

For Office Use Only

Accepted Yes No

Date _____

Comments _____

Cincinnati Challenge Ranch – Women’s Home Admissions Application

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 _____

Race/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 another allergy. Explain _____

I have an 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 charges 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 sexual offense? 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 waiting for a hearing/sentencing? Yes No If so, what is your court date? _____

Do you have any 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? _____ 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 your last 5 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 & 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 and significant other) _____ Number of children in household _____

Number of other people you are financially responsible for living in household _____

CHURCH

Name of church (if any) that you currently attend _____

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 trans sexual married divorced
 separated living with another in a non-marital relationship

Does your significant other drink use drugs?

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

How many children do you have? _____

1. Name _____ Age _____ Custody? Yes No explain _____

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

2. Name _____ Age _____ Custody? Yes No explain _____

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

3. Name _____ Age _____ Custody? Yes No explain _____

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

4. Name _____ Age _____ Custody? Yes No explain _____

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

Have any of your close blood relatives had a significant alcohol or drug problem? 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 statement by signing my initials.
Cincinnati Challenge Ranch - CCRanch*

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. If I am using any of these while in the program may result in dismissal from the program. 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, loss due to theft, or transportation to court. 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 representative, to assist in admission, recovery, or aftercare. I also realize that any false or misleading information could result in my not being accepted or being released from CCRanch.

Signed (by person seeking admission) _____ Date _____

Intake Coordinator _____ Date _____

This form may be faxed to 513-248-0457, or mailed to: Cincinnati Challenge Ranch, P.O. Box 249, Milford OH 45150 or email to smoores@ccranch.org. You may call Women's Home Admissions Director Sarah Moore 513-248-0452 x303 regarding admission or schedule a tour.