



**Step 3 – After Acceptance
Dental Checkup**

Name of Child: _____ Date of Service: _____

Dentist's Name: _____ Phone Number: _____

Address: _____

Services Performed:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Dental Assessment | <input type="checkbox"/> Filling |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Crown |
| <input type="checkbox"/> Fluoride treatment | <input type="checkbox"/> Root Canal |
| <input type="checkbox"/> X-rays _____ | <input type="checkbox"/> Bridge |
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Other _____ |

Overall dental assessment: _____

Is there currently any evidence of dental cavities or other repairs that need immediate care?

Yes No

If "yes" what plan has been made to correct the problem?

Date of next appointment: _____ Phone Number: _____

Does child need or is he receiving any orthodontic treatment? Yes No

Name of Orthodontist: _____ Phone Number: _____

Dentist Signature: _____ Date: _____



Step 3 – After Acceptance
General Physical Form

Name of Child: _____ DOB: _____ Date: _____

Address: _____

Parent/Guardian's Name _____ Phone Number: _____

Name of Practice: _____ Attending Physician: _____

Address: _____ Phone Number: _____

Medical History: Please indicate yes or no if the child ever had or currently has any of the following. (If you answered "yes" please give approximate dates):

Table with 3 columns: Medical Condition, Polio, Bedwetting. Rows include Appendicitis, Asthma, Chicken Pox, Diabetes, Epilepsy, Heart Trouble, Measles, Mumps, Pneumonia, Rheumatic Fever, Scarlet Fever, Thyroid Disease, Tonsillitis, Tuberculosis, Whooping Cough, Insomnia, Sleep Walking, Encopresis, Head Injuries, Frequent/Severe Headaches, VD-syphilis, gonorrhea, etc., Reaction to medication, Broken Bones, Blood Disorders, Attempted Suicides.

Physical Evaluation:

Height _____ Weight _____ Heart Rate _____ Blood Pressure _____ Respiration _____

Does child have current immunization shots? Yes [] No [] Explain: _____

TB Test: Date of: _____ Date Read: _____ Neg.: _____ Pos.: _____

Allergies: Yes [] No [] Food: Yes [] No [] Medication: Yes [] No [] Insects: _____

Chest & Lung _____ Abdomen _____ Genitalia _____

Musculo-skeletal _____ Neurological _____ DSM Diagnosis _____

Skin & Lymph Nodes _____ Scabies Pos.: _____ Neg.: _____

Vision Test without glasses RT: _____ LT: _____ With glasses: RT: _____ LT: _____

Hearing Test: _____ Nutritional Assessment: _____

General Assessment: _____

Current Medication: _____

Other: _____

Physician Signature: _____ Date: _____



Step 3 – After Acceptance
Mutual Agreement

P.O. Box 238
51453 Hwy 443
Loranger, LA 70446
985-878-6560
Fax: 985-878-9370

The Lighthouse Ranch for Boys and _____ (Parent/Guardian or placing agency) mutually agree each in consideration for the premises of the other as follows:

The Lighthouse Ranch for Boys agrees to:

- 1. Provide care for _____, a minor in a residential child caring agency.
2. To keep said Parent / Guardian or placing agency periodically informed about the general adjustments and well-being of said child.
3. To obtain such emergency treatment, hospitalization and to exert reasonable effort, compatible with the

In Consideration therefore, _____ (Parent/Guardian/or Placing Agency agrees to:

- 1. Entrust the temporary care and custody of said child to the Lighthouse Ranch for Boys and agree to cooperate with its management in working out plans for such care.
2. To pay the Lighthouse Ranch for Boys and in consideration of expenses incurred in maintaining said child the sum of \$_____ per month for room and board, and services (plus all incidental fees).
3. To pay the Lighthouse Ranch for Boys as billed monthly for incidental charges incurred by said child while in residency.
4. To reimburse the Lighthouse Ranch for Boys expenses incurred in the provision of necessary medical, dental, eyeglasses/contacts, surgical and hospital care.

5. AUTHORIZATION FOR DENTAL OR MEDICAL TREATMENT. To the provision by the Lighthouse Ranch of ordinary and emergency surgery, dental or medical treatment, hospitalization, vaccination, and immunization for said child and specifically agrees that medical care and treatment may be obtained by the Lighthouse Ranch even though under the circumstances of the need for treatment notification in consent of the parent / guardian or Placing Agency may not be obtainable.

