



Dear Prospective *Elements Wilderness Program* Parent/Guardian:

Thank you for selecting ***Elements*** as the Wilderness Intervention for your child. We understand there is a lot of work and planning that goes into placing your child. Please complete the following application and FAX it to your Admissions Representative, listed below for Review and Final Approval.

The following are some items which might be helpful in filling out the paper work.

- If parents are divorced, both parents must sign all signature pages in the application OR provide a copy of the Court Order designating LEGAL Custody.
- Include Enlarged copies of your Insurance and Prescription (where applicable) cards with the completed application.
- ICPC Forms, the last two pages of the application. These are Federal forms which *Elements* files with the state of Utah. The State of Utah then notifies your home state that your child will be temporarily residing in Utah, with your consent. *Please fill out Section 1 of each section, and sign each form at the bottom of the page. (fill out and sign where the star is located).*
- All gear and clothing will be provided for your child. The following are the only items you need to send with your child:
 1. Glasses (no contacts in the field),
 2. 60 days supply of all medications (we understand most insurance companies will only allow 30 days, this is ok),
 3. Dental Retainer (must be in a container with student's name).

Please feel free to call with any questions regarding the program or the application process.

Best Regards,

John Karren
FAX: 801-998-3635
Phone: 801-505-8481

Student Information

Student Name:		<u>OFFICE USE ONLY</u>	
Social Security#:		Group #:	Therapist:
Date of Birth:	Age:	Clinical Approval:	Length of stay: 42 49 56
Place of Birth:		Admit Date:	Discharge Date:
Race:	Grade:	Escorted by:	S:
Eye Color:	Hair Color:	Arrival Information:	
Height:	Weight:		
Shoe Size:	Waist Size:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Religious Preference:		
Shirt Size: SM <input type="checkbox"/> Med <input type="checkbox"/> LG <input type="checkbox"/> X-LG <input type="checkbox"/> XX-LG <input type="checkbox"/>			
Who has legal custody of the student?			
Who has physical custody of the student?			

Parent Contact Information

Mother's Information			
Name:		Social Security #	
Address:			
City:	State:	Zip:	
Home Phone:		Work Phone:	
Cell Phone:		Fax Number:	
Occupation:		Employer:	
Home Email:		Work Email:	
Stepfather's Name (if applicable):			
Father's Information			
Name:		Social Security #	
Same address as mother? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, skip address information)			
Address:			
City:	State:	Zip:	
Home Phone:		Work Phone:	
Cell Phone:		Fax Number:	
Occupation:		Employer:	
Home Email:		Work Email:	
Stepmother's name (if applicable):			

Referral Information - Who referred you to our program?

Name:	Phone Number:
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Student's Personal Profile

Please describe the events or situations that have led to enrolling your child in our program:
Please include emotions, events, behaviors and etc.)

Please describe the issues that you would like to be addressed in our program:

Please describe your child's strengths:

Please describe your child's weaknesses:

Please briefly describe how your child expresses anger and frustration. Does your child demonstrate violent behavior towards others? (Including self, family, peers, animals etc.) Yes No
If "Yes", please provide details:

Does your child experience isolation? (i.e. - from family, peers, etc)

Is your child sexually active? Yes No

Has your child demonstrated promiscuous or risky sexual behavior? Yes No
If "Yes", please explain:

Does your child have a history of running away? Yes No (If "Yes" please explain):

Has your child ever discussed, threatened, or attempted suicide? Yes No (If "Yes" please explain):

Personal Profile Cont.

Has your child experienced any traumatic events in his/her life? Yes No
If "Yes", please explain the event(s) and the effect on your child.

Family Profile

Family Members: (Please include anyone who has lived with the student- except parents)

<u>NAME</u>	<u>AGE</u>	<u>SEX</u>	<u>RELATIONSHIP</u>	<u>RESIDENCE</u>

Please describe your child's relationship with his/her father:

Please describe your child's relationship with his/her mother:

Please briefly describe the student's general interactions with siblings or others living in the home:

Are there any additional family issues that have affected your child?

Is your child adopted? Yes No

Has your child had contact with his/her biological parents? Yes No

Please briefly describe this relationship and impact of the adoption on your child:

Substance Use

Has your child used drugs or alcohol? Yes No

If "Yes" please provide the age of first use and any events, emotions or behaviors that alerted you to their use.

Is your child currently using drugs or alcohol? Yes No

(If "Yes" please complete the following questions and information.)

