Please complete the below application providing as much information as possible. Information provided on this application will be consider confidential and only shared with those that are in a need to know to. Your privacy is important to all of us at Valor Ranch TX. Once you have completed your application, please save the document, and attach it to our submittal request form within our application page on our website.

**Applicant Information:**

|  |  |
| --- | --- |
| NAME: **Click here to enter text.**  |  DATE**: Click here to enter a date.**  |
| ADDRESS: **Click here to enter text.** |  EMAIL**: Click here to enter text.**  |
| PHONE**: Click here to enter text.**  |  Referred By: Choose an item. |

**Tell us a little about your Medical History:**

|  |  |
| --- | --- |
| Have you previously received any type of mental health services? | Yes [ ]  No [ ]  |
| If yes, which of the following:  *(Please select all that are applicable)*  | [ ]  Psychotherapy[ ]  Medication[ ]  Outpatient Hospitalizations[ ]  Inpatient Hospitalizations |
| If yes, please provide:  |  |
| Name of Provider of Facility: | Click or tap here to enter text. |
| Location: | Click or tap here to enter text. |

**Why Valor Ranch:**

Briefly, what brings you to Valor Ranch: Click or tap here to enter text.

What would you like to accomplish out of your time at Valor Ranch? Click or tap here to enter text.

**Tell us a little bit about you:**

|  |  |
| --- | --- |
| Marital Status:  | [ ]  Never Married [ ]  Domestic Partner[ ]  Married [ ]  Separated[ ]  Divorced – How long? Click or tap here to enter text.[ ]  Widowed – Please provide your partners name and year deceased: Click or tap here to enter text. |
| Do you have children? | Yes [ ]  No [ ]  |
| If yes, please enter:  | Name | Relationship |
|  | Click or tap here to enter text. | Click or tap here to enter text. |
|  | Click or tap here to enter text. | Click or tap here to enter text. |
|  | Click or tap here to enter text. | Click or tap here to enter text. |
| How would you rate your current physical health? | Choose an item. |

 Please list any specific health problems you are currently experiencing: Click or tap here to enter text.

 Please describe current use of alcohol, cigarettes, and/or recreational drugs: Click or tap here to enter text.

 Please describe previous use of alcohol, cigarettes, and/or recreational drugs: Click or tap here to enter text.

 Are you employed? Yes [ ]  No [ ]

 What do you enjoy doing in your free time? Click or tap here to enter text. What do you do to relax? Click or tap here to enter text.

 What do you consider to be some of your strengths? Click or tap here to enter text.

What do you consider to be some of your weakness? Click or tap here to enter text.

What branch of the service? Click or tap here to enter text. Dates Click or tap here to enter text.
 Discharge Status Click or tap here to enter text.

**Please provide DD214 and Driver’s License with application**

**THIS SECTION TO BE COMPLETED BY VALOR RANCH:**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved \_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_\_\_

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| Comments: |
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