

FLORIDA SHERIFFS YOUTH RANCHES, INC.

REQUEST FOR SERVICE

Office of the President
Post Office Box 2000
Boys Ranch, Fl. 32064
(386) 842-5501
www.youthranches.org

Program Contact Information:

Florida Sheriffs Boys Ranch
Post Office Box 2000
Boys Ranch, Fl. 32064
Ph: (386) 842-5555

Florida Sheriffs Youth Villa
3350 State Rd. 60 East
Bartow, Fl. 33830
Ph: (863) 533-0371

Florida Sheriffs Youth Ranch
3180 County Rd. 102
Safety Harbor, Fl. 34695

Florida Sheriffs Youth Ranch
751 Rye Wilderness Rd.
Bradenton, Fl. 34212
Ph: (941) 776-1777

Florida Sheriffs Youth Camp
Post Office Box 1000
Barberville, Fl. 32105
Ph: (386) 749-9999

Florida Sheriffs Caruth Camp
Post Office Box 10
Inglis, Fl. 34449-0010
Ph: (352) 447-2259

Parent or Guardian:

Thank you for your interest in our services. We understand the importance of your needs and we wish to assure you that we will make every effort to assist you in coming up with the best possible solutions for the issues your family may be facing at this point. To be eligible for services, youth must meet the following criteria:

1. *Legal guardian and youth must be legal residents of the state of Florida.*
2. *At the time of admission, youth may not be younger than 8 years old and will not have reached his/her 18th birthday.*
3. *Youth must have willingness and motivation to work on personal problems.*
4. *Be physically capable of participating in program activities.*
5. *Have potential to perform in public school or an alternative educational program.*
6. *Have no other appropriate living arrangements.*
7. *Be of average or above average intelligence.*
8. *Not serious or habitual Juvenile Offender.*
9. *Not be dangerous to self or others.*
10. *Agree to participate in religious activities.*
11. *Have no alcohol or drug dependencies.*
12. *Be recommended by the local Sheriff.*

Once this form is completed it must be given to your local Sheriff for his review and signed authorization. This Request for Service will then be forwarded to the nearest available Family Social Worker in your area. He or she will contact you as soon as possible to discuss our services and determine what type of plan will be best suited to address your family's needs. Our decisions will be based on a series of home interviews, campus visits, and a thorough history of the youth and family's background and present needs. During this time, we will also discuss with you matters such as payments, treatment, parenting education, visitation, termination of services and aftercare. A physical examination is a part of the admission requirements and a psychological evaluation may also be requested. If it is determined that our services are not suitable, the Family Social Worker will assist you in locating other services that may be more appropriate. The final decision for services will rest with the respective program's admission committee. If your youth is accepted, the Family Social Worker will coordinate the arrangements for the youth's placement into residential care, or other services as needed. This includes a voluntary Service Agreement to be signed by the guardians and the youth which outlines basic goals and clearly defines the responsibilities of all parties involved. The purpose of the Youth Ranches services is to give Florida's neglected, unsupervised and troubled youth, and their families, the opportunity to overcome their difficulties and realize a more effective and loving relationship through counseling, parenting education, and a range of recreational, work, educational and spiritual guidance activities.

Application Information

(Please Fill in as Completely as Possible)

ATTACH
RECENT
YOUTH
PHOTOGRAPH
HERE

Date of Request: _____

Legal Name of Youth: _____

First

Middle

Last

Youth's Current Address: _____

City: _____ FL. Zip: _____ Ethnicity: _____

Race: _____ Male Female Youth's Social Security # _____

Date of Birth: _____ Family or Youth Religious Preference: _____

Present Living Arrangements of Youth:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Parent(s) | <input type="checkbox"/> Detention/DJJ | <input type="checkbox"/> Friend/Neighbor/Acquaintance |
| <input type="checkbox"/> Relative(s) | <input type="checkbox"/> Shelter | <input type="checkbox"/> Treatment/Psychiatric Center |
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Other Facility | <input type="checkbox"/> Other _____ |

Name of Person Having Legal Custody of Youth: _____

Relationship to Youth: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____

Family Annual Income: _____ Youth/Family's Main Language: _____

If Youth is Social Security Recipient, Indicate the Beneficiary's Social Security #: _____

Directions to Home: _____

Describe why family is requesting our services: _____

PRINCIPLE PROBLEM AREAS:
(Check as many as are applicable):

YOUTH			FAMILY	
School Attendance <input type="checkbox"/>	Relations with Adults <input type="checkbox"/>	Alcohol Abuse <input type="checkbox"/>	Parent Conflict <input type="checkbox"/>	
School Behavior <input type="checkbox"/>	Poor Physical Hygiene <input type="checkbox"/>	Drug Abuse <input type="checkbox"/>	Physical Abuse <input type="checkbox"/>	
Poor Grades <input type="checkbox"/>	Socially Immature <input type="checkbox"/>	Illegal Activity <input type="checkbox"/>	Sexual Abuse <input type="checkbox"/>	
Won't Listen to Authority <input type="checkbox"/>	Physically Aggressive <input type="checkbox"/>	Sexually Acting Out <input type="checkbox"/>	Father/Mother Institutionalized <input type="checkbox"/>	
Physical Problems <input type="checkbox"/>	Sexual Promiscuity <input type="checkbox"/>	Physically Abused <input type="checkbox"/>	Conflict with Siblings <input type="checkbox"/>	
No Stable Home <input type="checkbox"/>	Depressed/Withdrawn <input type="checkbox"/>	Sexually Abused <input type="checkbox"/>	Poor Communication <input type="checkbox"/>	
Temper Control <input type="checkbox"/>	Injures Self <input type="checkbox"/>	Satanic/Occult Beliefs <input type="checkbox"/>	Financial Problems <input type="checkbox"/>	
Runs Away <input type="checkbox"/>	Suicide Attempts <input type="checkbox"/>	Gang Involvement <input type="checkbox"/>	Alcohol/Drug Abuse <input type="checkbox"/>	
Low Self Esteem <input type="checkbox"/>	Dishonesty/Stealing <input type="checkbox"/>	<input type="checkbox"/>	Step Parent/Child Conflict <input type="checkbox"/>	
Relations with Peers <input type="checkbox"/>	Property Destruction <input type="checkbox"/>	<input type="checkbox"/>	Single Parent Family <input type="checkbox"/>	

OTHER INVOLVED

CONTACT PERSON

ADDRESS

PHONE

Dept. of Children & Families
CBC or Community Based Service

Juvenile Justice

Mental Health

School

Church

Other

Name of School: _____ Last Grade Completed: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SIGNATURE OF PARENT/GUARDIAN:

I am requesting services of the Florida Sheriffs Youth Ranches.

Signature of Legal Guardian: _____

Date: _____

Signature of Joint Legal Guardian (if applicable): _____

Date: _____

RETURN REQUEST FOR SERVICE FORM TO SHERIFF

(Application not valid without Sheriff's Signature)

I hereby recommend that this youth be considered for the services of the Florida Sheriffs Youth Ranches.

Signature of Sheriff

County

Date