ANASAZI
FOUNDATION
turning hearts homeward

# SINAGUA

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

Rev. 3/04

## APPLICATION and ADMISSION Instructions for Sinagua Participants:

This packet includes an application form, medical release forms, and 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 or 1 (800) 678-3445

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

- ❑ Call the admissions office and schedule an admission date.
- ❑ Send or fax the completed and signed admission forms and information to the address below.
- ❑ Please include a recent photograph of yourself with the admission forms.
- ❑ The Insights from Interested Parties form is optional; have it 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 son or daughter 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 if necessary.
- Verify insurance coverage.
- Have a financial officer contact you for final financial arrangements.

## Please return materials to:

ANASAZI Foundation
1424 So. Stapley Dr.
Mesa, AZ 85204
voice: (480) 892-7403
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## 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.
- The parent seminar will be held Friday and Saturday following admission day. Come casual and ready to learn. You will have breaks and will be able to leave the building for lunch. Saturday's session will end between 4:30-5:00 pm.

## 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 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. You will need to read, sign, and return all forms to Anasazi 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 must be completed by a physician within three (3) days of admission. The physical can be conducted by your personal physician using the enclosed physical form or on day of admission at Deseret Family Medicine. Prior to admission, you must complete every question 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. 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 five years. If possible, get a booster shot before admitting.

Participation in the Anasazi program should not be considered if any of the following conditions exist:

**Extreme obesity** - which would 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.

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 should also fill out the enclosed Parent Health History form, but they do not need a physical exam.

Clinical

To help our clinical team ascertain how we can best help you, we ask that you fill out the Social History form which is part of the Enrollment Packet. In the first week of your trail experience, your 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 counselor.

Financial

The cost for the 42-day program is $435 a day, for a total of $18,270. Tuition covers all costs of the program for you and your parents, except for personal travel to and from Anasazi, replacement of lost or inadequate personal items, physical, and other medical needs as they arise. Insurance benefits may be available through your health insurance carrier. Our Financial Director will be in touch to make financial arrangements.

Participant's Commitment

All students are accepted on the condition of their commitment 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. Our Admissions Officer will work with you to schedule a specific time to arrive 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 instruct 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 each participant to leave behind anything that would harm him, 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 can spend time with you in a camp you have prepared for them. If they choose to come, our staff would drive them out the last Monday of your Walking; they would return to our Mesa office 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 in our office by 8:00 am on Monday morning. You will receive and send mail each Tuesday. Your letters will be taken by the counselor and mailed home on Wednesdays.

One of the great resources Anasazi offers to families is a two-day seminar held bi-weekly at our Mesa office; it is entitled "The Choice". The principles presented are based on teachings from The Arbinger Institute and focus on improving human relationships. Anasazi participants and their parents may attend as often as they like, free of charge, for up to one year after the trail experience. Extended family members can receive the discounted rate of $100, which includes textbooks and workbooks. Your parents are asked to attend on both Friday and Saturday following your Thursday admission. Seminars 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 or 1-800-678-3445.

Sincerely,

LuAnne Endres
Admissions Director

**ENROLLMENT FORM**
Rev. 3/04

**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:_____

Home Phone: _____ Work Phone: _____ Cell Phone: _____email_____

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 $435 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 PERSONAL INFORMATION**
** This form must be signed **

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

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

I hereby authorize release of information from ANASAZI Foundation (hereafter, ANASAZI) to the individual(s) listed below to enable staff to provide ongoing services. By signing this form, I am giving ANASAZI permission to use/disclose information about my specific needs and service plan in order to provide service. ANASAZI is hereby released from all legal liability that may arise from the release of the information requested.

