

HOME ON THE RANGE PLACEMENT AGREEMENT

Name of Child: _____
(Print or Type)

Youngsters who are referred to Home On The Range (hereinafter referred to as HOTR) for placement are those having difficulty in their home, school and/or community. Any youth who meets our admissions criteria will be considered for placement at HOTR. The goal of HOTR is to offer youth a program of service and care to meet their individual needs. If a youth is accepted, efforts will be made to help the child learn social, academic, self-maintenance and similar skills to aid him/her in a better adjustment to family, teachers, peers and members of the community. Efforts are made to return the resident to a community placement as soon as possible. Exact plans depend on the child's needs and family situation.

I have decided that the problems of my child are serious enough to warrant placement at HOTR. I understand my child will be considered for residence in the HOTR program. With this understanding, I agree to the condition of this consent form, as indicated.

I understand that I am not, nor will be, deprived of my parental rights. However I agree to extend these parental rights to the staff at HOTR. This includes signing official documents, school permission forms, medical forms, etc.

I understand at the discretion of HOTR personnel, in accordance with the treatment plan, that my child may be able to spend holidays and vacation time with me. I agree to accept responsibility for my child during such periods and will notify the staff of HOTR immediately if any evidence of difficulty should appear. For example, if my youngster runs away or becomes physically abusive or is arrested, I would agree to contact the HOTR staff immediately to inform them of such happenings. I agree to return the child "on time" in accordance with plans made with HOTR staff.

I give my permission to the staff of HOTR to use physical restraint in the event that it is necessary to protect the health or safety of him/herself or others. It is understood that physical restraint in this context means holding the arms or legs of the child to prevent damage to oneself and/or other people. I understand the Ranch has a policy of never physically abusing (hitting, spanking, kicking, etc.) a child for discipline or punishment.

I understand that HOTR provides an "All Faiths" chapel service for all youth. I also understand that youngsters other than Christian youth are never excluded from the HOTR program because of their religious preferences and that special arrangements will be made for those youth to attend community services in accordance with their personal belief and the preference of the parent(s). In completing the Church Preference Form I will indicate my wishes regarding spiritual programming or exclusion from such programming for my child.

I understand that the HOTR program includes physical activities such as football, basketball, horseback riding and similar vigorous activities. Unless my child has some physical limitations that make it medically unwise to participate if he/she so desires, I authorize such participation. I also will allow him/her to travel with teams and similar groups for such participation.

I understand that HOTR is a working ranch and that it operates a farm/ranch and vocational program. I understand that while my child is at HOTR he/she may at one time or another operate machinery or equipment as part of his/her work experience, which is a part of the HOTR program. I understand that he/she will be given proper instruction in both the use of machinery and safety procedures associated with their use and that he/she will not be allowed to operate such equipment until he/she has demonstrated competency in the operation of such equipment and machinery.

Thus, in general, I agree to the cooperative relinquishment of the control and management of my child to engage in any activity that the staff deems appropriate for my child's benefit.

I understand that, given the problems of my child, placement at HOTR is the least restrictive alternative placement.

Parent: _____

Parent: _____

Resident: _____

Referring Agency Representative: _____ Date: _____