



## Application Instructions

Please review and complete the attached application material. The application should take 1-2 hours to complete. Please be as thorough as possible. The following checklist will help ensure that all necessary documents are complete.

This packet includes the (1) application instructions and (2) application for BaMidbar Wilderness Therapy. The applicant should first complete the comprehensive Application. The Application covers questions regarding physical health, substance use history, and mental health. The purpose of this section is for us to better understand you and your needs, and to determine appropriateness of our program for your unique situation. If you have any questions about any portion of the admissions process, please contact BaMidbar's Admissions department at (720) 930-4390 or [joryh@bamidbartherapy.org](mailto:joryh@bamidbartherapy.org).

Application	<p>There are two parts to BaMidbar's admissions paperwork. These include the (1) Application and (2) Supplemental Forms. Please fill out the application, and return it to BaMidbar Wilderness Therapy by fax (303) 261-8210 or by mail to:</p> <p>BaMidbar Wilderness Therapy c/o Ramah in the Rockies 300 S. Dahlia St. Suite 205 Denver, CO 80246</p> <p>A physical form is also included. BaMidbar can arrange an on-site physical, if necessary.</p>
Interview	<p>BaMidbar's admissions team will be in touch within one business day (excluding Jewish holidays) to schedule a phone interview and follow up conversation after the application and personal history are received.</p>
Clinical Approval	<p>BaMidbar will review your admissions documents and interview information to ensure we are an appropriate placement for you.</p>

Supplemental Forms	After Clinical Approval, BaMidbar will work with families to ensure all forms are complete. Please return the following forms: <ul style="list-style-type: none"><li>● Enrollment Agreement</li><li>● Payment Agreement</li><li>● Medication Form</li><li>● Gear and Outfitting Form</li><li>● Travel Arrangements</li></ul>
Payment	BaMidbar has a daily rate of \$485/day with a \$2000 one time enrollment fee. The enrollment fee is required as a deposit for the program. If you have any questions regarding scholarships and financial aid, please speak with Jory Hanselman at (720) 930-4390.

## 1. Applicant and Sponsor Information

### Applicant Information:

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Expected Enrollment Date: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
With whom does applicant usually live? \_\_\_\_\_  
Where does applicant live? \_\_\_\_\_  
Country of citizenship? \_\_\_\_\_  
Was applicant adopted? **Y / N** At what age: \_\_\_\_\_  
Applicant identifies gender as: \_\_\_\_\_  
Ethnicity:

- Asian
- African American/Black
- Anglo/White/Caucasian
- Latino/Hispanic
- Middle Eastern
- Multi-racial
- Native American
- Pacific Islander
- Other

### Family/Sponsor\* Information

\* A sponsor constitutes any person or persons who are financially responsible for the applicant's participation in BaMidbar Wilderness Therapy.

#### Spouse's Name (if applicable):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Best contact method: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Is this individual the participant's financial sponsor? **Y / N**

#### Father's Name:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Best contact method: \_\_\_\_\_

DOB: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Is this individual the participant's financial sponsor? **Y / N**

**Mother's Name:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best contact method: \_\_\_\_\_

DOB: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Is this individual the participant's financial sponsor? **Y / N**

**Step Father's Name:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best contact method: \_\_\_\_\_

DOB: \_\_\_\_\_

Is this individual the participant's financial sponsor? **Y / N**

**Step Mother's Name:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best contact method: \_\_\_\_\_

DOB: \_\_\_\_\_

Is this individual the participant's financial sponsor? **Y / N**

**Referral Information:**

How did you first hear about BaMidbar Wilderness Therapy?

Please give the name(s) of the referral source including phone and email:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Can we contact? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Can we contact? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Can we contact? \_\_\_\_\_

## 2. Health and Medical History

Family Doctor: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

Please list any surgeries, serious illness, and/or hospitalizations. Please include date/event:

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Please list any chronic medical conditions: (such as diabetes, high blood pressure, etc.:

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Please list all of applicant's allergies (food, medication, grasses, etc.), how they are activated, and what happens:

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Does the applicant carry an inhaler or epinephrine pen? **Y / N**

Please list name/type of inhaler:

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Has the applicant ever been hospitalized for allergies/asthma? **Y / N**

If yes, please describe (include date/reason):

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Is the applicant currently taking any vitamins or supplements?