How frequently does your child use drugs or alcohol? (please include cigarettes)

What is your child's choice of drugs or alcohol and how is it administered?

Legal History

Please explain any incidents that your child has had with law enforcement:

Has your child ever been arrested? Yes No

If "Yes", please provide the date, location and the charge.

Does your child have any upcoming court dates? Yes No

If "Yes", please provide the date and a contact person for the court.

Educational History and Information

Is your child currently enrolled in school? Yes No

In what grade is/should your child be enrolled?

Is your child currently behind in classes or credits? Yes No
Please explain:

Has your child ever been suspended or expelled?
 Yes No
Please explain:

Does your child have any learning delays or concerns affecting his/her academics? Yes No
(i.e., physical disabilities, ADD, ADHD, and etc.) Please describe:

Mental/Emotional History and Treatment

Has your child previously been diagnosed or treated by a mental health professional? Yes No

If "Yes", please complete the following information.

DATE	AGE	DIAGNOSIS/TREATMENT	DOCTOR/FACILITY (please include phone numbers)

INFORMATION RELEASE AGREEMENT

The following professionals and/or institutions, who have counseled, treated, or educated _____ (child), are hereby authorized to release all information regarding medical/treatment history, diagnosis, disability, and/or school records to Elements staff and/or consultants who will be involved in our son/daughter's program.

Name of Institution or Clinic:	
Dates of Treatment:	Contact Person:
Phone:	Fax:

Name of Institution or Clinic:	
Dates of Treatment:	Contact Person:
Phone:	Fax:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORATIZATION FOR RELEASE OF CONFIDENTIAL MATERIALS

For the purpose of sharing information about psychological and educational evaluations, I authorize the release of information between *Elements Wilderness Program* and psychological and educational evaluation providers to include two-way verbal, written, fax and electronic transmission. I understand that my son or daughter will not be tested or interviewed by a psychologist unless I provide a separate written consent authorizing a psychologist to do so. This release is effective for one year following the date of my signature below.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

INSURANCE INFORMATION

**Please attach an ENLARGED photocopy, front & back, of your INSURANCE CARD AND PRESCRIPTION/PHARMACY CARD(if applicable)
(this allows Elements to refill your child's prescription if needed)**

Name as it appears on Insurance card:

Please identify the name on the card: **(circle one)**

Date of Birth of Insured: Father Mother Student Other:

Policy Number:	Rx BIN Number:
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Group Number:	
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Phone#: Insurance:	Prescription Card:
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Name of Insurance Company:

Insurance Company Address:

City:	State:	ZIP:
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Please note the following:

1. *If you do **NOT** provide the information requested above, you **WILL** be charged for **ALL** medical costs incurred while your child is enrolled at Elements, including the enrollment physical. Every effort will be made to bill your insurance for these expenses, but ultimately parents/legal guardians will be liable for all medical costs regardless of the insurance provider's non-liability.*
2. *Please understand that Elements will attempt to have your insurance billed for your child's prescriptions; however, some insurance companies do not cover pharmacies in Utah. If you have any questions, please contact the office.*

Signature of Insured Parent

Date

Child's Physician's name:

Address:

Phone Number:

Date of Student's last Medical exam:

Child's Dentist's name:
Phone Number:

AUTHORIZATION FOR EXAMINATION AND TREATMENT

I/we give permission to *Elements* to provide my child with an enrollment physical, and to seek medical, hospital, dental, or psychiatric attention in the event of injury or illness, and to provide emergency first aid as needed, in the field until such care can be arranged.

I/we understand that all costs of medical care and medication needed while the student is enrolled at *Elements* are my/our responsibility.

I/we authorize any professionals who have provided treatment to our student to release information to the *Elements* program and therapists.

I/we are obligated to provide medical insurance for said student and must provide proof of insurance prior to the beginning of any program, and/or assume financial responsibility.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Required Immunization:

Tetanus Immunization must be within last 10 years. If it is not current, the student will be immunized. If parent objects to this immunization, the parent must provide a written release and waiver. *(There will be an additional charge for this service.)*

Tetanus :

Date:

Prescription Eyewear: GLASSES ONLY (No Contacts allowed in wilderness)

Does your child wear glasses? Yes No

If "Yes", Please send the glasses with the student.

Dental Retainer:

Does your child have a dental retainer? Yes No

If "Yes", Please send with the student in a container.

