



**PRN for Families™**  
**P.O. Box 6282,**  
**Snowmass Village, CO 81615**  
[www.prnforfamilies.com](http://www.prnforfamilies.com)  
**(888) 762-5973 toll-free**

**APPLICANT INFORMATION**

PLEASE PRINT OR TYPE:

APPLICANT'S FULL NAME \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
 (STREET) (CITY) (STATE) (ZIP)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ S.S# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ ADOPTED \_\_\_\_\_ YES \_\_\_\_\_ NO AGE ADOPTED \_\_\_\_\_

CUSTODIAL PARENT NAME(S): \_\_\_\_\_

WHO REFERRED YOU TO US? \_\_\_\_\_

**PROFESSIONAL REFERRAL INFORMATION**

PLEASE LIST ANY EDUCATIONAL CONSULTANTS AND/OR OTHER REFERRING PROFESSIONALS THAT MAY MONITOR THE APPLICANT'S PROGRESS. WE WILL REPORT THE APPLICANT'S PROGRESS ON A CONTINUOUS BASIS.

• NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 (STREET) (CITY) (STATE) (ZIP)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

PROFESSIONAL RELATIONSHIP TO APPLICANT: \_\_\_\_\_

• NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 (STREET) (CITY) (STATE) (ZIP)

TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

PROFESSIONAL RELATIONSHIP TO APPLICANT: \_\_\_\_\_

I/WE HEREBY \_\_\_\_\_ AUTHORIZE \_\_\_\_\_ DO NOT AUTHORIZE PRN FOR FAMILIES, INC. TO RELEASE INFORMATION REGARDING \_\_\_\_\_ TO THE PROFESSIONALS NAMED ABOVE.  
 (NAME OF APPLICANT)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FAMILY INFORMATION**

ARE PARENT'S DIVORCED? \_\_\_\_ YES \_\_\_\_ NO IF YES, WHO HAS LEGAL CUSTODY? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION** PLEASE PROVIDE AS MUCH INFORMATION FOR PARENT/GUARDIANS AS POSSIBLE. IF PARENT/STEP PARENT IS DECEASED, INDICATE THIS ON THE ADDRESS LINE.

• **FATHER'S FULL NAME** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

MOBILE: (\_\_\_\_) \_\_\_\_\_ OTHER: (\_\_\_\_) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

OCCUPATION AND TITLE \_\_\_\_\_

EDUCATION: HIGHEST GRADE COMPLETED: \_\_\_\_\_ GRADUATED COLLEGE? \_\_\_\_\_

DEGREE EARNED \_\_\_\_\_ MAJOR: \_\_\_\_\_

• **MOTHER'S FULL NAME** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

MOBILE: (\_\_\_\_) \_\_\_\_\_ OTHER: (\_\_\_\_) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

OCCUPATION AND TITLE \_\_\_\_\_

EDUCATION: HIGHEST GRADE COMPLETED: \_\_\_\_\_ GRADUATED COLLEGE: \_\_\_\_\_

DEGREE EARNED \_\_\_\_\_ MAJOR: \_\_\_\_\_

• **STEP-FATHER'S FULL NAME:** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

OCCUPATION AND TITLE \_\_\_\_\_

EDUCATION: HIGHEST GRADE COMPLETED: \_\_\_\_\_ GRADUATED COLLEGE: \_\_\_\_\_

DEGREE EARNED \_\_\_\_\_ MAJOR: \_\_\_\_\_

• **STEP-MOTHER'S FULL NAME:** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

MOBILE: (\_\_\_\_) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

OCCUPATION AND TITLE \_\_\_\_\_

EDUCATION: HIGHEST GRADE COMPLETED: \_\_\_\_\_ GRADUATED COLLEGE: \_\_\_\_\_

DEGREE EARNED: \_\_\_\_\_ MAJOR: \_\_\_\_\_

**SIBLING(S) IN- HOME**

*LIST ALL SIBLINGS LIVING IN THE SAME RESIDENCE: BROTHER'S, SISTER'S, STEP-BROTHER'S, AND STEP-SISTER'S OF THE APPLICANT. (USE A SEPARATE SHEET IF NECESSARY)*

