**Internship Welcome Letter & Application Process**

Thank you for your interest in an Internship for your teen through Ben’s Ranch Foundation, a 501(c)(3) nonprofit organization. Our mission is to create better futures for young people struggling with mental health challenges by connecting them to employment on farms, ranches, stables, and equine therapy facilities.

This packet is designed to help guide you through the application process, and includes an Application (to be completed by a parent/guardian), a Liability Release Form and two benchmark surveys (one for you as parent or guardian and one for your teen).

Please complete the Application and Surveys and return them by email or by postal mail to PO Box 3952, Carmel, IN 46082. The Liability Release form will be completed once a host-employer is identified.

If your application is approved, your teen will be added to our waiting list while we work to find a good employer-host near your location. This process can take days or months depending on the availability of employer-hosts in your area. Our team will help to guide you through this process and keep you updated.

Once a host-employer is identified we will help you schedule a mandatory Meet-and-Greet between you, your teen and the Host-employer. It is imperative that you and your teen attend a Meet-and-Greet at the proposed work site, as this visit is an important way for you to confirm that you and the teen are comfortable with the role, the site and employer in advance of an employment commitment.

If all parties wish to proceed with the internship, the host-employer may suggest a trial workday or two prior to confirming employment. Thereafter, the work schedule will be agreed between the teen, you and the host-employer and in most cases your teen will receive compensation as agreed to in advance between you and the Host-Employer. You may choose to have payments sent to you directly to monitor financial matters on behalf of your minor teen.

The cost to participate in the program is $75.00 per week, paid monthly at the end of each month, plus a one-time application fee of $75.00, payable online or by mail at the time of your application.

Due to the generosity of our donors, we offer discounts to our fees based on household income. If you would like to apply for a discount, please include household income on the application, and we will notify you of any discount approved. All information you provide about your teen and your income is strictly confidential. Make payments online at https://bensranch.org/participation-form/ or by check at the address listed below.

Once the internship is underway, we require that your teen complete a simple progress survey every 2 weeks. As the parent or guardian, we rely on you to ensure that surveys are completed and returned to us on time. Surveys are to be completed at the following link:

<http://bensranch.org/outcome-rating-scale-ors/>

If you do not have access to the Internet and our online forms, simply ask for hard copies of our forms and surveys and return them by mail, in care of Patty Hagen, our Case Manager.

Poor communication by parents or their teens with us or the employer, late arrivals or a poor attitude by the teen at work, or failure to complete surveys on time will likely result in termination of the internship.

Finally, please in notify of us first of any changes which could affect your teen’s ability to continue in the program. If at any time you wish to terminate the internship, we ask that you give us and the Host-Employer the courtesy of two weeks’ notice.

We know well how difficult and challenging it can be to care for a young person struggling with mental health challenges, and we hope this experience is very helpful to you and the teen. Your careful cooperation, timely communication, and support for this process will help make this a wonderful experience for your teen.

**Welcome to Ben’s Ranch!**

Our Address: PO Box 3952, Carmel, IN 46082

Your Contact Person: Patty Hagen at patty@bensranch.org

Our Phone: 877-66-FARMS (32767)

**Ben’s Ranch Foundation**

**Application Checklist**

1. Review Welcome Letter: \_\_\_
2. Complete and Submit Teen Internship Application Form: \_\_\_
3. Pay $75 Application Fee @ <https://bensranch.org/participation-form/> \_\_\_
4. Complete and Submit Parent/Guardian Benchmark Survey: \_\_\_
5. Complete and Submit Teen Benchmark Survey: \_\_\_
6. Attend Host Meet and Greet: \_\_\_
7. Complete and Submit Authorization & Release Form: \_\_\_
8. Confirm Start Date with Host and Ben’s Ranch Foundation: \_\_\_
9. Mark your calendar for bi-weekly teen progress survey due dates: \_\_\_\_
10. Keep in touch and tell us how your teen is responding!

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**Teen Internship Application Form**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEEN Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Contact Info:

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral (If Relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PSYCHOSOCIAL INFORMATION**
2. Where does the teen attend school and describe the level of academic achievement. Does the teen have an IEP, is he/she enrolled in a curriculum based on intellectual or emotional disability?
3. Are there any custody issues?
4. Are any social or mental health providers involved with the teen (CPS, CASA, counselor, etc.)? Please list the name, organization, and address of any caseworkers:
5. Has the teen ever been arrested?
6. Has the teen been a victim or perpetrator of emotional, physical, or sexual abuse?
7. Check all problems/behaviors that apply to your teen: \_\_Trauma \_\_Lack of motivation \_\_Poor self-esteem \_\_Grief \_\_Defiance \_\_Poor decision making \_\_Friendship problems \_\_Internet/video game addiction \_\_Isolation \_\_Disruptive at home \_\_Entitlement \_\_Disruptive at school \_\_Anger issues \_\_Self harming behaviors \_\_Mood Disturbances \_\_Anxiety \_\_Other
8. Please describe current problematic symptoms:
9. Has the teen ever had suicidal ideation or attempted suicide? If so, please explain.
10. Please list all current and previous psychiatric diagnoses for the teen:
11. **HEALTH INFORMATION**
12. Name and Address of the teen’s primary doctor and/or psychiatrist:
13. Allergies (medication, environmental):
14. List all prescribed medication doses and directions:
15. List all frequently used over the counter medications or supplements:
16. Will the teen need to have their medication and/or supplement with them during their internship hours?
17. Please list all current medical issues for which the teen is being treated.
18. Has the teen ever had cardiovascular, respiratory, or musculoskeletal issues?
19. Has your teen ever been hospitalized for any reason? Explain:

1. **DRUG AND ALCOHOL HISTORY**
2. Does your teen use:

\_\_tobacco \_\_opiates (oxycontin, heroin) \_\_abuse prescription pills

\_\_alcohol \_\_cocaine \_\_methamphetamine

\_\_marijuana \_\_hallucinogens \_\_other

b. Please explain any checked items:

1. **OTHER INFORMATION**
	1. Has the teen ever been employed before? If so, list job description and duties:
	2. How do you feel the teen would react to working in a ranch setting? (Work with and around livestock and/or horses, perform physical labor, working in a barn/stable around dirt.)
	3. Describe the teen’s time constraints/commitments (school, sports, other work, clubs, etc.):
	4. Does the teen have a valid driver’s license? How will they find transportation to/from their internship site?
	5. How far, in minutes, is the individual responsible for transporting the teen willing to travel from teen’s place of residence? (This information determines our host search.)
	6. Check what style of Internship would be most preferential:

 \_\_After School \_\_Weekends \_\_Summer

 \_\_Other – Describe:

* 1. Ideal start date to begin teen’s internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Please add anything else you feel is important for us to know about the teen:

**5. Reduced Fee Qualifications**

Note: The following questions are strictly voluntary, and only necessary if you wish to apply for a reduced fee. Ben’s Ranch Foundation reserves the right to request proof of income, such as the prior year’s tax return, to verify that all information is correct.

**Family Size:** Please list the total number of people residing in your household, as you would if you were filing for tax purposes:

**Income:** Please list the average yearly (gross adjusted) income of the *household*, including all forms of income, and attach proof of income (pay stubs, tax forms, or whatever best represents current income):

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete, scan, and email to patty@bensranch.org or mail to PO Box 3952, Carmel, Indiana 46032

**Ben’s Ranch Foundation**

**Parent/Guardian Benchmark Survey**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teen’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** This survey is to be completed by the parent/guardian of the teen. Choose whichever answer seems to best describe your teen, or what has been most applicable for the past seven days. Once completed, scan and email this form to Bmcvey@bensranch.org or mail to PO Box 3952, Carmel, Indiana 46032.

**Social Isolation**

My child feels left out

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child feels that people barely know them

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child feels isolated from others

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child feels that people are around, but not with them

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

**Emotional Support**

My child had someone who will listen to them when they need to talk

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child has someone to confide in or talk to about their problems

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child has someone who makes them feel appreciated

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child has someone to talk with when they have a bad

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

**Self-Efficacy for managing emotions**

My child can avoid feeling discouraged

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child can handle negative feelings

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child can find ways to manage stress

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child can bounce back from disappointment

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

**Parent Proxy Depressive Symptoms**

My child could not stop feeling sad

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt everything in their life was wrong

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt like they couldn’t do anything right

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt lonely

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt sad

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

It was hard for my child to have fun

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

**Parent Proxy Anxiety**

My child felt nervous

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt scared

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt worried

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt like something awful might happen

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child worried when they were home

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child got scared easily

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child worried about what could happen to them

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child worried when they went to bed at night

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

Psychological Stress Experiences

My child felt stressed

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt that their problems kept piling up

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt like they were running behind

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt unable to manage things in their life

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

**Parent Proxy Anger**

My child felt mad

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child was so angry they felt like yelling at somebody

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child was so angry they felt like throwing something

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

My child felt upset

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

When my child got mad they stayed mad

\_\_ never \_\_rarely \_\_sometimes \_\_usually \_\_always

**Other Comments:**

**Ben’s Ranch Foundation**

**Teen Benchmark Survey**

**Instructions:** This survey is to be completed by the teen, NOT by their parent/guardian. Choose whichever answer seems best for how you’ve felt in the last seven days. Once completed, scan and email this form to Bmcvey@bensranch.org or mail to PO Box 3952, Carmel, Indiana 46032.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. I feel left out

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I feel that people barely know me

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I feel isolated from others

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I feel that people are around me but not with me

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I have someone who will listen to me when I need to talk

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I have someone to confide in or talk to about myself or my problems

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I have someone who makes me feel appreciated

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I have someone to talk with when I have a bad day

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I was irritated more than people know

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I felt angry

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I felt like I was ready to explode

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I was grouchy

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I felt annoyed

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I can handle negative feelings

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I can find ways to manage stress

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I can avoid feeling discouraged

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I can bounce back from disappointment

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I felt worthless

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I felt helpless

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I felt depressed

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I felt hopeless

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I felt like a failure

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always

1. I felt unhappy

\_\_never\_\_rarely\_\_sometimes \_\_usually \_\_always