



975 St. Rt. 380  
Wilmington, OH 45177  
steppingstonesranch.org  
937-289-0100

**The child's legal guardian must complete all parts of this application.**

*Stepping Stones Ranch must receive and review before the child can be considered for placement.*

*Please mail or fax to the attention of the Director of Counseling.  
Information submitted to Stepping Stones Ranch, including but not limited to this application becomes property of Stepping Stones Ranch. It will not be shared or returned to applicant.*

Date received in office: \_\_\_\_\_

Name of person completing this application: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Who referred you to Stepping Stones Ranch? \_\_\_\_\_

I hereby request that Stepping Stones Ranch consider providing services to the child named below. All information is accurate to the best of my knowledge. I understand that any deliberate false information is ground for acceptance/consideration of placement into the Stepping Stones Ranch program.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing application (if different from above)

\_\_\_\_\_  
Date

**BIOGRAPHICAL INFORMATION:** Please include a current photo of the child.

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

Social security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Current grade level \_\_\_\_\_

With whom is the child living? \_\_\_\_\_ Relationship \_\_\_\_\_

Child's current address

\_\_\_\_\_  
(Street) (Box #)

\_\_\_\_\_  
(City) (State) (Zip) (County)

Legal custody holder (s) \_\_\_\_\_

Relationship \_\_\_\_\_ Natural \_\_\_\_\_ Adopted \_\_\_\_\_ Temporary \_\_\_\_\_

Other \_\_\_\_\_

Current address

\_\_\_\_\_  
(Street) (Box #)

\_\_\_\_\_  
(City) (State) (Zip) (County)

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_ other # \_\_\_\_\_

Email \_\_\_\_\_

**INSURANCE:** Does the child have Insurance Coverage (e.g. Private, or State/Fed)?

Yes \_\_\_ No \_\_\_ Please include copy of card with application.

**CURRENT MEDICAL PERSONNEL INFORMATION**

	<b>Name</b>	<b>Phone</b>	<b>How Long?</b>	<b>How Often?</b>
<b>Physician</b>				
<b>Dentist</b>				
<b>Psychologist</b>				
<b>Counselor/ Therapist</b>				
<b>Other/ Specialty</b>				

**MEDICAL HISTORY:** Use back of paper if you need additional space.

Past surgeries/ Hospitalizations	
List of major illnesses	
Allergies (food, medication, insects, other)	
Diagnosed medical conditions	
Psychological Diagnosis (DSM-IV)	
Describe general health	
Current medications	

**PERSONAL DEVELOPMENT HISTORY**

Was the achievement of developmental milestones normal? Yes\_\_\_ No \_\_\_  
(E.g. sitting, standing, walking, talking, toilet training)

If you answered No, please briefly describe:

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**EDUCATION HISTORY:** List all schools child has attended starting with the most recent.

Grade Level	Name of school and address	Phone Number	Special education, Promoted, Retained

Is the child currently expelled from Public School? No\_\_\_ Yes \_\_\_ if yes, please answer the following.

What date will he/she be able to return to public school? \_\_\_\_\_

Briefly describe the circumstances that caused expulsion? \_\_\_\_\_

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**CURRENT / PRIOR JUVENILE COURT INVOLVEMENT**

Has your child ever had charges filed against him/her? No \_\_\_ Yes\_\_\_ If yes, please complete the following questions.

What were the charges? \_\_\_\_\_

What was the determination, guilty or not guilty? \_\_\_\_\_

If guilty, Please state the disposition of the court: \_\_\_\_\_  
\_\_\_\_\_

If other outcome, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Is the child currently on probation?** No\_\_\_\_ Yes\_\_\_\_ if yes, please complete the following.

