Impact Ranch Application

Demographic & Emergency Information

Client:	Age:	Gender: Male	DOB:	Case#:	SSN:

Parent Guardian	Phone#:	Home Address:	Emergency Contact & Phone#:
P/O :	Phone#:	Fax#:	E-mail:
Liaison:	Phone#:	Judge:	Region:
Clients Physician:	Phone#:	Address:	Health Ins. Policy#:

Identifying Information:

Race: Hair Color: Eye Color:

Identifying Marks: Clients Primary Language: Guardian Primary Language:

Reason for Referral (Presenting Problem): Court Ordered? ☐ Yes ☐ No

Does the client have any physical disabilities?	☐ yes	☐ no	
Does the client have any medical concerns?	☐ yes	☐ no	
Is the client currently on medications?	☐ yes	☐ no	Medication(s):
Any history of violent offences?	☐ yes	☐ no	
History of mental health issues?	☐ yes	☐ no	
History of sexual offences?	☐ yes	☐ no	

Please attach appropriate paper work if any of the above questions were answered yes.

Any other concerns for the client?

Please include the following documentation with this application:

- ☐ **Form Five**
- ☐ **Court Order**
- ☐ **PRA Risk Assessment**
- ☐ **Signed Service Delivery Contract**
- ☐ **Medicaid Card #**
- ☐ **Traveling File (psych eval, personal history, educational records, medical history)**
- ☐ **Birth Certificate**
- ☐ **Immunization Record**

For The Journey program use only:

_____ meets the admission criteria for The Journey Program.

☐ This client is not experiencing any sever physical reactions to substance abuse or substance abuse withdrawal at time of admission.

Please refer to service plan for specific services recommended.

Admission Date: _____ Projected Discharge Date:_____ Guide:_____

Intake Directors Signature:_____ Date:_____