge Summaries

### IV. Signature Validation

Child/Referral Signed Authorization:

x \_\_\_\_\_ / /

Parent/Legal Guardian Signed Authorization:

x \_\_\_\_\_ / /

Jubilee Youth Ranch and Academy Witness:

x \_\_\_\_\_ / /

Parent/L.G. Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**JUBILEE YOUTH RANCH**  
**Assumptions of Risk and Release of Liability**

**The student and parent or guardian must read carefully and sign.**  
**(Please check only the sports in which you approve your student to participate.)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Basketball           | <input type="checkbox"/> Track         |
| <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Wrestling            | <input type="checkbox"/> Baseball      |
| <input type="checkbox"/> Cross-country | <input type="checkbox"/> Swimming             | <input type="checkbox"/> Softball      |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Hockey               | <input type="checkbox"/> Tennis        |
| <input type="checkbox"/> Golf          | <input type="checkbox"/> Water Sports/Boating | <input type="checkbox"/> Horsemanship  |
| <input type="checkbox"/> Snow Skiing   | <input type="checkbox"/> Ropes Course         | <input type="checkbox"/> Bikes/Skating |

I am aware that playing or practicing to play/participate in any sport can be dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury or impairment to other aspects of my child's body, general health and well-being. I understand that the dangers of playing or practicing to play/participate in the above sport(s) may result not only in serious injury, but in serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_ (student). I have read the above warning and release and understand its terms, I understand that all sports can involve many risks of injury, including, but not limited to, those risks outlined above.

In consideration of Jubilee Fellowship permitting me/my child to try out for the above sport(s) and to engage in all activities related to the team(s), including, but not limited to, practicing and playing/participating in that sport(s), I hereby agree to hold Jubilee Fellowship collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the Jubilee Fellowship athletic team(s). The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that football, wrestling, ice hockey, and baseball are physical contact sports involving even greater risk of injury than other sports.

Date: \_\_\_\_\_ Students's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_

# JUBILEE YOUTH RANCH

## DRIVING INSTRUCTIONS

### Directions from Pasco, WA

Take Highway 12 for about 5 miles

The speed limit will drop to 50 mph

You will cross a bridge going over the Snake River

Take the next left onto Highway 124 to Waitsburg & Clarkston

Follow Highway 124 for 21 miles to Eureka Road

Eureka Road is on the left directly at mile marker 21

DO NOT take the Eureka exit; Eureka Road is the next left

Take a left onto Eureka Road

Follow for approximately 7 miles to stop sign

At stop sign, take a left onto Sheffler

Go .2 of a mile

Take a soft left (first left) onto Van Hollebeke

Van Hollebeke will go up a short hill and turn to the right

Follow Van Hollebeke for approximately 2 miles to Jubilee Youth Ranch

Do not take the first entrance this is the construction entrance

Take the second entrance marked Jubilee Circle

The Administration Building is the first building on the left

### Directions from Walla Walla, WA.

Take 13<sup>th</sup> Street out of Walla Walla

Follow 13<sup>th</sup> Street out past the Walla Walla State Penitentiary

13<sup>th</sup> turns into Highway 125

Follow Highway 125 for about 20 miles to Highway 124

Turn left onto Highway 124, toward Pasco

Follow Highway 124 for approximately 13 miles to Eureka Road

Take a right onto Eureka Road (between mile marker 22 & 21)

Follow for approximately 7 miles to stop sign

At stop sign, take a left onto Sheffler

Go .2 of a mile

Take a soft left onto Van Hollebeke

Follow Van Hollebeke for approximately 2 miles to Jubilee Youth Ranch

Van Hollebeke will go up a short hill and turn to the right

Do not take the first entrance, this is the construction entrance.

Take the second entrance, there will be a sign that says Jubilee Youth Ranch.