County of Probation \_\_\_\_\_

For how long? Start: \_\_\_/\_\_\_/\_\_\_ Completion: \_\_\_/\_\_\_/\_\_\_

Probation Officer: \_\_\_\_\_ Phone # \_\_\_\_\_

**Is your application to Stepping Stones Ranch in response to a court order or recommendation?**

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

If your application has been ordered, will your child be committed to JDC if your application to Stepping Stones Ranch is not accepted? No\_\_\_\_ Yes\_\_\_\_

**CURRENT/PRIOR JUVENILE COURT INVOLVEMENT (cont.)**

If your child has a history of probation, please complete the following for each previous period of probation

County of Probation \_\_\_\_\_

For how long? Start: \_\_\_/\_\_\_/\_\_\_ Completion: \_\_\_/\_\_\_/\_\_\_

Probation Officer: \_\_\_\_\_ Phone # \_\_\_\_\_

County of Probation \_\_\_\_\_

For how long? Start: \_\_\_/\_\_\_/\_\_\_ Completion: \_\_\_/\_\_\_/\_\_\_

Probation Officer: \_\_\_\_\_ Phone # \_\_\_\_\_

(Please continue on the back of this sheet if necessary, or attach an additional sheet of paper)

**Are you, the parent/guardian, involved in any type of legal action?**

No\_\_\_ Yes\_\_\_ (i.e. custody, child support, civil, criminal, etc.) If you answered

Yes, briefly explain:

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**CURRENT/PRIOR DEPT. OF FAMILY/CHILD SERVICES/PROTECTIVE SERVICES**

Has your family ever had any **past** involvement in any capacity with the Department of Family/Children Services, or Child Protective Services? No\_\_\_ Yes\_\_\_

If yes, please complete the following:

Name of agency: \_\_\_\_\_ County: \_\_\_\_\_

For how long: Start: \_\_\_/\_\_\_/\_\_\_ Completion: \_\_\_/\_\_\_/\_\_\_

Case Worker: \_\_\_\_\_ Phone # \_\_\_\_\_

Briefly describe the circumstances of involvement:

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Is your family **currently** involved in any capacity with the Department of Family/Child Services, or Child Protective Services? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please complete the following:

Name of agency: \_\_\_\_\_ County: \_\_\_\_\_

For how long: Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Worker: \_\_\_\_\_ Phone # \_\_\_\_\_

Briefly describe the circumstances of involvement:

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Is the child a legal ward of any agency? No \_\_\_ Yes \_\_\_ If you answered yes, complete the following information:

Name of agency: \_\_\_\_\_ County: \_\_\_\_\_

For how long: Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Worker: \_\_\_\_\_ Phone # \_\_\_\_\_

Does the child have respite care for scheduled weekends home? No \_\_\_ Yes \_\_\_

With whom? \_\_\_\_\_

Does the child have respite care for scheduled breaks (e.g. school, holiday breaks, summer breaks, etc.)? No \_\_\_ Yes \_\_\_

With whom? \_\_\_\_\_

## PSYCHOLOGICAL/BEHAVIORAL/SOCIAL HISTORY

**Parent or Guardian:** Please check all that apply relating to the child's past and/or present psychological, behavioral, and /or social concerns.

Past/ Present

/ Not getting good grades in school.

/ Gets into fights at school or on bus.

/ In-school or out-of-school suspensions.

/ Not doing his/her homework.

/ Not doing household chores.

/ Not motivated to do anything.

/ Feeling anxious.

/ Feeling lonely.

/ Feeling down or depressed.

/ Wanting to hurt self or others.

/ Wishing he/she was dead

/ Weight problems.

/ Poor hygiene.

/ Bed Wetting

/ Trouble making and keeping friends.

/ Having friends who are a bad influence.

/ Stuffing his/her anger.

/ Exploding with his/her anger.

/ Damaging property.

/ Difficulty getting along with family.

/ Difficulty getting along with peers.

/ Difficulty with authority figures.

/ Coping with a parent/guardian divorce.

Past/ Present

/ Coping with feelings about being adopted.

/ Coping with physical abuse.

