



Group Homes
Shelter Care
Family Care

MISSOULA
POLSON
KALISPELL
HAMILTON
HELENA

Dear Concerned Parent:

I am excited by your interest in the InnerRoads Wilderness Program, and look forward to meeting you and your child. Making this step on behalf of your family takes courage and love, and is worthy of respect.

The enclosed materials ask for very personal information about you and your family. The information you provide is critical for us in developing the best working relationship with your family. Your honest and thoughtful responses will be appreciated and respected. Maintaining your confidentiality is very important to us. If you have any questions while filling out these forms, do not hesitate to call me. I would be happy to answer any questions.

We look forward to working with you to create an experience in which we all learn new ways to make our lives healthier, happier, and richer.

As soon as we receive a completed Intake Questionnaire and Release of Information, we will call to schedule an intake interview (for both you and your child). The interview is an opportunity to get to know each other in person, and is an opportunity for both you and our staff to decide if we make a good match.

I look forward to talking with you soon. Please call with any questions.

Sincerely,

Michael Hudson, M.A.
Program Director

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www.youthhomes.com

INNERROADS WILDERNESS PROGRAM

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InnerRoads Wilderness Program

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CONFIDENTIAL

Parent(s) or Guardian(s), please answer the following questions as completely as possible. This information will only be used by InnerRoads so that we may better work together. Thank you for your open and honest replies. *Please use the back of the pages to write information that does not fit in the spaces provided.*

Name of Youth Applicant: _____ Date of Birth: _____ SS #: _____
Last First Middle

Name of Legal Guardian filling out application: _____
Last First Middle

Relationship to Applicant: _____ Date of Birth: _____

Address: _____
Street Apartment City State Zip

Home Phone: _____ May we call you at home? Yes No

Parent's cell phone: _____ May we call your cell phone? Yes No

Other parent's cell phone: _____ May we call your cell phone? Yes No

Other Phone: _____

E-mail: _____ *We keep all e-mail addresses confidential.*

The state requires that we ask about you and your child's ethnicity and religion. We use this information to help us provide the most relevant services possible, and do not discriminate on the basis of religion, race, ethnicity, gender, or sexual orientation. Your answers to these questions do not affect the admissions process.

Ethnic origin of parent/guardian: _____ Ethnic origin of youth: _____

Religion of parent/guardian: _____

Religion of youth: _____

Other cultural information that you would like us to know: _____

Family Income Bracket:

We make every effort to make wilderness and community based therapeutic services available to all families, regardless of income. We can accept some forms of public funding, and we have full and partial scholarships available, which we distribute on a sliding scale according to economic need. We use a family's annual income and number of dependants as a guide for determining our charge. If you are interested in scholarship funding, please indicate your family's annual income level, and number of dependants below. This information is confidential. Income will be verified by a signed copy of the most recent complete federal tax return (1040). The Annual Income: _____ Number of Dependents: _____

Family Background:

Do you currently live with the applicant youth? Yes No

If no, where and with whom does she/he live? _____

Address: _____

Is the applicant youth adopted? Yes No If yes, at what age? _____

If adopted, is he/she in contact with biological parent? Yes No If yes, what is their relationship like?

Birthplace of Youth (City, State and County): _____

Are the youth's parents married, and who has legal custody (proof of custody will be required later): _____

FAMILY MEMBERS (Include parents, siblings, and other relevant family members)

Name	Age	Relation to Child	Quality of youth's Relationship to this person (good, fair, or poor)	Current Residence

PREVIOUS PLACEMENTS

Placement Name	Type	Dates (in and out)	Address	Reason for Termination

EVALUATIONS

Type	Evaluator	Date	Outcome

What are your personal strengths?

What are the applicant youth's strengths? _____

What are the strengths of your family? _____

Is there a history of emotional problems and/or treatment in youth's family? If so, who? When? What was the treatment?

