

BEN RICHEY BOYS RANCH

Family Program

P.O. Box 6839 Abilene, Texas 79608

(325) 692-2500; (325) 692-2514 Fax

Thank you for your recent inquiry for an application to Ben Richey Boys Ranch Family Program.

Admittance is a detailed process because this program is not designed to meet the needs of every family. Single mothers who tend to be successful in this program are those with a clear goal in mind and the motivation to meet that goal so they can independently support themselves and their child(ren) when they leave the program.

Acceptance to the Family Program requires several steps before a family is admitted. Attached, you will find the first step - the application. Once the application has been completed and returned, along with a copy of your driver's license and/or social security card, a background check will be performed. Because the Family Program home is located on the campus of Ben Richey Boys Ranch, applicants are required to complete and pass a background check. Applicants who have been convicted of physical, sexual, emotional abuse and/or neglect of a minor, assaults, and most drug charges will not qualify for the program. Other incidents that show up on the background check that our Licensing authority restricts will also prohibit an applicant from entering the program, as well.

If we determine from review of the application and the background check that the single mother may be a candidate for the program, we will schedule an interview. This will give us a chance to meet the applicant and learn more about her and her goals, as well as give the applicant a chance to meet the staff and see the Family Program home. If, after the interview, both the Family Program staff and the applicant still feel like the program can meet her needs, an admission date will be set.

Remember, this is not only a big step for the mother and Ben Richey Boys Ranch Family Program staff, it is a huge event in the child(ren)'s life! If you or your child(ren) have questions concerning the program, both during the process and after admittance, please take the time to contact Family Program personnel to get an answer.

If your situation changes after turning in your application, and you no longer wish to apply, please contact us.

Ben Richey Boys Ranch
FAMILY PROGRAM
P.O. Box 6839
Abilene, Texas 79608
(325) 692-2500
(325) 692-2514 (fax)

APPLICATION FOR ADMISSION

Please answer all questions completely. Only complete applications will be reviewed!

Please include a copy of your Driver's License and/or Social Security Card with Application to be used for a Background Check

DATE: _____

_____ **DATE OF BIRTH:** _____ **AGE:** _____
Last Name First Name Middle Name

OTHER NAMES USED (Married, Maiden, etc.) _____
Last Name First Name Middle Name
_____ Last Name First Name Middle Name

RACE: ___White ___African-American ___Hispanic ___Asian
___American Indian ___Other

CURRENT ADDRESS: _____
Street/P.O. Box City/State Zip Code

HOME PHONE: _____ **WORK PHONE:** _____ **OTHER:** _____

OTHER CITIES, COUNTIES, STATES LIVED: _____

_____ Social Security Number _____ Driver's License or ID Number / State

_____ Person/Agency who referred you to Ben Richey Boys Ranch Family Program

MARITAL STATUS: ___Married ___Divorced ___Separated ___Never Married
___Widowed ___Boyfriend

_____ Spouse's/Boyfriend's Name (if applicable) _____ Spouse's/Boyfriend's Age

Describe your relationship with your spouse/boyfriend: _____

DO YOU ATTEND CHURCH? ___Yes ___No

_____ If yes, Church Name

WHAT ARE YOUR SPECIAL INTERESTS AND ABILITIES? _____

HAVE YOU EVER HAD A PSYCHOLOGICAL EVALUATION? Yes No

HAVE YOU EVER RECEIVED COUNSELING? Yes No

HAVE YOU EVER ATTEMPTED SUICIDE OR HAD SUICIDAL THOUGHTS? Yes No

DO YOU USE DRUGS OR ALCOHOL? Yes No

HAVE YOU USED DRUGS IN THE PAST? Yes No

If yes, drug(s) of choice: _____

HAVE YOU ABUSED ALCOHOL IN THE PAST? Yes No

DO YOU USE TOBACCO? Yes No

HAVE YOU EVER LIVED IN A SHELTER? Yes No

If yes, where?: _____ When? _____

HAVE YOU EVER APPLIED FOR OUR PROGRAM BEFORE? Yes No

If yes, when?: _____

WHAT MEDICATIONS ARE YOU ON? _____

WHAT HOSPITALIZATIONS HAVE YOU HAD AND WHEN? _____

HAVE YOU EVER BEEN CHARGED WITH A CRIME (FELONY / MISDEMEANOR)?

