

# STUDENT APPLICATION

*R-TEC, LLC*

**(DBA: JOURNEY'S QUEST RESIDENTIAL  
TREATMENT AND EDUCATIONAL CENTER)**

**567 State Road 141 N.  
Morganfield, KY 42437**



## APPLICATION FOR ENROLLMENT

***R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER)***, is an independent, non-denominational residential treatment program and does not discriminate on the basis of race, religion, sex, color, creed, nationality or ethnic origin.

### STUDENT INFORMATION

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Soc. Security: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Birthplace: \_\_\_\_\_ Grade: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_  
 Race/Ethnicity: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Male/Female: \_\_\_\_\_

### FAMILY INFORMATION

#### Father

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Soc. Security: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Custody of Applicant? \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Education: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Mother

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Soc. Security: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Custody of Applicant? \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Education: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Step-Father

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Soc. Security: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Custody of Applicant? \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Education: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Step-Mother

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Soc. Security: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Custody of Applicant? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Education: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Guardian**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Soc. Security: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Custody of Applicant? \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Education: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CUSTODY INFORMATION**

Marital Status: \_\_\_\_\_ who has legal custody of student? \_\_\_\_\_ Presiding State: \_\_\_\_\_  
 All legal documents relating to custody of this applicant must be provided with this application.

**EMERGENCY CONTACT INFORMATION**

Please list preferred contact person should R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER)) be unable to contact parents/guardian.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City/State: \_\_\_\_\_

**REFERRAL INFORMATION**

How did you find R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER)? \_\_\_\_\_ Referral Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**ADDITIONAL CONTACT INFORMATION**

*Please provide contact information for relatives and/or adults of special significance to applicant.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email: \_\_\_\_\_

### PROFESSIONAL RELATIONSHIPS

Please list all professionals who have worked with or on behalf of the applicant.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Duration: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Duration: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Duration: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Which of the above-referenced professionals should receive updates regarding applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### STUDENT HISTORY

Has the student ever lived/been placed outside the home for any reason other than recreational?

\_\_\_\_\_  
If yes, please provide the following information:

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_

### PERSONAL INFORMATION

Please describe any information (family history, events, relationships, etc.) that would enhance our understanding of the student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the student's general behavior at home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What previous diagnoses has the student been given by therapeutic professionals?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student had psychological testing completed in the last six months ? \_\_\_\_\_ If so, please include, if not, please speak to R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) Admissions about testing.

Has the student completed an outdoor treatment program in the last two years? \_\_\_\_\_

Which program? \_\_\_\_\_

If so, describe in general terms the student's progression/advancement in the outdoor placement: \_\_\_\_\_  
\_\_\_\_\_

May we contact the therapist who worked with the student in outdoor placement? \_\_\_\_\_

Therapist name and contact information: \_\_\_\_\_

How does the student handle frustration? \_\_\_\_\_  
\_\_\_\_\_

Describe the student's best attributes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the student's interests and hobbies or past successes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of interaction does the student respond most positively to? \_\_\_\_\_  
\_\_\_\_\_

Describe the last time you remember the student having confidence in himself/herself: \_\_\_\_\_  
\_\_\_\_\_

Describe the student's relationship with siblings: \_\_\_\_\_  
\_\_\_\_\_

Siblings or stepsiblings

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Biological/Adopted/Marriage? \_\_\_\_\_ Sex: \_\_\_\_\_ Resides: \_\_\_\_\_  
 Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Biological/Adopted/Marriage? \_\_\_\_\_ Sex: \_\_\_\_\_ Resides: \_\_\_\_\_  
 Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Biological/Adopted/Marriage? \_\_\_\_\_ Sex: \_\_\_\_\_ Resides: \_\_\_\_\_  
 Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Biological/Adopted/Marriage? \_\_\_\_\_ Sex: \_\_\_\_\_ Resides: \_\_\_\_\_

Please describe any history of drug use or abuse, including dates of use, level of severity, drug of choice, etc.