NAME	SEX	BIRTHDATE	BIOLOGICAL/ ADOPTED/ BY MARRIAGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SIBLING(S) NOT IN-HOME**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT HISTORY**

**COUNSELING/THERAPY**

*PLEASE LIST ALL PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELOR'S/THERAPISTS WHO HAVE TREATED THE APPLICANT AND/OR FAMILY. (USE SEPARATE SHEET IF NECESSARY.)*

- **NAME:** \_\_\_\_\_ **AGE SEEN:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

MOBILE: (\_\_\_\_) \_\_\_\_\_

NATURE OF SERVICE: \_\_\_\_\_

• NAME: \_\_\_\_\_ AGE SEEN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

MOBILE: ) \_\_\_\_\_

NATURE OF SERVICE: \_\_\_\_\_

**I/WE HEREBY AUTHORIZE THE FOLLOWING PROFESSIONAL(S) TO RELEASE INFORMATION REGARDING APPLICANT TO PRN FOR FAMILIES; AND PRN FOR FAMILIES TO RELEASE INFORMATION REGARDING APPLICANT.**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OUT-OF- HOME PLACEMENT (IF APPLICABLE)**

*PLEASE LIST PLACEMENT OUTSIDE THE HOME: BOARDING SCHOOLS, FOSTER HOMES, HOSPITALIZATION, PSYCHIATRIC, ETC. (USE SEPARATE SHEET IF NECESSARY)*

• NAME AND LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ LENGTH OF PLACEMENT: \_\_\_\_\_

REASON FOR PLACEMENT AND SUBSEQUENT DEPARTURE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• NAME AND LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ LENGTH OF PLACEMENT: \_\_\_\_\_

REASON FOR PLACEMENT AND SUBSEQUENT DEPARTURE: \_\_\_\_\_

\_\_\_\_\_

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**PARENTAL ASSESSMENT OF APPLICANT**

*THE FOLLOWING QUESTIONS ARE DESIGNED TO ASSIST US IN EFFECTIVELY WORKING WITH YOUR FAMILY. PLEASE TAKE A FEW MOMENTS TO ANSWER THEM COMPLETELY. (USE SEPARATE SHEET IF NECESSARY.)*

DESCRIBE THE APPLICANT'S CURRENT BEHAVIOR AT HOME: \_\_\_\_\_

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EXPLANATION FOR THIS BEHAVIOR (YOUR OPINION): \_\_\_\_\_

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HOW LONG HAS THIS BEHAVIOR PERSISTED? \_\_\_\_\_

PLEASE PROVIDE ANY INFORMATION ABOUT YOUR FAMILY THAT WOULD BE HELPFUL IN ASSESSING THE APPLICANT'S NEEDS:

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BRIEFLY DESCRIBE THE FAMILY HISTORY THAT IS PERTINENT TO THE APPLICANT'S BEHAVIOR: \_\_\_\_\_

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DESCRIBE THE APPLICANT'S RELATIONSHIP WITH FAMILY MEMBERS: \_\_\_\_\_

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HOW LONG HAS THIS BEHAVIOR PERSISTED: \_\_\_\_\_

DESCRIBE THE APPLICANTS ATTITUDE TOWARD AND PERFORMANCE IN SCHOOL, INCLUDING CURRENT AND PRIOR SCHOOLS:

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HOW LONG HAS THIS PERSISTED: \_\_\_\_\_

DESCRIBE ANY TRAUMATIC EVENTS OR MAJOR CHANGES IN THE APPLICANT'S LIFE: \_\_\_\_\_

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DESCRIBE YOUR PERCEPTIONS OF THE APPLICANT'S GOALS, MOTIVATIONS AND VALUES: \_\_\_\_\_

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DESCRIBE THE APPLICANT'S FRIENDS AND RELATIONSHIPS WITH PEERS: \_\_\_\_\_

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DESCRIBE THE APPLICANT'S WILLINGNESS TO ACCEPT RESPONSIBILITY: \_\_\_\_\_

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DESCRIBE THE APPLICANT'S METHODS FOR EXPRESSING ANGER: \_\_\_\_\_

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DESCRIBE YOUR GOALS FOR THE APPLICANT: \_\_\_\_\_

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LIST THE APPLICANT'S POSITIVE QUALITIES, INTEREST AND ACCOMPLISHMENTS: \_\_\_\_\_