Yes No

If yes, explain: _____

HAVE YOU EVER BEEN INVESTIGATED FOR CHILD ABUSE AND/OR NEGLECT?

Yes No

If yes, explain: _____

DO YOU CURRENTLY HAVE AN OPEN CPS CASE? Yes No

If yes, explain: _____

ARE YOU ON PROBATION? Yes No

If yes, explain: _____

Probations Officer's Name: _____

ARE YOU IN ANY LEGAL TROUBLE (OUTSTANDING TRAFFIC TICKETS, HOT CHECKS, ETC.)?

Yes No

If yes, explain: _____

CHILDREN

1. _____ M F
Last Name First Name M.I. Age Date of Birth Race

Father's Name: _____ Child Support: \$ _____

If you are not receiving Child Support, have you applied for it? ___Yes ___No

Custody: ___Joint ___Sole (Mother) ___Sole (Father)

Do you have immunization records? ___Yes ___No

Do you have a Birth Certificate? ___Yes ___No

Do you have a Social Security Card? ___Yes ___No

Name of Daycare/School: _____ Daycare/School Phone #: _____

Grade: _____

HAS THIS CHILD EVER HAD A PSYCHOLOGICAL EVALUATION? ___Yes ___No

HAS HE/SHE EVER RECEIVED COUNSELING? ___Yes ___No

DOES HE/SHE USE DRUGS OR ALCOHOL? ___Yes ___No

HAS HE/SHE EVER USED DRUGS? ___Yes ___No

HAS HE/SHE EVER USED ALCOHOL? ___Yes ___No

DOES HE/SHE USE TOBACCO? ___Yes ___No

HAS HE/SHE EVER BEEN PHYSICALLY ABUSED? ___Yes ___No

HAS HE/SHE EVER BEEN SEXUALLY ABUSED? ___Yes ___No

WHAT MEDICATIONS IS HE/SHE ON? _____

Why is he/she on this (these) medication(s)? _____

WHAT HOSPITALIZATIONS HAS HE/SHE HAD? _____

HAS HE/SHE EVER BEEN CHARGED WITH A CRIME (FELONY/MISDEMEANOR)? ___Yes ___No

If yes, explain: _____

IS HE/SHE ON PROBATION? ___Yes ___No

If yes, explain: _____

IS HE/SHE IN ANY LEGAL TROUBLE? ___Yes ___No

If yes, explain: _____

CHILDREN

2. _____ M F
Last Name First Name M.I. Age Date of Birth Race

Father's Name: _____ Child Support: \$ _____

If you are not receiving Child Support, have you applied for it? ___Yes ___No

Custody: ___Joint ___Sole (Mother) ___Sole (Father)

Do you have immunization records? ___Yes ___No

Do you have a Birth Certificate? ___Yes ___No

Do you have a Social Security Card? ___Yes ___No

Name of Daycare/School: _____ Daycare/School Phone #: _____

Grade: _____

HAS THIS CHILD EVER HAD A PSYCHOLOGICAL EVALUATION? ___Yes ___No

HAS HE/SHE EVER RECEIVED COUNSELING? ___Yes ___No

DOES HE/SHE USE DRUGS OR ALCOHOL? ___Yes ___No

HAS HE/SHE EVER USED DRUGS? ___Yes ___No

HAS HE/SHE EVER USED ALCOHOL? ___Yes ___No

DOES HE/SHE USE TOBACCO? ___Yes ___No

HAS HE/SHE EVER BEEN PHYSICALLY ABUSED? ___Yes ___No

HAS HE/SHE EVER BEEN SEXUALLY ABUSED? ___Yes ___No

WHAT MEDICATIONS IS HE/SHE ON? _____

Why is he/she on this (these) medication(s)? _____

WHAT HOSPITALIZATIONS HAS HE/SHE HAD? _____

HAS HE/SHE EVER BEEN CHARGED WITH A CRIME (FELONY/MISDEMEANOR)? ___Yes ___No

If yes, explain: _____

IS HE/SHE ON PROBATION? ___Yes ___No

If yes, explain: _____

IS HE/SHE IN ANY LEGAL TROUBLE? ___Yes ___No

If yes, explain: _____

CHILDREN

3. _____ M F
Last Name First Name M.I. Age Date of Birth Race

Father's Name: _____ Child Support: \$ _____

If you are not receiving Child Support, have you applied for it? ___Yes ___No

Custody: ___Joint ___Sole (Mother) ___Sole (Father)