This consent is to release information to those individuals and agencies listed below. This consent form is good for one year from the day of discharge:

Medical Doctors and Psychologists associated with ANASAZI
Accrediting and state licensing agencies – conducts reviews of ANASAZI
Parents and other family members
Your health insurance company – reviews chart for reimbursement (name): _____
Therapists, counselors, ecclesiastical leaders and/or other helping professionals.
Name: _____ Phone: _____ Name: _____ Phone: _____
Other (i.e. case managers, probation officers, educational consultant):
Name: _____ Phone: _____ Name: _____ Phone: _____

I hereby authorize ANASAZI Foundation (hereafter, ANASAZI) to release information
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 caregivers and family members to participate in the client's, treatment and aftercare services.
5) To allow schools, counselors and/or consultants that you specify to receive information for transition of care.

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 one year 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 90 days from the date of signature unless I express written revocation at an earlier date.

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

_____
Witness

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

ANASAZI
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**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
FOUNDATION

## PERSONAL HEALTH AND MEDICAL HISTORY

Please explain "YES" answers in detail, **circle** questions you do not know the answers to and provide all other information that might be important to your child's safe participation in the program. If you answer "YES" to any of the items below consent to participate signed by your CHILD's treating physician may be required prior to admission.

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

FAMILY PHYSICIAN _____ PHONE: _____

| | Yes | No |
|---|---|---|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | ❑ | ❑ |
| 2. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | ❑ | ❑ |
| Have you ever had a rash or hives develop during or after exercise? | ❑ | ❑ |
| 3. Have you ever been hospitalized overnight? | ❑ | ❑ |
| Have you ever had a surgery? | ❑ | ❑ |
| 4. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | ❑ | ❑ |
| Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | ❑ | ❑ |
| 5. Have you ever passed out during or after exercise? | ❑ | ❑ |
| Have you ever been dizzy during or after exercise? | ❑ | ❑ |
| Have you ever had chest pain during or after exercise? | ❑ | ❑ |
| Do you get tired more quickly than your friends do during exercise? | ❑ | ❑ |
| Have you ever had racing of your heart or skipped heartbeats? | ❑ | ❑ |
| Have you had high blood pressure or high cholesterol? | ❑ | ❑ |
| Have you ever been told you have a heart mummer? | ❑ | ❑ |
| Has any family member or a relative died of heart problems or of sudden death before age 50? | ❑ | ❑ |
| Have you had a severe viral infection (for example, myocarditis or monoucleosis) within the last month? | ❑ | ❑ |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | ❑ | ❑ |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | ❑ | ❑ |
| 7. Have you ever had a head injury or concussion? | ❑ | ❑ |
| Have you ever been knocked out, become unconscious, or lost your memory? | ❑ | ❑ |
| Have you ever had a seizure? | ❑ | ❑ |
| Do you have frequent or severe headaches? | ❑ | ❑ |
| Have you ever had numbness or tingling in your arms, hand, legs, or feet? | ❑ | ❑ |
| Have you ever had a stinger, burner, or pinched nerve? | ❑ | ❑ |
| 8. Have you ever become ill from exercising in the heat? | ❑ | ❑ |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity? | ❑ | ❑ |
| Do you have asthma? | ❑ | ❑ |
| Do you have seasonal allergies that require medical treatment? | ❑ | ❑ |

| | Yes | No |
|---|---|---|
| 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | ❑ | ❑ |
| 11. Have you had any problems with your eyes or vision? | ❑ | ❑ |
| Do you wear glasses, contacts, or protective eyewear? | ❑ | ❑ |
| 12. Have you ever had a sprain, strain, or swelling after injury? | ❑ | ❑ |
| Have you broken or fractured any bones or dislocated any joints? | ❑ | ❑ |
| Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | ❑ | ❑ |

*If yes, check appropriate box and explain below.*

| | | |
|---|---|---|
| ❑ Head | ❑ Elbow | ❑ Hip |
| ❑ Neck | ❑ Forearm | ❑ Thigh |
| ❑ Back | ❑ Wrist | ❑ Knee |
| ❑ Chest | ❑ Hand | ❑ Shin/Calf |
| ❑ Shoulder | ❑ Finger | ❑ Ankle |
| ❑ Upper arm | | ❑ Foot |

| | | |
|---|---|---|
| 13. Do you want to weigh more or less than you do now? | ❑ | ❑ |
| Do you lose weight regularly to meet weight requirements for your sport? | ❑ | ❑ |
| 14. Do you feel stressed out? | ❑ | ❑ |

