

# Admissions Application



## *Three Rivers Montana*

**Admissions 24 hour on call  
877-221-1115**

## FAMILY / STUDENT PROFILE

*Three Rivers Montana is a life-changing treatment program for teens (boys and girls, ages 13-17) who are physically and emotionally able to benefit from a wilderness experience and whose parents are willing to participate in their child's treatment. The program design encourages teens at THREE RIVERS MONTANA to experience a change of heart and to learn to use the tools that enable them to make healthy, positive choices. Parents also discover the knowledge and skills they will need to support their child in his or her journey to a positive and meaningful life.*

**Youth best served by Three Rivers are experiencing one or more of the following difficulties. Please check any that describe your child's struggles:**

- Conflict with family**
- Defiance**
- Learning disabilities / learning differences**
- School difficulties or failure**
- Poor decision-making skills**
- Lack of motivation**
- Negative influence from peers**
- Substance abuse**
- Entitlement Issues**
- ADD and/or ADHD**
- Poor self-esteem**
- Inadequate coping skills**
- Depression**
- Suicidal ideation**
- Severe anxiety**
- Eating disorders**
- Attachment difficulties**
- Adoption Issues**
- Other:** \_\_\_\_\_

# *Three Rivers Montana*

## **... An Outdoor Behavioral Health Program**

### **PROGRAM COSTS:**

#### **Program for Boys and Girls 13 - 17**

A stay at *THREE RIVERS MONTANA* is clinically supervised and often covered by insurance with mental/nervous, behavioral health and/or substance abuse benefits. Program fees are as follows:

**Daily rate:** \$455

Daily rate includes:

- all individual camping gear/equipment and replacement gear
- therapist's services
- basic psychological and learning assessment
- curriculum, educational materials, teaching and grading
- food and all supplies used
- parent seminar, graduation
- transitional services
- official transcript of classes completed as part of the *THREE RIVERS MONTANA* curriculum

**The length of treatment at Three Rivers** is from six to ten weeks. The average length of stay is seven weeks. A treatment team consisting of the parents, therapist, and educational consultant (if you are working with one) determines the actual graduation date based upon the student's progress and the plan for the student such as a boarding school placement or home contract. We initially bill for seven weeks (49 days). If your child graduates in less than 49 days, we will reimburse you at the time of graduation. There are special circumstances in which a stay shorter than six weeks is needed to accommodate an early admission to a boarding school. We have the flexibility to accommodate those requests. In the event the parents decide their child would benefit from a longer stay than 49 days, Three Rivers will bill you at the beginning of the extended stay.

#### ***The following items are billed separately:***

- A one-time clothing fee of \$500 which includes all clothing and any replacement clothing
- A complete in-depth psychological and learning evaluation - administered only if parents request. Cost range: \$1,600 to \$3,200.
- Intake medical examination by doctor, urinalysis and other doctor, dentist, pharmacy or hospital visits. Intake exam is \$200.
- Psychiatric evaluations are administered only if the parents request it. Costs range from \$700 to \$1,000.

**Deposit:** A \$1,500 deposit is required to hold a place for your child *if projected admission date is more than one week after student is accepted into program - **this is not an additional charge*** but is included in the total cost of the program. It will be deducted from your total bill when payment is made. *This deposit is non-refundable.*

**Payment of Fees:** Full payment is due upon admission unless prior financial arrangements have been made. Payments are accepted by cash, check, credit card (American Express, Visa, Mastercard or Discover), or wire transfer.

**Insurance:** Health insurance may pay a part of the cost of your child's treatment at *THREE RIVERS MONTANA*. *We will supply you with a billing form that you may submit to your health insurance company.*

**PLEASE NOTE:** It is the parent's responsibility to inform *THREE RIVERS MONTANA* if the insurance company requires **PREAUTHORIZATION**. Please alert *THREE RIVERS MONTANA* IF YOU NEED ASSISTANCE with preauthorization.

**Parent Seminar Schedule:** Parent seminars are held on Friday and Saturday. Parents may schedule attendance dates with the Director of Admissions.

