

ANASAZI
FOUNDATION
turning hearts homeward

# SINAGUA

ANASAZI Foundation
1424 S. Stapley Dr.
Mesa, AZ 85204
voice: (480) 892-7403
fax: (480) 892-6701
**www.anasazi.org**

## APPLICATION and ADMISSION Instructions for Sinagua Participants:

This packet includes an application form, medical release forms, confidential medical and social history forms to be completed by the participant. If you have any questions about any portion of this admissions packet please feel free to call and ask our admissions department for additional guidance - (480) 892-7403.

## In applying for admission to ANASAZI, please carefully review the following steps:

- ❑ Call the admissions office and schedule an admission date.
- ❑ Send the completed and signed admission forms and information to the address below.
- ❑ Please include a recent photograph of your self with the admission forms.
- ❑ Have the Insights from Interested Parties completed and forwarded to ANASAZI at the address below.
- ❑ Contact a financial officer at ANASAZI and make financial arrangements.
- ❑ Parents, please plan to accompany your child on admission day.

## Upon receipt of your application, we will:

- Review your application and contact you with any further questions or requests.
- Have one of our nurses contact you for medical information.
- Verify insurance coverage.
- Have a financial officer contact you for final financial arrangements.

## Please return materials to:

ANASAZI FOUNDATION
1424 S. Stapley Dr.
Mesa, AZ 85204

## ADMISSION DAY - instructions and agenda:

Because this will be an important day for you, please be prepared to follow the guidelines below that will help expedite the admissions process.

- Please pre-arrange a time for arrival on admission day--no later than 10:00 a.m.
- Parents, plan to accompany your son or daughter on admission day.
- Upon arrival, a Trail Walker will greet you at the door and guide you throughout the admissions process. You will leave for the trail that afternoon.
- Parents will meet with the admission director for a short orientation and with a financial officer for financial arrangements.
- Parents will have an opportunity to meet with your shadow sometime on admission day.
- One of the governing board members will present an "Overview of the Program" at 3:00 p.m. on Thursday to the parents. Please plan to attend.
- The parent seminar will be held Friday and Saturday following admission day. The sessions run from 9:00 a.m. - 5:00 p.m. both days. Come casual and ready to learn. You will have breaks and will be able to leave the building for lunch.

## Travel, Lodging and Conveniences

If you will be arriving by car there is a map of the Phoenix / Mesa area on the back of this folder. For more detailed directions please request them in advance. Also, remember that freeway traffic is heavy in the morning.

If you will be arriving by airplane, please schedule your flights to the Phoenix Sky Harbor International Airport which is located approximately 20 minutes from the ANASAZI offices. Shuttles, taxis and / or rental cars are available at the airport.

There are many hotels located close to the ANASAZI offices. Please see the list on the back of this folder and remember to call ahead for reservations. Some hotels offer special rates for ANASAZI families.

There are many great restaurants, shopping centers, etc., within a few miles of the ANASAZI office. Any of our office staff can give you directions to wherever you may need to go – just ask.

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Dear Potential Participant,

Thank you for your inquiry concerning *Sinagua*, Anasazi's program for 18-25 year olds. We are excited at the prospect of your walking with us. The Sinagua program for young adults in which you are invited to participate is being offered as an augmentation to our standard program for youth 12-17. As such, certain details will be different from our typical program. This letter will explain the specifics for the Sinagua program.

**ENROLLMENT**

Included in this folder is an enrollment packet. All forms must be read, signed and returned to Ansazi for screening before we can verify your admission to the program. In reviewing the application, we screen for four things: medical, clinical and financial clearance and commitment by you as a participant.

*Medical*

Because you as a participant may hike 10 miles or more in a day at an altitude between 2,000 and 7,000 feet, a physical exam will be completed by a physician upon admission. Every question must be completed on the "Personal Health and Medical History" form enclosed so we will be aware of any possible health impairments that might affect your participation while on the trail. Participation in the ANASAZI program should not be considered if any of the following conditions exist:

**Extreme obesity** - which may interfere with hiking
**Diabetes or hypoglycemia** - special dietary requirements cannot be accommodated
**Arthritis** - or other joint problems, which would interfere with hiking
**Renal disease** - which might be aggravated by dehydration
**Seizures** - or a history of convulsions or fainting spells
**Allergies to bee stings or bug bites** - which may be life threatening

The foods you will be eating in the field have been carefully selected and are approved by the Arizona Department of Health Services. This diet is composed of fiber, protein, fat and complex carbohydrates, with adequate amounts of dairy products, vegetables, and fruit. Due to the nature of our program, scratches, cuts, and even abrasions are commonplace, so we need to know if you've had a tetanus toxoid booster within the past 5 years. Currently, there is a national shortage of the booster, so availability may be limited. If possible, get a booster shot but if not, we have some on hand for emergency situations.

Our nurse will be calling you after we receive your enrollment packet to review the information. Also, if your parents choose to join you on the trail at the end of your experience and have medical concerns they would like Anasazi to be aware of, they can also fill out a health history but they do not need a physical.

*Clinical*

To help our clinical team ascertain how we can best help you, we ask that you fill out the nine page social history. In the first week of your trail experience, your Shadow (counselor) will introduce himself to you and will continue to visit weekly. If you choose, your family members may receive weekly progress reports via a phone call from your Shadow.

*Financial*

The cost for the 42-day program is $375 a day for a $15,750 total. Tuition covers all costs of the program, except for replacement of lost or inadequate personal items and other medical needs as they arise. Insurance benefits may be available. Amy, our financial director, will be in touch to make financial arrangements.

*Participant's Commitment*

All students are accepted on the condition of their willingness to complete the entire program.

**ADMISSION**

Anasazi has admissions every other Thursday, year-round. For the Sinagua program, arrangements must be made at least two weeks in advance. Because the Sinagua program is offered in augmentation of our youth programs, enrollment dates may be contingent upon staff availability. We ask that you be at the Anasazi office between 8:00-10:00 am. There you will meet your Trail Walkers and speak with our nurse and clinical director.

In addition to the items we have asked you to bring (see equipment list), Anasazi will issue other necessary equipment (blanket or sleeping bag, cup, canteen, poncho, etc.) and a food pack. Before hiking, you will participate in a "blanket stepping." The blanket stepping is an invitation for participants to leave behind anything that would harm them, others, or nature.

**PARENT PARTICIPATION**

As part of your Anasazi Walking, your parents are invited to spend the last few days on the trail with you. Parents are not required to hike but to spend time with you in a camp you've prepared for them. If they choose to come, they would drive out the last Monday of your Walking and return to Mesa with you the following Wednesday.

We encourage families to exchange letters with you while you are on the trail. Your parents and family should send letters by mail, fax, or email so that they arrive by Friday. You will receive and send mail each Tuesday Your letters will be taken by the Shadows and mailed Wednesdays.

One of the great resources Anasazi offers to families is a two day seminar held bi-weekly at our Mesa office entitled "The Choice." The principals taught are based on teachings from The Arbinger Institute and focus on improving human relationships. While these seminars are offered to the public for a charge, Anasazi participants and their parents may attend as often as they like for up to a year after you're on the trail free of charge. Extended family members can receive the discounted rate of $100, which includes text books and workbooks. Your parents are asked to attend on both Friday and Saturday following your Thursday admission. Seminars are from 9:00 am until 5:00 pm and are held in our Mesa office conference room.

I hope this letter and the enclosed materials will provide answers to most of your questions. For any unanswered questions, please contact me at 480-892-7403.

Sincerely,

LuAnne Endres
Director of Admissions
Anasazi Foundation

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**INSIGHTS FROM INTERESTED PARTIES**

This form is optional and can be given to professionals (therapists, teachers, educational consultants, clergy, etc.) who may have information that would be helpful to ANASAZI.

Participants Name: _____ DOB:_____ Age:_____ Gender: M / F

Completed By:_____ Phone:_____

Address: _____ City:_____ State:____ Zip: _____

Relationship to Participant: _____

**Please provide any information that may be helpful in the treatment and care of the above named participant.**

Presenting Concerns (at home, school, church, etc.)

_____

_____

_____

_____

Developmental History (physical, educational, emotional, spiritual, etc.)

_____

_____

_____

_____

Response to Interventions (guidance, advise, counsel, etc.)

_____

_____

_____

_____

I give permission to the person I have asked to complete this form to share and receive information related to my treatment while I am at ANASAZI.

Participants Signature: _____ Date:_____

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**ENROLLMENT FORM**

**Proposed Enrollment Date**: _____ Date parents will be attending seminar: _____

**Father's Name**: _____ Home Phone: _____

Address: _____ Work #: _____

City:_____ State:____ Zip:_____ E-Mail: _____ Cell #: _____

**Mother's Name**: _____ Home Phone: _____

Address: _____ Work #: _____

City:_____ State:____ Zip:_____ E-Mail: _____ Cell #: _____

**Participant's Name**:_____ Age:_____ Sex: _____

Address (if different):_____ City:_____ State:_____ Zip: _____

Date of Birth:_____ Birthplace:_____ Ethnic Origin:_____

Adopted? ❒ YES ❒ No If adopted, when? _____

**Referred by**:_____ Address:_____ Phone:_____

Any pertinent legal system involvement? If so please explain:_____

Court ordered? ❒ YES ❒ No Name of PO:_____ Phone: _____

Arriving from Home, Foster Care, Detention, Treatment Facility, Other? _____

**Insurance Company**:_____ Phone: _____

Address:_____ City:_____ State:_____ Zip: _____

Policy, Group, or Certificate Number: _____

Name of Insured:_____ Social Security Number:_____-____-_____

Insured's Employer:_____ Employer's Phone: _____

Employer's Address:_____ City:_____ State:_____ Zip:_____

**Emergency Contact**:_____ Phone: _____

**Emergency Contact**:_____ Phone: _____

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**ADMISSION AGREEMENT**

Participant's Name:_____ Birth Date: _____

Date of Admission: _____

County & State of Execution: Maricopa, Arizona

Participant: _____ Parent / Sponsor:_____

Street: _____ Street: _____

City, State, Zip:_____ City, State, Zip: _____

Birth Date: _____ Birth Date: _____

(COLLECTIVELY, THE "SPONSOR")

ANASAZI FOUNDATION
An Arizona Non-Profit Corporation
1424 S. Stapley Dr.
Mesa, AZ 85204

("ANASAZI")

**Part 1**
Sponsor

**1.1** Sponsor. Sponsor constitutes any person or persons who are financially responsible for the participant's participation in ANASAZI programs

**1.2** Individual sponsor authority. If the sponsor consists of more than one person, any of the persons constituting the sponsor shall have the right individually to consult with and direct ANASAZI in connection with the progress of the participant, and ANASAZI shall be entitled to rely on the representation or authorization of any one of the persons constituting the sponsor with respect to the participant.

**Part 2**
Admission

**2.1** Admission to program. Upon the execution of this agreement, ANASAZI agrees to accept the participant into the ANASAZI program selected by the sponsor, and ANASAZI agrees to provide the participant with a wilderness experience consistent with the ANASAZI program in which the participant is enrolled.

**2.2** Sponsor support. Sponsor understands and acknowledges that family support is essential for the success of the program, and sponsor agrees to support the participant's activities in the ANASAZI program. Sponsor is invited and encouraged to attend "A Seminar on Relationships," to complete requested assignments, to spend the prescribed nights on the trail with the participant, and to cooperate with the ANASAZI personnel in working towards a successful completion of the program by the participant.

**2.3** Program completion. All participants accepted for the enrollment are accepted on the condition that they will complete the entire program. The sponsor agrees that the participant shall continue in the program chosen until the completion of the program by the participant, as determined in the judgment of the ANASAZI program director, unless either party terminates this agreement by giving written notice to the other party as outlined below.