15. Record the dates of your most recent immunizations (shots) for:

Tetanus _____ Measles _____

Hepatitis B _____ Chickenpox _____

**Females Only**

16. When was your first menstrual period? _____

When was your most recent menstrual period? _____

How much time do you usually have from start of the one period to the start of another? _____

How many periods have you had in the last year? _____

What was the longest time between periods in the last year? _____

**Explain "Yes" answers here**

_____

_____

_____

_____

_____

_____

# Physical Examination, Blood Test and current Tetanus Vaccination

Prior to enrollment in the ANASAZI Foundation, each participant must have a physical exam within three (3) days of admission. This physical can be completed by a family physician before admission or by a physician in Mesa, Arizona as part of our admission process. The following must be submitted to ANASAZI for participation clearance into the program:

(1) The results of the physical and blood test including physician's consent to participate using the attached physical form signed by the physician.

If obtaining physical BEFORE arriving at ANASAZI:

The physical exam must be performed by a licensed physician who is informed as to the physical demands of participating in ANASAZI (i.e. backpacking and hiking from 5 to 20 miles per week in various wilderness terrains, in a variety of elevations and temperatures with sun exposure, primitive living conditions, etc.)

Please give your written consent to your physician to immediately fax the physical and lab results to ANASAZI at 480.892.6701 for the participants continued participation.

If obtaining physical on DAY OF admission:

Please advise the admissions coordinator at ANASAZI to schedule the physical exam. The exam will be completed at:

Deseret Family Medicine
1425 S. Greenfield Rd.
Mesa, AZ 85206
480.981.3000
480.654.5761 (FAX)

If you have elected to arrange for the exam on the day of admission at Desert Family Medicine, there will be an additional charge for the physical is **$141 boys** and **$171 for girls**. Please make checks payable to ANASAZI Foundation. Our staff will transport your child to the doctor's office for the exam

NOTE: A written "consent to participate" from the child's personal physician may be required if there are any concerns about physical or medical conditions that might affect your child's participation in ANASAZI.

If you have any questions about the physical exam, please call or e-mail the admissions counselor at 800.678.3445 or info@anasazi.org

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Anasazi may require an additional blood test upon enrollment or during enrollment to verify de-toxification or weaning is complete.

# PHYSICAL EXAMINATION FORM

Name of Patient: _____ Date of birth: _____

Height: _____ Weight: _____ BP:_____ / _____

Lab: Urinalysis (Dipstick) Albumin: _____ Sugar: _____

Vision: Normal ❑ _____ Glasses ❑ _____ Contacts ❑ _____

Hearing: Normal ❑ _____ Abnormal ❑ _____

## BLOOD LAB WORK RESULTS

Tetanus Toxoid: _____ Pregnancy Test: _____ Drug Screen: _____

CBC: _____ SMAC20: _____

| | Normal | Abnormal Findings | Initials* |
|---|---|---|---|
| **Medical** | | | |
| Appearance | | | |
| Eyes/Ears/Nose/Throat | | | |
| Lymph nodes | | | |
| Heart | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitalia (males only) | | | |
| Skin | | | |
| **Musculoskeletal** | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Foot | | | |

*Station-based examination only

**Patient plans to participate in physical activities including backpacking and hiking 5 to 20 miles per week over a 6 week or longer period in remote areas in a variety of terrains, temperatures and elevations.**

**CLEARANCE**

- ❑ **Cleared to Participate, patient may be provided "over-the-counter" medications for pain, allergies, gastrointestinal and asthma attacks if needed.**
- ❑ **Cleared after completing evaluation/rehabilitation for: _____**

_____

- ❑ **Not cleared for: _____ Reason: _____**

**Recommendations:**_____

_____

Signature: _____ Date: _____

Print Name: _____ M.D. /D.O./ DC*/NP/PA

Accompanied by: _____

Address: _____ Phone: _____

City/State/Zip: _____

**Confidential & Privileged**
Professional use only.
Not to be published, released or passed on without written permission

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.