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DESCRIBE YOUR GOALS/EXPECTATIONS FOR YOUR PARTNERSHIP WITH ALLIANCE: \_\_\_\_\_

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**HAS THE APPLICANT EVER EXPERIENCED OR EXHIBITED ANY OF THE FOLLOWING: (IF YES, PLEASE PROVIDE SPECIFIC DETAILS.)**

HELD BACK A GRADE, EXPELLED OR WITHDRAWN FROM SCHOOL: \_\_\_\_\_

ARSON OR FIRESETTING: \_\_\_\_\_

DRUG AND/OR ALCOHOL USE: (DESCRIBE TYPE, IF KNOWN, AND DEGREE: EXPERIMENTAL, MODERATE, and HEAVY):

SUICIDE - DISCUSSION, THREAT, OR ATTEMPT: \_\_\_\_\_

ASSAULT OR AGGRESSIVE BEHAVIOR: (DESCRIBE TOWARD WHOM; PARENTS, OTHER ADULTS/ SIBLINGS, PEERS):

POLICE INTERVENTION: (REASON): \_\_\_\_\_

RUNNING AWAY: (HOW MANY TIMES AND FOR HOW LONG?) \_\_\_\_\_

EATING DISORDER: \_\_\_\_\_

SELF-ABUSIVE BEHAVIOR: \_\_\_\_\_

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SEXUAL ACTIVITY: \_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY ADDITIONAL COMMENTS REGARDING THE APPLICANT'S BEHAVIOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THE APPLICANT CURRENTLY ON ANY MEDICATIONS: \_\_\_\_YES \_\_\_\_NO

IF YES, PLEASE LIST MEDICATIONS AND DOSAGE.

MEDICATIONS	PURPOSE OF MEDICATION
_____	_____
_____	_____
_____	_____

HAS THE APPLICANT EVER BEEN HOSPITALIZED: \_\_\_\_YES \_\_\_\_NO

REASON: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

ATTENDING PHYSICIAN: \_\_\_\_\_

**CHILD ASSESSMENT (IF APPLICABLE)**

DESCRIBE YOUR CURRENT BEHAVIOR AT HOME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPLANATION FOR THIS BEHAVIOR (YOUR OPINION): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW LONG HAS THIS BEHAVIOR PERSISTED: \_\_\_\_\_

PLEASE PROVIDE ANY INFORMATION ABOUT YOUR FAMILY THAT WOULD BE HELPFUL IN ASSESSING YOUR NEEDS:



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BRIEFLY DESCRIBE THE FAMILY HISTORY THAT IS PERTINENT TO YOUR BEHAVIOR: \_\_\_\_\_

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DESCRIBE YOUR RELATIONSHIPS WITH FAMILY MEMBERS: \_\_\_\_\_

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HOW LONG HAS THE BEHAVIOR PERSISTED: \_\_\_\_\_

DESCRIBE YOUR ATTITUDE TOWARD AND PERFORMANCE IN SCHOOL, INCLUDING CURRENT AND PRIOR SCHOOLS:

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HOW LONG HAS THIS BEHAVIOR PERSISTED: \_\_\_\_\_

DESCRIBE ANY TRAUMATIC EVENTS OR MAJOR CHANGES YOUR LIFE. \_\_\_\_\_

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DESCRIBE YOUR GOALS, MOTIVATIONS AND VALUES: \_\_\_\_\_

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DESCRIBE YOUR FRIENDS AND RELATIONSHIPS WITH PEERS: \_\_\_\_\_

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DESCRIBE YOUR WILLINGNESS TO ACCEPT RESPONSIBILITY: \_\_\_\_\_

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DESCRIBE YOUR METHODS FOR EXPRESSING ANGER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
DESCRIBE YOUR GOALS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST YOUR POSITIVE QUALITIES, INTERESTS AND ACCOMPLISHMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE YOUR GOALS/EXPECTATIONS FOR YOUR PARTNERSHIP WITH ALLIANCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDIA RELEASE

I/WE \_\_\_\_ GRANT \_\_\_\_ DO NOT GRANT PERMISSION TO PRN FOR FAMILIES, INC. TO USE \_\_\_\_\_  
(APPLICANT NAME)