Special Diet Requests:

Fitness and Activity

Please describe your child's current level of fitness and activity. Please include daily and weekly physical activities:

MEDICAL HISTORY

Medical Issues- Past and Present(Including Conditions and Symptoms)

Please mark each item that applies to your child:

Condition	Condition	Condition	Condition
1. Anaphylactic Shock	24. Head Injury w/Neurological impact	47. Motion Sickness	
2. Ankle Problem	25. Headaches/Migraines	48. Muscle Cramps	
3. Anorexia/Bulimia	26. Heartburn	49. Neck Problem	
4. Arm Problem	27. Heart Disease	50. Obesity	
5. 5. Asthma	28. Heart Murmur/Palpitations	51. Pregnant/currently	
6. Back Problem	29. Heartbeat/irregular	52. Seizure Disorder/Epilepsy	
7. Bed Wetting	30. Hearing Impairment	53. Seizure/in past year	
8. Bladder Infection	31. Heatstroke	54. Shortness of Breath	
9. Bleeding Disorder	32. Hepatitis	55. Shoulder Problem	
10. Blood Disorder: Anemia/Sickle Cell	33. Hernia	56. Skin Problem	
11. Broken Bones	34. High Blood Pressure	57. Sleepwalking	
12. Cancer	35. Hypoglycemia	58. Special Diet	
13. Circulation Problems	36. Intestinal Problems	59. Stomach Ulcers	
14. Chest Pain/Pressure	37. Intolerance to Cold Temp.	60. Surgery	
15. Chronic Cough	38. Intolerance to Warm Temp.	61. Sweating/unexplained	
16. Chronic Cough	39. Kidney Problems	62. Tuberculosis	
17. Diabetes	40. Knee Problems	63. TB Exposure/Positive Test	
18. Difficulty Urinating	41. Leg Problem	64. Thyroid Problems	
19. Dizziness/Fainting	42. Learning Disability	65. Tics/Turrets	
20. Encopresis	43. Lung Infections	66. Venereal Disease/STD	
21. Endocrine Problems	44. Medical Equipment	67. Vision Impairment	
22. Foot Problem	45. Menstrual Problems/PMS	68. Weight Loss/unexpected	
23. Frostbite	46. Mononucleosis	69. Other:	

If you have marked any of the above items, please provide a detailed description below. Include the following:

- *Specific symptoms* • *Date of last occurrence* • *Frequency of symptoms/condition* • *Restrictions if any*

Item #	Detailed Description of condition

Allergies: Please describe any known allergies including reactions to medications, bee stings, food and etc. Also indicate date of occurrence and measures taken to control the reaction.

NONE: (Please Circle if NO Allergies)

<u>Allergy</u>	<u>Reaction</u>	<u>Treatment/Medication (if necessary)</u>

Medications: Please list all medications currently being taken by your child including psychiatric and over the counter.

NONE: (Please circle if your child is not currently taking any medications.)

<u>Medication</u>	<u>Why Is It Taken?</u>	<u>Dosage & Frequency</u>	<u>Start Date</u>	<u>Current Reactions</u>

**If your child is currently taking medication(s), please send any/all medication in original pharmacy containers with the pharmacy-printed prescription.*

Please list any medications discontinued within the last six months including the stop dates:

<u>Medication</u>	<u>Purpose</u>	<u>Stop Date</u>

Hospitalizations / Emergencies / Urgent Care

Please list any time spent in the Emergency room, Hospital, or Psychiatric Hospital

NONE: (please circle if not applicable)

<u>Date of Admission</u>	<u>Reason for Visit/Stay</u>	<u>Length of Stay</u>

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Power of Attorney
Elements Wilderness Program LLC

I/we _____ are the parents and/or legal guardians of:
 (Parent/guardian name(s))

_____ (known hereafter as “student”) and do hereby guarantee to
 (Child’s name)

Elements Wilderness Program, LLC, which owns and operates the outdoor therapeutic program, *Elements Wilderness Program*, that I/we are the legal attorney-in-fact for the named student.

We hereby execute this Power of Attorney in order that *Elements* and their employees may provide treatment, academics, and residential care for said student.

Specifically, in addition to any of the powers of the parent or guardian regarding care, custody or property of the student, I/we grant the following powers of attorney to *Elements* in order that proper care may be given to said student:

To provide and/or administer emergency medical, hospital, psychiatric and dental treatment should such be deemed necessary for said student, as determined by a *Elements* representative and/or Medical Director.