NOTE: Parent Information for the trail experience

ANASAZI
FOUNDATION

**PARENT PERSONAL HEALTH AND MEDICAL HISTORY**

At the end of the ANASAZI experience, parents will have the opportunity to spend 3 days and 2 nights with their child in the wilderness. In order to ensure safe and full participation, please fill out the following information.

Child Name:_____

Parent Name:_____ Age: _____

Gender: _____ Height:_____ Weight:_____

Family Physician:_____ Phone: _____

**MEDICAL INFORMATION**

Do you currently experience or have a history of any of the following:

| | | | | | |
|---|---|---|---|---|---|
| Asthma | Yes ❑ | No ❑ | Arthritis | Yes ❑ | No ❑ |
| Heart Disease | Yes ❑ | No ❑ | Headaches | Yes ❑ | No ❑ |
| Diabetes | Yes ❑ | No ❑ | Back Problems | Yes ❑ | No ❑ |
| High Blood Pressure | Yes ❑ | No ❑ | Other: | Yes ❑ | No ❑ |
| Cancer | Yes ❑ | No ❑ | _____ | | |
| Seizures | Yes ❑ | No ❑ | _____ | | |

**ALLERGIES**

Please indicate any allergies to food, medication, plants or insects (including Bees):

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

**MEDICATION**

Describe prescription and over-the-counter medications currently being taken.

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

**RECOMMENDATIONS**

- Current Tetanus Toxoid immunization
- Several weeks prior to your ANASAZI experience, we suggest physical preparation such as hiking and walking.
- Many people in the outdoors get dehydrated. Dehydration can be prevented by consuming enough water to replace fluids lost (through perspiration, respiration and urination) and by eating salty foods. Begin drinking prior to the trail experience.
- If you have any questions or concerns please contact our nurse at (480) 892-7403.

Parent Signature:_____ Date: _____

ANASAZI
FOUNDATION

*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:_____

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

ANASAZI
FOUNDATION

**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

# GRIEVANCE PROCEDURE - CONSUMER OR FAMILIES

Policy Number: G-102

This policy is to provide consumers and/or families with a means to grieve alleged violations through a four-step grievance procedure. Consumers and/or their families are encouraged to utilize the organization's Grievance Procedure prior to consulting with external organizations about the grievance. Conversely, external organizations are encouraged to refer the consumer and/or families to ANASAZI FOUNDATION to utilize their Grievance Procedure prior to involvement by an external organization.

PROCEDURE: At any step in this procedure, the consumer may request the assistance of any person of their choice in presenting the problem.

Step I: When a problem arises, the consumer is encouraged to problem solve that difference with the therapist/Shadow (In the event the problem is with the Therapist/Shadow and cannot be resolved, the Clinical Director should be notified). If the consumer does not receive a prompt answer or not satisfied with the answer, Step II may be initiated.

Step II: To initiate this part of the procedure, the consumer should make a call to speak with or make an appointment to meet the Clinical Director. The Clinical Director will respond to the grievance in writing within 7 working days from the receipt of the grievance. If the consumer is not satisfied with the response, Step III may be initiated.

Step III: At this level the Clinical Director will arrange a meeting between the Administrator, the complainant and anyone who may have been involved. The Administrator will respond in writing within 7 working days from the first meeting.

Step IV: Grievances unable to be resolved by the Administrator may be submitted to Office of Behavioral Health Licensure.

| | |
|---|---|
| **Office of Behavioral Health Licensure**, 1647 E. Morten Ave., Ste. 240, Phoenix, AZ 85020 | 602/674-4300 |
| **Division of Behavioral Health Services**, 2122 E. Highland Ave., Ste. 100, Phoenix, AZ 85016 | 602/381-8999 |
| **DHS – Office of Human Rights**, 2122 E. Highland Ave., Ste. 465, Phoenix, AZ 85016 | 602/474-9160 |
| **Department of Economic Services**, P.O. Box 6123, Site Code 076A, Phoenix, AZ 85005 | 602/495-1308 |
| **Adult Protective Services**, 1122 N. 7 St., Phoenix, AZ 85006 | 602/255-0996 |
| **Child Protective Services**, 10640 N. 28 Dr., Phoenix, AZ 85029 | 602/266-0282 |