## Three Rivers Montana - ADMISSION FORM

Child's Last Name		Child's First Name		Proposed Admit Date	Age	Child's Social Security Number			
Child's Birthplace		Child's Birthdate	Is child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If adopted, at what age?		Religion			
<b>Clothing Sizes and Physical Information - Please fill in ALL areas</b>									
Height	Weight	Hair Color	Eye Color	Pants Waist	Pants Length	Shirt Size	Shoe Size	Shoe Width	
Does your child wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, DO NOT SEND CONTACTS</b> Your child will need a pair of glasses and a hard case.				<b>Girl's Only:</b>		Bra Size	Underwear Size
Distinguishing Marks									
Father's Name				Mothers' Name					
Father's Address				Mother's Address					
Father's City		Father's ST	Father's Zip Code		Mother's City		Mother's ST	Mother's Zip Code	
Father's Occupation			Father's Home Phone		Mother's Occupation			Mother's Home Phone	
Father's Work Phone		Father's Cell Phone		Father's Fax Number		Mother's Work Phone		Mother's Cell Phone	
Father's E-mail Address		Are parents divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No			Mother's E-mail Address				
<b>List stepparents, if applicable:</b>									
Stepfather's Name				Stepmothers' Name					
Stepfather's Address				Stepmother's Address					
Stepfather's City		SF's ST	Stepfather's Zip Code		Stepmother's City		SM's ST	Stepmother's Zip Code	
Stepfather's Occupation			SF's HomePhone		Stepmother's Occupation			SM's Home Phone	
SF's Work Phone		SF's Cell Phone		SF's Fax Number		SM's Work Phone		SM's Cell Phone	
SF's E-mail Address		<b>Referral Source</b>				SM's E-mail Address			
Referred by:		Referred by - Address				Referred by - Phone:			
Referred by -City		Referred by - State:	Referred by - Zip		Referral's E-mail Address				
School			School Address						
School Phone		School Guidance Counselor			Last Grade Completed		Does child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Legal Guardian, if applicable:</b>									
Guardian's Name				Guardian's Occupation			Grd's Home Phone		
Guardian's Address				Grd's Work Phone		Grd's Cell Phone		Grd's Fax Number	
Guardian's City		Grd's ST	Guardian's Zip Code		Guardian's E-mail Address				

# Three Rivers Montana

## HEALTH AND MEDICAL HISTORY

Child's Last Name	Child's First Name	Date
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The following section is to be carefully completed prior to submission for admission to *THREE RIVERS MONTANA*. Please explain "YES" answers and give all information needed to provide as safe participation in program. If you answer "YES" to any of the starred (\*) items listed below, a release from your CHILD's physician **may be required prior to admission to *THREE RIVERS MONTANA***.

### MEDICAL HISTORY

Has your child ever had any of the following? If YES press the TAB key to enter explanation.

<input type="checkbox"/> No <input type="checkbox"/> Yes Heart murmur
<input type="checkbox"/> No <input type="checkbox"/> Yes * High blood pressure
<input type="checkbox"/> No <input type="checkbox"/> Yes *Other heart problems
<input type="checkbox"/> No <input type="checkbox"/> Yes Broken bones
<input type="checkbox"/> No <input type="checkbox"/> Yes *Weak joints - ankles
<input type="checkbox"/> No <input type="checkbox"/> Yes *Concussion
<input type="checkbox"/> No <input type="checkbox"/> Yes Operation
<input type="checkbox"/> No <input type="checkbox"/> Yes Headaches
<input type="checkbox"/> No <input type="checkbox"/> Yes *Back Problems
<input type="checkbox"/> No <input type="checkbox"/> Yes Asthma
*Hospitalization or emergency room visit with
<input type="checkbox"/> No <input type="checkbox"/> Yes *Seizures or epilepsy
<input type="checkbox"/> No <input type="checkbox"/> Yes *Leukemia
<input type="checkbox"/> No <input type="checkbox"/> Yes *Cancer
<input type="checkbox"/> No <input type="checkbox"/> Yes *Diabetes
<input type="checkbox"/> No <input type="checkbox"/> Yes Has he/she ever been knocked out?
<input type="checkbox"/> No <input type="checkbox"/> Yes Has she/he ever passed out or fainted?
<input type="checkbox"/> No <input type="checkbox"/> Yes Has he/she ever had to stop running after 1/4 to 1/2 mile for chest pain or shortness of breath?
Has she/he ever had significant allergies to:
<input type="checkbox"/> No <input type="checkbox"/> Yes *Bee Stings
<input type="checkbox"/> No <input type="checkbox"/> Yes *Foods
<input type="checkbox"/> No <input type="checkbox"/> Yes *Peanuts or other nuts
<input type="checkbox"/> No <input type="checkbox"/> Yes *Medicine
<input type="checkbox"/> No <input type="checkbox"/> Yes *Iodine
<input type="checkbox"/> No <input type="checkbox"/> Yes *Other Allergies
Does she/he have prescription(s) for the use of:
<input type="checkbox"/> No <input type="checkbox"/> Yes Adrenaline
<input type="checkbox"/> No <input type="checkbox"/> Yes Inhalers
<input type="checkbox"/> No <input type="checkbox"/> Yes Other allergy medication
<input type="checkbox"/> No <input type="checkbox"/> Yes Does he/she use any special equipment such as orthopedic equipment?
<input type="checkbox"/> No <input type="checkbox"/> Yes Has she/he had any illness lasting a week or more such as mononucleosis?
<input type="checkbox"/> No <input type="checkbox"/> Yes Has he/she had any blood disorders, including sickle cell trait or anemia?
<input type="checkbox"/> No <input type="checkbox"/> Yes Does she/he have any sleep difficulties?

