

Reaching Hands Ranch

645 Road 9 – P.O. Box 656 - Powell, WY 82435
307-272-9437

Ranch Hand Referral Application

----- **YOUTH INFORMATION** -----

Application Date: ____/____/____ Program: Summer Fall Spring
Last Name: _____ First Name: _____ Middle Initial: _____
SSN: _____ Date of Birth: ____/____/____ Gender: Male Female
Race: African American Asian Caucasian Hispanic Native American Other: _____
County of Referral: _____

----- **REFERRAL SOURCE INFORMATION** -----

Referral Source Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____
State: _____ Zip Code: _____
Contact Name: _____
Telephone:(____) _____ Extension: _____

- Referral Type:
 Church Court/Youth Service
 Family Health Services
 Hospital Psychiatrist
 Psychologist
 Residential Treatment
 School DFS
 Youth Organization

----- **LEGAL CUSTODIAN AND PRIMARY CONTACT** -----

Last Name: _____ First Name: _____
Spouse's Name: _____
Does Youth live with this person(s)? Yes No
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Other Telephone: _____

- Relationship to Youth:
 Parent(s) Stepparent
 Foster Parent Grandparent
 Guardian Ad Litem
 Legal Guardian
 DFS Caseworker
 Other Relative

OTHER EMERGENCY CONTACT

Last Name: _____ First Name: _____
Spouse's Name: _____
Does Youth live with this person(s)? Yes No
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Other Telephone: _____

- Relationship to Youth:
 Parent(s) Stepparent
 Foster Parent Grandparent
 Guardian Ad Litem
 Legal Guardian
 DFS Caseworker
 Other Relative

Please explain how you feel this program could benefit the child you are referring:

