



# **APPLICATION AND PARENT INFORMATION PACKET**



## APPLICATION

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Trek Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

1. My signature below is a formal application to participate with Oregon Transition Homes.
2. I release Oregon Transition Homes, its employees, and contractors from any and all liability resulting from our son's or daughter's participation and assume all risks in connection there with, including known and unknown risks.
3. Further, I understand that even though the program works well, results are not and cannot be guaranteed.

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Parent/Guardian Signature Date

Please fax the completed form to:

Oregon Transition Homes

(866) 317-2599 or email to [DKnightOTH@gmail.com](mailto:DKnightOTH@gmail.com)



## **Explanation of Fees**

### **Monthly Fees**

Tuition fees for the first month of placement are due at the time the placement begins. You will be billed for additional payments, which are due every thirty days.

### **Medical Expenses**

Medical expenses are covered by the parent(s)/guardian(s) or by their insurance. Proof of insurance is required upon enrollment. All medical, dental, laboratory and hospitalizations charges will be billed by the service provider directly to the parent(s)/guardian(s).

### **Clothing and Personal Items**

Parents are responsible for providing clothing and personal items.

### **Participant Expense Account**

A \$300 account fee to cover incidentals (including clothing, school fees, medicine, etc.) is due at the time of admission and will be re-billed if the funds in account are depleted. Any remaining balance left in a client's account will be returned to the family upon completion of the program. There will be an additional fee for transportation needs.

### **Property Damage**

Parent(s)/Guardian(s) are responsible for costs associated with damage caused by their child to the OTH provider family's property.

### **Enrollment Termination**

Oregon Transition Homes reserves the right to terminate enrollment at any time due to unmanageable behavior problems and/or disorders, illegal activity, uncontrollable activity, dangerous actions by the student toward self or others, unreported or previously unknown medical conditions, or any reason deemed necessary by OTH personnel. If a student needs to be returned home for any of these reasons, the family will be financially responsible for transportation costs. Failure to pay fees in a timely manner is also sufficient reason for termination.

I have read and fully understand the above agreement. As the financial sponsor for \_\_\_\_\_, I agree to the terms outlined above and guarantee timely payment to Oregon Transition Homes for all fees pursuant to this agreement.

\_\_\_\_\_  
Name of Financial Sponsor

\_\_\_\_\_  
Signature of Financial Sponsor

\_\_\_\_\_  
Date



## **Promissory Note/Payment Agreement**

I/we, jointly and separately, promise to pay to the order of the Oregon Transition Homes, P.O. Box 1064 Albany, Oregon 97321, the sum of \$2400 per month (or \$125 per day for a short term stay) for the placement of \_\_\_\_\_. I/we agree to pay in full at the time the placement begins.

If this agreement is turned over to an attorney or a collection agency, I/we promise to pay the Oregon Transition Homes reasonable attorney fees and/or collection agency costs, even though no suit is filed heron. If a suit or action is filed, the amount of such reasonable attorney fees shall be fixed by the court.

\_\_\_\_\_

Name of Financial Sponsor

\_\_\_\_\_

Signature of Financial Sponsor

\_\_\_\_\_

Date

## Automatic Payment Authorization

Please check the type of card that you wish to authorize for transactions:

☐ VISA

☐ MasterCard

☐ Discover

Bank Name or Credit Card: \_\_\_\_\_

Bank Phone Number of Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CID Code: \_\_\_\_\_

Name and Billing Address of Credit Card Holder: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Credit Card Holder: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I authorize this information to be kept on file for future use.

Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize Catherine Freer Wilderness Therapy (DBA Oregon Transition Homes) to charge my credit card for services provided and to verify the billing address of my Credit Card with the issuing bank upon my signature. If Catherine Freer Wilderness Therapy is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fee which results.

By signing this authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate.

Signature of Card Holder:

\_\_\_\_\_

Printed Name of Card Holder:

\_\_\_\_\_

Changes that  
Last a Lifetime:

Wilderness Therapy  
Expeditions

Santiam Crossing

Oregon Transition  
Homes

PO Box 1064

Albany, OR 97321

(800) 390-3983

(541) 926-7252

(541) 812-0116/fax

info@cfreer.com

cfreer.com





## **PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK**

In consideration of the services of Oregon Transition Homes, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge Oregon Transition Homes Wilderness Weekend Program, on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that my child's participation in outdoor adventure-based activities such as hiking, camping, climbing and whitewater river trips entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, Oregon Transition Homes guides/instructors/facilitators have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, communications technology, if used, may be unreliable, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Oregon Transition Homes from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in this activity or my use of Oregon Transition Homes' equipment or facilities, including any such claims which allege negligent acts or omissions of Oregon Transition Homes.
4. Should Oregon Transition Homes, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that my child has no medical or physical conditions, which could interfere with his/her safety in this activity, or else I am willing to assume – and bear the costs or – all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit against Oregon Transition Homes, I agree to do so solely in Linn County in the state of Oregon, and I further agree that the substantive law of the state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of the agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Oregon Transition Homes on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

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

Signature Print Name

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

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

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

Date: \_\_\_\_\_



## **PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**

**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print Minor's name) ("Minor") being permitted by Oregon Transition Homes to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Oregon Transition Homes from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date





## Parent Authorization and Consent

In as much as I have enrolled my son/daughter (full name) \_\_\_\_\_  
in the Oregon Transition Homes program (dates) \_\_\_\_\_ to \_\_\_\_\_,  
and understanding that the program can be an intense emotional experience for the youth and  
realizing that Oregon Transition Homes has temporary physical custody of  
\_\_\_\_\_ during this time, I approve and consent to the  
following safety procedures to ensure the well being of my child, the other participants and  
transportation needs.

My/our student's personal effects and his/her person may be searched at the discretion of Oregon  
Transition Homes personnel for the purpose of discovering any prescribed or non-prescribed drugs or  
medications, any items not belonging to the student, or any weapons. All prescribed medications to be  
taken by my/our student during the period of enrollment will be dispensed by OTH parents.

All medical personnel of any hospital or other appropriate medical facility shall have authorization to  
provide emergency medical treatment according to their professional discretion during the period of  
enrollment in the OTH program. All medical expenses are my/our responsibility.

Should my/our student run away from the supervision and control of OTH personnel during  
enrollment, all appropriate law enforcement or security personnel of any federal, state, county, or  
municipal entity shall be directed to detail and retain custody of my/our child until I/we or any OTH  
personnel are contacted, at which time OTH personnel may re-obtain temporary custody or control of  
him/her, or they may authorized continued custody by the entity until travel is arranged for his/her  
immediate return my my/our house.

OTH personnel may physically restrain, control and detain my/our student for the following  
purposes:

- A) To prevent jeopardizing his/her safety and that of others.
- B) To prevent him/her from hurting or jeopardizing the safety of anyone in the program.

It is understood that any physical restraint will be the minimum required and will only be used to  
ensure his/her safety.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## **Parent Authorization and Consent for Health Care**

The staff of the Catherine Freer Wilderness Program and/or Oregon Transition Homes have the right to give first aid to the participant and to engage the service of a physician or dentist, or to hospitalize a participant if it deems necessary. The cost of such service, including expenses for both the participant and the staff member who accompanies him/her during the period of illness and in rejoining the group, medicines and ambulance service, but excluding first aid service, shall be charged to the parent/guardian and paid by the parent/guardian.

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Client Name

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Parent or Guardian Signature

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Print Name

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Date



## Client Information

### Participant Name

First: \_\_\_\_\_ Last: \_\_\_\_\_

Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Father or Guardian's Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mother or Guardian's Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Person to Notify in Case of Emergency (other than parents)**

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

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Participant's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Insurance Information (Please attach a copy of insurance card)**

Primary Insurance Carrier: \_\_\_\_\_

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

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

Subscriber's Full Name: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Group #: \_\_\_\_\_

Employer: \_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_



## Temporary Physical Custody Agreement

I/we \_\_\_\_\_, natural parent(s)/

legal guardian(s) of \_\_\_\_\_, grant

temporary physical custody of my child to \_\_\_\_\_ so that they may do the following:

1. Acquire and consent to any necessary medical treatment for said minor child.
2. Execute in favor of any school, or school district, documents, including releases of incident to \_\_\_\_\_'s education, as shall be required.
3. Act as the parent of said minor child for all purposes relating to the health, education, maintenance and welfare of said child.

I/we further consent that \_\_\_\_\_ have the authority to have  
\_\_\_\_\_ in care, custody and control.

\_\_\_\_\_  
Parent/Legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal guardian

\_\_\_\_\_  
Date



## **Guidelines and Information for Parents**

### **Phone Calls**

No phone calls are permitted during the first two weeks of placement in a transition home. During this time period, we encourage letter writing in order to maintain contact with your child. After two weeks, if your child is complying with program rules and expectations, you may have weekly phone contact with your child. Calls are not to exceed twenty minutes per week and the calls will be monitored by transition home providers. One of the transition home providers will be in the room while you are speaking with your child. We recommend that you set up a regular calling schedule (Sunday evening are often good.). It is recommended that parents check in with the providers each week prior to talking with the child.

If adolescents become verbally abusive or are behaving inappropriately during these conversations, they may lose their phone privileges for the following week. If you are unable to speak with your child due to loss of phone privileges, please call and check in with the provider during the regular calling time.

### **Mail**

Letter writing is strongly encouraged during transition home placements. We encourage regular written correspondence between your child and his/her family members. All mail is mailed directly to you in order for you to screen the mail. Transition home providers also have the right to screen mail at any time.

After thirty days your child may earn the privilege to write to friends. However, all mail to and from friends will be mailed to you. No mail will be sent directly to friends, and friends can't mail letters directly to your child. You will be asked to work with the program to determine and appropriate list of friends for your child to correspond with. Please be careful to screen letters for appropriate content. Your child will be much more successful if he/she corresponds only with those who are fully supportive of the changes your child is trying to make. Because transition home placements should be a time for adolescents to focus on themselves and work on developing their strengths we aim to minimize distractions. Corresponding with friends should not be the main priority for the child, and we recommend being selective about who is chosen for the approved mailing list.

Please do not release the address or phone number of the transition home to any person outside of the immediate family.

### **Money**

Please do not send your child to the program with cash credit cards or calling cards. Youth are

not permitted to have their own cash while in the program. If parents wish to send money for a particular reason, please mail it or give it directly to the transition home provider, and they will distribute it in the manner that you specify. If participants work while they are in the program, the money they earn will be deposited into an account for them. If parents wanted/need to send additional money for clothing or other necessities, please send it directly to the transition home family.

If you believe that your child has your calling card number memorized, you may want to change it in order to minimize the likelihood of your child contacting his/her peers.

## **Appearance**

Transition home placements are often a time for adolescents to work on creating a new, more positive image. We encourage you to be selective about what clothing you send with your child. Clothing associated with drug or gang culture is not appropriate, nor is clothing that does not fit properly. Please send only conservative make-up and jewelry, if any. Clothing, make-up or jewelry that is associated with previous negative behaviors or images is discouraged.

Drastic changes in hairstyle or color are not permitted during transition home placements.

Please see the "What to Bring" section of the parent packet for additional information. Clothing or accessories that are determined to be inappropriate by the transition home providers may be sent home at the expense of the parents.

Body piercing, with the exception of one earring per ear, must be removed prior to enrollment in the program.

## **Medication**

Prescription medication should be given directly to the transition home provider. Adolescents should not have their medication in their possession. Parents are responsible for providing prescription medications and making the arrangements to refill prescriptions in a timely manner. Refills should be sent directly to the provider, or arrangements should be made for the providers to pick-up the prescriptions at a local pharmacy.

Major changes in medications are not encouraged during transition home stays. If there are questions about whether or not a certain medication or current medication levels are appropriate, arrangements must be made for an evaluation or the child's physician should be consulted prior to making changes.

## **Transportation**

Adolescents are not permitted to have their own vehicles while placed in the program. Transportation for your child will be provided by the transition home family.

Because most of the transition homes are located in remote areas, there may be additional transportation costs in some situations. If providers travel outside of the local community to take a child to the airport or for an appointment that can't be made in the local community, parents will be responsible for the expenses involved.

If your child needs to be removed from the program for any reason, you are responsible for the expenses involved in sending the child home, or coming to get the child.

## **Visiting your Child**

Visits depend upon appropriate behavior and compliance with house rules and program expectations. Visits are considered after your child has been in the program for at least thirty days. Please spend some time during your visits getting to know the transition home providers, and gather input from them about your child's progress.

Many parents have a tendency to spoil children during these visits. Please do not send children back to their transition home families with a great deal of candy or junk food, and please be reasonable about gifts purchased for the child. There is often a change in behavior and attitude after a weekend of over indulgence.

Please be respectful of the transition home family's schedule while making home visit arrangements. Please consult the program director prior to finalizing visitation plans.

It is important to adhere to the program rules and guidelines during these visits in order to maintain structure and consistency for your child. Please do not let children engage in activities during visits that are not allowed in the program (i.e. calling friends, listening to inappropriate music, smoking, spending unsupervised time, etc.).

Please attempt to plan visits around the Wilderness Weekend Program schedule whenever possible. Participation in the program is important for your child's recovery.