Do you have immunization records? ___Yes ___No

Do you have a Birth Certificate? ___Yes ___No

Do you have a Social Security Card? ___Yes ___No

Name of Daycare/School: _____ Daycare/School Phone #: _____

Grade: _____

HAS THIS CHILD EVER HAD A PSYCHOLOGICAL EVALUATION? ___Yes ___No

HAS HE/SHE EVER RECEIVED COUNSELING? ___Yes ___No

DOES HE/SHE USE DRUGS OR ALCOHOL? ___Yes ___No

HAS HE/SHE EVER USED DRUGS? ___Yes ___No

HAS HE/SHE EVER USED ALCOHOL? ___Yes ___No

DOES HE/SHE USE TOBACCO? ___Yes ___No

HAS HE/SHE EVER BEEN PHYSICALLY ABUSED? ___Yes ___No

HAS HE/SHE EVER BEEN SEXUALLY ABUSED? ___Yes ___No

WHAT MEDICATIONS IS HE/SHE ON? _____

Why is he/she on this (these) medication(s)? _____

WHAT HOSPITALIZATIONS HAS HE/SHE HAD? _____

HAS HE/SHE EVER BEEN CHARGED WITH A CRIME (FELONY/MISDEMEANOR)? ___Yes ___No

If yes, explain: _____

IS HE/SHE ON PROBATION? ___Yes ___No

If yes, explain: _____

IS HE/SHE IN ANY LEGAL TROUBLE? ___Yes ___No

If yes, explain: _____

CHILDREN

4. _____ M F
Last Name First Name M.I. Age Date of Birth Race

Father's Name: _____ Child Support: \$ _____

If you are not receiving Child Support, have you applied for it? ___Yes ___No

Custody: ___Joint ___Sole (Mother) ___Sole (Father)

Do you have immunization records? ___Yes ___No

Do you have a Birth Certificate? ___Yes ___No

Do you have a Social Security Card? ___Yes ___No

Name of Daycare/School: _____ Daycare/School Phone #: _____

Grade: _____

HAS THIS CHILD EVER HAD A PSYCHOLOGICAL EVALUATION? ___Yes ___No

HAS HE/SHE EVER RECEIVED COUNSELING? ___Yes ___No

DOES HE/SHE USE DRUGS OR ALCOHOL? ___Yes ___No

HAS HE/SHE EVER USED DRUGS? ___Yes ___No

HAS HE/SHE EVER USED ALCOHOL? ___Yes ___No

DOES HE/SHE USE TOBACCO? ___Yes ___No

HAS HE/SHE EVER BEEN PHYSICALLY ABUSED? ___Yes ___No

HAS HE/SHE EVER BEEN SEXUALLY ABUSED? ___Yes ___No

WHAT MEDICATIONS IS HE/SHE ON? _____

Why is he/she on this (these) medication(s)? _____

WHAT HOSPITALIZATIONS HAS HE/SHE HAD? _____

HAS HE/SHE EVER BEEN CHARGED WITH A CRIME (FELONY/MISDEMEANOR)? ___Yes ___No
If yes, explain: _____

IS HE/SHE ON PROBATION? ___Yes ___No
If yes, explain: _____

IS HE/SHE IN ANY LEGAL TROUBLE? ___Yes ___No
If yes, explain: _____

DO YOU HAVE CHILDREN NOT LISTED ABOVE?

___Yes ___No

If yes, where do they live? _____

ARE YOU PREGNANT?

___Yes ___No

Due Date: _____ Doctor's Name: _____

ARE YOU SEEING A DOCTOR FOR OTHER REASONS?

___Yes ___No

What reason? _____ Doctor's Name: _____

ARE YOU SEEING A COUNSELOR?

___Yes ___No

What reason? _____ Counselor's Name: _____

DESCRIBE HOW YOUR CHILD(REN) GET ALONG WITH FRIENDS AND TEACHERS AT SCHOOL/DAYCARE:

DESCRIBE YOUR CHILD(REN)'S PERSONALITIES AND BEHAVIOR:

DESCRIBE YOUR RELATIONSHIP WITH YOUR CHILD(REN):

IS THERE ANYTHING ELSE YOU THINK WE MIGHT NEED TO KNOW ABOUT YOUR CHILD(REN) OR YOURSELF?:

LIST PREVIOUS ADDRESSES, BEGINNING WITH THE MOST RECENT:

Complete Address	Dates	Reason for Moving
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DESCRIBE YOUR RELATIONSHIP WITH YOUR PARENTS / STEP PARENTS:

DESCRIBE YOUR RELATIONSHIP WITH YOUR CHILD(REN)'S FATHER'S FAMILY:

LIST SIBLINGS AND OTHER INTERESTED RELATIVES:

Name	Relationship	Address	Phone
Name	Relationship	Address	Phone
Name	Relationship	Address	Phone

DESCRIBE YOUR RELATIONSHIP WITH SIBLINGS AND OTHER FAMILY MEMBERS:

WHO WOULD YOU SAY IS YOUR SUPPORT SYSTEM?

Name	Relationship	Address	Phone
Name	Relationship	Address	Phone
Name	Relationship	Address	Phone

LIST 4 CHARACTER REFERENCES. YOU MAY ONLY USE ONE FAMILY MEMBER AND ONE FRIEND. OTHERS WOULD INCLUDE COWORKERS, LANDLORDS, ETC.

- | | |
|---|---|
| 1. _____
NAME RELATIONSHIP PHONE | 3. _____
NAME RELATIONSHIP PHONE |
| 2. _____
NAME RELATIONSHIP PHONE | 4. _____
NAME RELATIONSHIP PHONE |

EDUCATION

GRADE IN SCHOOL COMPLETED: _____

DO YOU HAVE A G.E.D., HIGH SCHOOL DIPLOMA, OR COLLEGE DIPLOMA?

DESCRIBE ANY OTHER JOB TRAINING OR EDUCATION YOU HAVE COMPLETED:
(Be specific) _____

DO YOU HAVE ANY INTEREST IN FURTHERING YOUR EDUCATION? ___ Yes ___ No

If yes, doing what? _____

WORK HISTORY

LIST EMPLOYMENT, BEGINNING WITH THE MOST RECENT:

1. _____
Business Name Complete Address Phone # Supervisor Dates Employed

Position Hourly Wage Monthly Pay Reason for Leaving

2. _____
Business Name Complete Address Phone # Supervisor Dates Employed

Position Hourly Wage Monthly Pay Reason for Leaving

3. _____
Business Name Complete Address Phone # Supervisor Dates Employed

Position Hourly Wage Monthly Pay Reason for Leaving

4. _____
Business Name Complete Address Phone # Supervisor Dates Employed

Position Hourly Wage Monthly Pay Reason for Leaving

TRANSPORTATION

DO YOU HAVE A CAR THAT BELONGS TO YOU? Yes No

YEAR: _____ **MAKE:** _____

MODEL: _____ **COLOR:** _____ **LICENSE PLATE #:** _____

RUNNING CONDITION: _____

INSURANCE COMPANY: _____

IS YOUR INSURANCE CURRENT? Yes No

DO YOU HAVE A CAR SEAT FOR EACH CHILD THAT REQUIRES ONE? Yes No

IF YOU DO NOT HAVE A CAR, WHAT ARE YOUR PLANS FOR TRANSPORTATION?

HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED? Yes No

If yes, when? _____ Why? _____

FINANCIAL RESOURCES AND ASSISTANCE

DO YOU HAVE PRIVATE MEDICAL INSURANCE? Yes No

If yes, what is the insurance company name? _____

DO YOU RECEIVE MEDICAID BENEFITS FOR YOURSELF? ___Yes ___No
FOR YOUR CHILD(REN)? ___Yes ___No

DO YOU RECEIVE T.A.N.F.? ___Yes ___No
If yes, list amount: _____

DO YOU RECEIVE WIC ASSISTANCE? ___Yes ___No

DO YOU RECEIVE FOOD STAMPS? ___Yes ___No
If yes, list amount: _____

DO YOU RECEIVE ANY ASSISTANCE FOR CHILD CARE? (CCS, CCPO, CCMS, ETC.) ___Yes ___No

DO YOU RECEIVE ANY SOCIAL SECURITY BENEFITS? ___Yes ___No
If yes, list amount: _____

DOES YOUR CHILDREN RECEIVE ANY SOCIAL SECURITY BENEFITS?
___Yes ___No
If yes, list amount: _____

BRIEFLY LIST FURNITURE AND OTHER HOUSEHOLD ITEMS THAT YOU OWN: _____

EXPLAIN YOUR FAMILY'S CURRENT CIRCUMSTANCES AND WHY YOU NEED THIS PROGRAM:

WHAT GOALS WOULD YOU LIKE TO WORK TOWARDS IF YOU ARE ACCEPTED INTO THE FAMILY PROGRAM?

WHAT WOULD BE THE STEPS YOU WOULD NEED TO TAKE TO REACH THE ABOVE GOALS?

FROM WHAT YOU KNOW ABOUT OUR PROGRAM, WHAT DO YOU THINK THE MOST DIFFICULT PART OF THE PROGRAM WOULD BE FOR YOU?

THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MAKING FALSE STATEMENTS OR BEING UNTRUTHFUL AT ANY TIME WILL RESULT IN TERMINATION OF BEN RICHEY BOYS RANCH FAMILY PROGRAM SERVICES.

Signature

Date

AUTHORIZATION TO SEEK CONFIDENTIAL INFORMATION

To Whom It May Concern:

I, _____, do hereby authorize Ben Richey Boys Ranch to obtain any medical, psychological, social, or school information from any person, agency, school, or hospital having such information in its possession, that pertains to me and/or my child(ren) named below:

Children's Names:

Signed: _____

Date: _____

AUTHORIZATION TO SEND CONFIDENTIAL INFORMATION

To Whom It May Concern:

I, _____, do hereby authorize Ben Richey Boys Ranch to forward any medical, psychological, social, or school information in its possession, to any person, agency, school, or hospital requesting such information that pertains to me and/or my child(ren) named below:

Children's Names:

Signed: _____

Date: _____

Monthly Budget

Ben Richey Boys Ranch FAMILY PROGRAM

Cash on Hand:	\$	\$	
Checking Balance:	\$	\$	
Savings Balance:	\$	\$	

Food Stamps: YES or NO

How Much? _____

PAYDAYS

INCOME:

Employment Wages	\$	\$	
Child Support	\$	\$	
Social Security	\$	\$	
SSI	\$	\$	
TANF	\$	\$	
	\$	\$	

TOTAL MONTHLY INCOME:

\$
\$

Child Support Payments Dates

ESSENTIAL EXPENSES:

Rent	\$	\$	
Savings	\$	\$	
Cell Phone Bill	\$	\$	
Gas	\$	\$	
Child Care	\$	\$	
Groceries/Toiletries	\$	\$	
Car Payment	\$	\$	
Car Insurance	\$	\$	
Clothing	\$	\$	
Car Maintenance	\$	\$	
Medical	\$	\$	
Miscellaneous / Extra	\$	\$	
Utilities (water, elec, gas)	\$	\$	
Storage Room	\$	\$	
Cable	\$	\$	
Credit Cards	\$	\$	

Savings Balance: _____

INCOME- EXPENSES:

\$
\$

DEBT BREAKDOWN

	\$	\$	
	\$	\$	
	\$	\$	

TOTAL MONTHLY EXPENSES:

\$
\$

BUDGET OUTCOME: \$ _____

**Ben Richey Boys Ranch
FAMILY PROGRAM
Admissions Checklist for Applicant**

Copies of the following items will be needed if the applicant is admitted into the program. These items are NOT needed during the application process, but clients should expect to provide these items before scheduling a move-in date.

- Birth Certificate for each family member
- Social Security Card for each family member
- Immunization Records for each child
- Current Driver's License or State Picture ID (if not already provided for background check)
- Copy of Automobile Insurance*
- Restraining Order*
- Copy of a current Credit Report
- Copy of most recent Report Card and Progress Report for each child*

* If applicable

Ben Richey Boys Ranch Family Program Benefits

- Food and toiletries are provided for the first week you are in the program, and on an “as-needed” basis throughout the program. While you are in the Family Program, you will never have to worry about not having you or your children’s needs met.
- The Family Program also provides, on a limited basis, the following items: laundry detergent, toilet paper, paper towels, cleaning supplies, trash bags, dishwasher soap, and dishwashing liquid.
- The Boys Ranch and Family Program campus is a safe environment to live and play.
- Each family has their own personal living space and shares other common areas of the home.
- There is an opportunity to work towards individual, private housing on the Ben Richey Boys Ranch & Family Program Campus.
- Family Program staff are knowledgeable about resources that might be obtained for your family based upon individual family needs.
- Routine activities are planned that each family can enjoy for free, including parties, movie nights, tickets to sporting events and other area activities, etc.
- Families have access to the on-campus gym, game room, and swimming pool.
- Computers, printers, and internet are provided for Clients who are attending educational classes.
- Older Family Program children can participate in the Horse Program and the Summer Work Program offered at Ben Richey Boys Ranch, if they choose.
- Ben Richey Family Program Clients are sometimes given exclusive access to community resources, including help with Child Care, free or discounts for children to participate in organized sports, and other activities.

Ben Richey Boys Ranch Family Program General Expectations

- Each client will have chores within the home, and also be responsible for keeping their personal areas clean.

- All visitors (family, friends, ministers, etc.) to the cottage require staff approval in advance.

- Other than approved family members, no male visitors will be allowed on campus. The Family Advisor or Administrator must approve any exception to this rule and must be given at least a 24 hour advance notice.

- Children need to be supervised at all times.

- Each mother must secure daycare for her children off campus.

- Clients are expected to be actively, daily working towards their goals which are established in their Bi-Weekly Evaluations in order to remain in the program. Program staff may require clients to participate in counseling, classes or training that will help them work towards their individual goal(s). This will be monitored on a daily basis by the Family Advisor, and discussed at each Bi-Weekly Evaluation meeting.

- Offensive language will not be tolerated.

- At no time while a client or resident is on Ben Richey Boys Ranch property are they permitted to be under the influence, or have in their possession, alcohol or illegal substances. Clients will expect to receive random drug tests, and a positive test could be grounds for discharge from the program.

- No smoking on Ben Richey Boys Ranch and Family Program Campus.

- Clients and children must show respect to the Family Care Program staff and other residents at all times. Rebellious, or defiant attitudes, abusive language, lying, and deliberate non-compliance to requests and regulations will not be tolerated and can be grounds for discharge from the program. Clients are adults and are expected to resolve conflicts appropriately between the parties involved in the conflict. If clients are unwilling to resolve conflicts appropriately, it can be grounds for discharge from the program. Appropriate conflict resolution involves being able to withdraw yourself from an angry situation and talk calmly about the situation at a later time.

- Curfew Sunday thru Thursday is 8:30 pm, and Friday and Saturday nights is 12:00 midnight. Exceptions always need to be approved in advance.

- A client and her children may not spend the night away from the campus for the first thirty days of placement. Individual exceptions must be approved.
- For clients without transportation, staff may provide needed transportation within the Abilene area for program events. Clients will be expected to try and locate other resources for transportation first.
- Clients who do not have a job are expected to be up and dressed by 8:00 a.m on weekdays and be looking for employment full time (35 to 40 hours per week) unless a client's approved individual goals indicates otherwise.
- Only G and PG rated movies, and E and T rated videos games are allowed. Exceptions to this rule must be approved by the Family Advisor.
- All clients will be expected to pay a program fee of \$50 every month which will come into effect one month after their stay in the program. Clients who cannot make the program fee payment after that first waived month must work for credit to compensate for the lack of finances.
- Clients are expected to complete and follow a budget, as well as submit copies of paycheck stubs, bills, and sometimes receipts for purchases. Clients must also work to pay off all personal debt.
- Report cards and progress reports for each child in school must be turned in to Family Program Staff each time they are received.
- New rules may be added and implemented at any time. Residents will be informed of new rules.