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Has the student ever been arrested or convicted for unlawful behavior? \_\_\_\_\_

If yes, please provide details as to number and nature of offense(s): \_\_\_\_\_

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Has the student ever exhibited or experienced any of the following behaviors:

- |  |     |    |
|--|-----|----|
| 1. Arson                                 | Yes | No |
| 2. Cruelty to animals                    | Yes | No |
| 3. Running away                          | Yes | No |
| 4. Experimentation with drugs/alcohol    | Yes | No |
| 5. Eating disorder                       | Yes | No |
| 6. Self-injurious or abusive behavior    | Yes | No |
| 7. Suicide discussion, threat or attempt | Yes | No |
| 8. Physically aggressive behavior        | Yes | No |
| 9. Truancy or running away               | Yes | No |
| 10. Sexual activity                      | Yes | No |
| 11. Physical/sexual abuse                | Yes | No |
| 12. Stealing                             | Yes | No |
| 13. Sexual deviance                      | Yes | No |

If you answered, "yes" to any of the above, please provide detailed descriptions: \_\_\_\_\_

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Please describe your expectations and goals for your student while at R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER):

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# **RELEASE AND CONSENT AGREEMENTS**

***R-TEC, LLC***

**(DBA: JOURNEY'S QUEST RESIDENTIAL  
TREATMENT AND EDUCATIONAL CENTER)**

**567 State Road 141 N.  
Morganfield, KY 42437**



***R-TEC, LLC***  
**(DBA: JOURNEY'S QUEST RESIDENTIAL  
TREATMENT AND EDUCATIONAL CENTER)**

**RELEASE AND CONSENT AGREEMENTS**

**PARTICIPATION CONSENT**

R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER)) has my permission to allow my child's participation in all activities deemed appropriate by *Journey's Quest* personnel. Furthermore, I fully understand and comprehend that these activities may be physically rigorous and demanding. ***R-TEC, LLC*** (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) cannot provide constant, unlimited supervision or foresee all risks inherent in such activities. ***R-TEC, LLC*** (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER)), as well as all personnel working for or on behalf of ***R-TEC, LLC*** (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER), are hereby released from any and all liability arising from injury of any kind to my child as a result of his participation in school activities or planned programming.

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

**MEDICAL AND DENTAL TREATMENT CONSENT**

R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and its personnel are hereby authorized to arrange for medical and/or dental personnel to provide and/or conduct medical and/or dental procedures deemed appropriate by JOURNEY'S QUEST or its personnel to diagnose and/or treat my child. Such medical and/or dental treatment is to be conducted by qualified, licensed medical and/or dental personnel. Medical procedures, examinations, x-rays, anesthetics, immunizations, surgical diagnoses and/or treatment, hospital care, psychiatric and/or psychological evaluations, etc. are authorized by me provided they are administered under the general or specific supervision of a licensed physician. I also agree to pay any and all costs incurred in the pursuit and/or execution of such treatment of my child. In the event of a medical or dental emergency resultant of an outdoor experience sponsored by R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and any of its personnel, on public or private lands, I understand that appropriate state, federal and local agencies will be contacted and Journey's Quest and its personnel will abide by any decisions made by such agencies, entities, personnel, etc. In the event that there are any costs associated with such action(s), I agree to pay them in full.

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

**PSYCHOLOGICAL SERVICES CONSENT**

If my student is in need of educational, psychological and/or clinical services, I authorize and agree to pay for any and all costs associated with such action. I understand that the testing, evaluation, observation and assessment may be completed by someone outside the R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER)) organization. R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) will only utilize the services of licensed clinical personnel to administer the aforementioned. In the event that there are costs associated with any such testing or evaluation, R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER)) will notify the parents prior to providing and/or administering any such services.

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

### CONSENT TO SEARCH

R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER)) and its personnel are hereby authorized to search my child’s person or belongings at any time in order to find and confiscate contraband materials. These materials may include but are not be limited to prescription, illicit, over-the-counter or herbal substances and/or drugs. Additionally, material objects deemed dangerous, inappropriate, or inconsistent with R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) community values by R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER)) or its personnel may also be searched for and seized upon discovery. Any contraband seized will be either returned to the child’s parents or destroyed.

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

### MEDICATIONS

Any prescription medications will be retained, administered and dispensed by appropriate R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) personnel throughout a child’s stay at the school. **A one-month’s supply of any prescribed medications must arrive at Journey’s Quest prior to student’s enrollment.**

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

### UNAUTHORIZED DEPARTURE

I understand that R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and/or its personnel cannot prevent unauthorized departures from the facility. I understand that JOURNEY’S QUEST will make reasonable efforts to inhibit or discourage a student from leaving the campus, or any activity outside the campus borders. However, I also understand that JOURNEY’S QUEST will not employ the use of physical force or resistance to inhibit or discourage such unauthorized departures. In the event that my child does leave without authorization, I understand and permit R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER)and/or its personnel to make reasonable efforts to safely return my child to campus or authorized personnel. I also permit JOURNEY’S QUEST to contact the appropriate state, federal or local authorities regarding an unauthorized departure, and I agree to pay any and all costs associated with any action taken regarding an unauthorized departure. R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and its personnel will abide by any decisions made by the aforementioned state, local or federal authorities and I understand, support and accept this fact. In addition to contacting the authorities, R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and its personnel have my express permission to contact and enlist the support and services of private agencies and/or agents to safely transport my child to another location, or return to the school, at the sole discretion of R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) personnel. I agree to pay any and all costs associated with the utilization of such agents/agencies.

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



**ARBITRATION AGREEMENT**

I agree to resolve all disputes or claims of any kind, or description involving the R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and/or its personnel, by arbitration in accordance with the rules and procedures of the American Arbitration Association at its Salt Lake City, Kentucky office. I understand that I am obliged to participate fully and resolve any and all claims and/or disputes regarding or connected with my child's participation in any activity at R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) or with its personnel either on or outside the confines of the school property. Further, I agree to abide by any judgment, decision or finding rendered by the arbitrator and understand that entering into this agreement constitutes the relinquishment of my right to have any dispute with the R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and/or its personnel decided in a court of law and the waiving of my right to have a jury rule on any matter in dispute or any dispute. R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and/or its personnel agree to abide by this agreement as well and accept arbitration procedures as an acceptable alternative to civil court proceedings. Signature of all parents/guardians required.

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

**ACTIVITIES**

I authorize my child to participate in the following high-adventure type activities and understand that there are additional physical and/or emotional risks inherent in such participation: 1) rock climbing, 2) rappelling, 3) rafting, 4) backpacking, 5) camping, 6) kayaking, 7) canoeing, 8) skiing, 9) cross-country skiing, 10) sledding, 11) tubing, 12) swimming, 13) wakeboarding, 14) house-boating, 15) water-skiing, etc. All costs associated with these activities are included in monthly tuition.

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

**RELEASE OF INFORMATION**

I, the undersigned, do hereby authorize any and all personnel involved in the medical and or dental treatment, psychological or psychiatric treatment and/or counseling, education and evaluation of my child to release any and all information concerning my/our child to R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) or its personnel. I/we also authorize R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and/or its personnel to release any information regarding my/our child to any of the individuals listed below. A fax or photocopy of this agreement is binding and effective as the original.

Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_

These Authorization, Release, and Consent Agreements are entered into effective \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) by and between R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and \_\_\_\_\_ the Parent or Legal Guardian of \_\_\_\_\_, a minor, enrolling in the R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER). I/we hereby state that I/we are the parent(s) with full and legal custody of \_\_\_\_\_.