**Part 3**
Consent and authorization

**3.1** Program participation: release. The sponsor understands that participation in the ANASAZI programs involves strenuous physical activities as well as exposure to potentially dangerous wilderness situations. The sponsor hereby consents to the participant to engage in all of the activities of the ANASAZI experience. The sponsor hereby releases ANASAZI from any liability for any injury, illness, loss, cost, expense or other damage to the participant resulting from the involvement of the participant in the ANASAZI program.

**3.2** Medical treatment. In the event of an injury, accident, illness, or other necessity, sponsor hereby authorizes ANASAZI to obtain medical and hospital care and to authorize a physician to perform any procedures, including surgery, administering anesthesia, or any other procedures that may be medically necessary for the well-being of the participant. The sponsor agrees to pay and to indemnify and hold ANASAZI harmless from all costs and expenses incurred in connection with such medical or hospital care.

**3.3** Personal search; contraband. Sponsor hereby consents to and authorizes ANASAZI to search the personal effects and person of the participant, and to confiscate any and all items not on the approved equipment list, which items shall be deemed to be contraband. All confiscated items shall be delivered to the sponsor, and the disposition of all contraband items shall be the sole responsibility of the sponsor.

**3.4** Medical examination and drug screening. Sponsor hereby consents to and authorizes ANASAZI to administer a routine physical examination and urinalysis drug test to the participant at any time during the program that is deemed necessary by ANASAZI.

**Part 4**
Financial obligations

**4.1** Basic charges. The program fee is $385 per day. Sponsor shall pay all charges unless other arrangements are agreed upon by both parties in writing prior to admission. All fees are considered to be earned upon admission. All payments are non-refundable under any and all circumstances. If the student is not admitted on the scheduled admission date, the student shall be assigned a subsequent admission date. The sponsor bears full financial responsibility for all charges and expenses incurred, whether or not all or a portion of those charges or expenses are anticipated to be paid by a third party.

**4.2** Transportation and personal expenses. In addition to the above payment, sponsor agrees to pay for all costs and expenses of (a) transportation of the participant from the participant's home to the ANASAZI office in mesa, Arizona, (b)transportation from the ANASAZI facility in mesa, Arizona to the participant's home, (c) all medical and hospital expenses, and (d) any required personal items required for participants on the participant equipment list.

**4.3** Damage to property. Sponsor agrees to pay for the costs of repairing any property belonging to ANASAZI, other participants or other parties which is damaged, defaced, or destroyed by the participant. ANASAZI is not responsible for the loss, damage, or destruction of any of the participant's personal property.

**4.4** Runaway expenses. In the event the participant attempts to leave the program and becomes a runaway from ANASAZI. ANASAZI will use reasonable efforts to assist the sponsor in finding the participant and in obtaining the safe return of the participant to ANASAZI, but ANASAZI assumes no responsibility for the health or safety of the participant during the time the participant is absent from the program. The sponsor will be responsible for one-half (1/2) of all expenses incurred where the participant runs away during the program, ANASAZI shall prepare an accounting of the expense incurred while assisting the sponsor in finding and returning the participant to ANASAZI. The sponsor will be responsible for the full amount of expenses incurred where the participant runs away prior to admission to the program.

**Part 5**
Termination

**5.1** Termination by ANASAZI. ANASAZI reserves the right to terminate this agreement at any time due to illegal, uncontrollable, or dangerous action by the participant, unreported or previously unknown medical conditions. Prior injuries or for any other reason whatsoever if deemed necessary by ANASAZI to ensure the safety or welfare of the participant or of other participants, staff or other persons affected or potentially affected by the participant. At the sole discretion of ANASAZI, the participant may attend a subsequent expedition if the condition which caused the participant's termination from ANASAZI no longer exists.

**5.2** Termination by sponsor. The sponsor has the right to withdraw the participant from the program at any time.

**5.3** Liquidated damages. In the event of a termination prior to completion by either ANASAZI or the sponsor, the parties agree that the sponsor shall not be entitled to a refund of any amounts paid, nor shall there be a reduction in the obligation for basic charges or other expenses due from the sponsor. In the event the participant is removed from the program prior to the completion of the program, the non-refundability of payments made and the continuing obligation to pay any amounts due but not paid, reflects the recognition that certain costs associated with making the program available to the participant are incurred, whether or not the program is completed, including such items as salaries, inventories, and other general operating expenses. An allocation of actual costs incurred prior to termination is difficult or impossible to determine. Accordingly, the parties agree that the payment of the basic charges and other expenses due pursuant to this agreement are a reasonable estimate of the costs associated with the admission of the participant to the program, regardless of whether the program is completed or terminated, and are hereby agreed to constituted liquidated damages, and neither party shall have the right to any additional compensation or reimbursement in the event of a termination of the participant in an ANASAZI program.

**Part 6**
Miscellaneous

**6.1** Cost of collection: attorney's fees. The sponsor agrees to pay the cost of collection of any amounts due under this agreement, including reasonable attorney's fees.

**6.2** Jurisdiction: applicable law. The sponsor agrees to be subject to the jurisdiction of Arizona courts in any dispute between parties to this agreement. Moreover, the parties agree that the Arizona law shall govern this agreement.

**6.3** No waiver. Failure of either party to enforce any term or provision of the agreement shall not constitute or be construed as a waiver of such term or provision or the right to enforce it, if any provision of the agreement is construed to be overbroad as written, the remaining provisions shall remain enforceable according to applicable law.

**6.4** Disclaimer, sponsor acknowledges and understands that ANASAZI has made no representations or warranties with respect to the results which may be achieved from the participant's admission to the ANASAZI program. The complex makeup of each individual person combined with the extremely complex interpersonal relationships in a family make it impossible to predict or to guarantee any specific results from the ANASAZI programs.

**6.5** Entire agreement. Sponsor and ANASAZI hereby acknowledge that this agreement constitutes the entire agreement between the parties, any amendments or supplementary material shall not be enforceable unless in writing clearly referring to this agreement, and signed by the parties or their duly authorized representatives.

In witness whereof, the parties have executed this agreement as of the effective date stated above.

_____ _____
Participant Date

_____ _____
Sponsor Date

_____ _____
Authorized Representative of ANASAZI Date

ANASAZI
FOUNDATION

**CONSENT TO RELEASE INFORMATION FROM RECORDS**
** This form must be signed **

Participant's Name:_____ DOB:_____ Age:_____ Gender: ❒M ❒F
Parent(s)/Sponsor Name:_____ Phone:_____

Social Security Number:_____-____-_____ Approximate dates of treatment: _____

This consent is to release records to:

Medical Doctors and psychologists who are associated with ANASAZI
Accrediting and state licensing agencies – conducts reviews of ANASAZI
Your health insurance company – reviews chart for reimbursement (name): _____
Parent(s), Sponsor, other family members (name):_____
Other (e.g. school counselor, educational consultant): _____

I hereby authorize ANASAZI Foundation (hereafter, ANASAZI) to release information to the above-named individual(s). ANASAZI is hereby released from all legal liability that may arise from the release of the information requested.

The purpose of this disclosure is:
1) To allow the treatment team to review all information needed to complete treatment.
2) To allow accrediting and licensing agencies to review charts for compliance.
3) To allow insurance carriers to review charts for reimbursement.
4) To allow schools, counselors and/or consultants that you specify to receive information for transition of care.

Information to be released: (please check all that apply)

Adolescent alcohol abuse records: ❒
Adolescent drug abuse records: ❒
Adolescent mental health records: ❒

I understand that my records, with respect to alcohol and drug abuse, are protected under the federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I certify that this request has been made freely, voluntarily and without coercion and the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time except to the extent that action has already been taken to comply with it. Re-disclosure of my medical records by those receiving the above-authorized information may not be accomplished without further written consent. If I am currently receiving treatment from ANASAZI, I understand that this consent will automatically expire 60 days after the termination of treatment unless I express written revocation at an earlier date. If I am no longer receiving treatment from ANASAZI, on the date of the signature, this consent will automatically expire 60 days from the date of signature unless I express written revocation at an earlier date.

Dated this:_____ of 20___ _____
Participant's Signature

_____ _____
Witness Participant's Parent or Sponsor's Signature

This form is to be used in the event of a medical emergency.
Any re-disclosure or record of information by recipient is prohibited.

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**MEDIA RELEASE FORM**

Participant's Name:_____ DOB:_____ Age:_____ Gender: ❒M ❒F
Parent(s)/Sponsor Name:_____ Phone:_____

**Public**

I hereby give permission to the ANASAZI Foundation to video record, photograph, and/or audio record myself and my comments in a taped presentation to be recorded and shown for educational, marketing, and/or public relations purposes. I understand that under no condition will my name be released in affiliation with this presentation without my written permission and further know that if I am a minor, my legal guardian must also approve.

_____ _____
Participant's Signature Date

_____ _____
Parent's or Sponsor's Signature Date

_____ _____
Witnessed by Date

**Private**

I hereby give permission to the ANASAZI Foundation to video record, photograph, and/or audio record myself and my comments in a taped presentation to be recorded and presented on a private, password protected area of the ANASAZI Internet website(s). I understand that ANASAZI will not disclose the password or access codes to this area of the website to anyone without my written permission and further know that if I am a minor, my legal guardian must also approve. The purpose of this area of the website is to allow parents and/or other authorized persons to access multimedia presentations of the student while at ANASAZI.

_____ _____
Participant's Signature Date

_____ _____
Parent's or Sponsor's Signature Date

_____ _____
Witnessed by Date

ANASAZI
FOUNDATION

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

Participant's name:_____ Date:_____ Time:_____ AM/PM

I, _____ do hereby consent to any x-ray,
Name of Participant

examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to under the general or special instructions of

_____ or physician named by ANASAZI, when the
Name of Physician

need for such treatment is clear and when efforts to contact me are unsuccessful, whether such diagnosis or treatment is rendered at the office of a physician or at a licensed hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage ANASAZI and said physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain effective until the patient is discharged from ANASAZI.

_____ _____
Witness Participant

_____
Date

ANASAZI
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**ACKNOWLEDGEMENT OF RISKS / ACCEPTANCE OF RESPONSIBILITY**

Participant's Name:_____ DOB:_____ Age:_____ Gender: ❒M ❒F

Parent(s)/Sponsor Name:_____ Phone:_____

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the ANASAZI program activities, I certify that I am fully capable of participating in the program activities.

I assume full responsibility for myself, for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence.

I further understand that ANASAZI reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the program activities.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon us during the entire period of participation in the ANASAZI program activities.

_____ _____
Participant's Signature Date

_____ _____
Parent's or Sponsor's Signature Date

THIS FORM IS REQUIRED BY THE NATIONAL FOREST SERVICE AND BUREAU OF LAND MANAGEMENT

ANASAZI
FOUNDATION

**STUDENT RIGHTS, LIMITATIONS, AND EXCEPTIONS**

Participant's Name:_____ DOB:_____ Age:_____ Gender: ❒M ❒F
Phone:_____

Welcome to ANASAZI. The following information is provided in order that you are aware of your rights while a participant at ANASAZI.

ANASAZI is a private inpatient treatment program for youth. ANASAZI does not discriminate on the basis of race, creed, sex, color, or religious affiliation. All potential participants are admitted providing they are in good physical health and are not in the state of mind to place themselves or others in danger or otherwise at risk. ANASAZI does not accept minors without parental consent.

1. The right to treatment and services under conditions that support the client's personal liberty and restrict such liberty only as necessary to comply with treatment needs.
2. The right to an individualized written treatment plan, periodic review and reassessment of needs and revisions of the plan including a description of the services that may be needed for follow-up; and the right to participate in the treatment planning.
3. The right to freedom from restraint or seclusion. Restraint may only be used in situations where there is imminent danger that the client will injure self or others.
4. The right to a humane treatment environment that affords protection from harm, appropriate privacy and freedom from verbal or physical abuse
5. The right to be informed, in advance, of charges or services.
6. All clients receiving services in a licensed behavioral health service agency shall have a right to be free from unnecessary or excessive medication, and the right to refuse medication.
7. You have the right to confidential treatment of your admittance and medical records; information will not be released without your prior consent.
8. In order to help you in your therapy, your mail will be read by your ANASAZI therapists unless otherwise marked confidential.
9. You will be permitted to wear your personal clothing that ANASAZI asked you to bring.
10. No other personal belongings are allowed in the program except those listed in the pre-admission package.
11. You will be allowed to practice your religion.
12. For your protection, visits by people other than those directly related to your recovery are prohibited.
13. No tape recorders or cameras are allowed.
14. You will be expected to complete the program.
15. Due to inaccessibility of telephone lines, you will not have access to a telephone.
16. You have the right to voice opinion, recommendations, grievances in relation to policies and services offered by ANASAZI without fear of restraint, interference, coercion, discrimination or reprisal. ANASAZI grievance policies and procedures will be given and explained to client/parent/guardian at the time of admission.

OFFICE OF BEHAVIORAL HEALTH: 602/674-4300
DEPARTMENT OF ECONOMIC SERVICES: 602/542-3330
CHILD PROTECTIVE SERVICES: 602/266-0282

My signature denotes I understand the policy,

_____ Date: _____
Participant's Signature

## PERSONAL HEALTH AND MEDICAL HISTORY

Please explain "YES" answers and give all information needed to provide as safe and as full participation as possible. If you answer "YES" to any of the items listed in the Medical Information section, a release from your physician must be submitted prior to admission.

PARTICIPANT'S NAME:_____ DOB: _____ AGE: _____ GENDER: M / F

FAMILY PHYSICIAN: _____ PHONE:_____

### MEDICAL INFORMATION - PAST & PRESENT

(please check the appropriate boxes)

| | | | |
|---|---|---|---|
| ASTHMA | ❒ YES ❒ NO | HEART DISEASE | ❒ YES ❒ NO |
| LEUKEMIA | ❒ YES ❒ NO | DIABETES | ❒ YES ❒ NO |
| CONVULSIONS | ❒ YES ❒ NO | HIGH BLOOD PRESSURE | ❒ YES ❒ NO |
| CANCER | ❒ YES ❒ NO | HEMOPHILIA | ❒ YES ❒ NO |
| EPILEPSY | ❒ YES ❒ NO | SEIZURES | ❒ YES ❒ NO |
| ALLERGIES | ❒ YES ❒ NO | BEE STINGS | ❒ YES ❒ NO |

EXPLANATIONS: _____
_____
_____

If you answered YES to allergies, please specify what allergies (i.e.: Insect Bites, Plants, Foods, etc.): _____
_____
_____

### IMMUNIZATIONS

Tetanus Toxoid * _____ Polio _____ Mumps _____
Diptheria _____ Pertussis _____ Measles _____
Rubella _____

( * must be within last 5 years )

Describe any medications being taken currently or previously on a regular basis and the reasons:

MEDICATION DOSE ( ____ milligrams per day) DATE BEGAN REASON
_____
_____
_____

### SPECIAL INFORMATION

_____Is there any reason to restrict full activity including long hikes, backpacking, and other strenuous physical activities? ❒ YES ❒ NO List any conditions that would or might limit full participation: _____
_____

____Does your CHILD use any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures? ❒ YES ❒ NO If YES, please describe the special equipment:_____
_____

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**EQUIPMENT LIST**

**General REQUIRED Gear**

- ❑ ◆1 Pair of well-fitting, hiking boots (e.g., Vasque, Asolo, Soloman, Danner, etc., in the $100+ range)
- ❑ ◆ 1 Pair of River Sandals (e.g., Teva™, Chaco or equivalent, must be high quality -- $30+ range)
- ❑ 3 Pair of Light Cotton or Synthetic Blend Long Pants (cargo or hiking pants – NO HEAVY COTTON PANTS OR JEANS)
- ❑ 10 Sets of Personal Undergarments
- ❑ ◆ 10 Pairs of Hiking Socks (e.g., Thorlo, Smartwool, Fox River – NO ATHLETIC SOCKS)
- ❑ 8 Large Bandannas
- ❑ 1 Comb or Brush
- ❑ GIRLS: Personal Sanitary Supplies – Include enough panty liners for expedition (must arrive sealed)

◆ Your child will hike 80-120 miles during their expedition. In addition to the sheer volume of miles hiked, the expedition occurs over very rugged wilderness with often extreme weather conditions. Due to this combination of circumstances, it is of utmost importance that your child's feet be very well-taken care of.

**Additional REQUIRED Summer Gear (April – September)**

- ❑ 1 Pair of Sweat Pants
- ❑ 1 Lightweight Long-Sleeve Shirt
- ❑ 3 Short-Sleeve T-shirts
- ❑ 1 Brimmed Hat

**Additional REQUIRED Winter Gear (October – March)**

- ❑ 3 Pair of Sweat Pants
- ❑ 1 Long-Sleeved Fleece or Wool Sweater/Pullover
- ❑ 1 Hooded Sweatshirt
- ❑ 2 Long-sleeve T-shirts
- ❑ 1 Wool or Wool Blend Stocking Cap/Beanie
- ❑ 2 Pairs of Heavy-weight Wool Socks
- ❑ 3 Pairs of Thermal Underwear
- ❑ 1 Pair Simple Wool or Wool-blend Knit Gloves
- ❑ 3 Short-Sleeved T-shirts

- Please write child's name on all clothing items with a permanent marker.
- Sunglasses are NOT permitted.
- All clothing, hats, etc., need to be light colored, plain, without pictures or words.
- Due to sun exposure, do NOT send black or dark clothing.
- Any extra clothing or personal items may be put in storage while on the expedition.
- Do not bring expensive or sentimental items.
- Please bring only the items on this list. All other necessary gear will be issued by ANASAZI (e.g., sleeping bags, canteens, etc.)
- Suggested Retailers: Popular Outdoor Outfitters, REI, Wal-Mart, or your local outdoor outfitter or army surplus store. You can also go online at www.rei.com or www.popularoutdooroutfitters.com.

**Any items designated to be brought by parents that are not brought by parents will be provided by ANASAZI and then expensed to those parents.**

ANASAZI
FOUNDATION

**SOCIAL HISTORY**

INSTRUCTIONS: This packet should be completed by the Participant/Sinagua Walker.

PARTICIPANT'S NAME: _____ DOB: _____ AGE: _____ GENDER: M / F

## FAMILY INFORMATION

| RELATIONSHIP | NAME | AGE |
|---|---|---|
| MOTHER: | _____ | ___ |
| FATHER: | _____ | ___ |
| STEP-MOTHER: | _____ | ___ |
| STEP-FATHER: | _____ | ___ |
| GUARDIAN / OTHER: | _____ | ___ |
| GUARDIAN / OTHER: | _____ | ___ |

Please list all children in the family (including yourself) by birth order:

| | NAME | AGE | GENDER | STEP-SIBLING | LIVES AT HOME |
|---|---|---|---|---|---|
| 1 | _____ | ____ | M F | Y N | Y N |
| 2 | _____ | ____ | M F | Y N | Y N |
| 3 | _____ | ____ | M F | Y N | Y N |
| 4 | _____ | ____ | M F | Y N | Y N |
| 5 | _____ | ____ | M F | Y N | Y N |
| 6 | _____ | ____ | M F | Y N | Y N |
| 7 | _____ | ____ | M F | Y N | Y N |
| 8 | _____ | ____ | M F | Y N | Y N |

## RELATIONSHIPS

Please circle the response that best represents your perception of each relationship:

**1a.** Which of the following best describes the nature of the relationship between you and other family members? Please list siblings in the same order as in the table above.

| | GREAT | GOOD | AVERAGE | POOR | BAD | N/A |
|---|---|---|---|---|---|---|
| ❒ MOTHER | 1 | 2 | 3 | 4 | 5 | 0 |
| ❒ FATHER | 1 | 2 | 3 | 4 | 5 | 0 |
| ❒ STEP-MOTHER | 1 | 2 | 3 | 4 | 5 | 0 |
| ❒ STEP-FATHER | 1 | 2 | 3 | 4 | 5 | 0 |
| ❒ SIBLING 1 | 1 | 2 | 3 | 4 | 5 | 0 |
| ❒ SIBLING 2 | 1 | 2 | 3 | 4 | 5 | 0 |
| ❒ SIBLING 3 | 1 | 2 | 3 | 4 | 5 | 0 |
| ❒ SIBLING 4 | 1 | 2 | 3 | 4 | 5 | 0 |
| ❒ SIBLING 5 | 1 | 2 | 3 | 4 | 5 | 0 |
| ❒ SIBLING 6 | 1 | 2 | 3 | 4 | 5 | 0 |
| ❒ SIBLING 7 | 1 | 2 | 3 | 4 | 5 | 0 |
| ❒ SIBLING 8 | 1 | 2 | 3 | 4 | 5 | 0 |

Comments:

**1b.** Do any of these relationships contribute to your problems? If YES, please identify those relationships by checking the box next to the appropriate individual(s) in 1a.

**2.** Which of the following best describes the current relationship between your biological parents?

| GREAT | GOOD | AVERAGE | POOR | VERY POOR | N/A |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 0 |

Comments:

If the biological parents are divorced, please answer questions 3-5.

**3.** Is the FATHER remarried? YES NO
**4.** Is the MOTHER remarried? YES NO
**5.** Which parent is the CHILD currently living with? FATHER MOTHER OTHER

**6.** Briefly describe the marriage history of your parents.

**7.** Generally, what is the history of family relationships, challenges, or traumatic events?

**8.** Do any immediate family members have a history of substance abuse? YES NO
If YES please provide details.

**9.** Are you adopted? YES NO
If YES please describe the circumstance of the adoption (e.g., age when adopted, adjustment problems or successes).

For questions 10 - 11 consider the four peers/friends with whom you spend the most time.

**10A.** Which of the following best describes the nature of the relationship between your and your peers?

| | GREAT | GOOD | AVERAGE | POOR | BAD | N/A | GENDER | AGE |
|---|---|---|---|---|---|---|---|---|
| PEER 1 | 1 | 2 | 3 | 4 | 5 | 0 | M F | ____ |
| PEER 2 | 1 | 2 | 3 | 4 | 5 | 0 | M F | ____ |
| PEER 3 | 1 | 2 | 3 | 4 | 5 | 0 | M F | ____ |
| PEER 4 | 1 | 2 | 3 | 4 | 5 | 0 | M F | ____ |

Comments:

**10b.** What kind of influence is each peer on you?

| | GREAT | GOOD | AVERAGE | POOR | BAD | N/A |
|---|---|---|---|---|---|---|
| PEER 1 | 1 | 2 | 3 | 4 | 5 | 0 |
| PEER 2 | 1 | 2 | 3 | 4 | 5 | 0 |
| PEER 3 | 1 | 2 | 3 | 4 | 5 | 0 |
| PEER 4 | 1 | 2 | 3 | 4 | 5 | 0 |

Comments:

**10c.** Circle the context in which you and these peers interact.

| | SCHOOL | CHURCH | WORK | SOCIAL | NEIGHBOR | OTHER (please describe) |
|---|---|---|---|---|---|---|
| PEER 1 | 1 | 2 | 3 | 4 | 5 | 0 _____ |
| PEER 2 | 1 | 2 | 3 | 4 | 5 | 0 _____ |
| PEER 3 | 1 | 2 | 3 | 4 | 5 | 0 _____ |
| PEER 4 | 1 | 2 | 3 | 4 | 5 | 0 _____ |

Comments:

**11.** In general, what best describes how well you get along with peers/friends (excluding those identified in 10a - 10c) in each of the following:

| | GREAT | GOOD | AVERAGE | POOR | BAD | N/A |
|---|---|---|---|---|---|---|
| SCHOOL | 1 | 2 | 3 | 4 | 5 | 0 |
| CHURCH | 1 | 2 | 3 | 4 | 5 | 0 |
| SOCIAL ORGANIZATIONS | 1 | 2 | 3 | 4 | 5 | 0 |
| WORK | 1 | 2 | 3 | 4 | 5 | 0 |
| NEIGHBORHOOD | 1 | 2 | 3 | 4 | 5 | 0 |

Comments:

**12a.** Have you experienced any of the following traumatic events during the past two years? Please check all that apply.

- ❒ Death of a family member
- ❒ Death of a close friend
- ❒ Death of a pet
- ❒ Family relocation
- ❒ Parental conflict
- ❒ Divorce / Separation
- ❒ Major illness
- ❒ Sibling leaving home
- ❒ Other

Comments:

**12b.** If you answered YES to question 12a, what effect has/have the traumatic event(s) had on you?

| Minimal Disturbance | | Moderate Disturbance | | Extreme Disturbance |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

Comments:

**13.** Please describe the primary reason(s) or concern(s) that have led you to enroll in ANASAZI (please list in order of concern -- 1 being the greatest).

| AREA OF CONCERN | COMMENTS |
|---|---|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

## EMOTIONS

**14.** How tolerant are you to frustrating events?

| INTOLERANT | | AVERAGE | | TOLERANT |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**15.** What do you do to manage your frustration?

**16.** When you feel hurt or mistreated, how quickly do you become angry?

| QUICKLY | | AVERAGE | | SLOWLY |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**17.** What do you do to manage your anger?

**18.** To what extent do you express unfounded or unreasonable fears?

| OFTEN | | SOMETIMES | | NEVER |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**19.** What do you do to manage your fears?

**20a.** When you have been involved in serious misdeeds, do you express or exhibit feelings of guilt?
YES NO

**20b.** If YES, how are these feelings of guilt exhibited?

**21.** What best describes your general disposition over the past three months?

| UNHAPPY | | NORMAL | | HAPPY |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

## BEHAVIORS

**22a.** Are you taking psychotropic medications? (i.e. for behavior or mental health) YES NO

**22b.** If YES, please list the following: Name, dosage, reason prescribed, last dose.

**23.** SUBSTANCE ABUSE: For each of the following substances, please circle the number that best represents how frequently you use and how long the behavior has occurred.

| | NO USE | EXPERIMENT | MONTHLY | WEEKLY | DAILY | HOW LONG |
|---|---|---|---|---|---|---|
| TOBACCO | 1 | 2 | 3 | 4 | 5 | _____ |
| ALCOHOL | 1 | 2 | 3 | 4 | 5 | _____ |
| CANNABIS (marijuana) | 1 | 2 | 3 | 4 | 5 | _____ |
| AMPHETAMINE (speed, crystal) | 1 | 2 | 3 | 4 | 5 | _____ |
| COCAINE | 1 | 2 | 3 | 4 | 5 | _____ |
| HALLUCINOGENS (LSD, mushrooms) | 1 | 2 | 3 | 4 | 5 | _____ |
| INHALENTS (gas, glue) | 1 | 2 | 3 | 4 | 5 | _____ |
| OPIATES (derion, demerol) | 1 | 2 | 3 | 4 | 5 | _____ |
| PCP / RETALAR (angel dust) | 1 | 2 | 3 | 4 | 5 | _____ |
| SEDATIVES (sleeping pills) | 1 | 2 | 3 | 4 | 5 | _____ |

Comments:

**24.** Is the use of alcohol, tobacco, or other substances considered acceptable behavior in the home?
YES NO If YES, please explain.

**25a.** To what extent are you involved in gang-related activity?

| NO INVOLVEMENT | | MODERATE INVOLVEMENT | | SUBSTANTIAL INVOLVEMENT |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**25b.** If so, how many months has this activity continued? _____

**26a.** To what extent have you been involved in occult-related activity?

| NO INVOLVEMENT | | MODERATE INVOLVEMENT | | SUBSTANTIAL INVOLVEMENT |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**26b.** If so, how many months has this activity continued? _____

**26.** How many times have you been engaged in the following behaviors? (use specific numbers)

| | # OF TIMES | COMMENTS |
|---|---|---|
| HIGH RISK / DANGEROUS ACTIVITIES | _____ | _____ |
| SELF MUTILATION | _____ | _____ |
| THREATENED ASSAULT | _____ | _____ |
| TALKED ABOUT SUICIDE | _____ | _____ |
| PLANNED SUICIDE | _____ | _____ |
| ATTEMPTED SUICIDE | _____ | _____ |

**27.** Please indicate the extent to which you have been involved with the legal system. (use specific numbers)

| | # OF ARRESTS | COMMENTS |
|---|---|---|
| CURFEW VIOLATION | _____ | _____ |
| TRUANCY | _____ | _____ |
| POSSESION OF TOBACCO | _____ | _____ |
| POSSESION OF ALCOHOL | _____ | _____ |
| POSSESION OF DRUGS | _____ | _____ |
| DRUG TRAFFICKING | _____ | _____ |
| RUNAWAY | _____ | _____ |
| SHOPLIFTING | _____ | _____ |
| ROBBERY / BURGLARY | _____ | _____ |
| MOTOR VEHICLE THEFT | _____ | _____ |
| ASSAULT | _____ | _____ |
| DESTRUCTION OF PROPERTY | _____ | _____ |
| SEX OFFENSE | _____ | _____ |
| OTHER | _____ | _____ |

**29.** To what extent are you sexually active?

| INACTIVE | | SOMEWHAT ACTIVE | | HIGHLY ACTIVE |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**30a.** To what extent are you involved with pornography?

| NO INVOLVEMENT | | MODERATE INVOLVEMENT | | SUBSTANTIAL INVOLVEMENT |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**30b.** If so, how many months has this activity continued?_____

**31a.** Have you ever been physically or sexually abused? YES NO
If YES, please explain:

**31b.** Have you ever abused another person? YES NO
If YES, please explain:

**32a.** What activities does the family enjoy participating in as a group?

**32b.** Do you participate in family activities? YES NO
If NO, please explain:

## EDUCATION

For the following questions, please circle the number / descriptor that best represents you.

**33.** Are you attending school during the current academic year? YES NO
If NO, please explain:

**33.** What is the highest grade level you have completed?

| 6TH GRADE | 7TH GRADE | 8TH GRADE | 9TH GRADE | 10TH GRADE | 11TH GRADE | 12TH GRADE |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

College: Years attended _____

**34.** What best describes your most recent grades in school?

| A to B+ | B+ to B | B to C+ | C+ to C | C to D+ | D+ to D | D- or LESS |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**36a.** Has your educational performance ever significantly declined? YES NO

**36b.** If YES, at what point or grade level did your performance begin to decline?

| 6TH GRADE | 7TH GRADE | 8TH GRADE | 9TH GRADE | 10TH GRADE | 11TH GRADE | 12TH GRADE |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Year in College:

**37a.** Have you been diagnosed as having a learning disability? YES NO
Please list disability / disabilities:

**37b.** If YES, what measures were taken to facilitate your learning?

**38.** Which of the following statements best describes your attitude toward school?

| LOVES | LIKES | TOLERATES | DISLIKES | HATES |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**39.** Which of the following best describes your educational aspirations?

0 = DROPPED OUT OF SCHOOL PERMANENTLY
I = DROP OUT OF SCHOOL SOON
2 = GRADUATE FROM HIGH SCHOOL
3 = GO TO A VOCATIONAL/TECHNICAL SCHOOL FOR A WHILE
4 = GO TO COLLEGE FOR A WHILE
5= GRADUATE FROM VOCATIONAL/TECHNICAL SCHOOL
6 = FINISH COLLEGE
7 = COMPLETE GRADUATE SCHOOL (TO BE A DOCTOR, LAWYER, SCIENTIST, OR SIMILAR)

## TREATMENT HISTORY

For each of the following forms of treatment, please fill in the number of times you have tried and indicate (check) if the treatment was paid for (fee based) or free (non-fee based).

**40.** OUTPATIENT

| | # OF TIMES | FEE / NON-FEE | COMMENTS |
|---|---|---|---|
| INDIVIDUAL COUNSELING/THERAPY | _____ | _____ | _____ |
| SCHOOL COUNSELOR | _____ | _____ | _____ |
| GROUP THERAPY | _____ | _____ | _____ |
| FAMILY COUNSELING | _____ | _____ | _____ |
| ECCLESIASTICAL | _____ | _____ | _____ |
| DAY TREATMENT | _____ | _____ | _____ |
| ALCOHOL ANON / NA / CA | _____ | _____ | _____ |
| OTHER _____ | _____ | _____ | _____ |
| OTHER _____ | _____ | _____ | _____ |

**41.** INPATIENT

| | # OF TIMES | FEE / NON-FEE | COMMENTS |
|---|---|---|---|
| HOSPITALIZATION | _____ | _____ | _____ |
| RESIDENTIAL TREATMENT | _____ | _____ | _____ |
| HALF-WAY HOUSE | _____ | _____ | _____ |
| GROUP HOME | _____ | _____ | _____ |
| FOSTER CARE | _____ | _____ | _____ |
| OTHER _____ | _____ | _____ | _____ |
| OTHER _____ | _____ | _____ | _____ |

**42.** If you have received FEE BASED treatment (with a physician, therapist, counselor, etc.) or hospitalization, please provide the following information:

| NAME OF COUNSELOR | REASONS | DATES | OUTCOME |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**43.** If you have received NON-FEE BASED services or counseling (with a school counselor, ecclesiastical leader, etc.) please provide the following information:

| NAME OF COUNSELOR | REASONS | DATES | OUTCOME |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

## EMPLOYMENT HISTORY

**44.** Have you ever held a paid position (job)? YES NO
If YES, please provide the following information:

| JOB DESCRIPTION | BEGIN / END DATES | AGE | OUTCOME |
|---|---|---|---|
| _____ | _____ | ___ | _____ |
| _____ | _____ | ___ | _____ |
| _____ | _____ | ___ | _____ |
| _____ | _____ | ___ | _____ |

## RELIGIOUS INFORMATION

**45a.** Do your parents/family participate in religious activities? YES NO

**45b.** If YES, are you expected to participate? YES NO

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

Some families are particularly concerned about spiritual/religious life, if this is important to you, please answer questions 46 - 51. If this is not a primary concern, go to question 52.

For questions 46 - 51 please indicate what best describes your spiritual/religious activity.

**47.** Church attendance:

| LOW | | MODERATE | | HIGH |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**48.** Prayer:

| LOW | | MODERATE | | HIGH |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**49.** Reading (scriptures, religious materials):

| LOW | | MODERATE | | HIGH |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**50.** Compliance with religious expectations (Ten Commandments, dietary laws, etc.):

| LOW | | MODERATE | | HIGH |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

Please circle the number that best represents your attitude about the following:

**51.** Deity / God:

| NEGATIVE | | NEUTRAL | | POSITIVE |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**52.** Religious leaders / Clergy:

| NEGATIVE | | NEUTRAL | | POSITIVE |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

## OTHER INFORMATION

**53.** Please provide any other pertinent information that may assist ANASAZI in developing an individualized plan to help you. Feel free to use a separate piece of paper.

**ANASAZI** WILL KEEP ALL INFORMATION **STRICTLY CONFIDENTIAL**. THE INFORMATION WILL BE USED TO DEVELOP A PROGRAM PLAN DESIGNED TO BEST MEET YOUR NEEDS.
IF YOU HAVE ANY OTHER INFORMATION NOT COVERED IN THIS QUESTIONNAIRE THAT MAY BE HELPFUL IN UNDERSTANDING YOU, PLEASE CONTACT CHRIS WALLACE AT 480-892-7403.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS ASSESSMENT.