ANASAZI
FOUNDATION
turning hearts homeward

ADMISSIONS

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

APPLICATION and ADMISSION instructions:

This packet includes an application form, medical release forms, confidential medical and social history forms. An Interstate Compact Form 100-A will be completed and ready for your signature upon admission. 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 or fax the completed and signed admission forms and information to the address below. If necessary, ANASAZI staff can obtain student signatures here in our office on admission day.
- ❑ Please include a recent photograph of your child with the admission forms.
- ❑ Contact a financial officer at ANASAZI and make financial arrangements.
- ❑ Have the Insights from Interested Parties completed and forwarded to ANASAZI at the address below at any point during the program. (Optional)
- ❑ Inform and prepare your child emotionally to enter the ANASAZI program (see "How to Tell Your Child About Coming to ANASAZI located at the end of this packet)
- ❑ Please plan to accompany your child on admission day and attend the parent orientation that afternoon and the parenting seminar on the following two days (Friday and Saturday).

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 S. Stapley Dr.
Mesa, AZ 85204
480.892.6701 (FAX)

ADMISSION DAY - instructions and agenda:

Because this will be an important day for your child, 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.
- Plan to accompany your child on admission day.
- Upon arrival, a Trail Walker will greet your child at the front step and stay with him / her throughout the admissions process. This is the time to say goodbye to your child.
- Thursdays are a full day for the parents. The parents will meet with the Admission Director for a short orientation, a Financial Officer for financial arrangements, the Clinical Director and Therapist (Shadow). A Parent Orientation / Program Overview will be held from 3:00 to 5:00 p.m.
- You will have a second opportunity to meet with your child's shadow during the next two days.
- 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. The cost of tuition includes two family members for the seminar; if there are additional immediate family members, there is a $100 per person charge.

  Suggested preparation for "The Choice" Seminar: Read Leadership and Self Deception by Arbinger Institute. You may purchase this book online at www.arbinger.com or through a leading bookseller.

Discharge agenda

- Monday arrive at the office at 8:00 a.m. for a brief review and orientation
- Wednesday return to the office for discharge. Discharge consists of meeting with Alumni services and a brief exit interview. Because we cannot guarantee your time of arrival back from the trail, please do not make flight arrangements until at least Thursday.

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 / rental cars are available at the airport.

There are many hotels located close to the ANASAZI offices. Please see the list at the back of this packet 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 Parents,

We understand that seeking help for a child can be very difficult, especially when the need falls into your life with urgency. The Admissions Department at Anasazi wishes to do all it can to help facilitate the Enrollment process for your family. This letter will explain the enrollment requirements and process, necessary preparations to make and what you and your child will experience upon arriving at Anasazi.

I. Enrollment Requirements and Process

In ascertaining whether Anasazi is a good match for your family and that your child is a good candidate for an Anasazi Walking there are four key areas that our enrollment packet addresses: Family Involvement, Clinical appropriateness, Medical soundness and Financial arrangements. The requirements for admissions have been developed over years of experience. We consistantly have found that exceptions compromise the quality of the Anasazi Expereince.

1. Family Involvement

Much of the success of treatment at Anasazi depends upon the commitment of parents to be involved in the "walking" of their child. Parent involvement includes:

Orientation and Intervention Training

We ask that parents accompany their child upon admission on Thursday morning. Children will leave from the office in the late afternoon for the "trail." Parents attend a Thursday 5:00 pm orientation and parent intervention trainings both Friday and Saturday 9:00 am - 5:00 pm at our office.

We require parents to attend the seminars the same weekend that their child begins the program. The information presents powerful tools vital to helping things go right after the student is off the trail. The time while a child is on the trail is time for parents to be learning, practicing and implementing these new ideas so that they can help their child sustain the changes made on the trail. Other family members are also encouraged and invited to attend the seminars at a discounted $100 per person rate.

Letters

We encourage you to write to your son or daughter often, at least weekly. Please send your letters by email, post or fax so they arrive by Friday. Your child will receive and send mail each Wednesday. Mail is restricted to family members unless you and the counselor agree that there are others who could assist in your child's progress.

