



PRN for Families™

P.O. Box 6282,
Snowmass Village, CO 81615
www.prnforfamilies.com
(970) 923-2323

APPLICANT INFORMATION

PLEASE PRINT OR TYPE:

APPLICANT'S FULL NAME _____ MALE: _____ FEMALE _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: (____) _____ S.S.# _____ BIRTHDATE _____

BIRTHPLACE _____ ADOPTED _____ YES _____ NO _____ AGE ADOPTED _____

CUSTODIAL PARENT NAME(S): _____

WHO REFERRED YOU TO US? _____

PROFESSIONAL REFERRAL INFORMATION

PLEASE LIST ANY EDUCATIONAL CONSULTANTS AND/OR OTHER REFERRING PROFESSIONALS THAT MAY MONITOR THE APPLICANT'S PROGRESS. WE WILL REPORT THE APPLICANT'S PROGRESS ON A CONTINUOUS BASIS.

• NAME: _____ TITLE _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: (____) _____ FAX (____) _____

PROFESSIONAL RELATIONSHIP TO APPLICANT: _____

• NAME: _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE (____) _____ FAX (____) _____

PROFESSIONAL RELATIONSHIP TO APPLICANT: _____

I/WE HEREBY _____ AUTHORIZE _____ DO NOT AUTHORIZE PRN FOR FAMILIES, INC. TO RELEASE INFORMATION REGARDING _____ TO THE PROFESSIONALS NAMED ABOVE.
(NAME OF APPLICANT)

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

OCCUPATION AND TITLE _____

EDUCATION: HIGHEST GRADE COMPLETED: _____ GRADUATED COLLEGE: _____

DEGREE EARNED: _____ MAJOR: _____

SIBLING(S) IN-HOME

LIST ALL SIBLINGS LIVING IN THE SAME RESIDENCE: BROTHER'S, SISTER'S, STEP-BROTHER'S, AND STEP-SISTER'S OF THE APPLICANT. (USE A SEPARATE SHEET IF NECESSARY)

NAME	SEX	BIRTHDATE	BIOLOGICAL/ADOPTED/BY MARRIAGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIBLING(S) NOT IN-HOME

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT HISTORY

COUNSELING/THERAPY

PLEASE LIST ALL PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELOR'S/THERAPISTS WHO HAVE TREATED THE APPLICANT AND/OR FAMILY. (USE SEPARATE SHEET IF NECESSARY.)

- NAME: _____ AGE SEEN: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: (____) _____ FAX: (____) _____

NATURE OF SERVICE: _____

• NAME: _____ AGE SEEN: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: (____) _____ FAX: (____) _____

NATURE OF SERVICE: _____

I/WE HEREBY AUTHORIZE THE FOLLOWING PROFESSIONAL(S) TO RELEASE INFORMATION REGARDING APPLICANT TO PRN FOR FAMILIES; AND PRN FOR FAMILIES TO RELEASE INFORMATION REGARDING APPLICANT.

NAME: _____ NAME: _____

NAME: _____ NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

OUT-OF- HOME PLACEMENT (IF APPLICABLE)

PLEASE LIST PLACEMENT OUTSIDE THE HOME: BOARDING SCHOOLS, FOSTER HOMES, HOSPITALIZATION, PSYCHIATRIC, ETC. (USE SEPARATE SHEET IF NECESSARY)

• NAME AND LOCATION: _____

DATE: _____ LENGTH OF PLACEMENT: _____

REASON FOR PLACEMENT AND SUBSEQUENT DEPARTURE: _____

• NAME AND LOCATION: _____

DATE: _____ LENGTH OF PLACEMENT: _____

REASON FOR PLACEMENT AND SUBSEQUENT DEPARTURE: _____

PARENTAL ASSESSMENT OF APPLICANT

THE FOLLOWING QUESTIONS ARE DESIGNED TO ASSIST US IN EFFECTIVELY WORKING WITH YOUR FAMILY. PLEASE TAKE A FEW MOMENTS TO ANSWER THEM COMPLETELY. (USE SEPARATE SHEET IF NECESSARY.)