/ Coping with emotional abuse.

/ Coping with sexual abuse.

/ Coping with a family member's drinking/drug use.

/ Dealing with a break-up.

/ Loss of friend due to move or death.

/ Loss of family member due to move or death.

/ Loss of pet.

/ Using alcohol.

/ Using drugs.

/ Using non-drug substances to get high.

/ Lying.

/ Stealing.

/ Running away.

/ Being sexually active.

/ Pornography

/ Dealing Drugs.

/ Gang involvement.

/ Being arrested or detained by the police.

/ Aggression or cruelty of animals/pets.

/ Setting fires.

/ Involvement with the occult.

Explain further any other psychological, behavioral, and/or social concerns:

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Tell us how you feel Stepping Stones Ranch would be of help to you and your child?

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### **K. FAMILY HISTORY**

**What problems have existed in this child's natural or adoptive family? (Please check all that apply)**

- Alcohol or drug abuse
- Incest
- Child Abuse
- Child Neglect
- Child Sexual Abuse
- Spouse Abuse
- Other Family Violence
- Court Involvement
- Incarceration
- Mental Illness
- Physical Illness
- Financial Stress
- Poverty
- Unemployment
- Divorce
- Legal separation
- Parental Death
- Absent Parent
- Frequent Moves
- Homelessness
- Family Break-up
- Other: \_\_\_\_\_

**L. CURRENT FAMILY DATA FORM**

	Biological Father	Biological Mother	Step-Parent, Adoptive Parent, Other Guardian:	Step-Parent, Adoptive Parent, Other Guardian:
Full Name				
Current Address				
Current Phone #				
Birth Place & Date				
Grade Completed				
Occupation				
Employer				

	Biological Father	Biological Mother	Step-Parent, Adoptive Parent, Other Guardian:	Step-Parent, Adoptive Parent, Other Guardian:
Work Hours				
Work Phone #				
Marital Status				
Name of Spouse				
Date of Marriage				
If Divorced, Date of Divorce				
If Deceased, Date and Cause of Death				

**LIST ALL BIOLOGICAL SIBILINGS OF CHILD**

(Children of the same mother and father as child applying)

Name	Date of Birth	Age	Current Address	Phone #

**LIST ALL STEP/HALF SIBILINGS OF CHILD**

Name	Date of Birth	Age	Name of Parents	Address & Phone #

**PLEASE LIST ALL PERSONS THAT ARE CURRENTLY INVOLVED WITH THE CHILD**

Name	Relationship	Address	Phone #

**CHILD QUESTIONNAIRE (Please have the child complete the following questions)**

Tell us a little about yourself, for instance, what are your likes, interests, hobbies, and what are your future plans?

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Please check all that apply to you:

- Exploding with his/her anger.
- Damaging property.
- Using alcohol.
- Using drugs.
- Using non-drug substances to get high.
- Being sexually active.
- Running away.
- Gang involvement.
- Pornography.
- Coping with feelings about being adopted.
- Coping with a family member's drinking/drug use.
- Coping with physical abuse.
- Coping with emotional abuse.
- Coping with sexual abuse.
- Wishing he/she was dead.
- Wanting to hurt self or others.
- Setting fires.
- Involvement with the occult.

Signature of Child \_\_\_\_\_

Date \_\_\_\_\_



## **STEPPING STONES RANCH MISSION STATEMENT**

SSR is a residential youth ranch offering hope and healing through equine therapy, individualized academic programs and independent life skills to build a promising future, one step at a time while providing a home filled with love and compassion.

### **What do we mean by “faith based?”**

According to Jeremiah 29:11, we believe that each student has a plan and a purpose for their life and we want to provide support along their journey, one step at a time. Stepping Stones Ranch wants to help local families in the community stay together and succeed as a family. All professional guidance, teaching and treatment at Stepping Stones Ranch is provided within the framework of these beliefs, although services are offered regardless of a child or family’s race, ethnicity, religious background or gender.

