



HOME OF THE SHEROES APPLICATION

Please complete the application providing as much information as possible. Information provided on this application will be consider confidential. Your privacy is important. Once you complete the application, please save the document, and attach it to our submittal request form within the application page on the website.

Please provide DD214 (mark out SS#) and Driver's License with application

Applicant Information:

NAME: _____ DATE: _____
ADDRESS: _____ E MAIL: _____
PHONE: _____ Referred By: _____

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 & Number: _____
City & State: _____

Why Valor Ranch:

Briefly, what brings you to Valor Ranch: _____

What would you like to accomplish out of your time at Valor Ranch? _____



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Tell us a little bit about you:

Marital Status: ☐ Never Married ☐ Domestic Partner
☐ Married ☐ Separated
☐ Divorced – How long? _____
☐ Widowed – Please provide your partners name and year deceased:

Do you have children? Yes ☐ No ☐

If yes, please enter: Name: Relationship & Age:

How would you rate your current physical health? 1=Poor 10=Excellent

Please list any specific health problems you are currently experiencing:

Please describe current or previous use of alcohol, cigarettes, and/or recreational drugs: How long sober:

Are you employed? Yes ☐ No ☐

Are you willing to relocate to Decatur, Texas? Yes ☐ No ☐

What do you enjoy doing in your free time? _____

What do you do to relax? _____

What do you consider to be some of your strengths? _____

What do you consider to be some of your weakness? _____

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What branch of the service? _____ Dates: _____ Discharge Status: _____