



Chestnut Mountain Ranch provides a Christ-centered, safe-haven for boys and families in crisis.

The Ranch is a ministry for children who are in need of a stronger family support system.

Partnering with their families, we pursue family restoration and reunification.

This application must be completed in its entirety and returned before the student can be considered for placement.

Name (person filling out this application) _____

Relationship to student _____ Date _____

Who referred you to Chestnut Mountain Ranch (also cited as CMR)? _____

I hereby request that Chestnut Mountain Ranch consider providing services to my family and the child named below. All information provided is accurate to the best of my knowledge. I understand that any deliberate false information is grounds for denial of acceptance/consideration of placement into the Chestnut Mountain Ranch program.

Signature of Parent/Guardian _____ Date _____

Signature of person completing the application (if different from above) _____ Date _____

A. BIOGRAPHICAL INFORMATION - (please include a current photo of the student)

Student's Name

 (Last) (First) (Middle) (Nickname)

Social Security # _____ Date of Birth ____/____/____ Current Age _____

Height _____ Weight _____ Current Grade Level _____

With whom is the student living? _____ Relationship _____

Student's Current Address _____

 (Street) (Box #)

 (City) (State) (Zip) (County)

Legal Custody Holder (s) _____ Relationship to student _____

Natural Adopted Temporary Other _____

Current Address:

 (Street) (Box #)

Current Mailing Address: _____
 (If different from above) (City) (State) (Zip) (County)

 (Box) (City) (State) (Zip)

Home Ph # _____ Work Ph# _____ Cell Ph# _____

Other Ph # _____ Email (s): _____
 (type)

B. CURRENT MEDICAL PERSONNEL INFORMATION

	Name	Phone	How Long?	How Often?
Physician				
Dentist				
Psychologist				
Psychiatrist				
Counselor/Therapist				
Other/Specialty				

(If student has seen numerous doctors in the past, please use a separate sheet of paper to list them using the above format.)

C. STUDENT'S MEDICAL HISTORY- (use additional pages if necessary)

Past surgeries/ Hospitalizations	
List of major illnesses	
Allergies (Food, Medication, Insects, Other)	
Diagnosed Medical Conditions	
Psychological Diagnosis	
Past medications	
Current medications	
Describe general health	

D. PERSONAL DEVELOPMENT HISTORY

Were there complications during pregnancy? No Yes If yes, please briefly describe.

What was the method of delivery? Vaginal C-Section Birth Weight: _____ lbs. _____ ozs.

Were there any complications during labor and/or delivery? No Yes

If you answered Yes, please briefly describe: _____

Was the achievement of developmental milestones normal? No Yes

(e.g. sitting, standing, walking, talking, toilet training) If you answered No, please briefly describe: _____

E. EDUCATION HISTORY –

(List all schools student has attended **starting with the most current**) Use back of paper if you need additional space.

Grade Level	Name of School and Address	Phone Number	STATUS : Special Education, Promoted, Retained

Is the student currently expelled from Public School? No Yes If yes, please answer the following.

What date will he be able to return to public school? _____

Briefly describe the circumstances that caused expulsion? _____

F. CURRENT/PRIOR PLACEMENTS/ DATES

(Residential Treatment Facilities/Assessment Centers/Boarding Schools/ Hospitalizations—continue on back if necessary)

Dates	Name of facility	Phone Number	Reason for Placement	Reason for Termination

G. CURRENT/PRIOR COURT INVOLVEMENT

Has your student ever had charges filed against him? No Yes If yes, Please complete the following questions.

What were the charges? _____

What was the determination, guilty or not guilty? Not guilty Guilty

If guilty, Please state the disposition of the court: _____

If other outcome, please explain: _____

Is the student currently on probation? No Yes If yes, Please complete the following

County of Probation _____ For how long? Start: / / Completion: / /

Probation Officer _____ Phone # _____

Is your application to CMR in response to a court order or recommendation? No Yes

If your application has been ordered, will your child be committed to detention if your application to Chestnut Mountain Ranch is not accepted? No Yes

G. CURRENT/PRIOR COURT INVOLVEMENT (cont.)

If your student has a history of probation, please complete the following for each previous period of probation

County of Probation _____ For how long Start: / / Completion: / /

Probation Officer _____ Phone # _____

County of Probation _____ For how long Start: / / Completion: / /

Probation Officer _____ Phone # _____

(Please continue on the back of this sheet if necessary, or attach an additional sheet of paper)

Are you, the parent/guardian, currently involved in any type of legal action? No Yes
No Yes

(i.e. custody, child support, civil, criminal, etc.) If you answered **Yes**, briefly explain: _____

H. CURRENT / PRIOR DEPT. OF HEALTH AND HUMAN RES./PROTECTIVE SERVICES

Has your family ever had any **past** involvement in any capacity with the DHHR, or Child Protective Services?