These agreements shall remain in effect for the entire period of my/our child’s enrollment. I/we have carefully read and understood all terms of these agreements and indicate with my/our signature voluntary execution of these agreements, releases, authorizations, etc.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

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

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDICAL AND  
ACADEMIC HISTORY AND  
CONSENTS**

*R-TEC, LLC*

**(DBA: JOURNEY'S QUEST  
RESIDENTIAL TREATMENT AND  
EDUCATIONAL CENTER)**

**567 State Road 141 N.  
Morganfield, KY 42437**



***R-TEC, LLC***  
**(DBA: JOURNEY'S QUEST RESIDENTIAL  
TREATMENT AND EDUCATIONAL CENTER)**  
**MEDICAL AND ACADEMIC HISTORY & CONSENTS**

**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**MEDICAL INSURANCE**

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Policy Holder Soc. Sec.: \_\_\_\_\_  
Group Number: \_\_\_\_\_ Employer: \_\_\_\_\_  
Coverage: \_\_\_\_\_  
Pharmacy Card Number: \_\_\_\_\_ Policy Holder's Birthday \_\_\_\_\_  
Signature of Policyholder: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DENTAL INSURANCE**

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Policy Holder Soc. Sec.: \_\_\_\_\_  
Group Number: \_\_\_\_\_ Employer: \_\_\_\_\_  
Coverage: \_\_\_\_\_  
Pharmacy Card Number: \_\_\_\_\_  
Signature of Policyholder: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSURANCE INFORMATION**

**Proof of medical and dental insurance must be provided prior to the student's enrollment. Please make a copy of both medical and dental insurance cards and submit along with this application.**

**HEALTH CARE PROVIDERS**

Physician's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Last Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dentist's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Last Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does the student wear any form of orthodontic gear? Yes No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Orthodontist's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Last Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does the student wear glasses? Yes No  
Does the student wear contacts? Yes No

If yes to either, please attach copy of prescription to this form.

Optometrist's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Last Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Medical Personnel: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Last Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Medical Personnel: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Last Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MEDICATIONS**

Please list all medications the student is currently taking:

Medication	Dose	Frequency	How long taken	Reason taken
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ALLERGIES**

Is the student allergic to any medications?

If yes, what medications (include reaction experienced):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the student allergic to any foods, insect bites, stings or other substances?

Is the student allergic to any foods, insect bites, stings or other substances?

If yes, please list all (include reaction experienced):

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Has the student ever experienced an anaphylactic reaction (shock) or life-threatening reaction due to exposure to any substance?

If yes, what was the substance? \_\_\_\_\_

### MEDICAL HISTORY

Has the student ever been hospitalized?

If yes, give the age he was hospitalized and reason for hospitalization

Age            Reason

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Has the student ever had any serious injuries?

If yes, give the age he was injured and nature of the injury

Age            Injury

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Has the student ever undergone any type of surgery (including having tonsils taken out, appendix taken out, etc. If yes, give the age and type of surgery.

Age            Surgery

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Date of last tetanus shot (if known): \_\_\_\_/\_\_\_\_/\_\_\_\_

Does the student have any dietary problems/restrictions?

If yes, please explain.

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Please note any physical problems that would limit the student's ability to participate in activities:

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Please indicate whether the student has ever had any of the following health problems:

If yes, please state age problem began and **provide details below.**

	Yes	No	Age
Allergies/hay fever			
Anemia (low blood counts)			
Asthma			
Bladder or kidney infections			
Blood disorders/sickle cell anemia			

Cancer			
Chicken pox			
Diabetes			
Eating Disorders			
Hepatitis (liver disease)			
Headaches/migraines			
Mononucleosis			
Pneumonia			
Rheumatic fever or heart disease			
Scoliosis (curvature of spine)			
Seizures/epilepsy			
Skin disorder (e.g. psoriasis)			
Stomach or intestinal problems			
Tuberculosis (TB)			
Urination problems			
Other:			
Other:			
Other:			

Please provide details regarding any health problems (including those not listed above):

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Is there anything else relating to the health of the student that is not already covered?

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The health information listed above is accurate, true, comprehensive and complete.