Weekly Sessions with Shadow

A weekly session with the student's Shadow is two-fold in purpose. First, it serves as a forum to discuss the student; concerns, progress, challenges and successes. It also serves to further the ideas presented in the intervention trainings to prepare parents to receive their child back into the family. We have found that parents can truly contribute to the success their child will experience on the trail and afterwards by the level of their commitment and openness.

Lone Walk

Parents have the unique opportunity to spend the last three days and two nights of the program with their child on the trail. It is a chance for parents to understand a small portion of their child's experience, to allow parents and children to resolve past issues and set goals for the future. At the end of this tender and sacred time, the family returns from the wilderness to the "world" together.

Please note that required hiking is minimal for parents and we can be very accommodating to parents' health needs. Additionaly, we are able to be flexible with various family situations. Ideally, all caregivers will be involved in all aspects of their student's experience; in all cases at least one person is required. In seeking the child's best interest, seminars, phone calls, and lone walk time can be staggered between parents. If there is a joint custody agreement, both parents signatures must be on the Admission Agreement and the Consent for Emergency Medical forms. A copy of the divorce agreement may be requested to ascertain custody status.

2.Clinical Screening

Anasazi's Clinical Director will review the "Social History" portion of the enrollment packet to assess the appropriateness of placement and to match an Anasazi counselor (Shadow) with the family. Anasazi cannot accept students who have displayed any extreme signs of violence or aggression, particularly outside the home, with a weapon or sexual perpetration.

3.Medical Screening

In order to ensure that we can keep students safe in the Anasazi Walking, a careful medical screening takes place before admission. Participation in the Anasaszi program should not be considered if any of the following conditions exist: any history of seizures, diabetes, life-threatening allergies, dependency on psychotropic medications, severe over or under weight issues and any other physical or medical conditions that may interfere with hiking and camping. Anasazi's Medical Director will contact parents before admission to discuss any medical concerns.

Anasazi maintains a policy of no psychotropic medication on the trail to ensure the safety and effectiveness of the program for each participant. While staff are trained and medical personnel are on-all 24 hours a day, hydration and blood levels cannot be monitored carefully enough in a remote outdoor setting to safely administer medications. Additionally, we like to see what progress the students can make in a simple, controlled environment without medication. Parents will need to work with their prescribing physician to determine whether students need to be weaned from medications or whether they can be stopped immediately prior to admission.

4.Financial Screening

All financial arrangements must be made in advance including insurance pre-approval, scholarship applications, and securement of student loans. Tuition covers all costs of the program. Parents are responsible for transportation to and from the participant's home to the Anasazi office, parent's lodging, replacement of lost or inadequate personal items and medical needs as they arise. All fees are due upon admission.

II.How to Prepare to come to Anasazi

Parents responsibility to maintain close contact with Admissions staff.

1.equipment list

2.flights / maps / hotels / rental cars

3.time off work
4.telling your child

III.To Expect
1.greeted by staff
2.goodbyes
3.agenda for child
4.agenda for parents

HOW DO I ENROLL MY CHILD?

Anasazi accepts new students every other Thursday throughout the year. A limited number of new admissions are accepted for each session; spaces are held on a first come, first serve basis according to the receipt of enrollment packets. Prior to acceptance for admission, an enrollment packet must be completed by parents and reviewed by Anasazi in a four step screening process. While it is preferable to have enrollment packets submitted with plenty of advance notice, we understand that often the need for intervention falls into a families life with urgency and we will make emergency accommodations on a space-available basis. Enrollment packets are available for download from our website or can be mailed or faxed to you. *(Online enrollment soon)*

Once an enrollment packet is submitted, it will be reviewed by the Medical, Clinical, Financial and Admissions departments at Anasazi. Our Medical Director will contact parents regarding any possible medical concerns including: any history of seizures, diabetes, life-threatening allergies, dependency on psychotropic medications, severe over or under weight issues and any other physical or medical conditions that may interfere with hiking and camping. The Clinical Director will review the "Social History" and screen students for any extreme signs of violence or aggression, particularly outside the home or with a weapon. The Admission Director will verify that all paperwork is in order, that parents understand their commitment and that a specific admission date is set.