Physical restraint may be used if the student is a danger to self or others, as determined by *Elements* personnel. Any use of physical force will be documented by all adult witnesses present.

Administer drug screen, pregnancy, and other relevant medical testing.

To thoroughly search the person and personal belongings of said student upon arrival to the program, and during the program if deemed necessary and to confiscate any inappropriate items (considered to be illegal, harmful, or unnecessary).

If student flees from control and supervision of *Elements* wilderness staff, appropriate law enforcement or security personnel from Federal, State, County or Municipal agencies shall be directed to detain and retain custody of the student until arrangements are made for student’s immediate return to *Elements*, home or next placement.

To operate as transport service, providing transportation while the student is a participant in the *Elements Wilderness Program*.

We give permission for said student to participate in all program activities, knowing that such activities carry an inherent risk of injury or illness.

I/we execute this Power of Attorney on this _____ day of _____, 200_____, effective upon arrival at *Elements* on _____ day of _____, 200_____.

I/we agree to delegate to *Elements*, for the duration of the student’s enrollment with *Elements*, such duration in no event exceeding the period of six months, any of the powers of the parent or guardian regarding care, custody or property of the student, except the power to consent to marriage or adoption of a minor ward.

This Power of Attorney shall be in effect until said student graduates from *Elements* or until the legal guardian(s) withdraw said student from the *Elements* program. Notwithstanding the foregoing, I/we shall have the right to revoke said Power of Attorney upon furnishing an executed and written revocation of said Power of Attorney to *Elements*.

 Father/legal guardian signature

 Mother/legal guardian signature

ADMISSION AGREEMENT
Elements Wilderness Program LLC

<u>Provider:</u> Elements Wilderness Program, LLC P.O. Box 1166 Huntington, Utah 84528	<u>Student:</u> _____ <u>Clients: (Parents/Legal Guardian(s))</u> _____ _____
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The following Admission Agreement is made effective as of this _____ day of _____, 200_____, by and between the above listed parties. In this Agreement, the party who is contracting to receive services will be referred to as the “Client.” The party providing the services, *Elements Wilderness Program, LLC*, a Utah Limited Liability company, and its officers, directors, shareholders, employees and agents will collectively be referred to as “*Elements*”.

IDENTIFYING INFORMATION

I/we, (parents or guardians) _____ the legal guardians of (Student) _____, enter into this Agreement with *Elements* for the purpose of securing placement of our child (herein referred to as “Student”) in the *Elements* program and clarifying the rights and responsibilities of each party. If one parent signs the agreement, that parent is representing that both parents are consenting to the student’s admission. In the case of divorce or unmarried guardians, I/we state that we are in fact the legal guardians of said student, and have the authority to act alone, and will provide documentation demonstrating that authority before our student begins the program. _____ (initial and date)

ELIGIBILITY AND ACCEPTANCE

I/we understand that said student must meet *Elements*’ eligibility requirements for acceptance into programming, and that misrepresentation of the student for this purpose potentially places this student at great risk and may result in discharge from the program. I/we further understand that part of the screening process is completed in the first week of programming, and agree that *Elements* may determine at this time that said student is clinically or medically inappropriate for placement. If student is discharged at this time, I/we agree to pay for the return trip home or for travel expenses to another placement. I/we understand that we will be charged only for the days (*any time spent at Elements on any day is counted as a full day*) that our student is enrolled. _____ (initial and date)

POWER OF ATTORNEY

By signing the Power of Attorney in the enrollment application, I/we agree to delegate to *Elements*, temporary custody of said student, for the duration of the student’s enrollment with *Elements*, in no event to exceed the period of six months, or any of the powers of the parent or guardian regarding care, custody or property of the student. _____ (initial and date)

PARTICIPATION AUTHORIZATION

I/we agree that pictures may be taken of our student for *Elements*’ confidential records and for the purpose of sending photos to us. We also acknowledge and understand that photographs of my student and the group will be taken for the purpose of illustrating *Elements*’ activities and programs. **(Not for marketing purposes)**
 I/we understand and give permission for my child’s group photos to be posted for all families in her/his group. These images will be password-protected. _____ (initial and date)

PROGRAM EXPENSES

I/we understand that the **daily tuition** for the *Elements* Program is **\$295.00**. I/we further understand that there is a minimum length of stay of 42 days and that should the decision be made to extend the length of stay for my child the extensions will be in seven-day increments billable to a credit card. I/we understand that there is an additional **enrollment fee of \$1,750.00** due upon admission of the student. The enrollment fee covers the application fees and all gear supplied to the student. *(This fee is non-refundable and included in the cost rates listed below)*

Please indicate desired program length by circling one of the following options.

