

Soaring Wings Ranch
P.O. Box 1670
Conway, AR 72033
Phone: 501-849-2253
FAX: 501-849-2251



Dear Parent or Guardian:

Thank you for your interest in Soaring Wings Christian Home and Ranch. Soaring Wings is a Christ-centered ministry that serves children who are abused, abandoned, neglected, orphaned, or in need of a strong family structure. The Ranch provides a loving and stable home where kids can develop and grow socially, emotionally, intellectually and spiritually. The children at the Ranch receive hope and healing through a loving family environment, counseling, educational development and the life-changing gospel of Jesus.

The Ranch accepts children who are not delinquent, but who need a new environment in order to thrive at a critical time in their lives. The child must be agreeable to remain at the Ranch, and the parent/guardian must be agreeable to allowing the child to stay at least one year. Children are admitted to Soaring Wings Ranch as young as age 0 and as old as age 17. Once admitted, a child who adapts to our program may stay until age 18 or until he or she graduates from high school.

If your child fits the admission criteria, and you would like to apply for admission to Soaring Wings Ranch, please fill out and return the enclosed application. Applicants are considered on an individual basis when openings are available. For this reason, we suggest that you continue to pursue other options in addition to applying here at the Ranch. Because children are special to God, you can trust His sovereign guidance as you, by His Spirit, seek the right environment for your child. Please know that our Executive Director, Andrew Watson, and our staff are praying for you and with you about the needs of your child.

Sincerely,

The Soaring Wings Ranch Team



ADMISSION REQUIREMENTS

Soaring Wings Ranch selects for admission to its program male and female children who are residents of the State of Arkansas. The Ranch admits children without regard to race, creed, color, religion, or national origin.

Additional criteria:

- Completed admissions packet
- Consent of the legal guardian
- Between the ages of 0-17
- Child is agreeable to coming to the Ranch
- Child is willing to stay at the Ranch long-term (subject to change based on their case)
- Willing to attend a Christian church with House parents weekly
- Cognitive skills necessary to perform daily living tasks
- Ability to attend public school
- No adjudicated delinquents with felony charges
- No history of violent behavior against self, others, animals, and property
- No history of acting out sexually with other children
- No current drug use



APPLICATION FOR ADMISSION

Please complete the enclosed application, writing clearly, with as much information as possible. You may use the back of any page if necessary. It is required by our admissions team (and it expedites the admissions process) to have all the items listed on the admissions checklist (on page 9) submitted with the completed application. Once we have received the completed application and all requested documents, the admissions team will review the information and notify you of their preliminary decision. If our program seems to be appropriate for meeting the child's needs, you will be contacted to schedule an interview between the Ranch staff and the child. If the interview further confirms the child's appropriateness for the ranch, the child will be invited to visit the Ranch for a tour. In addition to a tour, we will discuss the privileges and responsibilities of life at the Ranch with him or her. The child will then be asked if this is the place he or she would like to live.

The Ranch is in a position to offer permanent placement for children. Therefore, we try to make the Ranch as much like a home as possible. We want every child to enter the Ranch with the attitude that they are home. All decisions about admission or rejection of a particular applicant are made by a committee that strives to meet the needs of both the applicant and the children that are already in our program.

If you have any questions regarding admissions, please call 501-849-2253.

Admission cannot be processed without the following documents.

Please check boxes identifying each document presented with this application.

- Birth certificate
- Social security card
- Medicaid/insurance card
- Immunization record
- School/IEP records
- Complete placement history with any discharge and progress notes from previous treatments.
- Copies of most recent medical physical and dental records
- Copies of recent psychological testing (PACE evaluation is acceptable)
- Copy of any recent court orders or any relevant guardianship/custody orders



APPLICATION FOR ADMISSION
to be completed by parent, legal guardian or referring agency

Child's information		
Name	Gender	DOB
Current Address	Race	Age
Social Security #	Medicaid #	
How long has this child been in DHS custody?		
Who is this child's legal guardian?		

Please detail the reason the child is being referred to Soaring Wings Ranch

Contact information for person completing this form	
Name	Phone
Address	Relationship
What would you like your involvement to be if this child is placed here?	
Who else will this child have as a support system?	
What will be their involvement?	

All persons living in the home		
Name	Relationship	Age

Briefly describe the child's current living situation.

Please list any siblings the child has		
Name	Relationship	Age

biological father	name		age
	address		phone
	parental rights?	<input type="checkbox"/> yes if yes, description of rights/privileges <input type="checkbox"/> no if no, reason for termination of rights	
biological mother	name		age
	address		phone
	parental rights?	<input type="checkbox"/> yes if yes, description of rights/privileges <input type="checkbox"/> no if no, reason for termination of rights	
parents marital status: <input type="checkbox"/> still married <input type="checkbox"/> divorced <input type="checkbox"/> re-married <input type="checkbox"/> other _____			

Additional family information: step-parents, foster parents or guardians		
father	relationship	age
address		phone
mother	relationship	age
address		phone
close extended family	relationship	age
address		phone

Medical Information

development: List anything unusual (early or late) in child's early development (i.e. weaning, walking, talking, eating, etc.) or in his/her current development. _____

medical history: List any serious illnesses, hospitalizations, accidents, injuries, operations this child has had. Give dates if possible. _____

<input type="checkbox"/> yes <input type="checkbox"/> no	Has child ever had a seizure or seizure disorder? If so, explain.
<input type="checkbox"/> yes <input type="checkbox"/> no	Does child wet the bed? If so, how often and under what circumstances?
<input type="checkbox"/> yes <input type="checkbox"/> no	Is child on any medication at this time? If yes, complete current medications box below.

Current Medications

medication	dosage/frequency	reason

Previous Medications

medication	dosage/frequency	started	ended	reason for discontinuation

Psychological Information

diagnosis	diagnosed by
IQ	diagnosed by

Current Psychotropic Medications

medication	dosage/frequency	reason

Educational information		
Is child currently enrolled in school? <input type="checkbox"/> yes <input type="checkbox"/> no		Name of school
Grade	Grade last completed	Does this child have an IEP?
Has the child ever been retained? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, which grades?

Educational - Areas of Concern	
<input type="checkbox"/> yes <input type="checkbox"/> no	Has this child received any special education services? Please specify
<input type="checkbox"/> yes <input type="checkbox"/> no	Has this child received any remedial or supplemental health? Please specify
<input type="checkbox"/> yes <input type="checkbox"/> no	Has school provided any additional services to this child? (counseling, therapies, tutoring, etc.) Please specify:
<input type="checkbox"/> yes <input type="checkbox"/> no	Are there any discipline problems with this child at school? Please specify
<input type="checkbox"/> yes <input type="checkbox"/> no	Is there any history of truancy? (skipping/other disruptions in schooling) Please specify
<input type="checkbox"/> yes <input type="checkbox"/> no	Has this child been suspended or expelled from school? number of times _____ reason: _____
Is there any additional information that can help us better understand this child's educational needs? _____ _____	

Child's School Behaviors				
	poor	fair	good	great
work habits				
adjustment to change				
attendance				
extracurricular involvement				
staff relationships				
peer relationships				
appropriate behavior				
organization				

Explain child's attitude toward attending school? _____ _____ _____
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Please check all that apply to the child					
past	present		past	present	
		poor grades in school			feeling lonely
		school suspension			feeling depressed
		lying			not motivated to do anything
		stealing			wishing he/she was dead
		oppositional toward authority			difficulty dealing with family's drug/alcohol use
		using drugs			difficulty dealing with emotional abuse
		dealing drugs			difficulty dealing with physical abuse
		gang involvement			difficulty dealing with sexual abuse
		setting fires			difficulty dealing with divorce of parents
		self-mutilation/harm			difficulty dealing with death of family/friend
		occult involvement			difficulty dealing with feelings about adoption
		cruelty to animals			trouble making good friends
		verbal aggression			having friends who are a bad influence
		physical aggression			not getting along with family members
		damaging property			not getting along with non-family members
		repressing anger			Viewing pornography
		exploding in anger			sexually acting out toward other children
		running away			Sexually active
		attempting suicide			<input type="checkbox"/> heterosexual <input type="checkbox"/> homosexual <input type="checkbox"/> bisexual

Court & Law Enforcement Encounters		
date	offense	disposition

Runaway History	
dates	farthest traveled
usual destination	longest time gone

Explain youth's ability to accept discipline & assume responsibility.

Explain what type of discipline has been most effective with this child.

Spiritual Development and Community Involvement	
church/religious affiliation <input type="checkbox"/> none	how often attended <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly
child's attitude with involvement _____ _____	
child's involvement with other organizations (i.e. sports, clubs, scouts, etc.) _____ _____	

Additional Information
Explain this child's strengths. _____ _____ _____ _____
What other information would you like to add about this child? _____ _____ _____ _____

I certify that the information given on this application is true, complete and accurate to the best of my knowledge.

signature

date

signature

date