No  Yes Has any family member had a heart attack, heart problems or sudden death before age 50?

No  Yes Does he/she wear contact lenses, eye glasses or dental devices?

No  Yes Does she/he have any missing or non-functioning organs such as testes, eye, kidney, etc.?

No  Yes **Girls:** Has she begun menstruation?

Does he/she have any other significant health problems? Please list any health problems that might be significant to a physician evaluating your child.

Please list any medications **being taken currently on a regular basis** and the reasons for the medication.

Medication	Dose / Mg Per Dose	Times per day Time of day	Start Date	Purpose of Medication	Special Instructions/Side effects/Comments

NOTE: When your child arrives at *THREE RIVERS MONTANA*, he or she needs to have one of the following: A) An 8 day supply of each medication in a prescription bottle labeled by a pharmacy AND a written prescription for each medication that can be filled and bottled by our pharmacy. If your child is coming from outside the continental U.S., he or she will need to come with a month's supply of medication packaged and labeled.) Be sure we have a copy of your insurance card if you want your insurance to be billed by the pharmacy. OR B) If you choose to fill all of your child's prescriptions at your home pharmacy, please send multiple prescription bottles labeled by the pharmacy with an 8 day supply of each medication in different bottles. (Example: 6 bottles of Medication A with 8 days supply in each bottle, 6 bottles of Medication B with 8 days supply in each, etc.)

Describe any medications taken on a regular basis **in the past:**

Medication	Dose / Mg Per Dose	Times per day Time of day	Start Date	Discontinued Date	Why was medication discontinued?

**IMMUNIZATION DATES.** Please list **DATES** of last immunizations and attach a copy of your child's immunization records. **The LAST TETANUS DATE is extremely important!**

Tetanus Toxoid	Rubella	Pertusis	Measles
Diphtheria	Polio	Mumps	

Briefly, how would you describe your child's general health?

Is there any reason to restrict full activity including long hikes, backpacking, and other strenuous physical activity? List any conditions that would or might limit full participation.

## SOCIAL HISTORY

INSTRUCTIONS: This packet should be completed by parent(s) of the adolescent. If both parents live in the home with the child it is highly recommended that the parents complete this packet together. If only one parent is able to complete the packet, it should be the parent that has the most recent contact with the child. PLEASE NOTE: The child that you are enrolling at THREE RIVERS MONTANA will be referred to as the CHILD throughout this packet.

<b>Child's First Name</b>	<b>Child's Last Name</b>	<b>Completed by:</b>	<b>Relationship to CHILD</b>
		<b>Completed by:</b>	<b>Relationship to CHILD</b>

### FAMILY INFORMATION

Relationship	Name	Age
Mother		
Father		
Stepmother		
Stepfather		
Guardian		
Guardian		

Parents are:  Married     Divorced ~ Date \_\_\_\_\_     Separated ~ Date \_\_\_\_\_

If child is not living with both parents explain the custody status.

**Please submit a copy of the child's custody agreement.**

Please list all children in the family (including CHILD participating in *THREE RIVERS MONTANA*) by birth order.

#	Name	Age	Gender	Lives at home?
1			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
5			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
6			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
7			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
8			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

How would you describe the nature of the relationships between your CHILD and other family members? Do any of these relationships contribute to the CHILD's issues?

Continue on page 8

Continued from page 7 ~ How would describe the nature of the relationships between your CHILD and other family members?

If adopted - at what age was the child when adopted? \_\_\_\_\_

Does the child know he/she is adopted?  Yes  No

Is there contact between the child and birth parents?  Yes  No

Are any of the child's siblings adopted?  Yes  No \_\_\_\_\_

Give the details of any adjustment problems and successes, etc.

Do any immediate family members other than this CHILD have a history of substance abuse?  No  Yes  
If yes, please explain.

Is there any family history of mental illness?  No  Yes  
If yes, please explain.

What activities does the family enjoy participating in as a group?

Does your CHILD participate in family activities?     No     Yes    If no, please explain.

Has the CHILD experienced any of the following potentially traumatic events? Please check all that apply.

<input type="checkbox"/> Death of a family member	<input type="checkbox"/> Death of a close friend	<input type="checkbox"/> Being bullied, teased or intimidated
<input type="checkbox"/> Family relocation	<input type="checkbox"/> Parental conflict	<input type="checkbox"/> Abuse or Neglect
<input type="checkbox"/> Major illness	<input type="checkbox"/> Sibling leaving home	<input type="checkbox"/> Suicide attempt by friend or family member
<input type="checkbox"/> Accident	<input type="checkbox"/> Divorce / Separation	<input type="checkbox"/> Problem in relationship with friend or friends
<input type="checkbox"/> Difficulty with break-up of a romantic relationship	<input type="checkbox"/> Other _____	

Please describe the events:

Please describe the primary reason(s) that have led you to enroll your CHILD in THREE RIVERS MONTANA. Please include the following:

- a) Describe concerns in your home.
- b) Describe concerns outside your family setting.
- c) Describe risk-taking behavior and other behaviors that concern you.
- d) What are your fears for your child?

**Please use the space below and then continue on Page 10.**

**Continued** - Primary reasons for applying to THREE RIVERS MONTANA.

What are your hopes and goals for your child's time at THREE RIVERS MONTANA.?

### EMOTIONS

How tolerant is your CHILD to frustrating events? What does your child do to manage his/her frustration?

What triggers anger in your CHILD? What is your CHILD's behavior when angry? What does your child do to manage his or her anger?

Does your CHILD express unfounded or unreasonable fears?  
fears. How does your child manage his/her fears?

No  Yes

If yes, describe those

<p>When your CHILD breaks rules, does he/she express feelings of remorse or guilt? If yes, how are these feeling exhibited? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span></p>
<p>How does your CHILD manage his/her anxiety?</p>
<p>Has your CHILD had problems with depression? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, what behavior does your child exhibit when depressed?</p>
<p>Does your CHILD easily become bored? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, what behavior does your child exhibit when bored?</p>
<p>Has your CHILD had suicidal thoughts, made threats to harm self, or attempted suicide? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:</p>
<p>Has your CHILD had any unusual eating problems such as refusing adequate food, binging, purging and/or other unusual eating habits? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please explain:</p>
<p>Has your CHILD ever destroyed property? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please explain:</p>
<p>Does your CHILD have a history of fire-setting? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please explain:</p>
<p>How would you describe your CHILD's general disposition over the past three months?</p>

## BEHAVIORS

SUBSTANCE ABUSE: To the best of your knowledge, what substances has your CHILD used. Please include tobacco, alcohol and drugs.

Substance Used?	How often?	For how long?

Does your CHILD use drugs or alcohol in your home? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, please explain:
Has your CHILD ever been involved with gang members? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, please explain:
To the best of your knowledge, has your CHILD been involved in occult-related activity? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain. Include activities and length of involvement.
Does your CHILD engage in dangerous or high risk behavior? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, please explain.
Has your CHILD engaged in self-mutilation such as cutting or burning? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, please explain.
Has your CHILD had a boyfriend / girlfriend? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is your CHILD sexually active? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has your CHILD ever been arrested? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, please explain.
Are there any pending legal issues Three Rivers Montana should be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, please explain.

Has your CHILD ever been physically assaultive to anyone (pushing, hitting, kicking) or has he/she threatened to hurt anyone?  No  Yes If yes, please explain.

To the best of your knowledge, has your CHILD ever verbally abused or bullied another person?  No  Yes If yes, please explain.

Has your CHILD been bullied or intimidated by anyone?  No  Yes If yes, please explain.

Has your CHILD ever run away from home, boarding school, or other program?  No  Yes If yes, please explain.

Describe the peer relationships in your CHILD's life. Include both positive and negative relationships.

Please describe CHILD's strengths and positives.

### **EDUCATION**

Is your CHILD attending (or did she/he attend) school during the current academic year?  No  Yes If no, please explain.

My CHILD has completed the \_\_\_\_\_ grade. If currently in school, he/she is in the \_\_\_\_\_ grade.

How would you describe your CHILD's performance in school? Has your CHILD's educational performance declined recently?  No  Yes If so, when did his/her grades begin to decline? To what do you attribute this decline?

Has your CHILD been diagnosed as having ADD, ADHD and/or learning differences or disabilities?  No  Yes  
If yes, please describe. Please tell us what measures have been taken to assist your child in school.

How would you describe your CHILD's attitude toward school?

- Which of the following best describes your CHILD's educational aspirations?
- |  |  |
|--|--|
| <input type="checkbox"/> Dropped out of school permanently | <input type="checkbox"/> Graduate from vocational/technical school                         |
| <input type="checkbox"/> Drop out of school soon           | <input type="checkbox"/> Go to college for a while   |
| <input type="checkbox"/> Go to high school for a while     | <input type="checkbox"/> Finish college  |
| <input type="checkbox"/> Graduate from high school         | <input type="checkbox"/> Complete graduate school -to be a doctor, lawyer, scientist, etc. |

Has your CHILD had previous academic testing?  No  Yes If Yes, when

Has your CHILD had previous psychological testing?  No  Yes If Yes, when

Are you requesting that your child have academic or psychological testing while at Three Rivers Montana?  Yes  No

**COUNSELING AND TREATMENT HISTORY**

- \* Please attach additional pages if you need more room to describe treatment history.
- \* It may be helpful for the Three Rivers therapist to talk with previous counselors or treatment facilities. An authorization for release of information form can be found on page 9 of the Enrollment Paperwork. If you are willing to have our therapist talk with previous counselors, please complete an authorization form for each counselor or facility. Be sure to include contact information.

***Please list all psychological outpatient treatment history.*** Include name of therapist/counselor ~ approximate dates of treatment and how your child responded to the treatment.

***Has your child participated in substance abuse counseling?*** Include name of program and/or counselor ~ approximate dates of treatment and how your child responded to the treatment

***Has your child ever been hospitalized or placed in residential treatment for psychological or substance abuse?*** Include name of facility, approximate dates of treatment, reason for treatment and how your child responded to the treatment..

Which therapeutic approaches and/or teaching methods have worked well with your child in the past? Which did not work?

***Upon acceptance into the THREE RIVERS MONTANA program, please forward any reports from schools, therapists, doctors, or others what would be helpful in treating your child. This information is very important.***

**Three Rivers Montana** ♦ 8977 Dry Creek Road ♦ Belgrade, MT 59714 ♦ Phone: 406-388-5748 Toll Free: 877-221-1115  
FAX: 406-388-5275 ♦ admissions@threeriversmontana.org ♦ www.threeriversmontana.org

### EMPLOYMENT HISTORY

Has your CHILD ever held a paying job?     No     Yes    If yes, tell us about it.

### RELIGIOUS INFORMATION

Do your CHILD's parents / family participate in religious activities?     No     Yes

If yes, does your CHILD participate?     No     Yes

If parents / family participate in religious activities, please identify the religious organization with which the family is primarily affiliated:

### OTHER INFORMATION

Please provide any other pertinent information that may assist *THREE RIVERS MONTANA* in developing an individualized plan to help your child. Feel free to attach additional pages to this form.

*I am completing this form electronically and my typed name serves as my signature.*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*THREE RIVERS MONTANA* will keep all information **strictly confidential**. The information will be used to develop a program designed to meet the needs of your child and family. If you have any other information not covered in this questionnaire that may be helpful in understanding your child and your family, please call 877-221-1115.

This **Application Packet** is the first step to enrolling your child in the Three Rivers Montana program. The Application will be reviewed to determine the appropriateness of this program for your child. Once your child has been accepted into the program it is necessary to fill out the **Enrollment Packet** before your child arrives at the Three Rivers campus.

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS ASSESSMENT.**

**Three Rivers Montana** ♦ 8977 Dry Creek Road ♦ Belgrade, MT 59714 ♦ Phone: 406-388-5748 Toll Free: 877-221-1115  
FAX: 406-388-5275 ♦ admissions@threeriversmontana.org ♦ www.threeriversmontana.org