OFFICE USE ONLY RCV'D ON: ____/____/ 20____

[ ] G [ ] S

☐ Wraparound

☐ County: ________

☐ Tribe: _________

YOUTH APPLICATION PACKET

Program Information

Is the youth in crisis? ☐ Yes ☐ No

Is the youth attending therapy? ☐ Yes ☐ No

If yes, how often?______________________________

Referred from *(if any)*:

Name: ________________________________ Phone: ______________________ Email: _______________________________

Youth is one of the following:

**At-risk: physical, emotional or sexual abuse, and/or severe neglect.*

☐ Foster ☐ At-Risk* ☐ Adopted ☐ Guardianship ☐ Adopted out of Foster Care

If adopted, out of what county and state? ________________________

Service Requesting:

☐ Wraparound (Adopted youth only) ☐ General Sessions (All other youth)

General Information

Youth Name: ____

Parent/Legal Guardian: ____

Pronouns Used: ☐ She/her/hers ☐ He/him/his ☐ They/them/theirs

Date of Birth: __________________ Age: ________ Height: _______________ Weight: _____________

Ethnicity: _____________________________ *Optional; for grant application purposes only*

Tribal Affiliation? ☐ Yes ☐ No If yes, which tribe(s): _________________________

Primary Phone Number: ________________________ Secondary Phone, if any: ________________________

Home Address: ____

Mailing, if different:____

E-Mail: ____

Name of Current School: _______________________________________ Grade: _________

Teacher: ______________________________ IEP: ☐ Yes ☐ No 504: ☐ Yes ☐ No

Scheduling Information

Please indicate ALL times the youth will be available on each day below.

Monday: ______________________________ Thursday: ________________________________

Tuesday: ___________________________ Friday: ________________________________

Wednesday: _____________________________ Saturday: ______________________________

WILD SOULS RANCH
FORTUNA CALIF.
EST. 2013

Youth Information

1. What are your goals for this youth (e.g., coping with grief and loss, self-esteem, anger management, social skills, communication)?

2. Please tell us about the youth's strengths and limitations:

3. Please describe the youth's social abilities and challenges (e.g., skills, school, leisure activities, relationships, family structure, support systems, companion animals, fears/concerns, following detailed instruction, peer interaction):

4. Does the youth have any emotional limitations such as triggers we need to be aware of (e.g., a male volunteer, specific topics of conversation, loud sounds)?

5. What effective coping skills do you suggest using with the youth (e.g., reading, art, timeout, deep breaths, music, exercise)?

Youth Information Continued

6. Please tell us who lives in the youth's home, including pets. Please include names, ages, relationship to youth, and if the family member is biological or foster:

7. Are there cultural considerations we need to know about (e.g., religion or traditional holidays)?

   ☐ Yes ☐ No If yes, please explain:

8. If applicable, please indicate any holidays this youth chooses **not** to celebrate:

9. Does the youth have any physical limitations with the following: pushing a wheelbarrow, lifting a saddle, shoveling manure, balance, or bending? ☐ Yes ☐ No

   If yes, please explain:

Youth Health History

Please indicate current/past challenges in the following areas (Please include triggers, if any):

Vision:_______________________________________

Sensory: _____________________________________

Communication:______________________________

Heart:____

Breathing:____________________________________

Circulation:__________________________________

Hearing: ____

Pain: ____

Bone/Joint: ____

Muscular: ____

Thinking/Cognitive: ___________________________________

Allergies: ____

Please indicate any current mental health or medical diagnosis(es):

Please indicate any dietary restrictions:

Please indicate any current medications of the youth (over-the-counter included):

Please return this signed application with the Nomination Form by mail or email to:

Wild Souls Ranch
P.O. Box 371
Fortuna CA 95540
howdy@wildsoulsranch.org

Parent/Guardian Signature: ____

Date: _________________________