

IN BALANCE LIVING

Pre-Enrollment Requirements

This packet is required **only** if the applicant is accepted for enrollment. It should **not be completed** until the applicant's acceptance is confirmed and you are instructed to proceed with this stage of the admissions process by the Admissions Office. There are a number of procedures that must be completed prior to the student's enrollment. Please read the following instructions carefully

Travel Arrangements

Travel arrangements should not be made until you receive final confirmation of the student's acceptance for enrollment. The Admissions Director will advise you when all requirements have been met and recommend you proceed with travel arrangements. She will also want to review your proposed dates and flight specifics in order to assure that they are coordinated with school logistics. The Admissions Director will coordinate with the program and let you know when to confirm and pay for the student's airline tickets.

Several airlines offer service to Tucson, including United Airlines, Delta Airlines, Northwest Airlines, Continental Airlines and American Airlines. Students should fly into the Tucson International airport. Please try to schedule flights that arrive prior to 4:00pm. This allows residents plenty of time to travel to the program and complete all enrollment procedures on the day they arrive.

When you confirm the resident's reservation, please email this information to the Admissions Director so she can forward it to the appropriate person for pick-up arrangements.

Medical and Dental Insurance

Proof of medical insurance is required prior to the student's enrollment. *The Consent to Medical Treatment and Insurance Information* form must be completed and submitted to the Admissions Office, **along with a copy of the front and back of each insurance card** (Medical, Pharmacy, and Dental).

Medications

Residents currently taking prescription medications are required to bring a **minimum of a 30-day supply with them at the time of enrollment**. All medications must be in the original container with the original label. It is recommended that medications be placed in a carry-on bag in case checked baggage is lost or delayed. Please provide a list of all the medications the resident is taking along with any special instructions.

Education Records

The Academy requires educational records for each high school and college attended by the resident. Current credit transcript information is critical to developing an effective educational plan while at In Balance Living. Fill out the *Request for Educational Records* form and send or hand carry it to the last school attended by the student. If the student has attended more than one school, please make additional copies of this form and send one form to each school.

Educational records should be sent to the In Balance Admissions Office at the address on the form. Please remember that the faster we receive those records, the sooner we can begin planning an educational program for your son.

Enrollment Agreement

The *Enrollment Agreement* is a contract that details the terms of the resident's enrollment at In Balance Living and the parent's or financial sponsor's acceptance of financial responsibility for the services to be provided. Both custodial parents must sign this document if custody is shared. If the financial sponsor is someone other than the custodial parents, the financial sponsor and **each** custodial parent must sign the *Enrollment Agreement*. The attachments detailing the terms of payment may be signed by the financial sponsor only.

The Agreement provided is the standard contract required by In Balance Living. Its terms typically are not negotiable. Should you, however, request a modification to the Agreement, any changes must be reviewed by an attorney for In Balance Ranch Academy and may slightly delay the resident’s enrollment.

When the signed Agreement is received by the Admissions Office, an authorized representative will sign the document to execute the Agreement of behalf of In Balance Living. A copy of the fully executed agreement will be returned to you for your records.

Resident Identification Card

If the resident has an official identification card, please send the original along with them. If he does not have this, another picture identification can be substituted.

Pre-enrollment Requirements Checklist

This pre-enrollment checklist is provided as a convenience to assist parents in completing the pre-enrollment requirements. After completing the requirements, please return to this checklist and mark each item completed. The checklist will help ensure that you submit all information and documents required prior to enrollment.

	<p>Travel Arrangements (see <i>Pre-enrollment Requirements Instructions</i>)</p> <p>Travel arrangements have been made following review by admissions counselor.</p> <p>Flight itinerary has been e-mailed or faxed to the Admissions Office</p>
	<p>Completed Consent to Medical Treatment and Insurance Information form submitted to the Admission Office with the following attachments:</p> <p>Copy of front and back of medical insurance card</p> <p>Copy of front and back of pharmacy card</p> <p>Copy of front and back of dental insurance card</p>
	<p>Medication – 30 day supply of each prescribed medication</p>
	<p>Educational Records – The Request for Educational Records form submitted to each high school the resident attended. The student’s educational records are:</p> <p>Enclosed with this packet</p> <p>Being sent directly to the Admissions Office by each school</p>
	<p>Completed Enrollment Agreement submitted to Admissions Office</p> <p>Signed appropriately as follows:</p> <p>One Custodial parent only if custody is not shared and one parent has full custody</p> <p>Both parents if custody is shared</p> <p>Financial Sponsor if other than the parents</p>
	<p>Resident’s Identification Card</p> <p>Other picture identification submitted</p>

In Balance Living
Resident and Family Information

Resident Information

First Name		Middle Name	Last Name	
Nick Name			Date of Birth	Date of Enrollment (office use)
Is resident adopted? Yes No	Is resident a U.S. Citizen? Yes No	Does resident possess a current ID? Yes No		Additional ID:
Street Address		Social Security Number		Country of Citizenship (if other than USA)
City	State, Zip		Telephone Number	

Custody Information:

Biological Parent's Marital Status		Married	Separated	Divorced	Never Married
Parent/Guardian Full Name		Relationship		Type of Custody Joint Full	
Parent/Guardian Full Name		Relationship		Type of Custody Joint Full	

Father's Contact Information

Father's Full Name (First Middle Last)		Living Deceased	Social Security Number	
Occupation		Business Telephone		Cellular Telephone
Street Address		Home Telephone		Date of birth
City	State, Zip		Fax Number	Email

Stepmother/Partner's Name (if applicable)		Social Security Number		
Occupation	Cellular Telephone		Email	

Continued on next page

Mother's Contact Information

Mother's Full Name (First Middle Last)		Living Deceased	Social Security Number
Occupation		Business Telephone	Cellular Telephone
Street Address		Home Telephone	Date of birth
City	State, Zip	Fax Number	Email

Stepfather/Partner's Name (if applicable)		Social Security Number
Occupation	Cellular Telephone	Email

Sibling Information

Name of Sibling	Gender	Age	Relationship (Full, Half, Step)	Lives with (Mother, Father, Independent)

Guardian Information (if other than biological parents)

Guardian's Full Name (First Middle Last)		Relationship to Student	Social Security Number
Occupation		Business Telephone	Cellular Telephone
Street Address		Home Telephone	Other Telephone
City	State, Zip	Fax	Email

Guardian's Spouse/Partner (if applicable)		Date Married	Social Security Number
Occupation	Cellular Telephone	Email	

Financial Sponsor Information (if other than parents)

Sponsor's Full Name (First Middle Last)		Relationship to Resident	Social Security Number
Agency/Organization Name (if applicable)		Business Telephone	Cellular Telephone
Street Address		Home Telephone	Other Telephone
City	State, Zip	Fax Number	Email

Emergency Contact Information (To Be Notified if Parents Cannot Be Reached)

Name of Emergency Contact		Relationship to Student	
Street Address		Home Telephone	Cellular Telephone
City	State, Zip	Business Telephone	Email

Referral Information – How did you hear about In Balance Living?

Circle One:

Educational Consultant

Boarding School

Relative Friend

Therapist/Counselor

Wilderness Program

Substance Abuse Program

Internet search or Web site

Parent of past/present In Balance Living?

Other: Please Specify

If referred by an individual, please provide the following information.

Name of Referral Source	Title	Business Telephone
Organization Name	Fax	Email
Street Address	City	State, Zip

If referred by another school or program, please provide the following information.

Name of Referring School/Program	Contact Name (if applicable)
Street Address	Business Telephone
City	State, Zip

Student Information Provided by:

Name

Signature

Current and Past Placements

Current Placement

Please list current out-of-home placements, including special purpose boarding schools, wilderness programs, psychiatric hospitalizations, treatment center, etc.

Name of School/Program/Hospital		Contact Name	
Street Address		Telephone Number	Fax Number
City	State, Zip	Term of Enrollment/Placement From: To:	
Reason for enrollment/admission:			
Departure Circumstances:			

Prior Placements

Name of School/Program/Hospital		Contact Name	
Street Address		Telephone Number	Fax Number
City	State, Zip	Term of Enrollment/Placement From: To:	
Reason for enrollment/admission:			
Departure Circumstances:			

Name of School/Program/Hospital		Contact Name	
Street Address		Contact Telephone Number	Contact Fax Number
City	State, Zip	Term of Enrollment/Placement From: To:	
Reason for enrollment/admission:			
Departure Circumstances:			

IN BALANCE LIVING: PARENT REPORT ON ADOLESCENT

Presenting Problems and History

Describe the reason for your son’s admission to In Balance Living.