### **What do we mean by “hope and healing?”**

SSR is referring to children who may be struggling at home or school, and who may display one or more of the following risk factors: depression, anxiety, oppositional/defiant behavior, lying, stealing, school conduct problems, academic underachievement, poor social skills, issues related to past abuse, poor anger management, and poor self-image.

### **What do we mean by “family restoration and reunification?”**

Stepping Stones Ranch seeks to restore relationships within the family unit and facilitate healing. We recognize the needs of today’s families which may include married parents, a single parent, blended families, adoptive parents, grandparents or other family members. The ultimate goal is to mend the relationships the child has with his or her family so that he or she may return home.

**I have read and understand the beliefs and perspective from which Stepping Stones Ranch works to accomplish its mission.**

Signature: \_\_\_\_\_ (Parent/Guardian)

Signature: \_\_\_\_\_ (Parent/Guardian)

Signature: \_\_\_\_\_ (Child)

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

**It is the desire of Stepping Stones Ranch to provide the most effective care, which at times may include contacting the referral sources and other related agencies of our clients and their families.**

**Child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I, \_\_\_\_\_, Parent/Guardian of child listed above, hereby authorize Stepping Stones Ranch to receive and/or release information, including verbal dialogue, as may be necessary from/to school officials, counselors, therapist, hospitals, doctors, clergy, case workers, probation officers or court officials, and other family members that are relevant to the assessment of my family/child.

Specific information to be disclosed may include but is not all-inclusive to:

- Acknowledgment of presence in treatment
- Psychiatric evaluations
- Psychological evaluations
- Medical records
- Education assessments
- Special Education records
- Social history
- Discharge summaries from residential/ hospital facilities
- Case records
- Offense history
- First Placement/ Best Placement
- Level of Care assessment
- Guardianship documentation

This consent expires after the period necessary to complete all business related to the intake process and treatment of the family/child listed within this application (unless revoked earlier in writing).

\_\_\_\_\_  
Signature of person or person authorized to consent Relationship

\_\_\_\_\_  
Witness Date of Signature

**DEMOGRAPHIC AND REFERRAL INFORMATION:**

Please complete the following information to help us in reaching other families.

1. Please provide the date in which you are completing this application.

2. Please provide characteristic information about the child for whom you are applying.

County of Residence \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

3. How did you find out about Stepping Stones Ranch? *(Please check all that apply)*

- Radio advertisement
- Newspaper. Please list: \_\_\_\_\_
- Magazine. Please list: \_\_\_\_\_
- Stepping Stones Ranch website
- Other Internet / website. Please list website: \_\_\_\_\_
- Department of Family and Children Services. Please list the contact person if available:

Contact Name: \_\_\_\_\_

- Juvenile Court / DJJ/ probation officer. Please list the contact person:

Contact Name: \_\_\_\_\_

- School (counselor or social worker) Please list the following:

Counselor Name: \_\_\_\_\_ School Name: \_\_\_\_\_

- Counselor / psychologist/ psychiatrist. Please list the contact person if available:

Contact name: \_\_\_\_\_ Organization Name: \_\_\_\_\_

- Church/ Pastor/ Civic Group. Please list the following:

Contact name: \_\_\_\_\_ Organization Name: \_\_\_\_\_

- Ranch staff or board member: current previous

- Donor

- A family whose child has been at Stepping Stones Ranch: \_\_\_\_\_

- Relative /friend. Please list name and relationship: \_\_\_\_\_

If by relative/ friend, can you tell us how they knew about SSR?

- 
- Other: \_\_\_\_\_

**4. Who specifically referred you to Stepping Stones Ranch (Name and Relationship)?**

**5. Out of the categories above, which prompted you to contact Stepping Stones Ranch?  
Please explain.**

**6. When did you first learn about our program? Give either the date or approximate time period.**