42 Days = \$14,140.00

49 Days = \$16,205.00

56 Days = \$18,270.00

Full payment by check, certified check, wire transmission, or credit card for all anticipated costs must be received prior to the beginning of the program. Make checks payable to *Elements Wilderness Program, LLC* and send to the address listed below via overnight mail. If the decision is made to extend the student’s stay, or any additional costs are incurred, payment for those costs is due within 10 business days of the decision. Failure to pay may result in the student being sent home immediately at the Client’s expense. I/we will not hold *Elements* responsible for any consequences that result from the student’s premature discharge and Client remains liable to pay for any and all costs incurred to that date.

_____ (initial and date)

Elements Wilderness Program, LLC
P.O Box 1166 - Huntington, UTAH 84528

PREMATURE DISCHARGE

If the student is discharged prematurely for medical or clinical reasons, as *Elements* retains the right to do, full refund of monies on a per day rate will be given after deduction of cost for received services. All gear issued to the student remains the property of the student, who must assume full responsibility for care and upkeep and replacement cost if the gear is lost or destroyed by the student. Any other property, owned by *Elements*, their personnel, or any person outside *Elements*, which is damaged by the student, will be the responsibility of the student and the student’s legal guardians. _____ (initial and date)

RUNAWAY EXPENSES

Any costs incurred by the student if he/she runs away from *Elements*, and expenditures made by *Elements* will make every reasonable effort to find the student in a quick and efficient manner. I/We hereby release, hold harmless and indemnify *Elements* from any and all liability arising out of or resulting from our student running away while enrolled, except any liability arising out of *Elements*’ intentional actions or gross negligence. _____ (initial and date)

TRAVEL TO AND FROM PROGRAM

I/we agree to make arrangements and pay in full for our students to travel to and from the *Elements* program. I/we agree that any such arrangements will be made with professional transport agencies and that *Elements* will have no responsibility or culpability for any travel or any events which may occur during delivery. _____ (initial and date)

EDUCATIONAL CONSULTANT RELEASE

I/we hereby grant permission and release for *Elements*’ Therapist/staff and my Educational Consultant, (name) _____ to release and/or exchange all information regarding our son/daughter’s medical and clinical treatment, diagnosis, disability, school, legal records and any other information regarding our child. I /we also give authorization for our Educational Consultant to read mail and see photos posted to the secure parent web page. _____ (initial and date)

RISKS INVOLVED

Illness/Injury/Medical Condition. I/we assume and acknowledge that living in the outdoors presents the possibility of injury or illness in the normal course of events. I/we agree to release, hold harmless and indemnify *Elements* from any and all liability arising out of or resulting from any injury or illness which occurs while our student is enrolled. Additionally, I/we hereby release, hold harmless and indemnify *Elements* from any and all liability arising out of or resulting from any medical condition which is self-inflicted by our student while enrolled, including without limitation any self-inflicted injury or illness. _____ (initial and date)

Liability. I/we agree that *Elements* shall have no liability to me/us or to or any other party or anyone who may claim through or under me/us for any claims, losses, liabilities, demands, actions, suits, expenses, attorney fees, rents, and compensation of any kind and nature whatsoever, whether present or future, known or unknown, anticipated or unanticipated, in any way arising out of or in any way relating to this Agreement or the services provided hereunder, except for any liability arising from *Elements*' intentional actions or gross negligence. _____ (initial and date)

Indemnification. I/we and any and all of our agents, officers, directors, shareholders, members, employees, heirs, representatives, successors, predecessors, related entities, and assigns agree to release from liability and shall indemnify and hold *Elements* and any and all of its agents, officers, directors, shareholders, members, employees, heirs, representatives, successors, predecessors, related entities, or assigns, harmless from damages or obligations incurred by me/us under this Agreement or from any and all claims, losses, liabilities, demands, actions, suits, expenses, attorney fees, rents, and compensation of any kind and nature whatsoever, whether present or future, known or unknown, anticipated or unanticipated, which I/we ever had or now have in any way arising out of or in any way relating to this Contract or the services provided hereunder, except for any liability arising from *Elements*' intentional actions or gross negligence. _____ (initial and date)