WHAT IS THE ICPC FORM AND IS IT NECESSARY?

The purpose of the ICPC is to protect parents and their child. All 50 states have an ICPC as a law and that agency works with their state's behavioral health licensing agencies to assure parents that the program that they are considering is licensed and will protect and help their child. The Arizona Law requests that no child can be sent to an agency in
Arizona from another state without approval from that state.

The ICPC form does not need to be filled out by those living in Arizona or for students age 18 and over.

Included in the Admissions Packet is Form 100-A. In the "To" box at the top left the following information should be written:

Ruby Pittman - ICPC - 030C - 1
Arizona - D.E.S.
3225 N. Central Ave., 10th Floor
Phoenix, AZ 85012

In the "From" box at the top right your the address for your state's ICPC office should be written.
Link to list of ICPC addressed by state.

In Section I parents are the "agency or person responsible for planning for child" as well as "financially responsible for child".

In Section II, Anasazi Foundation is the "facility child is to be placed with" at 1424 S. Stapley Dr., Mesa, AZ 85204 and phone number 800-678-3445. As "type of care," Anasazi is considered a "residential treatment center". The "legal status" is Parent Relative Custody/Guardianship".

The only thing that needs to happen in Section III is to sign as the "sending agency or person."

Nothing needs to be marked by you in Section IV.

A copy can be mailed or faxed to your state's address with a cover letter asking them to sign your document and fax a copy to the Arizona agent Ruby Pittman at 480-602-351-2271.

HOW DO I TELL MY CHILD?

We know that one of the first hills to climb in helping your child is how to tell them about coming to Anasazi. We offer the following as a guide for what can be a challenging issue.

We've found that the more a child knows before they come, the better prepared they are to engage in the program immediately, allowing them to make the most of their experience and decreasing the chance that they would need to stay longer than six weeks. However, this is not always possible, especially if there is a fear that the child would "run" if they knew. Some parents choose to tell their children en route. Some have even needed to have the help of an escort service. This we would recommend only if there is a serious threat to the child's life by not getting them into the program immediately. Because each child's situation is so different, we leave it to parents' wisdom to decide how and when to tell their child with the requirement that they are the ones to tell their child.

We recognize it's very difficult, but the more open and truthful you can be will set a trusting foundation for this new "walking" in which your family will participate. While it is important for your child to know that your motivation for having them attend Anasazi is love, it is not effective to try to explain the specific reasons you're sending your child. It too often turns into a litany of the child's bad choices which only tends to heighten the resistance and poor relationship between you and your child.

We advise that you should approach Anasazi as a gift not as a punishment and speak to your child as such. It will be a difficult experience but we have never seen anyone regret going. For everyone involved it's a positive, life-changing adventure, a chance to leave the old behind and begin anew. It is also important for your child to know that this is not a program in which you're sending them to be "fixed" but a chance for your whole family to have a fresh start. It may be helpful for them to understand that you as parents will be working and changing as well.

A commitment like this is understandably scary for a child at first, but we do everything possible from the minute they walk in the door to help them feel safe. Our staff is excellent and here because they are committed to serving these children and living exemplary lives both on and off the trail. Loving and serving these children doesn't mean indulging them or allowing them to be manipulative but honoring their agency and seeing them not as an object to be fixed but a person with hopes, dreams, and fears as real as their own.

Some brain-stormed ideas about letting your child know: Have a trusted friend or family member help. Shop with him for new hiking boots. Have a heart-to-heart talk. Take out pictures of you together in happier times. One family threw a neighborhood farewell party, celebrating their decision. One family let the probation officer be the "bad guy" by offering this as an alternative to court. Let them watch the video with you. Show them the website. Telephone numbers of alumni can be provided upon request for you or your child to call. Staff members including the Admissions Director and Ezekiel Sanchez, one of our founders, would be happy to speak to your child.

-> Link to J Brown's story. . .

Ask anyone who has been on the Anasazi trail before, and they will talk of the special spirit they feel out in the Arizona desert. I know my Mom does. She talks of the the good spirit she felt when attending an Anasazi family camp with my father and my little brother.

There was a time in my life when she worried very much about my well-being, and she had good reason to worry. After several months of painful, anguished pleas in coaxing me to change my Mother remembered of the special spirit she had felt on the Anasazi trail and it dawned on her that maybe Anasazi was the something I needed.

She came to my bedside one evening, as she usually did, and she made a speaking from her heart that I will never forget.

She said," I know that you want to be happy, and that's why you keep searching for it, but I don't think you've had a fair chance to know what real happiness is. Sure, you've been offered everything the world has to offer, but I don't think the world offers true happiness, and I want you to at least have a fair chance to know what true happiness is.

I want you to go to Anasazi, because I believe you will find a happiness there that the world can't offer, but a happiness that God can offer. Then after you've been shown both sides you can choose for yourself. Please take this chance; you'll never know unless you do."

I don't know if what she said was a deciding factor in me going to Anasazi or not, but I do know that what she said was burned into my heart forever.

WHAT HAPPENS ON ADMISSION DAY?

Admissions are held year round, every other Thursday. We ask that parents set a specific time with the Admissions Director between 8:00 am -10:00 am to arrive at the office with their student. Families will be greeted by a staff member who will stay with the student throughout the day's activities. Students and their gear are taken upstairs while parents meet with the Admissions and Financial Director on the main floor to make sure all paperwork and finances are in order.

Parents stay at the office for just about 30 minutes and then are free to go until the evening Orientation at 5:00pm. We ask parents to consider where and when to say their goodbyes to their child. It is best not to have parents linger too long.

The Orientation is held in the upstairs conference room and is an opportunity for parents to learn about Anasazi's history, the Anasazi Way, and what their child's first week will be like. Alumni students are invited to attend this meeting so that parents may ask firsthand questions of them.

Throughout the admissions day, students will meet with the Clinical Director, the Nurse, the Education Specialist, the Admissions Director, have a physical at the Doctor's office, and importantly, a last pizza lunch. Students and staff leave for "the field" about 3pm.

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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: _____

Divorced ❒ YES ❒ No Who has legal custody ? _____

With whom does the CHILD usually live? _____ Phone: _____

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

Height: _____ Weight: _____ Social Security Number: _____-_____-_____ Grade: _____ Eye Color: _____

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

Referred by: _____ Address: _____ Phone: _____

School: _____ Name of Counselor: _____ Phone: _____

School Address: _____

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: _____

ANASAZI
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ADMISSION AGREEMENT

Child's Name: _____ Birth Date: _____

Date of Admission: _____

County & State of Execution: Maricopa, Arizona

Parent / Guardian:_____ Parent / Guardian: _____

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 Legal custodian. The sponsor represents and warrants that the sponsor (singly or collectively) is the parent or legal guardian of the participant, and as such is the legal custodian of the participant with the right and authority to admit the participant into the ANASAZI program.

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, 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 $405 per day. On the date of this agreement, 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.

_____	_____
Signature of Sponsor (Father / Guardian)	Date
_____	_____
Signature of Sponsor (Mother / Guardian)	Date
_____	_____
Authorized Representative of ANASAZI	Date

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CONSENT TO RELEASE PERSONAL and CONFIDENTIAL INFORMATION
** This form must be signed **

Participant's/Patient Name: _____ DOB:_____ Age:_____ Gender: ☐M ☐F

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

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

I/WE hereby authorize and consent to the release of personal and confidential psychological, medical, therapeutic and academic information, letters, treatment plans and evaluations of or concerning the participant named above, whether generated by Anasazi or received by Anasazi from third parties, from ANASAZI Foundation, Inc. (hereafter, ANASAZI) to the individual(s) or institutions identified below. By signing this form, I/we am/are giving ANASAZI permission to use/disclose the above described confidential information. I/We hereby release ANASAZI all liability that may arise from the release of the information requested to the below identified person(s), professionals, institutions or agencies.

Medical Doctors, and Psychologists, assisting or associated with ANASAZI
National accrediting and state licensing agencies that conduct reviews of ANASAZI
Parents, legal guardians and specified family members: Name: _____ Phone: _____
Participant's or responsible party's health insurance company. Name: _____ Phone: _____
Therapists, counselors, educational consultants, ecclesiastical leaders, and/or other helping professionals associated with the **Participant or participant's family.** Name: _____ Phone: _____
Schools or school counselor (academic information only) approved verbally or in writing by participant or parents.

In addition to the above, I/we specifically authorize releases of personal confidential information to the following:

Name: _____ Phone: _____ Name: _____ Phone: _____

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.
5) To be used in an event of a medical emergency.

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

- Adolescent drug and alcohol abuse records: ❑
- Adolescent mental health records: ❑
- Physical Health Records ❑
- Academic Records ❑

I/We understand that my /our records and my child's ("participant herein) records are protected under various confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws. I/We certify that this consent and release has been made freely, voluntarily and without coercion and the information given above is accurate to the best of my/our knowledge. I/We understand that I/we may revoke this authorization at any time except to the extent that action has already been taken to comply with it. If I/we am/are currently receiving treatment from ANASAZI, I/we understand that this consent will automatically expire in six months unless I/we express written revocation at an earlier date. If I/we am/are 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/we express written revocation at an earlier date.

Dated this:_____ of 20_____

_____
Participant's Signature

_____
Witness

_____
Participant's Parent or Legal Guardian

Any re-disclosure or record of information by recipient is prohibited.

Source: Department of Economic Security R6-5-7427 and Department of Health Services R9-20-211

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CONSENT FOR EMERGENCY MEDICAL TREATMENT FOR MINORS

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

We, the undersigned parent of/or, guardian of/or, court appointed guardian of

_____ do hereby consent to any x-ray, examination,
Name of Minor

Anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to

_____ under the general or special instructions of
Name of Minor

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

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, unless sooner revoked in writing and delivered to said physician or said persons entrusted with the custody of said minor.

_____ _____
Witness Father

_____ _____
Date Mother

_____
Legal Guardian

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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: _____

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SOCIAL HISTORY

INSTRUCTIONS: This packet should be completed by the parent(s) or guardian(s) of the Young Walker. If both parents live in the home with the child it is highly recommended that the parents complete this packet together. If only one parent is able to complete the packet it should be the parent that has the most recent contact with the child. Please note: The child that you are enrolling in ANASAZI will be referred to as the CHILD throughout this packet.

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

COMPLETED BY: _____ RELATIONSHIP: _____ DATE: _____

WITH WHOM DOES THE CHILD USUALLY LIVE? _____

FAMILY INFORMATION

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

Please list all children in the family (including CHILD participating in ANASAZI) 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 your CHILD and the 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 the CHILD's 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 the CHILD's 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 the CHILD's parents.

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

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

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

For questions 10 - 11 consider the four peers/friends with whom your CHILD spends the most time.

10A. Which of the following best describes the nature of the relationship between your CHILD and his/her 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 your CHILD?

	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 your CHILD 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 your CHILD gets 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. Has the CHILD 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 your CHILD?

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 your CHILD 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 is your CHILD to frustrating events?

INTOLERANT		AVERAGE		TOLERANT
1	2	3	4	5

15. What does your CHILD do to manage his/her frustration?

16. When your CHILD feels hurt or mistreated, how quickly does he/she become angry?

QUICKLY		AVERAGE		SLOWLY
1	2	3	4	5

17. What does your CHILD do to manage his/her anger?

18. To what extent does your CHILD express unfounded or unreasonable fears?

OFTEN		SOMETIMES		NEVER
1	2	3	4	5

19. What does your CHILD do to manage his/her fears?

20a. When your CHILD has been involved in serious misdeeds, does he/she express or exhibit feelings of guilt?
YES NO

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

21. What best describes your CHILD's general disposition over the past three months?

UNHAPPY		NORMAL		HAPPY
1	2	3	4	5

BEHAVIORS

22a. Is your child 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.

22c. SUBSTANCE ABUSE: For each of the following substances, please circle the number that best represents how frequently your CHILD uses 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:

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

24a. To the best of your knowledge, to what extent is your CHILD involved in gang-related activity?

NO INVOLVEMENT		MODERATE INVOLVEMENT		SUBSTANTIAL INVOLVEMENT
1	2	3	4	5

24b. If so, how many months has this activity continued? _____

25a. To the best of your knowledge, to what extent has your CHILD been involved in occult-related activity?

NO INVOLVEMENT		MODERATE INVOLVEMENT		SUBSTANTIAL INVOLVEMENT
1	2	3	4	5

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

26. How many times has your CHILD 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 your CHILD has 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	_____	_____

28. To the best of your knowledge, to what extent is your CHILD sexually active?

INACTIVE		SOMEWHAT ACTIVE		HIGHLY ACTIVE
1	2	3	4	5

29a. To the best of your knowledge, to what extent is your CHILD involved with pornography?

NO INVOLVEMENT		MODERATE INVOLVEMENT		SUBSTANTIAL INVOLVEMENT
1	2	3	4	5

29b. If so, how many months has this activity continued?_____

30a. To the best of your knowledge, has your CHILD ever been physically or sexually abused? YES NO
If YES, please explain:

30b. To the best of your knowledge, has your CHILD ever abused another person? YES NO
If YES, please explain:

31a. What activities does the family enjoy participating in as a group?

31b. Does your CHILD participate in family activities? YES NO
If NO, please explain:

EDUCATION

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

32. Is your child attending school during the current academic year? YES NO
If NO, please explain:

33. What is the highest grade level your CHILD has completed?

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

34. What best describes your CHILD's 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

35a. Has your CHILD's educational performance ever significantly declined? YES NO

35b. If YES, at what point or grade level did your CHILD's 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

36a. Has your CHILD been diagnosed as having a learning disability? YES NO
Please list disability / disabilities:

36b. If YES, what measures were taken to facilitate your CHILD's learning?

37. Which of the following statements best describes your child's attitude toward school?

LOVES	LIKES	TOLERATES	DISLIKES	HATES
1	2	3	4	5

38. Which of the following best describes your CHILD's educational aspirations?

0 = DROPPED OUT OF SCHOOL PERMANENTLY
I = DROP OUT OF SCHOOL SOON
2 = GO TO HIGH SCHOOL FOR A WHILE
3 = GRADUATE FROM HIGH SCHOOL
4 = GO TO A VOCATIONAL/TECHNICAL SCHOOL FOR A WHILE
5 = GO TO COLLEGE FOR A WHILE
6 = GRADUATE FROM VOCATIONAL/TECHNICAL SCHOOL
7 = FINISH COLLEGE
8 = 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 each form with your CHILD and indicate (check) if the treatment was paid for (fee based) or free (non-fee based).

39. 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 _____	_____	_____	_____

40. INPATIENT

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

FOSTER CARE	_____	_____	_____
OTHER _____	_____	_____	_____
OTHER _____	_____	_____	_____

41. If your CHILD has received FEE BASED treatment (with a physician, therapist, counselor, etc.) or hospitalization, please provide the following information:

NAME OF COUNSELOR	REASONS	DATES	OUTCOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

42. If your CHILD has 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

43. Has your CHILD ever held a paid position (job)? YES NO
If YES, please provide the following information:

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

RELIGIOUS INFORMATION

44a. Do the CHILD's parents/family participate in religious activities? YES NO

44b. If YES, is the CHILD expected to participate? YES NO

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

Some parents are particularly concerned about their CHILD's 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 CHILD's spiritual/religious activity.

46. Church attendance:

LOW		MODERATE		HIGH
1	2	3	4	5

47. Prayer:

LOW		MODERATE		HIGH
1	2	3	4	5

48. Reading (scriptures, religious materials):

LOW		MODERATE		HIGH
1	2	3	4	5

49. 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 child's attitude about the following:

50. Deity / God:

NEGATIVE		NEUTRAL		POSITIVE
1	2	3	4	5

51. Religious leaders / Clergy:

NEGATIVE		NEUTRAL		POSITIVE
1	2	3	4	5

OTHER INFORMATION

52. Please provide any other pertinent information that may assist ANASAZI in developing an individualized plan to help your child. 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 MEET THE NEEDS OF YOUR CHILD AND FAMILY.
IF YOU HAVE ANY OTHER INFORMATION NOT COVERED IN THIS QUESTIONNAIRE THAT MAY BE HELPFUL IN UNDERSTANDING YOUR CHILD AND YOUR FAMILY, 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
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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 should be given by parents (guardian) 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 Child: _____

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.)