If yes, please describe:

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Does the applicant currently get exercise? If yes, please describe:

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Describe any pertinent medical/physical information that might inhibit physical activity:

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Does the applicant have any dietary restrictions? **Y / N**

If yes, please describe:

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<b>In addition, please answer the following questions:</b>	Yes	No	Don't Know
1. Does applicant have any allergies to medications?			
2. Has applicant ever had an allergic reaction (for example, to food, pollen, medicine, or stinging insects)?			
3. Has applicant ever had a rash or hives develop during or after exercise?			
4. Exercise: a. Does applicant exercise regularly? b. Has applicant ever been ill from exercising in the heat? c. Has applicant ever passed out during or after exercise? d. Has applicant ever been dizzy during or after exercise? e. Has applicant ever had chest pain during or after exercise? f. Does applicant get tired more quickly than his/her friends do during exercise? g. Does applicant have high blood pressure or cholesterol? h. Has applicant ever been told he/she has a heart murmur? i. Has any family member or relative died of heart problems or of sudden death before age 50? j. Has applicant had a severe viral infection within the last month? k. Has a physician ever denied or restricted applicant's participation in sports for any heart problems?			
5. Does applicant have current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?			
6. Head: a. Has applicant ever had a head injury or concussion? b. Has applicant ever been knocked out, become unconscious, or lost his/her memory? c. Has applicant ever had a seizure? d. Des applicant have frequent or severe headaches?			
7. Has applicant ever had numbness or tingling in his/her arms, hands,			

legs, or feet?			
8. Does applicant have trouble keeping his/her extremities warm?			
9. Has applicant ever had frostbite?			
10. Has applicant ever had a pinched nerve?			
11. Asthma/allergies: a. Does applicant cough, wheeze, or have trouble breathing during or after activity? b. Does applicant have asthma? c. Does applicant have seasonal allergies that require medical treatment?			
12. Does applicant use any special protective or corrective equipment that aren't regularly used for athletic activity (for example, knee brace, foot orthotics, hearing aid, etc.)			
13. Does applicant wear glasses, contacts, or protective eyewear?			
14. Bones and Joints a. Has applicant ever had a sprain, strain, or swelling after injury? b. Has applicant broken or fractured any bones or dislocated any joints? c. Has applicant had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, circle the appropriate body part below.  Head   Neck   Back   Chest   Shoulder   Upper arm   Elbow   Forearm   Wrist   Hand   Finger   Hip   Thigh   Knee   Shin/Calf   Ankle   Foot			
15. Does applicant want to weigh more or less than he/she does now?			
16. Does applicant have: a. Frequent colds? b. Chest pains? c. Chronic cough? d. Frequent heartburn? e. Frequent gas or bloating? f. Frequent diarrhea?			
17. Does applicant have Diabetes? a. Type I b. Type II			
18. Does applicant have or has he/she ever had: a. Cancer b. Cysts			

c. Tumors			
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Please describe in detail any checked items:

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Is the applicant up-to-date on immunizations? **Y / N**  
Please send a copy of applicant's vaccination record.

**Family Medical History:**

Please list any pertinent medical history in the applicant's family, including history of mental illness or substance abuse:

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<b>Opioids</b> (OxyContin, Percocet, Morphine, Codeine, Fentanyl, etc.)										
<b>PCP</b> (Angel Dust)										
<b>Sedatives</b> (Sleeping pills)										
<b>Club Drugs</b> (Ecstasy, Special K)										
<b>Other:</b> <i>(Specify)</i>										

Has the applicant ever attempted to quit any of these substances? If yes, please explain.

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Has the applicant's tolerance for any of these substances increased or decreased recently? If yes, please explain.

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## 5. Personal History

Please describe the primary reason(s) that have led you to consider BaMidbar at this time.

Reasons	Explanation

What do you hope to achieve or gain while at BaMidbar? How do you hope to benefit from this experience?

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## Education/Employment

What is the highest grade the applicant has completed?

\_\_\_\_\_

Is the applicant currently attending school? \_\_\_\_\_

Name of current school? \_\_\_\_\_

Please list all previous schools:

- Middle School(s): \_\_\_\_\_ GPA \_\_\_\_\_
- High School(s): \_\_\_\_\_ GPA \_\_\_\_\_
- College(s): \_\_\_\_\_
  - Major \_\_\_\_\_
  - GPA \_\_\_\_\_

Has the applicant ever qualified for **special education** or **disability** status? **Y / N**

Has the applicant ever had a **CST** (Child Study Team), **IEP** (Individualized Education Plan), or **504** (Medical adaption plan) Meeting? **Y / N**

If so, please indicate which one:

- CST
- IEP
- 504

What is applicant's attitude and aspiration towards school:

Attitude	Aspiration
<input type="checkbox"/> Hate	<input type="checkbox"/> Drop out prematurely
<input type="checkbox"/> Dislike	<input type="checkbox"/> Will drop out soon
<input type="checkbox"/> Tolerate	<input type="checkbox"/> Attend school for awhile longer
<input type="checkbox"/> Like	<input type="checkbox"/> Attend College
<input type="checkbox"/> Love	<input type="checkbox"/> Finish College or Vocational/Trade school

### Behaviors

Has the applicant had any physical confrontations in the home or with others? If yes, please describe in detail, including dates:

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Has the applicant ever intentionally hurt him/herself? If yes, please describe in detail, including dates:

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Has the applicant ever had thoughts of suicide, made a plan, talked about suicide, or attempted suicide? If yes, please describe in detail, including dates:

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Does the applicant know anyone who has attempted or completed suicide? If yes, please describe in detail, including dates:

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Has the applicant ever had thoughts of homicide, made a plan, talked about homicide, or attempted homicide? If yes, please describe in detail, including dates:

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Does the applicant isolate him/herself from others? If yes, please describe in detail:

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Does the applicant experience recurrent thoughts or repeated behaviors that he/she cannot control? If yes, please describe in detail, including dates:

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Does the applicant spend significant amounts of time playing computer games, watching TV, browsing the internet, watching pornography, gambling, or participating in similar activities? If yes, please describe in detail:

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Does the applicant currently or has the applicant ever counted calories, dieted, binged, purged, or

otherwise controlled eating habits? If yes, please describe in detail, including dates:

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Has the applicant ever been arrested, as a juvenile or as an adult? Was he/she charged? If yes, please describe in detail, including dates and charges:

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Has the applicant ever run away? If yes, please describe in detail, including dates:

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Have you noticed a recent change in the applicant's behaviors? If yes, please describe in detail, including when you noticed this change:

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To the best of your knowledge has the applicant ever been abused?

<b>Abuse</b>	<b>Please Explain</b>
<input type="checkbox"/> Physically	
<input type="checkbox"/> Sexually	
<input type="checkbox"/> Emotionally	

Has the applicant ever been arrested or faced charges for the following:

Behavior	# O F T I M E S	W H A T A G E	# C I T A T I O N S	# O F A R R E S T S	Description
Tobacco Possession					
Alcohol Possession					
Drug Possession					
Drug Trafficking/Dealing					
Robbery/Burglary					
Shoplifting					
Car/Truck Theft					
Vandalism					
Arson					
Sex Offense					
Other					





# PHYSICAL ASSESSMENT

(BaMidbar can perform a physical assessment at intake, if necessary)

Name \_\_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender (circle one): Male Female

## Vitals:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_ / \_\_\_\_ RR: \_\_\_\_ Vision: \_\_\_\_

Current Medical Problems:

Do you currently use (self disclosure):

Tobacco/ Cigarettes: Y / N Prescription drugs: Y / N Alcohol: Y / N

Any current or past drug use? (Doctor Patient Privilege; info. won't be passed on to company, this is for your own health and safety.)

## Health History:

Allergies:

Current Medication:

Date: Medication: Reason:

Date: Medication: Reason:

**Vaccinations:** MMR: / / Hep A: / / Hep B: / /

Tetanus: / / **\*IF NOT CURRENT PLEASE ADMINISTER**

TB: / / **\*PLEASE ADMINISTER (Send PT with documentation)**

Have you ever had any of the following:

Anemia	Hepatitis	Migraines
Bladder/Kidney infections	Mononucleosis	Asthma
Convulsions/Seizures/Epilepsy	Rheumatic Fever	Surgical procedures (please explain)
High blood pressure	Ulcers	Other (please explain)
Scoliosis	Arthritis	
Anorexia/Bulimia	Diabetes	
Dermatitis/Eczema	Pneumonia, Bronchitis	

	<b>Normal</b>	<b>Abnormal</b>	<b>Notes</b>
Head			
Ears			
Nose			
Mouth / Throat			
Neck			
Lungs			
Heart			
Back			
Abdomen			
Extremities			

**Stress Assessment:** (running in place for 1 min.)

Participants are required to hike and camp, during all four seasons, in Colorado. They will be in a winter backcountry expedition setting. This assessment is intended to address any health concerns which may prevent completion of program. Potential areas of concern include back, knee, respiratory, and circulation conditions, as well as prescription conflicts or mental conditions affecting coordination.

Based on the climate, temperature, age, weight and gender, indicates this person is physically fit to participate in above field activities. YES or NO INITIAL

Signature:

(MD/DO/PA/DC) Print:

Date: