



Ranch For Kids

Phone: 406 297-7592

Fax: 406 297-7592

Email: montana@ranchforkids.org

P.O. Box 116

Rexford, Montana 59930

Child's Information

Child's Name _____

Preferred Name _____

SSN# _____

Date of Birth _____ / _____ / _____

Sex M F;

Height ___ft ___in; Weight _____ lbs

Hair Color _____ Eye Color _____

Birth Place: City _____ Country _____

Date of adoption: _____ Adoption Agency: _____

Ethnic Group Black Caucasian Native American Hispanic Asian
 Other _____

Religion: _____ Denomination: _____

Current Street Address: _____

City, State & Zip: _____

Contact Info: Home Phone _____

Father cell _____

Mother cell _____

Facsimile _____

Email: _____

Parent's Names _____

Siblings' Names and ages _____

Does child take prescribed psychotropic medications? Yes No

Residential Admission – Reasons for Placement

Precipitating Events Requiring Placement

Are there indications that this child has experienced neglect or abuse? (Check ALL that apply).

- Physical Neglect
- Physical Abuse
- Sexual Abuse
- Incest
- Emotional Abuse
- Emotional Neglect
- Other: _____

If so, has the abuse/neglect been reported to the authorities? Yes No

What are the reasons for the placement of this child? (Check ALL that apply.)

- Behavioral Problems
- Legal Detainment of Child
- Drug Use
- Sexual Abuse
- Emotional Problems
- Runaway
- Sexual Acting Out
- Physical/Mental Disabilities
- Law Violations
- Other (Please specify/list the primary reasons):

Which of the following behaviors pertain to the child's past or present? (Check ALL that apply.)

- Runaway
- School Behavior Problems
- Fighting
- Threats or Attempts to Harm Others
- Stealing
- Suicide Attempts or Threats
- Truancy
- Alcohol or Drug Abuse
- Fire Setting
- Temper Tantrums
- Aerosol Sniffing
- Threats of Injury to Self
- Sexual Acting Out
- Harming Animals
- Destruction of Property
- Depression/Withdrawal
- Sadism
- Violation of Curfews
- Self-Mutilation

Other: Explanation (Attach additional sheet if necessary.) Please list specifics (i.e. drugs used, behavior problems, etc.): _____

Residential Admission – Family Information

Family status of parents (Check the option that is most accurate)

- | | | |
|---|---|---|
| <input type="radio"/> Married | <input type="radio"/> Unmarried Single Parent | <input type="radio"/> Biological Parent & Step Parent |
| <input type="radio"/> Parent Deceased | <input type="radio"/> Separated Single Parent | <input type="radio"/> Biological Parent & Partner |
| <input type="radio"/> Unmarried Parents | <input type="radio"/> Divorced Single Parent | <input type="radio"/> Unknown |
| <input type="radio"/> Other | | |

Residential Admission – Custody Holder Information

Custody Holder (If joint custody, check ALL that apply.)

- | | | | |
|---|--|--|------------------------------------|
| <input type="radio"/> Current Facility | <input type="radio"/> Biological Parents | <input type="radio"/> Adoptive Parents | <input type="radio"/> Non-Relative |
| <input type="radio"/> Biological Relative | <input type="radio"/> Step Parent | <input type="radio"/> Other _____ | |

Residential Admission – Admission and Discharge Information

The child is currently living in (Check one.)

- | | |
|--|---------------------------------------|
| <input type="radio"/> Biological Parent's Home | <input type="radio"/> Relative's Home |
| <input type="radio"/> Foster Home | <input type="radio"/> Adoptive Home |
| <input type="radio"/> Residential Child Care | <input type="radio"/> Group Home |
| <input type="radio"/> Other _____ | |

Planned Placement upon Discharge from this Facility (Check one.)

- | | | |
|---|---|-----------------------------------|
| <input type="radio"/> Biological/Adoptive Parents | <input type="radio"/> Independent Living | <input type="radio"/> Foster Home |
| <input type="radio"/> Other Relative | <input type="radio"/> Semi-Independent Living | |
| <input type="radio"/> Other Adoptive Home | <input type="radio"/> Group Home | |

Residential Admission – Father’s Information

Current Father:

Birth Father Adoptive Father Step Father Living Deceased Unknown

If deceased: Date of Death ____/____/____ Age at Death: ____ Cause of Death: _____

Father’s Full Name: _____

Father’s Social Security Number: _____

Father’s Date of Birth: _____/_____/_____

Father’s Place of Work: _____

Position Held: _____

Contact Information:

Street Address: (if different from address mentioned on page 1) _____

City, State & Zip: _____

Email contact: _____

Residential Admission – Mother’s Information

Current Mother:

Birth Mother Adoptive Mother Step Mother Living Deceased Unknown

If deceased: Date of Death ____/____/____ Age at Death: ____ Cause of Death: _____

Mother’s Full Name: _____

Mother’s Social Security Number: _____

Mother’s Date of Birth: _____/_____/_____

Mother’s Place of Work: _____

Position Held: _____

Contact Information:

Street Address: (if different from address mentioned on page 1) _____

City, State & Zip: _____

Email contact: _____