_____

_____

_____

_____

As parent (guardian) of the above named participant, I give permission to the person I have asked to complete this form to share and receive information related to the treatment of my child at ANASAZI.

Parent (guardian) Signature: _____

Parent (guardian) Name:_____ Date: _____

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STUDENT RIGHTS, LIMITATIONS, AND EXCEPTIONS

Student's Name:_____ DOB:_____ Age:_____ Gender: ☐ M ☐ F

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

Welcome to ANASAZI. All students have the following rights:

1. To be treated with dignity, respect, and consideration;
2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
3. To receive treatment that:
   a. Supports and respects the student's individuality, choices, strengths, and abilities;
   b. Supports the student's personal liberty; and
   c. Is provided in the least restrictive environment that meets the student's treatment needs;
4. To submit grievances to agency staff members and complaints to outside entities and other individuals without constraint or retaliation;
5. To have grievances considered by the ANASAZI Foundation in a fair, timely, and impartial manner;
6. To have the client's information and records kept confidential and released only as permitted under Arizona Department of Economic Security's statutes R9-20-211(A)(3) and (B);
7. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except for photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
8. To review the following at the ANASAZI Foundation or at the Department of Economic Security:
   a. The report of the most recent inspection of the premises conducted by the Department; or
   b. If the ANASAZI Foundation has submitted a report of inspection by a nationally recognized accreditation agency (C.O.A.) in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency;
9. To be free from:
   a. Abuse, neglect, exploitation, coercion, manipulation;
   b. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the client's treatment needs, except as established in a fee agreement signed by the client or the student's parent, guardian, custodian, or agent;
   c. Treatment that involves the denial of
      a. Food, the opportunity to sleep, or the opportunity to use the toilet; and
      b. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation;
10. To participate or, if applicable, to have the student's parent, guardian, custodian or agent participate in treatment decisions and in the development and periodic review and revision of the student's written treatment plan;
11. To participate or refuse to participate in religious activities;
12. To refuse to perform labor for the ANASAZI Foundation, except for housekeeping activities and activities to maintain health and personal hygiene;
13. To participate or refuse to participate in research or experimental treatment;
14. To consent in writing, refuse to consent, or withdraw written consent to participate in research or treatment that is not a professionally recognized treatment;
15. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;
16. Privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, unless:
    a. The medical director or clinical director determines and documents a specific treatment purpose that justifies waiving this right; and
    b. The client is informed of the reason why this right is being waived and the client's right to submit a grievance regarding this treatment decision;
17. To be provided storage space, capable of being locked, on the premises while the student receives treatment;
18. To be provided meals to meet the client's nutritional needs, with consideration for client preferences;

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19. To be assisted in obtaining clean, seasonably appropriate clothing that is in good repair and selected and owned by the client;
20. To be provided access to medical services, including family planning, to maintain the client's health, safety, or welfare;
21. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
22. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment;
23. To receive, at the time of discharge or transfer, recommendations for any treatment needed when the client is discharged.

If you have questions about treatment policies, please call the following regulatory offices of the State of Arizona.

OFFICE OF BEHAVIORAL HEALTH:	602/674-4300
DEPARTMENT OF ECONOMIC SERVICES:	602/495-1308
CHILD PROTECTIVE SERVICES:	602/266-0282

My signature denotes I have received and understand this policy.

_____	_____	_____
Student's Signature	Parent's Signature	Date

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ACKNOWLEDGEMENT OF RISKS / ACCEPTANCE OF RESPONSIBILITY

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

Parent(s)/Guardian 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 my family and I, including any minor children, are fully capable of participating in the program activities.

I assume full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or of my family's 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	Date
_____	_____
Parent	Date
_____	_____
Guardian	Date

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

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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.

_____	_____	_____
Student's Signature	Parent's Signature	Date

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MEDIA RELEASE FORM

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

Parent(s)/Guardian 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 including, but not limited to, public display on the ANASAZI Internet website(s). 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 Legal Guardian'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 Legal Guardian'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

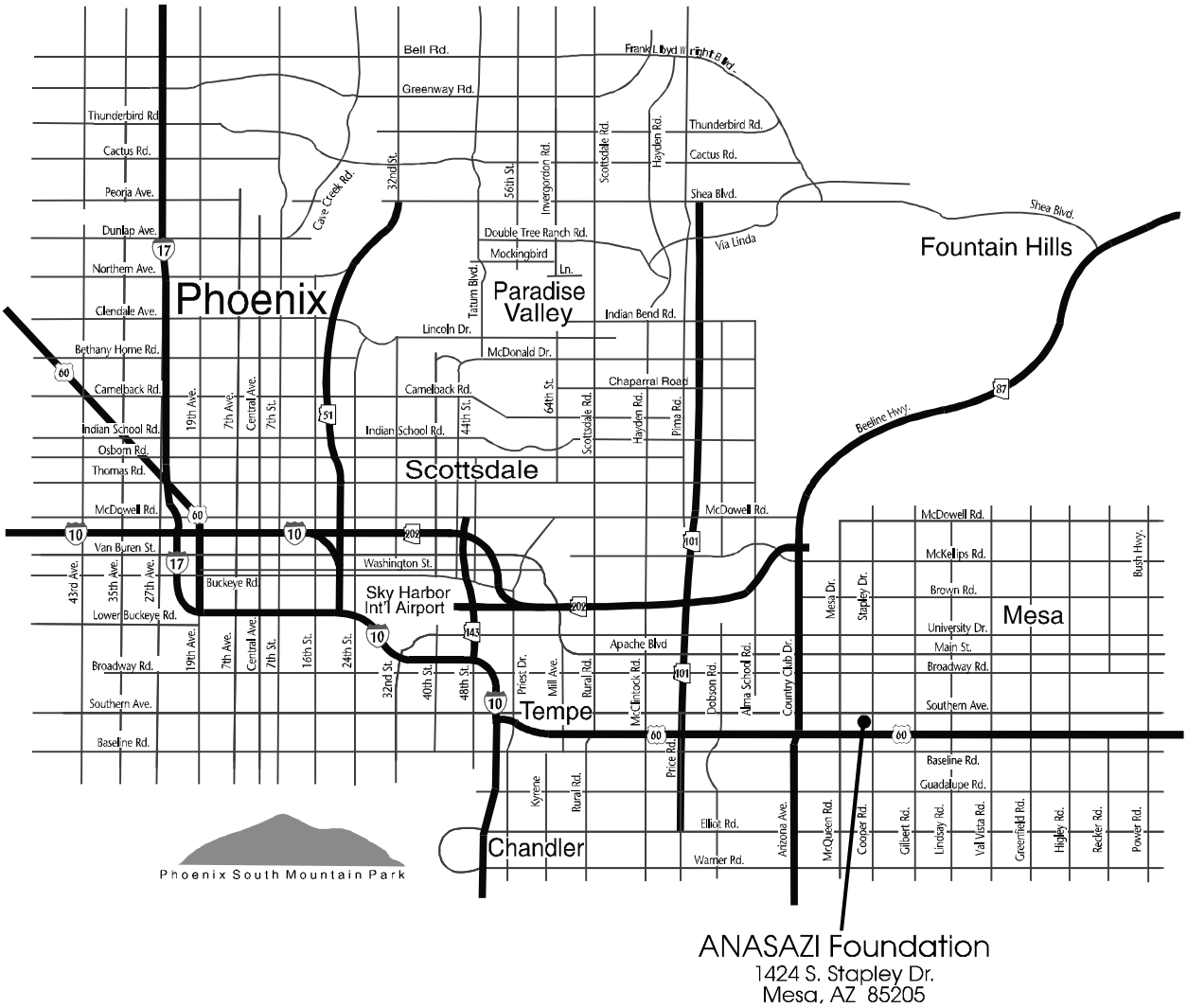
- Please write child's name on all clothing items with a permanent marker.
- Sunglasses are NOT permitted.
- All clothing, hats, etc., need to be light colored, plain, without pictures or words.
- Due to sun exposure, do NOT send black or dark clothing.
- Any extra clothing or personal items may be put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