ENTIRE AGREEMENT

This Agreement, together with any Arbitration Agreement entered into by the parties, contains the entire agreement of the parties with respect to the subject matter of this Agreement. This Agreement supersedes any prior written or oral agreements between the parties. Any modifications to this Agreement of any kind must be in writing and signed by the party obligated under the modification. _____ (initial and date)

GOVERNING LAW

This Agreement shall be construed in all respects in accordance with the laws of the State of Utah, without regard to conflicts-of-laws principles that would require the application of any other law. _____ (initial and date)

JURISDICTION

Client irrevocably agrees and hereby consents to submit to the exclusive jurisdiction of any state or federal court (assuming federal jurisdiction exists) residing in the State of Utah. Should jurisdiction exist in the State Courts of Utah, venue shall reside in Emery County Circuit Court. Client hereby waives any right Client may have to transfer or change the venue of any litigation filed in such courts. _____ (initial and date)

SEVERABILITY

If any provision of this Agreement will be held to be invalid or unenforceable for any reason, the remaining provisions will continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision will be deemed to be written, construed, and enforced as so limited. _____ (initial and date)

LEGAL FEES - ARBITRATION

In the event a suit, arbitration or action is brought by any party under this Agreement to enforce any of its terms, conditions or covenants, or in any appeal there from, it is agreed that the prevailing party shall be entitled to recover its attorney fees, experts' fees, and/or costs incurred in any trial, arbitration or action. _____ (initial and date)

I/we agree to submit to binding arbitration/mediation regarding any and all disputes arising out of or under this Agreement including but not limited to any and all disputes and claims resulting from the care given or services provided by any person or entity in any way employed by, contracting with or working for *Elements*. _____ (initial and date)

COLLECTION COSTS

I/we agree to pay all costs and expenses incurred in collection of any past due amounts, including court costs and attorneys fees, whether incurred prior to or subsequent to any litigation arising out of this Agreement or the services to be provided hereunder. In addition, I/we agree to pay finance charges of 12% APR as outlined on the financial page of this application. _____ (initial and date)

NOTICE

Any notice or communication required or permitted under this Agreement shall be sufficiently given if delivered in person or by certified mail, return receipt requested, to the address set forth in the opening paragraph or to such other address as one party may have furnished to the other in writing. _____ (initial and date)

FAMILY THERAPY PARTICIPATION

I/we understand that *Elements* may request/suggest parents/families to be enrolled and participating in Family Therapy at home. _____ (initial and date)

In the event that consultation between *Elements* and the family therapist is relevant to the treatment of the student, please provide your Family Therapist's contact information.

Family Therapist:	Phone #:
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HIPAA REGULATIONS

I/we acknowledge that *Elements* complies with the Health Insurance Portability and Accountability Act of 1999. For review of the detailed policy, visit the web site or contact the *Elements* office. _____ (initial and date)

Signatures:	
Father/Guardian:	Date:
Mother/Guardian:	Date:

Student: _____

ELEMENTS WILDERNESS PROGRAM, LLC Financial Agreement

1. Incidental and Medical Expenses

Please include your credit card information below as incidental expenses and extensions will be charged to your account unless prior arrangements have been made with the accounting department. In addition, **if you have not provided your child's medical/prescription insurance information as well as an enlarged copy of the front and back of your card you WILL be charged directly for ALL medical expenses associated with your child during his/her stay at *Elements*, including the initial physical.** Parents/legal guardians shall, however, in all events, be ultimately liable for all medical costs associated with your child regardless of any asserted non-liability by insurers.

2. Tuition Information.

Daily tuition fees apply to EVERY day that your child is enrolled with the *Elements Program*. The cost is **\$295.00 per day, plus a \$1,750.00 enrollment fee.** There is a **minimum** initial payment of **\$14,140.00** which covers the first 42 days of the program and also includes the enrollment fee. This payment is due **on or before** your child's date of enrollment. All late payments will accrue finance charges at a rate of 12% APR beginning 7 days after the first billing date.
All extensions beyond your initial payment will be billed at a rate of \$295.00 per day, and will be billed to the credit card listed below.

