



CLIENT INITIAL INQUIRY FORM

(NOTE: HIPAA Waiver must be included with Application)

Name of Parent or Guardian: _____

Home Address: _____

Phone: _____

Email: _____

Name of teen: _____ **Age of Teen:** _____ **Last completed grade:** _____

Attending Psychiatrist (name and city): _____

Attending counselor or psychologist (name and city): _____

Have you discussed our program with the medical professionals, school counselors or others providing services to your teen and family?

Would your medical team sign a letter of endorsement for your teen to participate, which is required if selected?

Please describe the child's condition, diagnosis and medical treatment. For this initial inquiry form, you need not provide detailed, private information. If selected, further information will be requested.

Do you have concerns as a parent or guardian about your teen traveling more than a few hours of driving distance from home to participate?

If selected, are you able to arrange transportation, at your cost, to the host farm or ranch, even if it requires air travel across state lines? If not, please describe your restrictions. Scholarships are available.



Has your teen demonstrated or voiced interest in life on a farm or ranch, the outdoors, animals, livestock, horses, rural life? Please describe:

Have you discussed this program with your teen and is he/she receptive, excited or oppositional to the idea of living on a farm or ranch (some parents decide not to at this stage, which is OK)?

If selected, would you plan to recommend a summer-only "internship" during school break, or a prolonged visit which would require a leave from school, or unsure?

If selected, would you be in a position to pay the \$500.00 per month fee during the teen's stay, or would you apply for scholarship relief?

Does your family have private health insurance, Medicaid or other insurance which helps you cover the cost of medical care, counseling and prescription medications for the teen? If so, please provide a general description:

Please describe why you have inquired and why you believe this program may be a good solution for your teen?

Thank you very much for your inquiry and submission.

We are here to serve people like you, and we hope we can be of service. We will review your information and stay in communication as we review your case and work to identify qualified host farm and ranch families across the country. Not all teens will be selected, due to careful medical screening criteria designed to safeguard our teen clientele and our host families.

Please send your completed form AND the HIPAA Release form to Brose McVey at bmcvey@BensRanch.org or mail it to PO Box 3952, Carmel, IN 46082.