## **Home Visits**

Home visits will be discouraged until your child appears to be making progress on his/her goals and developing the skills to make the home visit successful. We do not recommend a home visit unless a high level of structure and adult supervision can be provided. Home visits do not occur until a child has been in the program for at least 45 days.

The focus of the home visit should be on spending time together as a family. During the first home visit, contact with peers is strongly discouraged. Each situation and plan is developed on an individual basis, but the initial visit should be kept fairly short and extremely structured. It is a good idea to maintain the rules and expectations of the program during the visits.

## **Financial Agreements**

Please meet all financial obligations in a timely manner. This is a small program and it is important to honor financial agreements.





## **Parental Expectations**

- Please respect and support the guidelines and rules of the program
- Please communicate openly and honestly about issues that arise for your child and/or family. We all need to work as a team.
- If you have questions or concerns about any aspect of the program or the providers, please communicate openly and directly with OTH staff.
- Please be available for regular check-ins with program staff and OTH providers
- Please support and reinforce the efforts of the program staff and providers, and be involved in the process.
- Please commit to the agreed upon calling schedule with your child, and adhere to the 20 minute phone call rule. Calling at the regularly scheduled time is very important to your child.
- Please meet financial agreements in a timely manner.

Having a child placed out of your home is very difficult, and the OTH program will do what it can to provide you with support. In order to maximize the benefits of placing your child in the program, we need your support as well. The goal of Oregon Transition Homes is to help your child work toward healthy reunification with family, and this is best accomplished by everyone working together toward a common goal.

We value the knowledge you possess about your child. Please be open with information that may be helpful to us in working with your child. At the same time, please be supportive of new or different strategies or techniques that may be used in the program. You may benefit from new ideas for managing your child's behavior, effectively communicating with your child, and providing new kinds of structure and support when he/she returns home. Please be open to feedback and new ideas.

Please understand that the rules and guidelines of the program are based on experience providing quality care for children, and on proven techniques that are effective. A great deal of thought has gone into the design of the program, and there are reasons behind the rules and expectations. If they are unclear to you, feel free to ask questions.



## What to Bring

### What to Bring:

- The equipment and clothing purchased for the trek, which will be necessary for participation in the Wilderness Weekend Program
- Prescription medication if necessary (which should be given directly to the OTH provider). Please make sure to bring enough medication for the length of stay (or at least 2 months).
- Photographs of family members, home, and/or pets
- Musical instruments (with prior approval from the program)
- Toiletries and personal items (Standard toiletries will be provided. If your child requires something special, you will need to provide it)
- Arts/Crafts supplies
- Photo identification
- **Conservative** make-up
- **Conservative** jewelry

*No body piercings are allowed, aside from one earring in each ear for females. Tongue rings, nose rings and belly button rings need to be removed prior to arrival at the transition home.*

• Appropriate clothing for the season and length of stay  
*Clothing needs vary depending upon the season, the length of stay, and the location of the home. Clothing that does not fit properly (e.g: too short, too revealing, extra baggy, torn, etc.) is not appropriate. If the participant will be living in a ranch setting, he/she will need clothing that is appropriate for outside activities and ranch chores (jeans, t-shirts, sweatshirts, Etc.). Do not bring clothing associated with drug, gang or punk culture. Please bring one outfit that can be worn for special outings or occasions.*

- **Please bring a pair of flip flops or house shoes and a pair of shorts or sweats to wear in the house**

### What **NOT** to bring:

- Drugs, alcohol and/or tobacco
- CDs, stereo systems, personal stereos
- Inappropriate music with references to drug use, sexual activity, punk or gang culture. Music is a privilege that is earned over time and must be approved by both parents and the OTH providers
- Clothing or other items related or referring to drug use, gang culture, or punk culture or with inappropriate or offensive images of writing
- Posters or photographs that display or refer to drug use, gang involvement or other inappropriate activities
- Televisions
- Cell phones or telephones
- Weapons
- Pets (unless special arrangements have been made with the program and the provider)
- Money, credit cards and/or calling cards
- Electronic equipment and/or video games

- Inappropriate or excessive make-up (dark eyeliner, eyeshadow, or lipstick)
- Expensive or excessive jewelry or keepsakes

Once a child is settled in the home, he/she may make requests to you for additional clothing or other items that may not be necessary. Please check with the OTH provider before responding to your child's request for additional clothing, make-up, jewelry or other items. Please limit the amount of clothing that you bring for your child, as space is limited.