	____/____/____
Signature of Parent/Guardian	Date
	____/____/____
Signature of Parent/Guardian	Date

**EDUCATION HISTORY**

Please describe the student’s performance and attitude toward school: \_\_\_\_\_

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Has the student ever been expelled, dismissed or suspended from school? \_\_\_\_\_

If yes, please provide details as to the number and nature of offense(s): \_\_\_\_\_

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**Academic Records Release**

Name of Student and Current Grade Level: \_\_\_\_\_  
School Name: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Student and Current Grade Level: \_\_\_\_\_  
School Name: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Student and Current Grade Level: \_\_\_\_\_  
School Name: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Student and Current Grade Level: \_\_\_\_\_  
School Name: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*I/We hereby grant permission to release any and all information (health records, transcripts, standardized test data, psychoeducational test data, disciplinary action records, counseling records, etc.) regarding the above named student to R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER).*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO MEDICAL AND DENTAL TREATMENT**

R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and its personnel are authorized to arrange medical and/or dental personnel to provide and/or conduct medical and/or dental procedures deemed appropriate by R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) or its personnel to diagnose and/or treat my child. Such medical and/or dental treatment is to be conducted by qualified, licensed medical and/or dental personnel. Medical procedures, examinations, x-rays, anesthetics, immunizations, surgical diagnoses and/or treatment, hospital care, psychiatric and/or psychological evaluations, etc. are authorized by me provided they are administered under the general or specific supervision of a licensed physician. I also agree to pay any and all costs incurred in the treatment of my child. In the event of a medical or dental emergency as a result of an outdoor experience sponsored by R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and any of its personnel, on public or private lands, I understand that appropriate state, federal and local agencies will be contacted and R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and its personnel will abide by any decisions made by such agencies, entities, personnel, etc. In the event that there are any costs associated with such action(s), I agree to pay them in full.

**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONSENT TO DISPENSE PRESCRIPTION MEDICATION**

I have received a copy of the Prescription Medication Policies of R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER), and I understand and agree to follow these policies. I hereby authorize R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and its personnel to keep and dispense all medications prescribed for my child by a licensed medical professional. I understand that under no circumstances may a prescription medication be mailed directly to my child. I agree to submit, at the time of enrollment, an original prescription for each continuing medication in order for my child to obtain refills. I understand that if I do not submit an original prescription, my child will have to be seen by a local physician for a new prescription once his/her medication supply has been exhausted. I understand that all prescription medications must be in the original, labeled containers and that any medications in non-original containers or in containers with inadequate or illegible labeling are not acceptable and will not be administered.

**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**CONSENT TO DISPENSE NON-PRESCRIPTION MEDICATION**

I authorize R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER) and its personnel to give my child the following non-prescription medications for symptomatic relief of minor illnesses/injuries: Ibuprofen, Tylenol, Sudafed, Benadryl, Pepto-Bismol, antacids, cough medicine without codeine, sore throat lozenges, Calamine lotion, antibacterial ointment, etc.

I understand that the administration of these medications will be at the discretion of the personnel of R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER), in accordance with the drug manufacturer’s recommendations, and that my child will not be allowed to self-administer any over-the-counter medications while enrolled at R-TEC, LLC (DBA: JOURNEY’S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER). I understand that if I do not wish my child to receive any of the above medications, or know of an allergy or other medical reason why any of these medications should not be given, that I will indicate the specific medication(s) and reactions below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

# **INTERSTATE COMPACT**

*R-TEC, LLC*

**(DBA: JOURNEY'S QUEST RESIDENTIAL  
TREATMENT AND EDUCATIONAL CENTER)**

**567 State Road 141 N.  
Morganfield, KY 42437**



## **The Interstate Compact on the Placement of Children**

### **What is it and how did it come about?**

The Interstate Compact on the placement of Children was developed in the 1950's to ensure protection and services to children who are placed across state lines primarily for foster care or adoption. The Compact is a uniform law that has been enacted by all fifty states. It establishes orderly procedures for the interstate placement of children and fixes responsibilities for those involved in placing the child. The basic intent of the law is to protect children, parents and placement facilities from the possibilities of being abandoned or placed out of state with no support or funding in place.

Some States enforce the compact law while others do not. Beginning in July 1996, Kentucky has decided to comply with the basic intent of the law in such a way that will be the least intrusive and inconvenient to you as a parent/guardian.

### **How will it work?**

The Interstate Compact does not restrict you in any way from sending a child out of state to a treatment/emotional growth program. However, you simply need to complete section 1 of form 100A and send it with the application so we may coordinate with your state.

## ***INTERSTATE COMPACT PLACEMENT REQUEST***

ICPC-100A REV. April 1985

### **INTERSTATE COMPACT PLACEMENT REQUEST**

TO: (Name & Address of Compact Administrator in Receiving State)

Mike Chapman, Division of Child and Family Services

120 North 200 West, Room 225

Salt Lake City, Kentucky 84103

FROM: (Name & Address of Compact Administrator in Sending State)

### **SECTION I-IDENTIFYING DATA**

**(To be filled out by parents)**

Notice is given of intent to place:

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SEX

ETHNIC GROUP

NAME OF MOTHER:

NAME OF FATHER

NAME OF AGENCY OR PERSON RESPONSIBLE FOR PLANNING FOR CHILD

TELEPHONE NUMBER

ADDRESS

NAME OF AGENCY OR PERSON FINANCIALLY RESPONSIBLE FOR CHILD

TELEPHONE NUMBER

ADDRESS

### **SECTION II-PLACEMENT INFORMATION**

**(To be filled out by parents)**

NAME OF PERSON(S) OR FACILITY TO BE PLACED WITH

**R-TEC, LLC (DBA: JOURNEY'S QUEST RESIDENTIAL TREATMENT AND EDUCATIONAL CENTER), LLC**

TELEPHONE NUMBER

**(801) 463-7888**

ADDRESS 2

**487 South 700 East Salt Lake City, Kentucky 84106**

TYPE OF CARE X Residential Treatment Center Parent Adoption

Foster Family Child Caring Institution Relative (Not Parent) Subsidy/TV-E Assistance

Group Home Institutional Care Article (VI) To be completed in Sending State Receiving State

### **LEGAL STATUS**

Sending Agency

Custody/Guardianship

Court Jurisdiction Only Unaccompanied Refugee Minor

Parent Relative

Custody/Guardianship

Parental Rights Terminated-Right

To Place For Adoption

Other: \_\_\_\_\_

**SECTION III-SERVICES REQUESTED**

**(To be filled out by the state)**

Initial Report (if applicable): Supervisory Services Supervisory Reports:  
Parent Home Study Request Receiving State to Arrange Quarterly Foster Home Study  
Relative Home Study Another Agency Agreed to Arrange Semi-Annually  
Other: \_\_\_\_\_

Adoptive Home Study Sending Agency to Supervise Upon Request  
NAME AND ADDRESS OF SUPERVISING AGENCY OR PERSON  
ENCLOSED Child's Social History Court Order  
Home Study of Placement Other Enclosures  
SIGNATURE OF SENDING AGENCY OR PERSON  
DATE SIGNED  
SIGNATURE OF SENDING STATE COMPACT ADMINISTRATOR OR  
ALTERNATE  
DATE SIGNED

**SECTION IV-ACTION BY RECEIVING STATE**

**(To be filled out by the state)**

Placement May Be Made REMARKS  
Placement Shall Not Be Made  
SIGNATURE OF RECEIVING STATE COMPACT ADMINISTRATOR OR  
ALTERNATE  
DATE SIGNED

**Distribution:**

Make six (6) copies of this form. JOURNEY'S QUEST keeps 1 copy and sends 5 to Sending Compact Administrator, who retains 1 copy and sends 4 to Receiving Agency, which indicates action (Section IV) and forwards 1 copy to receiving agency and 2 copies to Sending Compact Administrator w/in 30 days. Sending Compact Administrator keeps 1 copy and forwards the other completed copy to the Sending Agency.