



*Young Men Finding Freedom & Destiny*

## One Year Training Program APPLICATION PACKET

**Men of Valor Ranch**  
**P.O. Box 1248**  
**Northport, WA 99157**  
**509 732-8936**

[www.menofvalorranch.com](http://www.menofvalorranch.com)

**STUDENT:** \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Biological Child: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Citizenship: \_\_\_\_\_ Adopted: \_\_\_\_\_ Yes \_\_\_\_\_ No

### STUDENT INFORMATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Pants Size: \_\_\_\_\_ Waist \_\_\_\_\_ Length \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_  
Glove Size: \_\_\_\_\_

### PARENT INFORMATION

**Mother:** \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Father:** \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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**Step-Mother:** \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Step-Father:** \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**FINANCIAL INFORMATION**

Who is financially responsible for the student? \_\_\_\_\_  
Billing Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**STUDENT MEDICAL COVERAGE**

Name of Insured: \_\_\_\_\_  
Social Security No: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Certification Number: \_\_\_\_\_  
**Insurance Company:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Medication Card Number: \_\_\_\_\_

**EMERGENCY NOTIFICATION**

In case parents cannot be reached in an emergency, please notify:

**First**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Second**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**STUDENT INFORMATION**

Please describe the presenting problems leading to admission at Men of Valor Ranch:

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Please describe the student's drug and alcohol usage:

Types of Substances:

Frequency and Amount of Usage:

Has this changed?:

List any past or present involvement with legal authorities including arrest, probation, cps:

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**Please check any that apply to the student:**

- Lack of Respect
- Nicotine Usage
- Negative Peer Group/Friends
- Divorce in Family
- Lack of Motivation
- Change of Sleeping Patterns
- Running Away
- Fire Setting
- Failing Classes
- Lack of Confidence
- Rebellion against Authority
- Death in Family
- Depression
- Destructive Behavior
- Hostility
- Self-Harm
- Drugs and Alcohol
- Lack of Direction
- Low Self-Esteem or Self-Worth
- Angry and Agitated
- Traumatic Event
- Affiliates with Gangs
- Aggression
- Lying
- Cruelty towards Animals
- Suicidal Threats, Gestures, Attempts
- Fighting with Peers
- Legal Problems

If you checked any of the above, please explain:

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## ACADEMIC INFORMATION

Name of last school attended: \_\_\_\_\_  
 Last Completed Grade: \_\_\_\_\_ Latest Completed G.P.A.: \_\_\_\_\_  
 Has student taken ACT/SAT? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Does student have any diagnosed learning difficulties? \_\_\_\_\_ Yes \_\_\_\_\_ No Specify: \_\_\_\_\_  
 Accommodations Tried: \_\_\_\_\_

## MEDICAL INFORMATION

### CURRENT MEDICAL STATUS

Is student currently and/or has the student previously taken prescribed medication? \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 Medication(s): \_\_\_\_\_  
 Date prescribed: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Reason for medication: \_\_\_\_\_  
 Date stopped: \_\_\_\_\_  
 Does student have any known allergies to drugs? \_\_\_\_\_  
 Does student have any known allergies to insects? \_\_\_\_\_  
 Does student have any known allergies to food? \_\_\_\_\_  
 Does student have any other known allergies \_\_\_\_\_  
 (dust, animal hair, grass, or pollen)?  
 If you answered yes to any of these, please explain: \_\_\_\_\_  
 \_\_\_\_\_

### HEALTH INFORMATION

Date of Last Physical Examination: \_\_\_\_\_ Copy Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Name of Family Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Explain if student has any current health problems: \_\_\_\_\_  
 \_\_\_\_\_

Explain if student has a medical condition that would limit or prevent his participation in physical activities:  
 \_\_\_\_\_  
 \_\_\_\_\_

### MEDICAL PROBLEMS

Has student ever had any of the following disease, illnesses, or problems?

- \_\_\_\_\_ Polio
- \_\_\_\_\_ Chicken Pox
- \_\_\_\_\_ Bronchitis
- \_\_\_\_\_ Anemia
- \_\_\_\_\_ Dermatitis
- \_\_\_\_\_ Rheumatic Fever
- \_\_\_\_\_ Mumps
- \_\_\_\_\_ Coughing Up Blood
- \_\_\_\_\_ Surgery
- \_\_\_\_\_ Excessive Bleeding
- \_\_\_\_\_ Mononucleosis
- \_\_\_\_\_ Red Measles
- \_\_\_\_\_ Muscle Weakness
- \_\_\_\_\_ AIDS/HIV Positive
- \_\_\_\_\_ Ulcers
- \_\_\_\_\_ Scoliosis



**TREATMENT HISTORY INFORMATION**

**THERAPY**

Has your son currently been receiving therapy, drug and/or alcohol treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Individual \_\_\_\_\_ Family \_\_\_\_\_ Group

Therapist Name: \_\_\_\_\_ Service Dates: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**TREATMENT**

Please list all other counseling, outpatient therapy/family therapy, hospitalizations, and prior treatment placements:

**Treatment 1**

Program/Therapist Name: \_\_\_\_\_  
Nature of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Participation: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Student: \_\_\_\_\_ Sibling(s): \_\_\_\_\_  
Other- Specify: \_\_\_\_\_  
Outcome: \_\_\_\_\_

**Treatment 2**

Program/Therapist Name: \_\_\_\_\_  
Nature of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Participation: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Student: \_\_\_\_\_ Sibling(s): \_\_\_\_\_  
Other- Specify: \_\_\_\_\_  
Outcome: \_\_\_\_\_

**Treatment 3**

Program/Therapist Name: \_\_\_\_\_  
Nature of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Participation: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Student: \_\_\_\_\_ Sibling(s): \_\_\_\_\_  
Other Specify: \_\_\_\_\_  
Outcome: \_\_\_\_\_

**Treatment 4**

Program/Therapist Name: \_\_\_\_\_  
Nature of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Participation: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Student: \_\_\_\_\_ Sibling(s): \_\_\_\_\_  
Other-Specify: \_\_\_\_\_  
Outcome: \_\_\_\_\_

# AUTHORIZATION TO USE AND/OR DISCLOSE RECORD INFORMATION

Men of Valor Ranch is authorized to use and/or disclose information from the records of:

Student	Date
_____	_____

Men of Valor Ranch is released from all liability that may arise from the release of information authorized. I understand that the records may contain diagnosis, treatment and prognosis with respect to physical or mental conditions, to include records of alcohol and drug abuse, communicable diseases, and/or treatment. \*\*A photocopy of this authorization shall be effective as an original.

Please list all therapists, educational consultants, counselors, physicians, teachers, and other mental health professionals who have worked with the student. Please indicate those professionals who will have on-going involvement with the student and who should receive progress reports/updates from the Men of Valor Ranch. I understand that the records are protected and cannot be disclosed without my permission. Alcohol/drug treatment records are protected by federal regulation 42 CFR, Part 2. I also understand that my consent for disclosure is subject to written revocation. I cannot take exception to actions that have taken place before I withdrew consent.

The consents are limited to the respective time frames listed below.

**FULL NAME:** \_\_\_\_\_ Updates: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Program Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Note: \*\* Verbal exchange of information: Expires at time of discharge. \*\* All written documentation/reports: Expires 60 days post discharge.

\_\_\_\_\_ By initialing, I hereby authorize the release of information regarding the student named above to Men of Valor Ranch and release information regarding this student.

**FULL NAME:** \_\_\_\_\_ Updates: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Program Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Note: \*\* Verbal exchange of information: Expires at time of discharge. \*\* All written documentation/reports Expires 60 days post discharge.

\_\_\_\_\_ By initialing, I hereby authorize the release of information regarding the student named above to Men of Valor Ranch and release information regarding this student.

**FULL NAME:** \_\_\_\_\_ Updates: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Program Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Note: \*\* Verbal exchange of information: Expires at time of discharge. \*\* All written documentation/reports Expires 60 days post discharge.

\_\_\_\_\_ By initialing, I hereby authorize the release of information regarding the student named above to Men of Valor Ranch and release information regarding this student.



### Medication Authorization

#### Release and Indemnification Agreement

#### Part 1: To be Completed by Parent and/or Student

I/We hereby request and authorize Men of Valor Ranch and its staff as appropriately delegated to administer medication as directed by the physician (Part 2 below). I/We agree to release, indemnify and hold harmless Men of Valor Ranch and its staff from lawsuit, claim, demand or action, etc. against them, for administering prescribed medication to this student, provided Men of Valor Ranch and its staff are following the physician's order as written in Part 2 below

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Prescription: Renewal \_\_\_\_\_ New \_\_\_\_\_

List all medication(s) student is taking (including over-the-counter medications)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent signature Student Signature Home phone Emergency phone

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Emergency phone

#### Part 2: To be Completed by the Physician

**Name of Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

Frequency \_\_\_\_\_ Route \_\_\_\_\_

Time to be given: \_\_\_\_\_ AM and or \_\_\_\_\_ PM and/or HS \_\_\_\_\_

Before and/or After Activities: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date to Begin: \_\_\_\_\_ Date to End: \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

Frequency \_\_\_\_\_ Route \_\_\_\_\_

Time to be given: \_\_\_\_\_ AM and or \_\_\_\_\_ PM and/or HS \_\_\_\_\_

Before and/or After Activities: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date to Begin: \_\_\_\_\_ Date to End: \_\_\_\_\_

If student is taking more than one medication at facility, list the sequence in which medication are to be taken and the length of intervals between each medication.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a medication is to be given on "As Needed Basis or PRN", specify the symptoms or conditions when the medication is to be given and the time interval for repeating the dose/medication.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Church History/ Involvement

Is the student a member of a church? \_\_\_\_\_ If yes, what church and how long has he been a member? \_\_\_\_\_

Describe the student's involvement in that church: \_\_\_\_\_

\_\_\_\_\_

Describe any other church history/involvement:

\_\_\_\_\_

Does the student have a pastor he has be in counseling with? \_\_\_\_\_  
If yes, may we have permission to contact that church pastor regarding your son? \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Clothing Policy & Student Fund

Men of Valor Ranch is committed to clothing that will provide safety, durability, and warmth during the workday. Students will all wear the same style of work clothes to develop team and community attitude. Clothing costs (for required work clothes) will come out of the student fund.

**Student Fund:** The student fund is an account set up for required work wear, continued education costs, and other student needs. A minimum of \$1500 must be put into this account upon enrollment. Men of Valor Ranch will handle the funds in this account for the required work wear as well as student requests. Men of Valor Ranch will provide receipts and account for the funds in this account and will refund the balance (if any) upon graduation. Parents/Sponsors may put extra money in this account to accommodate student requests (ie: leatherman knife, extra hat...or to replace damaged clothing, etc.)

### Student Must Bring the following items upon entry:

- Running Shoes (real running shoes or trail runners)
- Socks & Underwear (7 pair each)
- 2 pair wool socks
- 5 t-shirts
- 3 long sleeve t-shirts
- 2 sets thermals
- 1 warm hat
- Sunglasses ok
- 2 pair shorts (1 for work, 1 for running)
- 1 pair sweats for running
- 1 belt

### Men of Valor Ranch Will Provide (from Student Fund):

- Snow Boots (winter)
- Work Boots
- 3 pair Carhartt Jeans
- 1 work jacket

- 1 sweatshirt (Carhartt)
- 2 Carhartt long sleeve shirts
- 2 Carhartt short sleeve shirts
- 1 button up dress denim shirt
- Toiletries:
  - Toothbrush
  - Toothpaste
  - Meds (prescription and non) to be distributed by staff only
  - Brush or comb
  - Razor
- Work gloves
- Eye Protection
- Hard Hat & Safety Gear

**Request List Policy:**

If you would like to request a clothing item, toiletry item or tool (knife, multi-function tool) .....a request can be made on a weekly request sheet.

**Not allowed/ No exceptions:**

- Any type of multi media device (music, video, phone, game, computer)
- CDs, DVDs, videos
- Tobacco in any form
- Candy
- Cold medicine, aspirin, or any other unsupervised medication
- Illegal drugs
- Weapons (pocket knives and multi-tools ok)

**Any item brought to Men of Valor Ranch that does not fit the clothing policy and standard and any other items (media devices, tobacco, etc.)...will be shipped home via UPS at student’s expense upon entry. Please understand that every item brought to Men of Valor Ranch will be searched. Every student will be searched. Every letter or package received will be searched and read by staff, and every outgoing letter or package will be searched and read by staff.**

**Student Agreement,**

I \_\_\_\_\_ understand the above policies and I commit to honesty and integrity. I will adhere to the set forth values and standards of MOV Ranch which include refraining from course language and conversation, use of any tobacco product, stealing or purposely damaging any material on the property, taking food and drink not designated by staff for meals. **I commit to full participation in the events of Men of Valor Ranch which include daily physical training, devotions, work, prayer, and other vigorous activities.** I will keep the schedule and be prepared for each activity by showing up on time and dressing appropriately for the activity at hand. I will approach each day with a positive and humble attitude and a willingness to hear from God. I will honor the authority of staff members of Men of Valor Ranch.

**I understand that this is a one year residential training program.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



*Young Men Finding Freedom & Destiny*

## **TUITION/ PAYMENT POLCY**

Men of Valor Ranch LLC.  
P.O. Box 1248  
3590 Highway 25 N.  
Northport, WA 99157  
509-732-8936

Men of Valor Ranch tuition is \$3,500 per month. Upon completion of application and acceptance to the program a three (3) month non-refundable deposit is due, \$10,500. After the first 3 months an automatic payment must be made by the 20th of the preceding month. Prior to arrival at Men of Valor Ranch an additional \$1,500 must be deposited into the "student fund". This fund covers all clothing and incidentals as well as special requests from student. We will update you periodically on the student account and request that the account not fall below \$500. Upon graduation from the program, the student fund will be reconciled and any monies left in the account will be refunded. There are no additional costs for Men of Valor Ranch. All tutoring, trips and activities are covered.

If the student is pursuing a high school diploma while at Men of Valor Ranch, we provide the tutoring, administration and paperwork. You will be directly responsible for fees to Keystone High School, an accredited correspondence high school program (approximately \$2,500 for 1 year of high school). The fees for high school classes will vary based on the credits and courses required for graduation. Keystone High School Program will provide a nationally recognized high school diploma upon graduation.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please Fax to: Men of Valor Ranch LLC.  
Fax 509-732-8881**