My signature denotes I have received and understand this policy.

| _____ | _____ | _____ |
|---|---|---|
| Participant's Signature | Parent's Signature | Date |

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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

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**EQUIPMENT LIST**

**General REQUIRED Gear**

- ❑ ♦1 Pair of well-fitting, hi-top 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
- ❑ 1 Hooded Sweatshirt
- ❑ ♦10 Pairs of Hiking Socks (wool or polypropylene 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
- ❑ 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 (silk or fleece)
- ❑ 1 Pair Simple Wool or Wool-blend Knit Gloves
- ❑ 3 Short-Sleeved T-shirts

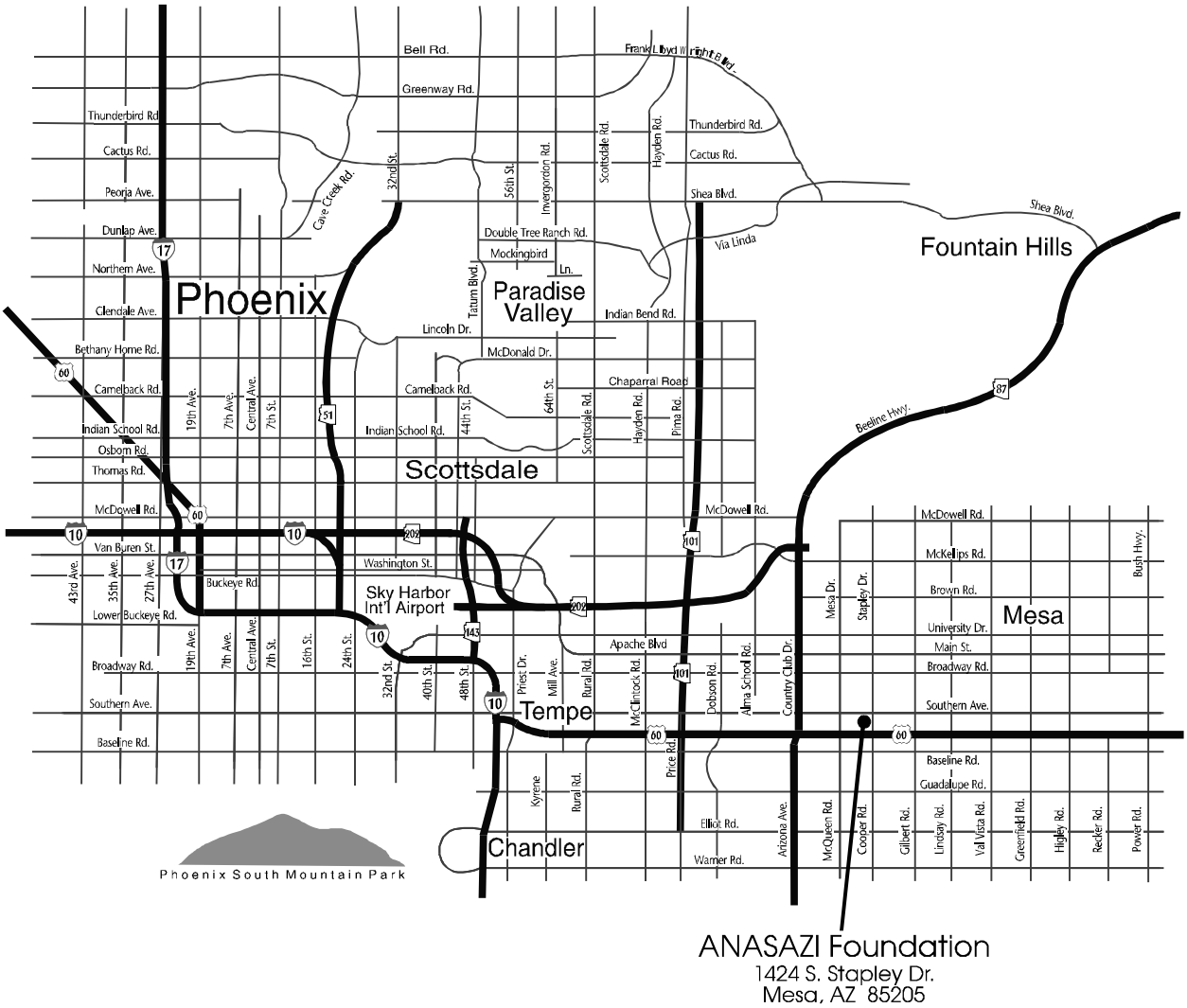
- Please write child's name on all clothing items with a permanent marker.
- Sunglasses are NOT permitted.
- All clothing, hats, etc., need to be light colored, plain, without pictures or words.
- Due to sun exposure, do NOT send black or dark clothing.
- Any extra clothing or personal items may be put 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 parents.**