Please circle one of the following:

**** A Credit Card is required for incidental and medical expenses, even if tuition is paid with another form of payment. ****

VISA	MASTERCARD	AMERICAN EXPRESS
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Account Number: _____ Security Code: _____ Exp. Date: _____

Authorized Signature: _____ Date: _____

Billing Address: _____ Billing Zip Code: _____

3. Method of Payment: Please circle length of stay:

42 days = \$14,140.00	49 days = \$16,205.00	56 days = \$18,270.00
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Credit Card:

Please bill my credit card as provided above for the initial payment of \$ _____

Authorized Signature: _____ Date: _____

Check Payable to the Elements Wilderness Program:

Please send payment to: *Elements*, P.O. Box 1166 Huntington, UT 84528

(Include UPS/FEDEX tracking number here _____)

Wire Transfer (Please include **student's name** and **fax wire transfer confirmation** page to:

Fax # 801-998-3635

Elements Wilderness Program: Please call for account information.

Zion's First National Bank, 6510 South Big Cottonwood Canyon Road, Salt Lake City, Utah 84121

Parent/Guardian Signature: _____ **Date:** _____

Financial Sponsor: _____ **Relationship:** _____

(If other than parent- please print)

TO:

FROM:

SECTION I - IDENTIFYING DATA

Notice is given of intent to place - Name of Child:		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number:	ICWA <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	
Sex:	Date of Birth	Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Name of Mother:		Name of Father:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			

SECTION II - PLACEMENT INFORMATION

Name of Person(s) or Facility Child is to be placed with: Elements Wilderness Program		Soc Sec # (optional): Soc Sec # (optional):
Address: P.O. Box 1166, Huntington Utah 84528		Phone: 801-505-8481
Type of Care Requested:		
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Parent
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent	<input type="checkbox"/> Relative (Not Parent) Relationship: _____
<input type="checkbox"/> Child Caring Institution		<input type="checkbox"/> Other: Outdoor Youth Treatment _____
		<input type="checkbox"/> ADOPTION
		<input type="checkbox"/> IV-E Subsidy
		<input type="checkbox"/> Non IV-E Subsidy
		To Be Finalized In:
		<input type="checkbox"/> Sending State
		<input type="checkbox"/> Receiving State
Current Legal Status of Child:		
<input type="checkbox"/> Sending Agency Custody/Guardianship		<input type="checkbox"/> Protective Supervision
<input type="checkbox"/> Parent Relative Custody/Guardianship		<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption
<input type="checkbox"/> Court Jurisdiction Only		<input type="checkbox"/> Unaccompanied Refugee Minor
		<input type="checkbox"/> Other: _____

SECTION III - SERVICES REQUESTED

Initial Report Requested (if applicable): <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	Supervisory Services Requested: <input type="checkbox"/> Request Receiving State to Arrange <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other:
Name and Address of Supervising Agency in Receiving State:		
Enclosed <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study or Placement Resource <input type="checkbox"/> ICWA <input type="checkbox"/> IV-E Eligibility Documentation		

Signature of Sending Agency or Person:	Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:	Date:

SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC

Placement may be made Placement shall not be made

REMARKS:

TO:

FROM:

SECTION I - IDENTIFYING INFORMATION

★ Child's Name: _____ Birthdate: _____
 Mother's Name: _____ Father's Name: _____

SECTION II - PLACEMENT STATUS

◆ Initial Placement of Child in Receiving State Date Child Placed in Receiving State: _____
 Name of Resource: **Elements Wilderness Program**
 Address: **P.O. Box 1166, Huntington Utah 84528** Phone: **801-505-8481**
 Type of Care: **Outdoor Youth Treatment**

Placement Change Effective Date of Change: _____
 Name of Resource: _____
 Address: _____
 Type of Care: _____

SECTION III – COMPACT PLACEMENT TERMINATION

Adoption Finalized In Sending State In Receiving State Court Order Attached
 Child Reached Majority/Legally Emancipated
 Legal Custody Returned to Parent(s) Court Order Attached
 Legal Custody Given to Relative Court Order Attached
 Name: _____ Relationship: _____

Treatment Completed
 Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State
 Unilateral Termination
 Child Returned to Sending State
 Child Has Moved to Another State
 Proposed Placement Request Withdrawn
 Name of Placement Resource: _____

Approved Resource Will Not Be Used for Placement
 Name of Approved Placement : _____

Other (Specify): _____

Date of Termination: _____

SECTION IV – SIGNATURES

★ Person/Agency Supplying Information: _____ Date: _____

Compact Administrator, Deputy or Alternate: _____ Date: _____

★ Please fill all areas marked with a star