Is there a history of alcohol or drug abuse in youth's family? If so, who? What was his/her substance of choice? What treatment services have they used and when? _____

Has the youth experienced significant trauma or loss at any point in his or her life? If yes, please describe: _____

Any additional family information that you feel would be useful to share: _____

Academic and Social Information:

What school does the applicant youth currently attend? _____

Youth's current GPA: _____ Current Year in School: _____

Does the applicant youth excel in any particular subject(s)? _____

Does he/she need assistance in any particular subject(s)? _____

Has there been a significant change in the youth's school performance? Please describe _____

Is there a school counselor, teacher or official whom we can contact about applicant youth? Yes No
If yes, please write name and number on **Release of Information** form.

Please list youth's special skills or talents: _____

Extra-curricular activities: _____

Other Interests: _____

How does youth typically spend free-time? _____

How does youth relate with other peers? _____

How does youth relate with teachers? _____

Is there a particular teacher, mentor or other adult with whom he/she relates particularly well? If yes, who?

May we contact this person? Yes No If yes, please include name and number on **Release of Information** form. Thank you.

Is the youth currently in therapy/counseling? Yes No If yes, with whom? _____

May we contact current therapist(s)? Yes No If yes, please make sure to write name and number on the **Release of Information** form. Thank you.

Has the applicant youth previously been to counseling or psychotherapy? If so when, for how long, and with whom? _____

May we contact previous therapists? Yes No If yes, please make sure to write names and numbers on the **Release of Information** form. Thank you.

Is the youth adjudicated or on probation? Yes No If yes, who is the youth's probation officer and situation? _____

May we contact the probation officer? Yes No If yes, please make sure to write names and numbers on the **Release of Information** form. Thank you.

Goals and Concerns:

Has the applicant youth ever attempted suicide? Yes No If yes, please describe when and how:

Has the applicant youth ever discussed suicide, or have you had concern about his/her suicidality? Yes No If yes, please describe: _____

Has the applicant youth ever experienced a psychotic episode or hallucinations? Yes No If yes, please describe: _____

Has the applicant youth ever run away? Yes No If yes, please describe when, for how long, and where he/she ran to: _____

Has the applicant youth been involved in gang or cult activity? Yes No If yes, please describe: _____

Has the applicant youth been in physical fights? Yes No If yes, approximately how often: _____

Has the applicant youth ever caused sufficient injury to opponent to require medical care? Yes No

Has the applicant youth needed medical care after a fight? Yes No

Has the applicant youth ever been charged with any form of assault? Yes No If yes, please describe: _____

Has the applicant youth committed acts of arson or have a history of fire-setting? Yes No If yes, please describe: _____

Has the applicant youth ever been cruel to animals? Yes No If yes, please describe: _____

Has the applicant youth ever committed, been charged with, or convicted of a sexual offense? Yes No If yes, please describe: _____

Are you concerned about the applicant youth's sexual conduct or sexuality? Yes No If yes, please describe: _____

Are you concerned about the applicant youth's eating behaviors? Yes No If yes, please describe: _____

Has the applicant youth ever been the victim of sexual, physical or emotional abuse or neglect? Yes No
If yes, please describe: _____

Are you aware of (or suspect) any non-prescribed drug or alcohol use by applicant youth? Yes No If yes, please describe to the best of your ability: alcohol or drug, drug type, age of first use, frequency of use, and date of last use: _____

Is the youth currently taking any medications? Yes No If yes, please list what **medications**, the **dosage**, the prescribing **physician/psychiatrist**, and the **date** prescribed.

What are your major concerns for the youth? _____

What are your major concerns for yourself? _____

What are your goals for yourself? _____

What are your goals for the youth? _____

What are your hopes for the family? _____

What results do you expect from our program? _____

Our program design necessitates significant parent participation and engagement. We expect that parents located in our area participate in parent group sessions and family therapy. Parents that live outside our area are expected to contract with a therapist in their community as well as engaging in family therapy during the family reunion weekend and at graduation. Letter writing is also expected and facilitated. Are you (the parent/guardian) willing to engage in your own therapeutic work? _____ Are there particular accommodations that you will need or concerns you have about this item or unanswered questions?

Write briefly about a time when things were better (or not quite as bad). What was different about that time? What were you doing that was different, what was the youth doing? _____

Signatures:

I certify that the above information is accurate and complete to the best of my ability:

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date