



Helping Children & Families Find Their Way

**Program:** RTM

**Manual:** RTM

**Category:** Wilderness

**Subject:** Wilderness Program Application

**Content:**

**Wilderness Program  
Application Packet**

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Accredited by the Association for Experiential Education

*Revised on 3/10/2017*

Teton Youth & Family Services, Bruce Burkland, Executive Director

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**Red Top Meadows Wilderness Program**

**Application for Admission**

**Name of Student:** \_\_\_\_\_ **Dates of Trip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_

**Name of Person(s) filling out form:** \_\_\_\_\_

\_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Best Time to Reach:** \_\_\_\_\_

**How did you find out about RTM:**

\_\_\_\_\_  
\_\_\_\_\_

*Revised on 3/10/2017*

**Family Information:** (Please indicate if biological, step or adoptive)

**Child lives with:** \_\_\_\_\_

**Fathers Name:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

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

**Occupation:** \_\_\_\_\_ **Wk phone:** \_\_\_\_\_

**Mothers Name:** \_\_\_\_\_ **Hm phone:** \_\_\_\_\_

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

**Occupation:** \_\_\_\_\_ **Wk phone:** \_\_\_\_\_

**Other parent or relative currently involved with the applicant's care:**

Name	Relationship to Student	Address	Phone

**Other children in family:**

Name of other children in the family	Age	Grade	Biological	Step	Adopted	Lives With

**Please describe any family history pertinent to applicant's behaviors:**

\_\_\_\_\_

\_\_\_\_\_

**Reason for referral to RTM:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe the problems or difficulties the applicant is experiencing:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**What do you hope the applicant will gain from their experience at RTM?**

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**How does the applicant feel about the possibility of attending a RTM Wilderness Program?**

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**Educational Information:**

Name of current school:

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Current grade level: \_\_\_\_\_ Typical grades: \_\_\_\_\_

Any learning disabilities or special needs? \_\_\_\_\_

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Is this child receiving special services through the school? (speech, resource, emotional): \_\_\_\_\_

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Suspensions: # \_\_\_\_\_

Reason: \_\_\_\_\_

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Expulsions: # \_\_\_\_\_

Reason: \_\_\_\_\_

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Is there a current Individualized Education Plan (IEP) \_\_\_\_\_

\*Please supply the results any testing and /or a copy of the applicants IEP if relevant to his experience at RTM.

**Please describe any difficulties the applicant is having in school (completing assignments, behavior in class, relationship with peers and teacher):**

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**Please describe the applicant's strengths in school:** \_\_\_\_\_

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**Legal Involvement:**

**Has the applicant ever been arrested or brought to the police station? Please describe the situation and the outcome:**

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*Revised on 3/10/2017*

**Mental Health History:**

**Please give the name, address and phone numbers of the applicant's most recent therapist(s).**

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**(Please arrange with them to release information to Red Top Meadows)**

**Please describe any mental health related events or issues including but not limited to: drug or alcohol abuse, suicidal discussion or attempts, incidents of setting fires, eating disorders, assaultive behavior, self-abuse, sexual activity, victim of abuse, runaway etc.)**

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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4. \_\_\_\_\_

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**Please list current medications, dosages and when medications were started:**

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**Physician responsible for medications: (name, address, phone)**

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**Past medications that the child has taken regularly**

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**Physical Health:**

**General physical condition of applicant:**

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**Please describe any past or present medical issues that may affect applicant's participation in a RTM wilderness program? (Asthma, diabetes, allergies, hearing loss, injuries, etc.)**

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**\*If applicant is accepted, more complete medical information will be required**



**Social Information:**

**What are the applicant's relationships like with family members?**

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**What are the applicant's relationships like with his peers?**

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**Has this always been true or has it changed over time?** \_\_\_\_\_

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**What are his main hobbies or interests?** \_\_\_\_\_

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**What are his strengths?** \_\_\_\_\_

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**How does the applicant express anger or frustration?** \_\_\_\_\_

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**Does the applicant have any history of physical violence towards peers, adults or family members?** \_\_\_\_\_

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**Has the applicant experienced any traumatic events or major changes in his life?** \_\_\_\_\_

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**Briefly describe applicants past and/or present use of tobacco, alcohol, or drugs.** \_\_\_\_\_

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**Parental Information:**

**Have there been marital difficulties in the family? (Briefly describe)\_\_\_\_\_**

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**Are there any ongoing marital difficulties that we should be aware of?**

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**Is there anyone in particular you would like us to speak with to gain a further understanding of the applicant?**

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**Space for continued responses:**