When did this problem start?

Was there a precipitating event (something that caused this)?

How has this problem changed over time?

Describe any changes (which have occurred over time) in your attitude about your son’s problems.

Emotional Expression: (Please check each one which applies for your son)

Over Controlled – feelings seldom openly displayed.

Under Controlled – feelings displayed in impulsive and intense fashion.

Emotional Expression varies quite a bit.

Problems typically openly admitted.

Problems typically denied.

Other: Define: _____

Behavior: (Please circle each one that applies for your son)

- | | | | | |
|----------------------|----------------------|---|------------------|-----------|
| Talks of suicide | Attempted suicide | Nightmares | Destructiveness | Impulsive |
| Agitated/Hyperactive | Disorganized | Skips school | Legal problems | Runaway |
| Perfectionist | Compulsive | Obsessive | Drinking alcohol | Gambling |
| Cigarettes | Sexually promiscuous | Self-Injurious Behavior (cutting, burning, etc) | | |

Other: Define: _____

Emotions

Current Problems/Symptoms: Please check the box in front of each and every emotion that applies for your son. Also, please rate the intensity of that emotion for each item you have endorsed by circling the number. Use a 1 to 10 rating. 1 will indicate a very mild level of emotion. 10 will indicate an extreme level of emotion. **Base your rating on your son's behavior over the last six months.**

Happy	1	2	3	4	5	6	7	8	9	10
Sad	1	2	3	4	5	6	7	8	9	10
Fearful	1	2	3	4	5	6	7	8	9	10
Worried	1	2	3	4	5	6	7	8	9	10
Anxious/ Tense	1	2	3	4	5	6	7	8	9	10
Hopeless	1	2	3	4	5	6	7	8	9	10
Easily Frustrated	1	2	3	4	5	6	7	8	9	10
Angry	1	2	3	4	5	6	7	8	9	10
Moody	1	2	3	4	5	6	7	8	9	10
Defensive	1	2	3	4	5	6	7	8	9	10
Hostile	1	2	3	4	5	6	7	8	9	10
Rageful	1	2	3	4	5	6	7	8	9	10
Other	1	2	3	4	5	6	7	8	9	10

Define Other : _____

Cognition/Thinking (Please circle each one which applies to your son)

- Difficulty concentrating Distractible Poor memory for day to day events
- Confused Racing thoughts Difficulty making simple decisions

Other: Define: _____

Social Functioning (Please circle each one which applies for your son)

- Isolates from peers Feels alone Dependent Feelings easily hurt Fights
- Over-Responsible Lacks self confidence Self-centered Holds Grudges Lies
- Uncooperative No respect for others Bossy/Domineering Argues Threatens
- Irresponsible Resentful Suspicious Initiates conflict Shy
- Affiliates with Gangs

Other: Define: _____

Stress-Related Health Functioning (Please circle each one which applies to your son)

Complains of feeling sick Fatigued Eating more Eating less Tics Headaches
Compulsive exercise More energy than normal Less energy than normal Tremors
Sleeping more than normal Sleeping less than normal Weight gain Weight loss
Other: Define: _____

What are your son's unique strengths and assets:

Family Functioning

Describe the current status of your son's relationship with his mother. How is this different from what it was six months ago?

Describe current status of your son's relationship with his father. How is this different from what it was six months ago?

Are there any major stressors affecting the family as a whole right now? Please describe.

If your son attended In Balance Ranch Academy, you do not need fill out developmental, family, or legal history as we already have the information on file.

Developmental History

Where was your son born? _____

Where there any problems with the pregnancy or delivery?

yes no If yes, please describe:

Full-Term baby? yes no

Was the baby unwanted by either parent, and if so, did that change?

Was the baby breast or bottle fed? _____

Did the baby like to be held and cuddled? _____

Have you noticed any difficulties with your son's social adjustment or development?

