

# 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 Family Program.

Admittance is a detailed process because this program is not designed to meet the needs of every family. Single mothers or pregnant 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. If we determine from review of the application 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. At the interview, we will request a copy of your driver's license and a signed consent form so a background check can 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, after the interview and background check are completed, a second interview could be requested to answer any remaining questions. At that time if both the Family Program staff and the applicant still feel like the program can meet her needs, admission paperwork will be completed, and 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, but also 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!**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last Name

**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**OTHER NAMES USED** (Married, Maiden, etc.):

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
First Name Middle Name Last Name

**RACE:** \_\_\_\_White \_\_\_\_Black \_\_\_\_Hispanic \_\_\_\_Asian \_\_\_\_Biracial \_\_\_\_Other

**CURRENT ADDRESS:**

\_\_\_\_\_  
Street/P.O. Box City/State Zip Code

**HOME/CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**OTHER CITIES, COUNTIES, STATES LIVED:** \_\_\_\_\_

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

**MARITAL STATUS:**  Married  Divorced  Separated  
 Never Married  Widowed

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

Spouse's/Boyfriend's Age

Describe your relationship with your spouse/boyfriend, if applicable: \_\_\_\_\_

**DO YOU ATTEND CHURCH?**  Yes  No If yes, Church Name: \_\_\_\_\_

**WHAT ARE YOUR SPECIAL INTERESTS AND ABILITIES?** \_\_\_\_\_

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**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, if any?** \_\_\_\_\_

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**WHAT HOSPITALIZATIONS HAVE YOU HAD AND WHEN, if any?** \_\_\_\_\_

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**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. First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Child Support: \$** \_\_\_\_\_ **SSI: \$** \_\_\_\_\_

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:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Daycare/School Phone #:** \_\_\_\_\_

WHAT MEDICATIONS IS HE/SHE ON and REASONS FOR THE MEDICATION, if applicable?

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WHAT HOSPITALIZATIONS HAS HE/SHE HAD, if applicable? \_\_\_\_\_

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**CHILDREN**

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_\_\_\_ Male    \_\_\_\_ Female    Age: \_\_\_\_\_    Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_

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: \_\_\_\_\_ Grade: \_\_\_\_\_

Daycare/School Phone #: \_\_\_\_\_

WHAT MEDICATIONS IS HE/SHE ON and REASONS FOR THE MEDICATION, if applicable?

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WHAT HOSPITALIZATIONS HAS HE/SHE HAD, if applicable? \_\_\_\_\_

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**CHILDREN**

3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_\_\_\_ Male    \_\_\_\_ Female    Age: \_\_\_\_\_    Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_

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: \_\_\_\_\_ Grade: \_\_\_\_\_

Daycare/School Phone #: \_\_\_\_\_

WHAT MEDICATIONS IS HE/SHE ON and REASONS FOR THE MEDICATION, if applicable?

\_\_\_\_\_

WHAT HOSPITALIZATIONS HAS HE/SHE HAD, if applicable? \_\_\_\_\_

\_\_\_\_\_

## CHILDREN

4. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_

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: \_\_\_\_\_ Grade: \_\_\_\_\_

Daycare/School Phone #: \_\_\_\_\_

**WHAT MEDICATIONS IS HE/SHE ON and REASONS FOR THE MEDICATION, if applicable?**

\_\_\_\_\_

**WHAT HOSPITALIZATIONS HAS HE/SHE HAD, if applicable?** \_\_\_\_\_

\_\_\_\_\_

**\*\*List any additional children on another sheet or on back of form.**



**DO YOU HAVE OTHER 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

If yes, for what reason? \_\_\_\_\_      Doctor's Name: \_\_\_\_\_

**ARE YOU SEEING A COUNSELOR?**      \_\_\_\_Yes      \_\_\_\_No

Counselor's Name: \_\_\_\_\_



**LIST PREVIOUS ADDRESSES, BEGINNING WITH THE MOST RECENT:**

\_\_\_\_\_  
Complete Address      Dates      Reason for Moving

\_\_\_\_\_  
Complete Address      Dates      Reason for Moving

\_\_\_\_\_  
Complete Address      Dates      Reason for Moving

\_\_\_\_\_  
Complete Address      Dates      Reason for Moving

**WHO WOULD YOU SAY IS YOUR SUPPORT SYSTEM?**

|       |              |       |
|-------|--------------|-------|
| _____ | _____        | _____ |
| Name  | Relationship | Phone |
| _____ | _____        | _____ |
| 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:**

|           |               |                  |                    |
|-----------|---------------|------------------|--------------------|
| <b>1.</b> | _____         | _____            | _____              |
|           | Business Name | Complete Address | Dates Employed     |
|           | _____         | _____            | _____              |
|           | Position      | Monthly Pay      | Reason for Leaving |
| <b>2.</b> | _____         | _____            | _____              |
|           | Business Name | Complete Address | Dates Employed     |
|           | _____         | _____            | _____              |
|           | Position      | Monthly Pay      | Reason for Leaving |
| <b>3.</b> | _____         | _____            | _____              |
|           | Business Name | Complete Address | Dates Employed     |
|           | _____         | _____            | _____              |
|           | Position      | 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 OR SUSPENDED?**

