Rites of Passage NW
142 E. Strong Rd
Shelton WA, 98584
(360) 927-6404 (Office)
(360) 296-3040 (Field)
(650) 456-3040 Fax
Email: roptherapy@gmail.com
www.ritesofpassagewildernesstherapy.com

RITES OF PASSAGE NW

Application for Admission

Parent or Guardian--Please fill out all eight (8) parts of this form as completely and accurately as possible. Please print legibly in black ink or type your responses and leave items blank that do not apply. There is a $250 application fee that is due at time of submission. Please make sure to complete part 8 – payment information and your card will be charged at that time.

Part 1 - Administrative Information

Select the program you're applying for

☐ Wilderness Therapy Program ☐ The Ranch LongTerm Care Program ☐ Obesity Health & Wellness Camp

1	Person filling out this form:	Relationship to Student:	Preferred Course Length:	
	Contact Number:	Home Address:		
	Email:	Preferred Course Start Date:		
	Person financially responsible:	Do you anticipate student will attend secondary placement post-Rites of Passage? If yes, where:		
	Student's First Name:	MI:	Last Name:	Prefers to be called:

2	Age:	Date of Birth:	Height:	Weight:	Gender: Identifies as: Sexual orientation:	
	Student's Social Sec. #:		Is Student Adopted Y/N:		At what age Adopted?	
	Hair Color:	Eye Color:	Race:	Religion:	Shoe Size:	Shirt Size:
	Pants Size (in): Waist: Length:	List any serious medical concerns/allergies:		List current prescription medications:		
	Who does student live with?			Who has legal custody?		

3	Father's Name: First:	MI:	Last:	Age:	
	Occupation:	Street:	City:	State:	Zip:
	Work Phone:	Home Phone:	Cell Phone:		
	Fax:	Call before faxing? Y N	Email:		

4	Mother's Name: First:	MI:	Last:	Age:	
	Occupation:	Street:	City:	State:	Zip:
	Work Phone:	Home Phone:	Cell Phone:		
	Fax:	Call before faxing? Y N	Email:		

6	Emergency Contact - Person other than parent - Full Name:		
	Home Ph:	Work Ph:	Cell:
7	Person Financially Responsible: Full Name, relationship to student:		
	Employer:	How did you hear about us?	

Part 2 - Insurance Information:

Insurance Co:	Street Address:	
City:	State:	Zip:

Ins. Claims Phone #:	Policy Holder Name:
Policy Holder SS#:	Policy #: Group #:
Employer (if Group Policy):	

Part 3 - Medical History and Information

Please check yes or no to the following questions. If you check yes to questions 6-14, please provide brief explanation in the space provided below.		
1. Does your child wear glasses?	Y	N
2. Does your child wear contact lenses?	Y	N
3. Is your child under the care of a Primary Care Physician?	Y	N
Doctor's Name:	Doctor's Phone:	
4. Is your child under treatment with an orthodontist for braces or retainers?	Y	N
5. Has your child had a dental exam in the past six months?	Y	N
6. Does your child have asthma?	Y	N
7. Is your child **allergic** to anything? Please describe below and rate severity 1-10 [Please note: for severe allergies an Epi-Pen must come out with the student on trail]	Y	N
8. Have there been problems with your child's hearing/speech? Please describe below.	Y	N

9. Has your child ever been hospitalized or had surgery? Please describe below.	**Y**	**N**
10. Has your child had a hot or cold weather injury (i.e. frostbite, heat stroke) within the past five years? Please describe below.	**Y**	**N**
11. Does your child have a history of frequent accidents? Please describe below.	**Y**	**N**
12. Has your child ever broken a bone? Please describe below	**Y**	**N**
13. Is your child taking any prescription medications? Indicate name, dose, and frequency below.	**Y**	**N**

Medication(s):	Dose:	Frequency:

14. Is student currently on birth control?	**Y**	**N**
15. Has your child had any disease or major illness? Please describe below.	**Y**	**N**

16. Please provide the following information for each OTC medication your child is currently taking:

Medication(s):	Dose:	Time of Administration:	Frequency:

Part 4 - Immunization Records:

17. Is your child up to date on age-level immunizations?	Y	N

NOTE: All students must have Tetanus Immunizations within 10 years prior to program start date.

Part 5 – Behavioral History

Behavior History. Please check all that apply:	**Please provide a brief explanation for each checked item in the space provided below. (Use additional paper if necessary.)**		
Academic Issues		**Y** ☐	**N** ☐
ADD/ADHD		**Y** ☐	**N** ☐
Anxiety		**Y** ☐	**N** ☐
Adoption		**Y** ☐	**N** ☐
Aggressive Behavior		**Y** ☐	**N** ☐
Depression		**Y** ☐	**N** ☐
Anger Management		**Y** ☐	**N** ☐
Screen addiction/social media/cell phone		**Y** ☐	**N** ☐
Theft		**Y** ☐	**N** ☐
Lying		**Y** ☐	**N** ☐
Phobias		**Y** ☐	**N** ☐
[ODD] Oppositional Defiant Disorder/Conduct Disorder		**Y** ☐	**N** ☐
DMDD [Disruptive Mood Dysregulation Disorder]		**Y** ☐	**N** ☐
Bipolar I Disorder/Bipolar II Disorder/Mixed/Cyclothymia		**Y** ☐	**N** ☐
RAD [Reactive Attachment Disorder]		**Y** ☐	**N** ☐
Current Legal Issues		**Y** ☐	**N** ☐
Defensive Behaviors		**Y** ☐	**N** ☐
Substance Use/Abuse		**Y** ☐	**N** ☐

Behavior History Cont'd. Please check all that apply:	**Please provide a brief explanation for each checked item in the space provided below. (Use additional paper if necessary.)**
Eating Disorder/Weight IssueS/Compulsive Eating/Obesity: **Y/N**	
PTSD/Trauma: **Y/N**	
Sexual Abuse: **Y/N**	
Family Conflict: **Y/N**	
Grief/Loss: **Y/N**	
Sexual/Gender Identity: **Y/N**	
Manipulation: **Y/N**	
Bullying: **Y/N**	
Learning Disabilities: **Y/N**	
Physical Abuse: **Y/N**	
Running Away: **Y/N**	
Truancy: **Y/N**	
Self-Mutilation/cutting: **Y/N**	
Promiscuity: **Y/N**	

Treatment History: Please check all that apply:	**Please provide a brief explanation for each checked item in the space provided below:**	
Previous Counseling:	**If yes, please provide the following information:**	
Therapist:	Ph #:	Months/Years:
Therapist:	Ph #:	Months/Years:
Reasons for Counseling:		
Current Counseling:	**If yes, please provide the following information:**	
Reasons for Counseling:		
Therapist:	Ph #:	Months/Years:
Psychiatric Hospitalization	**If yes, please provide the following information:**	
Institution Name:	Date of inpatient:	Length of stay:
Reasons for Hospitalization:		

Part 6 – School/College History

School History: Please list each school/college your son or daughter has attended. Begin with the school most recently attended and provide the address, city, state.	**Year(s)**
1.	
2.	
3.	
4.	

Part 7 – Interview Questions

Parent or Guardian--Please fill out this interview to the best of your ability. Your thorough answers will help our Treatment Team develop treatment goals that are tailored to your unique family situation. This interview may also be used as a screening tool in the determining your child's appropriateness for the program.

Student Information

1) Describe their positive traits, strengths, or hidden talents.

2) List any sports, interests, or hobbies in which they participate (either now or in the past).

Behavioral and Emotional Patterns

1) What specific events led you to enroll your son or daughter in the Rites of Passage program?

2) Describe any recent traumatic events or recent significant changes in your son or daughter's life.

3) How do you plan on getting your son or daughter to Seattle Airport (if flying in), or the Ranch (if driving in) safely if they are not willing? Do you foresee using a transport company (if under 18)?

4) Do you require an intervention on site at the Ranch on day of intake with our professionals (at no additional charge)?

5) Is your son or daughter sexually active? If yes, since when and with whom? Are they on birth control?

Social Patterns

1) Describe your son or daughter's friends and social relationships. Does he/she make friends easily? Does he/she maintain friendships over time? Are his/her friends similar in age and/or gender?

2) Is he/she influenced by any peer groups? In what ways?

3) Would you describe them as a natural leader or follower?

Family Patterns

1) Describe the student's relationship with his or her mother.

2) Describe the student's relationship with his or her father.

3) Describe the student's relationship with his or her stepmother (if applicable).

4) Describe the student's relationship with his or her stepfather (if applicable).

5) Describe the student's relationship with his or her siblings (please include their names and ages).

Goals and Objectives

1) Describe any special needs your family has related to religion, nationality, or ethnic identity.

2) What specifically would you like your son or daughter to achieve at Rites of Passage?

3) What are your current plans for your son or daughter after they complete the Rites of Passage program?

Part 8 – Payment Information

Name on Card:	
Credit Card #:	
Date of Expiration:	
CVV [code on back]:	
Billing Address:	

Rites of Passage NW LLC does not accept any responsibility in part or whole in working with insurance companies directly. While we do provide insurance receipts for reimbursement on request by the Sponsor, we do not work directly or indirectly with insurance provider(s). Rites of Passage NW LLC works with a number of third party billing specialists and claims specialists to help during the claims process but does not accept any responsibility in part or whole for additional financial obligations needed to work with these specialists. Any additional work required by Rites of Passage NW will be subject to additional fees and charges and Sponsor authorizes the card on file to be billed at our rates. This will be agreed on prior to additional work or payments occurring.

☐ I authorize Rites of Passage to charge my Credit Card the $250 Application Fee

☐ On Acceptance – I authorize Rites of Passage to charge my Credit Card the $2,500 Enrollment Fee