Yes No If yes, please describe:

Has your son ever behaved in a way that frightened you: (i.e., cruelty to animals, fire-setting, etc.)

Yes No If yes, please describe:

Describe any sexual abuse history of your son: _____

Describe any physical abuse history of your son: _____

Family History

Has anyone else in the family experienced emotional/psychiatric problems?

Yes No If yes, please describe:

1. Family Member _____

Problem/Treatment/Data _____

2. Family Member _____

Problem/Treatment/Data _____

Has anyone in the family experienced problems with drugs or alcohol use?

Yes No If yes, please describe: Who? What type of problem? When did the problem occur?
What treatment was utilized? What kind of success?

Briefly describe each parents' history (include natural and step parents). Review where born and raised, brothers, sisters, highest grade completed and any significant information:

Has anyone in the family ever committed suicide? Yes No

Who? _____

When/How? _____

Has a friend of your son's ever committed suicide? Yes No

Who? _____

When/How? _____

Legal Information

Has your son ever been involved with the legal authorities? (CPS, Police, Juvenile Court)

Yes No If yes, please describe:

Is he currently under court supervision? Yes No If yes, please describe:

Name Relationship to Patient Date

Medical History

Current Health Status

Current or Chronic Conditions Affecting the Student (Please Be Specific)	None Known
Known Activity Limitations (Please Be Specific)	None Known

Allergies (Please provide specific allergies, severity of each reaction, date of last reaction)

Medication Allergies						
None Known	Aspirin	Penicillin	Sulfa Drugs	Iodine	Other (specify)	
Food Allergies						
None Known						
Insect Bite Allergies						
None Known	Bees	Wasps	Other (specify)	Is Kit Required	Yes	No
Airborne Allergies (Hay fever, Grasses, Dust, Animal Hair, Etc.)						
Other Allergies						

Current Medications

Name of Medication	Date Prescribed	Dosage/Schedule	Reason for Medication

Authorization for Release of Medical Information

The undersigned hereby attest that the medical information provided above is accurate and complete. We also authorize and consent to the release of any and all information about the student's medical or dental history, including student's medical and dental records, to any facility providing medical care or dental care and to emergency transport professionals.

Print Name	Signature of Parent/Guardian	Date Signed

Insurance Information

Please provide copies of the front and back of each insurance card documented below.

Consent to Medical Treatment and Insurance Information

I/We authorize and consent to any medical or dental procedure undertaken for Student's health and well being. This authorization includes, but is not limited to, examinations, x-rays, inoculations, vaccinations, medical, dental, or surgical procedures administration of local and/or general anesthetics and/or hospital care. I understand that none of the previously described treatment will be undertaken without the advice of a physician or dentist licensed to practice medicine in the geographic area where the services are rendered.

Print Parent/Guardian Name

Signature of Parent/Guardian

Date

Medical Insurance (submit copy of front and back of insurance card with this form)

Insurance Company (Please Print)			
Street Address	City	State	Zip
Insurance Provider Telephone	Fax		
Policyholder Name	Policyholder's Social Security Number		
Policy Number	Group Number (if Applicable)		
Policyholder employer (if group policy)	Policyholder's Date of Birth:		
Coverage (emergency, mental health, pharmacy, etc.)			

Dental Insurance (Submit a copy of front and back of insurance card with this form)

Insurance Company (Please Print)			
Street Address	City	State	Zip
Insurance Provider Telephone	Fax		
Policyholder Name	Policyholder's Social Security Number		
Policy Number	Group Number (if Applicable)		
Policyholder Employer (if group policy)	Policyholder's Date of Birth:		
Coverage (emergency, preventative, cosmetic, etc.)			

Signature of Policyholder

Date

Request for Educational Records

Student Name (First Middle Last)	Date of Birth	Social Security Number
Street Address	City	State, Zip

Dear Registrar,

The above named student is being enrolled at In Balance Living. Prior school records are needed to assist in academic planning. Please send copies of the following documents to the address at the bottom of the page:

- ◆ Verification of dates of enrollment and withdrawal
- ◆ Reason for withdrawal from your school and withdrawal grades
- ◆ Current credit transcript
- ◆ Educational evaluations, achievement test results, special education assessment
- ◆ IEP, if applicable
- ◆ Disciplinary records
- ◆ Health and immunization records
- ◆ Other records relevant to academic planning
- ◆ Graduation requirements for your school

Please do not send the original academic records as we would like it to remain on file at your school. Thank you for your prompt attention to this request.

Authorization for Release of Information

The undersigned hereby grant permission to release all available school records for the above named student to the Registrar of In Balance Ranch Academy. Permission is granted to release the following records; official transcript of credit; withdrawal grades; special education records; IEP, educational assessment results; health records; immunization records; disciplinary reports; counseling information and any records pertaining to psychiatric or psychological evaluation of the student.

Print Name

Signature of Parent/Guardian

Date

Send records to the following address:

*In Balance Living
6107 East Grant Road
Tucson, Az 85712*

*Phone: 520-722-9631
Fax: 520-722-9676*

Academic History

Academic Status (Please attach copies of academic transcripts)

Current Grade Level	Grade Point Average (GPA):
Credits earned toward graduation:	Remaining credits required for graduation:
Is student following a college preparatory curriculum? Yes No	Has the student taken the college entrance examinations (ACT/SAT)? Yes No

Learning Differences (Please attach copies of evaluations, IEP or other related documents)

Does student have a preferred learning style (written, oral, graphic visuals, experiential, tactile)?		
Does student have any known learning differences? If yes, specify type and attach copy of evaluation (if available) Yes No		
Has student ever been diagnosed with any attention issues (ADD, ADHD)? If yes, specify type and attach a copy of evaluation (if available) Yes No		
Has student ever been prescribed medication to assist with attention difficulties? If yes, please specify name of medication. Yes No		
Are there any special needs or educational considerations required for the student? If yes, please explain Yes No		
Does student have an Individualized Education Plan (IEP)? Yes No If yes, please attach a copy of IEP	Date Implemented	Date last modified

School Behavior

Describe Student's Feelings about School
Does Student have a history of school behavior problems? If yes, please explain. Yes No
Has student ever been expelled from school? If so, please explain circumstances Yes No

Educational Interests, Accomplishments and Goals

Describe student's educational interests and any special accomplishments.
Describe any extra-curricular activities in which the student has participated.
Describe your goals/hopes for the student following completion of High School.

In Balance Living

Conditions of Admission (Confidential)

Resident Name: _____

The undersigned does hereby apply for admission as a patient at In Balance Living. By accepting the patient at the facility, In Balance Living does not warrant or agree to effect a cure, but does agree to accord the patient such medical care and treatment for alcoholism/addiction and/or behavioral health disorders as will provide him/her the maximum opportunity for recovery. The practice of medicine and the treatment of addiction are not exact sciences, and no guarantee can be made as to the results of the treatment.

The following conditions and provisions shall govern the treatment, care and accommodations provided to all students at the facility.

I agree to conform to the rules and regulations of In Balance Living.

1. Consent to Care and Treatment: By accepting these Conditions of Admission, the resident's parent or guardian consents to such medical care and treatment as is deemed necessary or helpful by In Balance personnel in their efforts to effect treatment.

Parent/Guardian/ Initials: _____ Date: _____

2. Grievance Procedure: I acknowledge that I have been informed of and understand the In Balance Living Patient Grievance Procedure.

Parent/Guardian/Initials: _____ Date: _____

3. Consent to Search: I authorize In Balance Living personnel, at any time, to conduct a thorough search of all my property and my room, and, if necessary, of my person, for any illegal or controlled substances or contraband. I further authorize In Balance Living personnel to destroy any confiscated items in accordance with In Balance Living Policies.

Parent/Guardian/ Initials: _____ Date: _____

4. Damage: Any damage to In Balance Living property caused by the resident will be billed to resident's account at the cost of repair or replacement.

Parent/Guardian/Initials: _____ Date: _____

5. Against Medical Advice-AMA Discharge: In the event that the student requests discharge **AMA**, In Balance Living requires 24-hour notice from the resident's family to allow for continuing care/discharge planning to be implemented prior to discharge. Any outstanding balances must be cleared prior to discharge. There will be no refunds.

Parent/Guardian/Initials: _____ Date: _____

6. Medical Services: For any medical needs that arise while the student in at In Balance Living, resident agrees to make individual, separate arrangements with the provider of medical services. Selection of providers and scheduling will be made by In Balance Living staff, but when possible, the specific requests of the resident will be respected. (In Balance Living may directly pay for the bill, but the bill will be charged to the parent's account)

Parent/Guardian/Initials: _____ Date: _____

7. All Behavioral Health services will be provided by In Balance Counseling, Inc

Parent/Guardian/Initials: _____ Date: _____

8. Financial Responsibility: The undersigned agrees whether he/she signs as agent or as resident, that in consideration of the admission of student in In Balance Living and of the services to be rendered to the resident, he/she hereby individually obligates himself/herself to pay the account of In Balance Living in accordance with the regular rates and terms of In Balance Living. The undersigned understands that In Balance Living may request financial and credit information from various sources including, without limitation, credit reporting bureaus, and consents to the release of any and all such information. The undersigned authorizes and consents to the release of any and all information required for purposes of collecting any money due on resident's account to any spouse, guarantor, collection agency, agent of In-Balance Living, attorney, or any other person or entity who is, or may be liable for all or a portion of the uncollected amount owed by undersigned as a result of a resident's treatment. All financial arrangements are confidential between In Balance Living, resident, guarantor, and payer. Balance of the total bill is due at the time of discharge. All accounts not paid within 30 days of discharge shall bear interest at 15% per annum. Should the account be referred to an attorney for collection, the undersigned shall pay actual attorney's fees and collection expenses. If a credit balance is generated on an account, an appropriate refund will be made after the cause of the refund is determined and the payee is determined. Refunds to student and/or their guarantors will be processed within 30 days of the date the credit balance was created and refund to insurers or other third party payers will be processed within 90 days of the date the credit balance was created.

Parent/Guardian/Initials: _____ Date: _____

Credit Card: The undersigned agrees that this credit card may be charged for delinquent balances of 30 days or more. In the event this credit card is used to pay a delinquent account, a \$100.00 processing fee will also be charged on this credit card. The undersigned also agrees that this credit card may be charged for any expenses not covered by the tuition for In Balance Living.

Credit Card #: _____ **Exp. Date:** ____/____/____

Rates: Charges to students include, but are not limited to the following.

Adolescent Monthly Tuition **\$5,800.00**

Parent/Guardian/Initials: _____ Date: _____

The undersigned acknowledges that In Balance Living is a 6-12 month program and hereby agrees to at least a **minimum** of 6 month's stay for their son at In Balance. No refunds will be issued if the Resident does not complete the program, except for unforeseen medical purposes that may cause a discharge from the program.

Parent/Guardian/Initials: _____ Date: _____

The undersigned accepts the terms hereof, certifies that he/she has read the foregoing, has received a copy hereof, and is the parent/guardian of the student.

Date of Admission:	Date of Signature:
Printed name of Student:	Printed Name of Parent/Guardian:
Signature of Parent/Guardian:	

In Balance Living

Behaviors That Can Result in Early Discharge or Transfer

In Balance Living’s goal is that you have a successful treatment experience. We want to inform you that there are behaviors that could interfere with your recovery and could result in discharge or transfer. We ask that you read and understand what those behaviors may be. We encourage your questions. In Balance Living wants to ensure that all residents are provided with a safe environment that is conducive to recovery.

The following is a list of behaviors that may lead to discharge or transfer to another facility:

1. The use or supplying of mood altering drugs or illegal substances.
2. Non-compliance with medical care and/or clinical treatment recommendations. Not meeting program expectations or requirements.
3. Fraternalizing; sexual contact with another resident.
4. Any violent behavior. This behavior includes explosive outbursts, hitting, slapping, kicking, verbal threats, and intimidation or property damage.
5. Possession of weapons
6. Leaving the In Balance Living Campus without staff knowledge and permission.

I have reviewed the above behaviors and understand that if I behave in any of the ways described, I may be discharged.

Resident Signature _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Staff Signature: _____

Date: _____