

FOR OFFICE USE ONLY

Accepted Yes ☐ No ☐

Date _____

Comments _____

Cincinnati Challenge Men's Ranch Admissions Application

Ver 5.25.22

Please print your answers clearly and fill out the form completely Form must be filled out by person seeking admission.

Name _____ Date _____ SS# _____ DOB _____ Age _____

Phone _____ Cell _____ email _____

Current Address _____ City _____ County _____ State _____ Zip _____

Ethnic Origin _____ Gender at time of birth _____ Veteran Yes ☐ No ☐

Referred By _____

MEDICAL HISTORY

☐ I have psychological issues-depression, anxiety, bi-polar, thought disorders, hallucinations, personality disorders

☐ I have suicidal thoughts

☐ I have attempted suicide

☐ I have been hospitalized for major surgery, overdose, etc.

☐ I am taking medication as prescribed by a medical doctor. List meds _____

☐ I have food allergy ☐ drug allergy ☐ other allergy. Explain _____

☐ I have ongoing medical condition. Explain _____

(We are unable to accept students with conditions that render them incapable of full participation in our program)

LEGAL HISTORY Failure to disclose all relevant information may result in release from program

Are you currently incarcerated? Yes ☐ No ☐ If yes, state where & current charge or reason for incarceration _____

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, explain _____

Have you ever been convicted of assault? Yes ☐ No ☐ If yes, explain _____

Have you ever been convicted of a sexual offence? Yes ☐ No ☐ If yes, explain _____

Have you ever been convicted of domestic violence? Yes ☐ No ☐ If yes, explain _____

Have you ever been convicted of arson? Yes ☐ No ☐ If yes, explain _____

Do you have any pending court appointments? Yes ☐ No ☐

Do you have any outstanding warrants in any county? Yes ☐ No ☐

Probation/Parole Officer's Name _____ Phone _____

Address _____ City _____ County _____ State _____ Zip _____

Attorney's Name _____ Phone _____

Address _____ City _____ County _____ State _____ Zip _____

FOR THOSE CURRENTLY IN JAIL OR PRISON

Have you already been sentenced? Yes ☐ No ☐

If you are presently serving time, what were you convicted of? _____

If you are presently serving time, when is your release date? _____

Are you are awaiting a hearing/sentencing, Yes ☐ No ☐ If so, what is your court date? _____

Do you have any other charges pending in any county Yes ☐ No ☐

Do you have any outstanding warrants in any county? Yes ☐ No ☐

Please provide the contact information for a person who can speak with Cincinnati Challenge Ranch on your behalf

Name _____ What relation is this person to you? _____

Phone number _____ Address _____ Email _____

CHEMICAL DEPENDENCY HISTORY

1) What drug(s) have you used in the last 12 months? _____

2) At what age did you begin using alcohol/drugs? _____ or start smoking cigarettes/vaping on a regular basis? _____

3) How often do you drink alcohol/use drugs? _____

4) How long have you realized alcohol/drugs are a problem for you? _____

5) When did you last use alcohol _____ drugs? _____

6) How much do you consume at one time? Alcohol _____ drugs? _____

7) Do most of your social activities include alcohol/drug use? Yes ☐ No ☐

8) Have alcohol/drugs affected your ability to hold a job? Yes ☐ No ☐

9) Are you presently in treatment with another caregiver/Program? Yes ☐ No ☐

10) List last 5 prior treatment facilities:

Name	Length of Stay MO/YR to MO/YR	Completed?
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

JOB AND CAREER

What types of jobs have you held in the past several years? Do you hold any certifications? If so in what?

Year(s) _____ Occupation _____

Year(s) _____ Occupation _____

Year(s) _____ Occupation _____

Are you receiving SSI? Yes ☐ No ☐ Are you receiving disability payments? Yes ☐ No ☐

Household income (you + significant other) _____

CHURCH

Name of church (if any) currently attending _____ City _____ State _____ Pastor _____

EDUCATION

Highest school grade *completed*? _____ If you did not complete high school, do you have a GED? Yes ☐ No ☐

RELATIONSHIPS

I am currently (check all that apply) single ☐ homosexual ☐ bi-sexual ☐ transsexual ☐ married ☐ divorced ☐ separated ☐ living with another in a non-marital relationship ☐

Does your significant other drink ☐ and/or use drugs? Yes ☐ No ☐

What is the length of your present relationship? _____ Name _____

How many children do you have? _____

1) Name _____ Age _____ Custody? Yes ☐ No ☐ explain _____

Mother's name _____ Current Custodian (name/relationship) _____

2) Name _____ Age _____ Custody? Yes ☐ No ☐ explain _____

Mother's name _____ Current Custodian (name/relationship) _____

3) Name _____ Age _____ Custody? Yes ☐ No ☐ explain _____

Mother's name _____ Current Custodian (name/relationship) _____

4) Name _____ Age _____ Custody? Yes ☐ No ☐ explain _____

Mother's name _____ Current Custodian (name/relationship) _____

Have any of your close, blood relatives have a history of alcohol or drug problems? Yes ☐ No ☐ If yes, please list who (father, mother, etc.) _____

Is your family likely to participate in visiting you while you are at Cincinnati Challenge Ranch? Yes ☐ No ☐

In completing this application, I agree with the following statements by signing my initials.

1) I understand that CCRanch is Christian-based recovery. As a result, I will be required to attend church services during the week, participate in Bible studies, and attend chapels. Initials _____

2) I understand that CCRanch is an alcohol, drug, and tobacco/vape free environment. Use any of these while in the program may result in dismissal. Initials _____

3) I will submit to the rules/authorities at CCRanch and am open to allowing Christ to change my life. Initials _____

4) I understand that CCRanch will run periodic drug screens and a positive response may result in my release from the program and notification of my probation/parole officer if I have one. Initials _____

5) I understand that there is a \$350.00 intake fee (non-refundable) and a monthly assessment fee of \$900.00. Initials _____

6) I understand that CCRanch is NOT RESPONSIBLE for my medical needs or loss due to theft. Initials _____

7) I Authorize CCRanch to conduct a police background check. Initials _____

8) I authorize CCRanch to talk with individuals who previously provided treatment to me. I further authorize contact with my doctor or former hospital to discuss any treatment I have received. Initials _____

I (print name) _____ acknowledge that, to the best of my knowledge, all information given on this application is correct. I authorize investigation of all statements contained in my application for admission. I further give permission to CCRanch Admissions Staff to speak with those who may support me during recovery to assist in determining eligibility for admission. I authorize CCRanch to speak with anyone who may be representing me, such as an attorney or other legal representation, to assist in admission, recovery, or aftercare. I also realize that any false or misleading information could result in my not being accepted or subsequent release from CCRanch.

Signed (by person seeking admission) _____ Date _____

Admissions Director _____ Date _____

This form may be faxed to 513-248-0457 or emailed to jlong@ccranch.org or mailed to: Cincinnati Challenge Ranch P.O. Box 249, Milford OH 45150. You may call CCRanch regarding admission at 513-248-0452 extension 102 or visit us at 1466 US Highway 50 in Milford, OH. {please call ahead}

For more information go to www.cincinnati-challengeranch.org.