No Yes If yes, Please complete the following

Name of agency _____ For how long Start: / / Completion: / /
For how long Start: / / Completion: / /

County _____ Case Worker _____ Phone # _____

Briefly describe the circumstances of involvement? _____

Is your family **currently** involved in any capacity with the Department of Health and Human Res. (DHHR), or Child Protective Services? No Yes If yes, Please complete the following

Name of agency _____ County _____ For how long? _____
County _____ For how long? _____

Case Worker _____ Phone # _____

Briefly describe the circumstances of involvement? _____

Is the child a legal ward of any agency? No Yes If you answered **Yes**, Complete the following information.

Name of agency _____ County _____ For how long? _____

Case Worker _____ Phone # _____

I. INSURANCE: Does the student have Insurance Coverage (e.g. Private, or State/Fed)? No Yes
Please include copy of card with application. Student must have insurance coverage to participate in our program.

J. FAMILY HISTORY

What problems have existed in this student's natural or adoptive family? (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol or drug abuse | <input type="checkbox"/> Incarceration | <input type="checkbox"/> Parental Death |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Incarceration | <input type="checkbox"/> Parental Death |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Absent Parent |
| <input type="checkbox"/> Child Neglect | <input type="checkbox"/> Physical Illness | <input type="checkbox"/> Frequent Moves |
| <input type="checkbox"/> Child Sexual Abuse | <input type="checkbox"/> Financial Stress | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Spouse Abuse | <input type="checkbox"/> Poverty | <input type="checkbox"/> Family Break-up |
| <input type="checkbox"/> Other Family Violence | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Court Involvement | <input type="checkbox"/> Divorce | _____ |
| | <input type="checkbox"/> Legal separation | _____ |

K. CURRENT FAMILY DATA FORM

	Biological Father	Biological Mother	Step-parent, Adoptive Parent, Other Guardian:	Step-parent, Adoptive Parent, Other Guardian:
Full Name				
Current Address				
Current Phone				
Birth Place & Date				
Grade Completed				
Occupation				
Employer				
Salary (annual)				
Work Hours				
Work Phone				
Other Numbers				
Marital Status				
Name of Spouse				
Date of Marriage				
Date of Divorce				
If Deceased, Date of Death				
Cause of Death				
Describe General Health				

L. List all Biological siblings of student (children of the same mother and father as child applying)

Name	Date of Birth	Age	Current Address	Phone Number

M. List all step/ half siblings of student:

Name	Date of Birth	Age	Name of Parents	Address	Phone Number

N. Please list all persons that are currently involved with the student:

Name	Relationship	Address	Phone Number

O. PSYCHOLOGICAL/BEHAVIORAL/SOCIAL HISTORY

Parent or Guardian: Please check all that apply relating to the student's past and/or present psychological, behavioral, and /or social issues of concern.

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| Past | Present | | Past | Present | |
| <input type="checkbox"/> | <input type="checkbox"/> | Getting poor grades in school. | <input type="checkbox"/> | <input type="checkbox"/> | Coping with a divorce of his parents/guardians. |
| <input type="checkbox"/> | <input type="checkbox"/> | Gets into fights at school. | <input type="checkbox"/> | <input type="checkbox"/> | Coping with a family member's drinking/drug use. |
| <input type="checkbox"/> | <input type="checkbox"/> | Getting in-school or out-of-school suspensions. | <input type="checkbox"/> | <input type="checkbox"/> | Coping with past physical abuse, emotional, Coping with past physical abuse, emotional, or sexual abuse. |
| <input type="checkbox"/> | <input type="checkbox"/> | Not doing his homework. | <input type="checkbox"/> | <input type="checkbox"/> | Coping with feelings about being adopted. |
| <input type="checkbox"/> | <input type="checkbox"/> | Feeling anxious. | <input type="checkbox"/> | <input type="checkbox"/> | Dealing with a relationship break-up. |
| <input type="checkbox"/> | <input type="checkbox"/> | Feeling lonely. | <input type="checkbox"/> | <input type="checkbox"/> | Loss of friend due to move or death. |
| <input type="checkbox"/> | <input type="checkbox"/> | Wishing he was dead. | <input type="checkbox"/> | <input type="checkbox"/> | Difficulty handling the death of someone close to him. |
| <input type="checkbox"/> | <input type="checkbox"/> | Feeling down or depressed. | <input type="checkbox"/> | <input type="checkbox"/> | Loss of pet. |
| <input type="checkbox"/> | <input type="checkbox"/> | Not motivated to do anything. | <input type="checkbox"/> | <input type="checkbox"/> | Using alcohol. |
| <input type="checkbox"/> | <input type="checkbox"/> | Not doing household chores. | <input type="checkbox"/> | <input type="checkbox"/> | Using drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Weight problems. | <input type="checkbox"/> | <input type="checkbox"/> | Being sexually active. |
| <input type="checkbox"/> | <input type="checkbox"/> | Poor hygiene. | <input type="checkbox"/> | <input type="checkbox"/> | Running away. |
| <input type="checkbox"/> | <input type="checkbox"/> | Not making and keeping good friends. | <input type="checkbox"/> | <input type="checkbox"/> | Stealing. |

O. PSYCHOLOGICAL/BEHAVIORAL/SOCIAL HISTORY- Cont.

Please continue to check all that apply relating to the student's past and/or present psychological, behavioral, and /or social issues of concern.

Past	Present		Past	Present	
<input type="checkbox"/>	<input type="checkbox"/>	Having friends who are a bad influence.	<input type="checkbox"/>	<input type="checkbox"/>	Lying.
<input type="checkbox"/>	<input type="checkbox"/>	Stuffing his anger.	<input type="checkbox"/>	<input type="checkbox"/>	Being arrested or detained by the police.
<input type="checkbox"/>	<input type="checkbox"/>	Exploding with his anger.	<input type="checkbox"/>	<input type="checkbox"/>	Setting fires.
<input type="checkbox"/>	<input type="checkbox"/>	Damaging things	<input type="checkbox"/>	<input type="checkbox"/>	Gang involvement.
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty getting along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	Dealing drugs
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty getting along with people outside of the family.	<input type="checkbox"/>	<input type="checkbox"/>	Dealing drugs
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty getting along with authority figures.	<input type="checkbox"/>	<input type="checkbox"/>	Pornography (includes internet porn and 900 calls).
			<input type="checkbox"/>	<input type="checkbox"/>	Involvement with the occult.

ASSETS AND STRENGTHS CHECKLIST- Please check all that apply to the student:

- | | | |
|---|---|--|
| <input type="checkbox"/> Accepting of others | <input type="checkbox"/> Has good health | <input type="checkbox"/> Shows compassion/empathy |
| <input type="checkbox"/> Nurturing to others | <input type="checkbox"/> Is physically attractive | <input type="checkbox"/> Shows joyfulness |
| <input type="checkbox"/> Tolerant of others | <input type="checkbox"/> Has good personal hygiene | <input type="checkbox"/> Has personal goals |
| <input type="checkbox"/> Sensitive to others | <input type="checkbox"/> Is physically strong | <input type="checkbox"/> Has developing or clear values |
| <input type="checkbox"/> Caring of others | <input type="checkbox"/> Likes himself | <input type="checkbox"/> Has a strong conscience |
| <input type="checkbox"/> Listens to others | <input type="checkbox"/> Is intelligent | <input type="checkbox"/> Is remorseful when he misbehaves |
| <input type="checkbox"/> Loving to others | <input type="checkbox"/> Is creative | <input type="checkbox"/> Is bonded and connected to family |
| <input type="checkbox"/> Receives feedback from others | <input type="checkbox"/> Is artistic | <input type="checkbox"/> Wants to succeed in life |
| <input type="checkbox"/> Respects authority | <input type="checkbox"/> Likes music | <input type="checkbox"/> Shows self-control |
| <input type="checkbox"/> Responds to authority | <input type="checkbox"/> Likes sports | <input type="checkbox"/> Is organized |
| <input type="checkbox"/> Makes friends | <input type="checkbox"/> Has a good work ethic/works hard | <input type="checkbox"/> Is competitive |
| <input type="checkbox"/> Has friends | <input type="checkbox"/> Positive habits | <input type="checkbox"/> Is open to getting help |
| <input type="checkbox"/> Is loyal to friends | <input type="checkbox"/> Shows responsibility | <input type="checkbox"/> Wants the family to work on issues and get along better |
| <input type="checkbox"/> Has family support system | <input type="checkbox"/> Is diligent | <input type="checkbox"/> Shows independence |
| <input type="checkbox"/> Has church support system | <input type="checkbox"/> Tries hard | <input type="checkbox"/> Has a sense of humor |
| <input type="checkbox"/> Has a personal relationship with Jesus | <input type="checkbox"/> Shows honesty | <input type="checkbox"/> Can laugh at himself |
| <input type="checkbox"/> Enjoys playing alone and with others | <input type="checkbox"/> Shows trustworthiness | <input type="checkbox"/> Expresses his emotions & feelings |
| <input type="checkbox"/> Works and plays well with others | <input type="checkbox"/> Shows courage | <input type="checkbox"/> Shows some insight into his problems |
| <input type="checkbox"/> Shares with others | <input type="checkbox"/> Shows purity | <input type="checkbox"/> Wants help |
| <input type="checkbox"/> Can receive from others | <input type="checkbox"/> Shows perseverance | <input type="checkbox"/> Open to spiritual discussions |
| <input type="checkbox"/> Is a team player | <input type="checkbox"/> Shows endurance | |
| <input type="checkbox"/> Has personal interests | <input type="checkbox"/> Shows humility | |
| <input type="checkbox"/> Engages in personal interests | <input type="checkbox"/> Shows patience | |
| | <input type="checkbox"/> Shows gratefulness | |

Explain any other psychological, behavioral, and/or social concerns and how you feel CMR would be of help to you and your student? _____

P. STUDENT QUESTIONNAIRE - Please have student complete the following questions.
 (Use additional paper if necessary)

What are your interests and hobbies? _____

What are your short term plans (6-12 mos.)? _____

What are your long term plans (5-10 yrs.)? _____

In which subjects do you struggle in school? _____

Which school subjects are strengths for you? _____

Do you think Chestnut Mountain Ranch will help you and your family? If so, how? If not, why? _____

AREAS OF DIFFICULTY - Please check all that apply to you:

- | Past | Present | | Past | Present | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Getting poor grades in school. | <input type="checkbox"/> | <input type="checkbox"/> | Coping with a divorce of your parents/guardians. |
| <input type="checkbox"/> | <input type="checkbox"/> | Gets into fights at school. | <input type="checkbox"/> | <input type="checkbox"/> | Coping with a family member's drinking/drug use. |
| <input type="checkbox"/> | <input type="checkbox"/> | Getting in-school or out-of-school suspensions. | <input type="checkbox"/> | <input type="checkbox"/> | Coping with past physical abuse, emotional, or sexual abuse. |
| <input type="checkbox"/> | <input type="checkbox"/> | Not doing your homework. | <input type="checkbox"/> | <input type="checkbox"/> | Coping with feelings about being adopted. |
| <input type="checkbox"/> | <input type="checkbox"/> | Feeling anxious. | <input type="checkbox"/> | <input type="checkbox"/> | Dealing with a relationship break-up. |
| <input type="checkbox"/> | <input type="checkbox"/> | Feeling lonely. | <input type="checkbox"/> | <input type="checkbox"/> | Loss of friend due to move or death. |
| <input type="checkbox"/> | <input type="checkbox"/> | Wishing you were dead. | <input type="checkbox"/> | <input type="checkbox"/> | Difficulty handling the death of someone close to you. |
| <input type="checkbox"/> | <input type="checkbox"/> | Feeling down or depressed. | <input type="checkbox"/> | <input type="checkbox"/> | Loss of pet. |
| <input type="checkbox"/> | <input type="checkbox"/> | Not motivated to do anything. | <input type="checkbox"/> | <input type="checkbox"/> | Using alcohol. |
| <input type="checkbox"/> | <input type="checkbox"/> | Not doing household chores. | <input type="checkbox"/> | <input type="checkbox"/> | Using drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Weight problems. | <input type="checkbox"/> | <input type="checkbox"/> | Being sexually active. |
| <input type="checkbox"/> | <input type="checkbox"/> | Poor hygiene. | <input type="checkbox"/> | <input type="checkbox"/> | Running away. |
| <input type="checkbox"/> | <input type="checkbox"/> | Not making and keeping good friends. | <input type="checkbox"/> | <input type="checkbox"/> | Stealing. |
| <input type="checkbox"/> | <input type="checkbox"/> | Having friends who are a bad influence. | <input type="checkbox"/> | <input type="checkbox"/> | Lying. |
| <input type="checkbox"/> | <input type="checkbox"/> | Stuffing your anger. | <input type="checkbox"/> | <input type="checkbox"/> | Being arrested or detained by the police. |
| <input type="checkbox"/> | <input type="checkbox"/> | Exploding with your anger. | <input type="checkbox"/> | <input type="checkbox"/> | Setting fires. |
| <input type="checkbox"/> | <input type="checkbox"/> | Damaging things | <input type="checkbox"/> | <input type="checkbox"/> | Gang involvement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty getting along with family members. | <input type="checkbox"/> | <input type="checkbox"/> | Dealing drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty getting along with people outside of the family. | <input type="checkbox"/> | <input type="checkbox"/> | Dealing drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty getting along with authority figures (teachers, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | Pornography (includes internet porn and 900 calls). |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Involvement with the occult (witchcraft, ouija boards, wicca, paganism, etc.). |

Signature of Student _____

Date _____

Q. FAMILY INVOLVEMENT – These are the expected activities of parents/guardians in the Chestnut Mountain Ranch Program. Please indicate your willingness to participate:

Parent's or Guardian's participation in the program

Please initial:

- | | |
|---|--|
| 1. Willing and able to furnish transportation to/from CMR. | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 2. Willing to comply with the timeframe set up for pick up and drop off times for the students. | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 3. Willing to offer supervision during the evenings, weekends and extended breaks. | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 4. Willing to implement the choice/consequence model as directed by the school counselor (including carry over consequences at home for behavior while at CMR). | <input type="checkbox"/> Yes <input type="checkbox"/> No _____
<input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 5. Willing to attend all required meetings, including ongoing family counseling, Parent Group Meetings at least once per month, and other CMR events as directed. | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 6. Agree to pay the monthly payment on time every month. (1 st or 15 th of each month, see Chestnut Mountain Ranch Fee Schedule) | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |

R. AUTHORIZATION FOR RELEASE OF INFORMATION

It is the desire of Chestnut Mountain Ranch to provide the most effective care which at times may include contacting the referral sources and other related agencies of our clients and their families.

I, _____, Parent/Guardian of _____ hereby authorize Chestnut Mountain Ranch to receive and/or release information, including verbal dialogue, as may be necessary from/to school officials, counselors, therapists, hospitals, doctors, clergy, case workers, probation officers or court officials, and other family members that is relevant to the assessment of my family/child.

Specific information to be disclosed may include but is not all inclusive to:

- | | |
|---|--|
| ▪ Acknowledgment of presence in treatment | ▪ Discharge summaries from residential/hospital facilities |
| ▪ Psychiatric evaluations | ▪ Case records |
| ▪ Psychological evaluations | ▪ Offense history |
| ▪ Medical records | ▪ Guardianship documentation |
| ▪ Education assessments | ▪ Social history |
| ▪ Special Education records | |

This consent expires after the period necessary to complete all business related to the admissions process and overall assessment/care of the family/child listed within this application (unless revoked earlier in writing).

Signature of person or person authorized to consent

Relationship

Witness

Date of Signature

S. CHESTNUT MOUNTAIN RANCH PROGRAM

Please indicate your understanding of and your willingness to work with the CMR Program.

Please Initial:

- | | |
|--|--|
| 1. I am aware that CMR is a Christ-centered program. | Guardian - <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Child- <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 2. I understand that CMR will educate using curriculum that has a biblical worldview. | Guardian - <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Child- <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 3. I have read CMR's Statement of Faith (printed below); I am aware of CMR's commitment to its Christian values and realize they are the foundation of all program elements. | Guardian - <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Child- <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 4. I am aware that CMR is not a psychiatric or mental health program. | Guardian - <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Child- <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 5. I am aware that CMR is not a licensed group home, but is registered with the West Virginia Department of Education as a private school. | Guardian - <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Child- <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |

Chestnut Mountain Ranch Statement of Faith

1. We believe the Bible to be inspired, the only infallible, authoritative, inerrant Word of God (2 Timothy 3:16, 2 Peter 1:21).
2. We believe there is one God, eternally existent in three persons,---Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30).
3. We believe in the deity of Christ (John 10:30),
His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35),
His sinless life (Hebrews 4:15, 7:26),
His miracles (John 2:11),
His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9),
His Resurrection (John 11:25, 1 Corinthians 15:4),
His Ascension to the right hand of God (Mark 16:19),
His personal return in power and glory (Acts 1:11, Revelation 19:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone are we saved (John 3:16-19, 5:24; Romans 3:23, 5:8-9; Ephesians 2:8-10; Titus 3:5).
5. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of condemnation (John 5:28-29).
6. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, 1 Corinthians 2:12-13, Galatians 3:26-28).
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13-14, 1 Corinthians 3:16, 6:19-20; Ephesians 4:30, 5:18).

T. PROGRAM STATEMENTS ON SANCTITY OF LIFE, GENDER, MARRIAGE, SEXUALITY

Statement on Sanctity of Life

We believe that all human life is sacred beginning at the moment of conception and ending at a person's natural death. Accordingly, every unborn child is a living human being, created in the image of God, and must be respected and protected both before and after birth. Direct or indirect volitional taking of any innocent human life by any means and by any individual or entity through abortion or euthanasia constitutes a violation of the sanctity of human life, and is a sin against God and a crime against man.

Statement on Gender, Marriage and Sexuality

We believe that God acts to give each person a gender by wonderfully and immutably creating each person as distinctly male or female. These two distinct, complementary genders together reflect the image and nature of God. Rejection, whether by personal volition or compulsion, of one's biological gender is a rejection of the image of God within that person and a sin against God.

We believe that the term "marriage" has only one meaning, which is marriage as created and sanctioned by God in which God joins one man and one woman in a single, life-long, and exclusive union, as delineated in Scripture. We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other.

We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman. We believe that condoning, engaging in, or facilitation of any form of sexual intimacy outside of marriage is sexually immoral, sinful, and offensive to God.

We believe that any form of sexual immorality is sinful and offensive to God. Sexual immorality includes, but is not limited to adultery, fornication, homosexuality, lesbianism, bisexual conduct, bestiality, incest, pornography, and attempting to change one's biological sex or otherwise acting upon any disagreement with one's biological sex.

We believe that in order to preserve the function and integrity of Chestnut Mountain Ranch, commitment to traditional education in a Christ-centered environment, to act as a faithful and local component of the Body of Christ, and to provide Biblical instruction and modeling to CMR's students, faculty, staff, families, and the community, it is imperative that all persons employed by Chestnut Mountain Ranch in any capacity, who serve as volunteers, or independent contractors, should abide by and agree to our Statement of Faith and to this Statement on Gender, Marriage, and Sexuality and conduct themselves accordingly.

We believe that God offers redemption and restoration to all who confess and repent from their sin, who seek His mercy and grace, and humbly ask for His forgiveness through Jesus Christ.

We believe that every person must be afforded compassion, love, kindness, respect, and dignity; behavior or attitudes not displaying compassion, love, kindness, respect, and dignity which are directed toward any individual are unacceptable, must be repudiated, and are not in accord with Scripture, the doctrines of the Church, or the policies of Chestnut Mountain Ranch as reflected in our Statement of Faith.

I have read and understand Chestnut Mountain Ranch's "Statement of Sanctity of Life, Gender, Marriage and Sexuality". I am aware this is CMR's view of what the Bible teaches on these issues and this is incorporated into all program elements (school/home/counseling, etc.) where applicable.

Parent/Guardian Signature

Parent/Guardian Signature

Student Signature

T. DEMOGRAPHIC AND REFERRAL INFORMATION: Please complete the following information to help us in reaching other families.

1. Please provide the date in which you are completing this application. _____

2. Please provide characteristic information about the child for whom you are applying.

County of Residence _____ Gender _____ Age _____ Grade _____

3. How did you find out about Chestnut Mountain Ranch? (Please check all that apply)

Radio advertisement

Newspaper. Please list: _____

Magazine. Please list: _____

Chestnut Mountain Ranch website

Other Internet / website. Please list: _____

Department of Health and Human Resources

Court system/probation officer. Please list: _____

School (counselor or social worker) Please list: _____

Counselor / psychologist/ psychiatrist. Please list: _____

Church/ Pastor/ Civic Group. Please list: _____

Ranch staff or board member: current previous

Donor

A family whose child has attended Chestnut Mountain Ranch

Relative /friend. Please list name and relationship: _____

If by relative/ friend, can you tell us how they knew about Chestnut Mountain Ranch? _____

Other: _____

4. Out of the categories above, which prompted you to contact Chestnut Mountain Ranch? Please comment briefly.

5. When did you first learn about our program? Give either the date or approximate time period.

6. If you attend church, what is the name of your current Church and Pastor?

**Thank you for taking your time in providing this information.
We appreciate your assistance in better serving your local community.**