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# REFERENCE LIST

| | | | |
|---|---|---|---|
| **Arizona** | | | |
| James & Jackie Daniels | Daughter | 2001 | 623.825.0494 |
| Jay & Andrea Edwards | Son | 2002 | 480.649.0925 |
| Stacy Hall | Son | 2001 | 480.664.1682 |
| Joe & Marcene Harris | Son | 2002 | 480.981.2726 |
| Bob & Diana Hunt | Daughter | 2003 | 480.609.1060 |
| Bill & Donna Krah | Son | 2001 | 480.632.9166 |
| Kurt & Sally Manning | Daughter | 1999 | 480.380.4119 |
| Larry & Karen Marchetti | Daughter | 2003 | 480.634.1025 |
| Ron & Darlene Massey | Son | 2001 | 480.832.4285 |
| Ron & Carol Myers | Daughter | 2001 | 480.329.2107 |
| Dean & Virginia Robinson | Multiple | 1992 | 480.813.8434 |
| **California** | | | |
| Dawn Anderson | Daughter | 2001 | 714.870.4436 |
| Ina Bendis | Daughter | 1994 | 650.964.4965 |
| Richard & Emily Ellsworth | Multiple | 1994 | 661.722.3236 |
| David & Doreen Gaines | Multiple | 2001 | 925.449.5815 |
| Ron & Alexandria Heinzen | Multiple | 2003 | 209.478.3738 |
| **Colorado** | | | |
| John & Rebecca Farley | Son | 1997 | 719.481.2364 |
| James & Robey Frasche | Multiple | 1994 | 303.761.6414 |
| Steven Mills | Son | 2002 | 970.641.6259 |
| Scott Deborah Pann | Daughter | 2001 | 719.481.9745 |
| **Florida** | | | |
| Tom & Gloria Lochrane | Daughter | 1996 | 407.682.1105 |
| **Georgia** | | | |
| Stephen & Debra Shockley | Daughter | 2003 | 706.650.1280 |
| **Idaho** | | | |
| Stephen & Betty Call | Son | 1996 | 208.547.4646 |
| Randall & Melinda Reese | Daughter | 2002 | 208.356.5725 |
| **Illinois** | | | |
| Dave & Monica Threlkeld | Son | 2003 | 618.235.3802 |
| **Indiana** | | | |
| Tom & Susan Blaising | Son | 2003 | 260.627.2317 |
| **Nevada** | | | |
| Lee & Gayla Syphus | Son | 1995 | 702.870.5335 |
| **New York** | | | |
| Michelle & John Kiely | Son | 2003 | 301.610.0295 |
| **New Jersey** | | | |
| Perry & Sinneka Frantzman | Daughter | 2003 | 973.838.2332 |
| Chester & Heidi Elton | Son | 2003 | 908.273.3302 |
| **North Carolina** | | | |
| Carol Sams | Son | 1997 | 336.644.6319 |
| Greg Close | Son | 1995 | 704.365.8511 |
| **Ohio** | | | |
| Roberto Santos | Son | 2001 | 614 / 846-7024 |
| **Oregon** | | | |
| Renato & Barbara Caselli | Son | 2001 | 541.552.0990 |
| Lori Rankin | Multiple | 2001 | 503.534.0982 |
| Dave & Mary Mccolloch | Multiple | 2003 | 503.699.6196 |
| **Pennsylvania** | | | |
| Edward and Diane Ziegman | Daughter | 2001 | 215.491.1173 |
| Sue Yatsky | Son | 2002 | 215.340.1217 |
| **South Carolina** | | | |
| Diane Waldrep | Son | 1996 | 864.299.6169 |
| Gerald and Faye Long | Son | 1996 | 803.932.0542 |
| **Tennessee** | | | |
| Susan Griego | Daughter | 2002 | 865.599.1547 |
| Dan & Debra Norwood | Son | 2001 | 901.624.9035 |
| **Texas** | | | |
| William & Savonya Haston | Son | 2001 | 713.320.3794 |
| David & Arlene Houke | Son | 2002 | 830.896.6372 |
| John & Linda King | Daughter | 2001 | 915.351.2550 |
| Bjarte & Jeri Moe | Son | 2002 | 512.657.4950 |
| **Utah** | | | |
| Sheryl Olsen | Daughter | 1999 | 801.224.9416 |
| Fernando & Monica Silva | Multiple | 2001 | 435.658.5318 |
| Russell & Jil Taylor | Son | 2001 | 801.225.8112 |
| Jim & Roberta Magarrell | Son | 2002 | 801.375.4880 |
| Greg & Annie Link | Son | 2003 | 801.756.2100 |
| Mike & Kay Quealey | Son | 2003 | 801.484.1620 |
| Merlin & Sofia Carpenter | Son | 2002 | 801.226.5453 |
| **Virginia** | | | |
| Jim & Therese Eskew | Son | 2003 | 703.323.8877 |
| **Washington** | | | |
| Mark & Margaret Bauer | Son | 2002 | 509.965.2599 |
| Cere Demuth | Son | 2002 | 360.378.3322 |
| Kory & Shirley Morgan | Son | 1997 | 360.604.5687 |
| Rick & Lydia Smith | Son | 2002 | 360.709.0136 |
| Rick & Jolyn Farrer | Son | 2003 | 509.346.2191 |




## Hotels in the Mesa Area

Rates may vary according to month and availability.
Reservations should be made well in advance.
All hotels listed are within a few miles of the ANASAZI offices.
Area Code (480)

| | | |
|---|---|---|
| *Marriott Courtyard** | | |
| 800-835-6205 | 1221 S. Westwood | 461-6034 |
| | Contact Mark Prudhomme | |
| Best Western | | |
| 800-528-1234 | 250 W. Main | 834-9233 |
| | 1625 E. Main | 964-8000 |
| | 1342 S. Power | 641-1164 |
| *Country Inn & Suites** | | 641-8000 |
| 800-456-4000 | 6650 E. Superstition Springs | |
| *Days Inn | | |
| 800-325-2525 | 333 W. Juanita | 844-8900 |
| | 5531 E. Main | 981-8111 |
| *Hampton Inn | | |
| 800-426-7866 | 1563 S. Gilbert | 926-3600 |
| Hilton | | |
| 800-445-8667 | 1011 W. Holmes | 833-5555 |
| *Holiday Inn | | |
| 800-465-4329 | 1600 S. Country Club | 964-7000 |
| Motel 6 | | |
| 800-466-8356 | 1511 S. Country Club | 834-0066 |
| | 336 W. Hampton | 844-8899 |
| Sheraton | | |
| 800-325-3535 | 200 N. Centennial Way | 898-8300 |
| Super 8 | | |
| 800-800-8000 | 1550 S. Gilbert Rd. | 545-0888 |

*Ask for special ANASAZI rate
** Shuttle Service
Airport Shuttle Service – SuperShuttle 602-244-9000