PHOTOGRAPH AND/OR WRITTEN WORK AND/OR VOICE IN COMPANY NEWSLETTERS, NEWSPAPERS,  
BROCHURES, VIDEO'S OR OTHER RELATED MATERIALS.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### DISCHARGE PROCEDURES

AFTER ENROLLMENT, EVERY EFFORT WILL BE MADE BY PRN FOR FAMILIES, INC. TO ENSURE THE APPLICANT'S SUCCESSFUL COMPLETION OF THE FAMILY SUCCESS PLAN. IF, DURING THE COURSE OF THE PROGRAM, IT IS DETERMINED THAT THE PROGRAM CANNOT ADEQUATELY MEET THE NEEDS OF THE APPLICANT, HIS OR HER PARENTS WILL BE NOTIFIED AND A PLAN WILL BE DEVELOPED FOR TERMINATION.

IF AFTER CONSULTATIONS, IT IS THE OPINION OF PRN FOR FAMILIES, INC. THAT THE APPLICANT'S BEHAVIOR JEOPARTIZES HIS/HER PHYSICAL OR EMOTIONAL HEALTH AND/OR SAFETY, OR THAT OF OTHERS, PRN FOR FAMILIES, INC. RESERVES THE RIGHT TO TERMINATE SERVICES WITHOUT PARENTAL AGREEMENT.

PARENTAL FAILURE TO SUPPORT THEIR SON'S/DAUGHTER'S PARTICIPATION EITHER EMOTIONALLY OR FINANCIALLY CAN ALSO RESULT IN TERMINATION OF SERVICES.

THE DECISION TO TERMINATE SERVICES UNDER THE ABOVE CONDITIONS WILL BE MADE BY THE EXECUTIVE DIRECTOR OF THE PROGRAM AFTER CONSULTATION WITH THE INVOLVED CONSULTANTS AND THE APPLICANT'S PARENTS. PARENTS RETAIN THE RIGHT TO TERMINATE SERVICES AT ANY TIME.

I/WE HAVE READ THE ABOVE DISCHARGE PROCEDURE AND UNDERSTAND ITS IMPLICATIONS.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROGRAM AND ACTIVITY CONSENT AND RELEASE

I/WE HEREBY CONSENT TO \_\_\_\_\_'S PARTICIPATION IN ALL ACTIVITIES OR PROGRAMS CONDUCTED BY OR ON BEHALF OF PRN FOR FAMILIES, INC. AND RELEASE, DISCHARGE, AND FOREVER HOLD HARMLESS PRN FOR FAMILIES, INC. AND ANY OF ITS PAST, PRESENT, AND FUTURE OFFICERS, DIRECTORS, SHAREHOLDERS, AGENTS, EMPLOYEES, REPRESENTATIVES, CONSULTANTS, SUCCESSORS, PREDECESSORS, AND ASSIGNS OF ANY AND ALL CLAIMS, DEMANDS, ACTIONS, SUITS OR PROCEEDINGS WHICH I, THE APPLICANT, OR ANY OTHER PARENT, RELATIVE, OR NEXT OF KIN OF THE APPLICANT, MAY HAVE FOR ANY OR ALL INJURIES, DAMAGES AND EXPENSES, INCLUDING, BUT NOT LIMITED TO, ALL PERSONAL INJURIES AND ILLNESSES AND ALL DAMAGES TO PERSONAL AND REAL PROPERTY, CAUSED BY, ARISING OUT OF, OR OTHERWISE RELATED TO THE APPLICANT'S PARTICIPATION IN ANY SUCH ACTIVITY OR PROGRAM.

I/WE, THE UNDERSIGNED, HAVE READ THIS CONSENT, AND RELEASE AND UNDERSTAND ALL OF THE TERMS.

I/WE EXECUTE IT VOLUNTARILY.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TO THE BEST OF MY/OUR KNOWLEDGE, ALL INFORMATION SET FORTH IN THIS APPLICATION IS COMPLETE AND ACCURATE. I/WE HAVE READ THIS APPLICATION AND RELEASES AND UNDERSTAND ALL TERMS. I/WE KNOWINGLY SUBMIT THE APPLICATION VOLUNTARILY.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_