DESCRIBE THE APPLICANT'S CURRENT BEHAVIOR AT HOME: _____

EXPLANATION FOR THIS BEHAVIOR (YOUR OPINION): _____

HOW LONG HAS THIS BEHAVIOR PERSISTED? _____

PLEASE PROVIDE ANY INFORMATION ABOUT YOUR FAMILY THAT WOULD BE HELPFUL IN ASSESSING THE APPLICANT'S NEEDS:

BRIEFLY DESCRIBE THE FAMILY HISTORY THAT IS PERTINENT TO THE APLICANT'S BEHAVIOR: _____

DESCRIBE THE APPLICANT'S RELATIONSHIP WITH FAMILY MEMBERS: _____

HOW LONG HAS THIS BEHAVIOR PERSISTED: _____

DESCRIBE THE APPLICANTS ATTITUDE TOWARD AND PERFORMANCE IN SCHOOL, INCLUDING CURRENT AND PRIOR SCHOOLS:

HOW LONG HAS THIS PERSISTED: _____

DESCRIBE ANY TRAUMATIC EVENTS OR MAJOR CHANGES IN THE APPLICANT'S LIFE: _____

DESCRIBE YOUR PERCEPTIONS OF THE APPLICANT'S GOALS, MOTIVATIONS AND VALUES: _____

DESCRIBE THE APPLICANT'S FRIENDS AND RELATIONSHIPS WITH PEERS: _____

DESCRIBE THE APPLICANT'S WILLINGNESS TO ACCEPT RESPONSIBILITY: _____

DESCRIBE THE APPLICANT'S METHODS FOR EXPRESSING ANGER: _____

DESCRIBE YOUR GOALS FOR THE APPLICANT: _____

LIST THE APPLICANT'S POSITIVE QUALITIES, INTEREST AND ACCOMPLISHMENTS: _____

DESCRIBE YOUR GOALS/EXPECTATIONS FOR YOUR PARTNERSHIP WITH ALLIANCE: _____

HAS THE APPLICANT EVER EXPERIENCED OR EXHIBITED ANY OF THE FOLLOWING: (IF YES, PLEASE PROVIDE SPECIFIC DETAILS.)

HELD BACK A GRADE, EXPELLED OR WITHDRAWN FROM SCHOOL: _____

ARSON OR FIRESETTING: _____

DRUG AND/OR ALCOHOL USE: (DESCRIBE TYPE, IF KNOWN, AND DEGREE: EXPERIMENTAL, MODERATE, and HEAVY):

SUICIDE - DISCUSSION, THREAT, OR ATTEMPT: _____

ASSAULT OR AGGRESSIVE BEHAVIOR: (DESCRIBE TOWARD WHOM; PARENTS, OTHER ADULTS/ SIBLINGS, PEERS):

POLICE INTERVENTION: (REASON): _____

RUNNING AWAY: (HOW MANY TIMES AND FOR HOW LONG?) _____

EATING DISORDER: _____

SELF-ABUSIVE BEHAVIOR: _____

SEXUAL ACTIVITY: _____

PLEASE LIST ANY ADDITIONAL COMMENTS REGARDING THE APPLICANT'S BEHAVIOR: _____

IS THE APPLICANT CURRENTLY ON ANY MEDICATIONS: ____ YES ____ NO

IF YES, PLEASE LIST MEDICATIONS AND DOSAGE.

MEDICATIONS

PURPOSE OF MEDICATION

HAS THE APPLICANT EVER BEEN HOSPITALIZED: ____ YES ____ NO

REASON: _____

DATE: _____ HOSPITAL: _____

ATTENDING PHYSICIAN: _____

CHILD ASSESSMENT (IF APPLICABLE)

DESCRIBE YOUR CURRENT BEHAVIOR AT HOME: _____

EXPLANATION FOR THIS BEHAVIOR (YOUR OPINION): _____

HOW LONG HAS THIS BEHAVIOR PERSISTED: _____

PLEASE PROVIDE ANY INFORMATION ABOUT YOUR FAMILY THAT WOULD BE HELPFUL IN ASSESSING YOUR NEEDS:

BRIEFLY DESCRIBE THE FAMILY HISTORY THAT IS PERTINENT TO YOUR BEHAVIOR: _____

DESCRIBE YOUR RELATIONSHIPS WITH FAMILY MEMBERS: _____

HOW LONG HAS THE BEHAVIOR PERSISTED: _____

DESCRIBE YOUR ATTITUDE TOWARD AND PERFORMANCE IN SCHOOL, INCLUDING CURRENT AND PRIOR SCHOOLS:

HOW LONG HAS THIS BEHAVIOR PERSISTED: _____

DESCRIBE ANY TRAUMATIC EVENTS OR MAJOR CHANGES YOUR LIFE. _____

DESCRIBE YOUR GOALS, MOTIVATIONS AND VALUES: _____

DESCRIBE YOUR FRIENDS AND RELATIONSHIPS WITH PEERS: _____

DESCRIBE YOUR WILLINGNESS TO ACCEPT RESPONSIBILITY: _____

DESCRIBE YOUR METHODS FOR EXPRESSING ANGER: _____

DESCRIBE YOUR GOALS: _____

LIST YOUR POSITIVE QUALITIES, INTERESTS AND ACCOMPLISHMENTS: _____

DESCRIBE YOUR GOALS/EXPECTATIONS FOR YOUR PARTNERSHIP WITH ALLIANCE: _____

MEDIA RELEASE

I/WE ____ GRANT ____ DO NOT GRANT PERMISSION TO PRN FOR FAMILIES, INC. TO USE _____
(APPLICANT NAME)

PHOTOGRAPH AND/OR WRITTEN WORK AND/OR VOICE IN COMPANY NEWSLETTERS, NEWSPAPERS,
BROCHURES, VIDEO'S OR OTHER RELATED MATERIALS.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

DISCHARGE PROCEDURES

AFTER ENROLLMENT, EVERY EFFORT WILL BE MADE BY PRN FOR FAMILIES, INC. TO ENSURE THE APPLICANT'S SUCCESSFUL COMPLETION OF THE FAMILY SUCCESS PLAN. IF, DURING THE COURSE OF THE PROGRAM, IT IS DETERMINED THAT THE PROGRAM CANNOT ADEQUATELY MEET THE NEEDS OF THE APPLICANT, HIS OR HER PARENTS WILL BE NOTIFIED AND A PLAN WILL BE DEVELOPED FOR TERMINATION.

IF AFTER CONSULTATIONS, IT IS THE OPINION OF PRN FOR FAMILIES, INC. THAT THE APPLICANT'S BEHAVIOR JEOPARTIZES HIS/HER PHYSICAL OR EMOTIONAL HEALTH AND/OR SAFETY, OR THAT OF OTHERS, PRN FOR FAMILIES, INC. RESERVES THE RIGHT TO TERMINATE SERVICES WITHOUT PARENTAL AGREEMENT.

PARENTAL FAILURE TO SUPPORT THEIR SON'S/DAUGHTER'S PARTICIPATION EITHER EMOTIONALLY OR FINANCIALLY CAN ALSO RESULT IN TERMINATION OF SERVICES.

THE DECISION TO TERMINATE SERVICES UNDER THE ABOVE CONDITIONS WILL BE MADE BY THE EXECUTIVE DIRECTOR OF THE PROGRAM AFTER CONSULTATION WITH THE INVOLVED CONSULTANTS AND THE APPLICANT'S PARENTS. PARENTS RETAIN THE RIGHT TO TERMINATE SERVICES AT ANY TIME.

I/WE HAVE READ THE ABOVE DISCHARGE PROCEDURE AND UNDERSTAND ITS IMPLICATIONS.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PROGRAM AND ACTIVITY CONSENT AND RELEASE

I/WE HEREBY CONSENT TO _____'S PARTICIPATION IN ALL ACTIVITIES AND AGENTS OF ANY AND ALL CLAIMS, DEMANDS, ACTIONS, SUITS OR PROCEEDINGS WHICH I, THE APPLICANT, OR ANY OTHER PARENT, RELATIVE, OR NEXT OF KIN OF THE APPLICANT, MAY HAVE FOR ANY OR ALL INJURIES, DAMAGES AND EXPENSES, INCLUDING, BUT NOT LIMITED TO, ALL PERSONAL INJURIES AND ILLNESSES AND ALL DAMAGES TO PERSONAL AND REAL PROPERTY, CAUSED BY, ARISING OUT OF, OR OTHERWISE RELATED TO THE APPLICANT'S PARTICIPATION IN ANY ACTIVITY OR PROGRAM CONDUCTED BY OR ON BEHALF OF PRN FOR FAMILIES, INC. OR ANY OF IT'S ENTITIES.

I/WE, THE UNDERSIGNED, HAVE READ THIS CONSENT, AND RELEASE AND UNDERSTAND ALL OF THE TERMS.

I/WE EXECUTE IT VOLUNTARILY.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TO THE BEST OF MY/OUR KNOWLEDGE, ALL INFORMATION SET FORTH IN THIS APPLICATION IS COMPLETE AND ACCURATE. I/WE HAVE READ THIS APPLICATION AND RELEASES AND UNDERSTAND ALL TERMS. I/WE KNOWINGLY SUBMIT THE APPLICATION VOLUNTARILY.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____