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: \_\_\_\_\_



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

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

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**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 and Family Program 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: \_\_\_\_\_

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**AUTHORIZATION TO SEND CONFIDENTIAL INFORMATION**

**To Whom It May Concern:**

I, \_\_\_\_\_, do hereby authorize Ben Richey Boys Ranch and Family Program 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: \_\_\_\_\_

Name:

Monthly Budget

Month:

Ben Richey Boys Ranch & Family Program

Checking Account Balance on the 1st of the Month: \$

INCOME:

|                  |    |    |
|------------------|----|----|
| Employment Wages | \$ | \$ |
| Child Support    | \$ | \$ |
| Social Security  | \$ | \$ |
|                  | \$ | \$ |
|                  | \$ | \$ |

Food Stamps: YES or NO

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

How Much? \_\_\_\_\_

PAYDAYS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL MONTHLY INCOME INCLUDING CHECKING BALANCE:

\$

\$

ESSENTIAL EXPENSES:

|                                     |    |    |
|-------------------------------------|----|----|
| Rent                                | \$ | \$ |
| Savings                             | \$ | \$ |
| Cell Phone Bill                     | \$ | \$ |
| Gas                                 | \$ | \$ |
| Child Care                          | \$ | \$ |
| Groceries (Food from Grocery Store) | \$ | \$ |
| Toiletries & Household              | \$ | \$ |
| Car Payment                         | \$ | \$ |
| Car Insurance                       | \$ | \$ |
| Clothing (Seasonal/Back to School)  | \$ | \$ |
| Car Maintenance (oil change)        | \$ | \$ |
| Medical (co-pays /medications)      | \$ | \$ |
| Storage                             | \$ | \$ |
| Eat Out -Fast Food                  | \$ | \$ |
| <b>DEBT</b>                         | \$ | \$ |
| iTunes                              | \$ | \$ |
| Netflix                             | \$ | \$ |
| Disney +                            | \$ | \$ |
| Credit Cards                        | \$ | \$ |
|                                     | \$ | \$ |
|                                     | \$ | \$ |

Total Ranch Savings Balance: \_\_\_\_\_

Total Debt Paid: \_\_\_\_\_

INCOME- EXPENSES:

\$

\$

DEBT BREAKDOWN (What you are Paying)

|  |    |    |
|--|----|----|
|  | \$ | \$ |
|  | \$ | \$ |
|  | \$ | \$ |

TOTAL MONTHLY EXPENSES:

\$

\$

BUDGET OUTCOME: \$

## **Ben Richey Boys Ranch Family Program Benefits**

- While you are in the Family Program, you will never have to worry about not having you or your children's needs met.
- The Boys Ranch and Family Program campus is a safe environment to live and play.
- There are up to 4 families living in each Family Program group home; however, each family has their own personal bedrooms and bathrooms designated for their family only, as well as their own refrigerator, pantry, cabinet space, and dining room table. They share other common areas of the home with the other families who live in that 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.
- Different activities are planned throughout the year 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 in the group homes 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 free tuition 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, etc.) to the house require Family Advisor 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 childcare for her children off campus.
- Clients are expected to be actively, daily working towards their goals which are established in their Plan of Service 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 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. Smoking must be done off campus, away from the front gate entrance.
- Clients and children must show respect to the Family 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.

- Children should be fed and in their rooms, quietly playing or sleeping, no later than 8:30 p.m. each night. Exceptions to this must be discussed with and approved by the Family Advisor. Exceptions could include a child participating in an extra-curricular activity that lasts later, or a mom's scheduled work hours that are after 8:30.
- 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.
- 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 at least 8 hours each weekday. Clients must secure full time (35 to 40 hours per week) employment, or part time employment if they are also enrolled in and attending at least 12 college hours per semester. Part time employment while attending college is only acceptable if the Client is able to pay her bills and other obligations on a part time salary.
- 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, on or before the 1<sup>st</sup> of each month, which will come into effect one month after their admission into the program.
- Clients are expected to meet with their Family Advisor and complete and follow a budget, as well as turn in copies of all proof of income, bills, bank statements, and receipts for all purchases. Clients are required to print a current credit report, and must also work towards paying off all personal debt, with guidance from the Family Advisor.
- 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.