6. Before enrolling your son, parent/guardian will bring up to date the dental, eyeglasses needs of the boy. Lighthouse Ranch assumes no responsibility to schedule, provide and oversee extra-ordinary health issues (including Orthodontics—braces).

Lighthouse Ranch for Boys Representative Date

Witness Date

Parent/Guardian or Authorized Representative Date

Witness Date



**Step 3 – After Acceptance
Non-Approved Communication**

The following people **I DO NOT Authorize to Communicate** with my son while he is at Lighthouse Ranch:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following people **I DO Authorize to Communicate** with my son while he is at Lighthouse Ranch:

Name/Relationship	Address	City/State	Zip	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent/Guardian or Authorized Representative _____ Date _____

Witness _____ Date _____



Step 3 – After Acceptance
Consent to Transfer Records

I hereby authorize the release of all:

- School
- Medical
- Psychological
- Psychiatric
- Legal (probation, parole, etc.)
- Other (Specify): _____
- Section 504
- IEP
- Current Grade Level _____
- Current Progress Report/Report Card
- Current Transcript

Records of _____ to the Lighthouse Ranch for Boys.
Name of student/resident

Such records shall include, if available, psychological evaluations (assessments) and behavioral reports as well as standard test results. This information may be used by the Lighthouse Ranch for Boys in evaluating the educational, psychological and legal needs of above named individual.

This release shall apply to any school, school district, medical facility, psychological, psychiatric care facility, correctional or detention agency or any other educational or health care facility with prior knowledge of the above named individual, as well as any pertinent legal documents (i.e. probation records, parole records, court records, etc.).

School Information			
Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Phone #: _____	Fax: _____		
Contact Person: _____			

Parent/Guardian or Authorized Representative of Agency

Date



**Step 3 – After Acceptance
School Supply List**

P.O. Box 238
51453 Hwy 443
Loranger, LA 70446
985-878-6560
Fax: 985-878-9370

The following list represents the required school supplies needed at all times for residents—other items are not allowed in the classroom. (If students do not have these provided, Lighthouse Ranch will purchase them and the parent/guardian will be billed):

- 1 - King James Bible: Old and New Testament
- 20 - Mechanical lead pencils
- 3 - Packages of .07 lead to fill mechanical pencils
- 1 - Webster's Dictionary (may be paperback)
- 1 - Pocket calendar
- 2 - Large erasers
- 3 - Boxes of facial tissues
- 2 - 1 inch 3-ring hard back binder for loose leaf paper (NO zippers)
- 1 - Package of colored map pencils
- 1 - Package of colored construction paper
- 1 - Scientific calculator (Texas Instrument Brand)
- 1 - Package loose leaf 3-hole ruled paper (minimum 100 sheets)
- 1 - Package copy paper (minimum 100 sheets)
- 5 - Manila folders

Not allowed: ink pens, spiral notebooks, highlighters, MP3 players, CD players.



Step 3 – After Acceptance Clothing Requirements & Restrictions

The following is a comprehensive listing of the clothing each boy is **REQUIRED** to bring with him if accepted into the program at Lighthouse Ranch for Boys. All clothing must be marked using a fabric marker or Sharpie with the boy's last name (DO NOT use a permanent marker as it does not hold up with continued washing). This includes such items as socks, under-wear, t-shirts, etc. Please take special care that your son has each of the items listed on this Form. *Not allowed: hoodies, short pants; extravagant/expensive clothes, shoes or personal belongings; cash.*

The items listed below are the minimum requirements.

Regular Wear Clothing

✓	Amt.	Item Description
	5	(5) Blue Jeans (3) Casual Shirts
	7	(7) Underwear (7) T-shirts (7) Pair of Socks
	1	Loose fitting warm up pants for PE
	2	1 Dress belt/ 1Casual belt (belts must fit)
	1	(1) Sweat Suit (1) Jacket (1) Pair rubber boots
	1	T-Shirt & Knee Shorts for Swimming
	1	(1 Pair) Work Shoes or boots (1 pair) Tennis Shoes
	3	Khaki Uniform Slacks (Pants) (Dickie brand recommended) For School
	3	Navy Uniform Shirts – For School

Dress Clothes

	1	Two Piece Suit
	2	Washable dress slacks
	2	Long Sleeved dress shirts (one white, one color)
	1	Dress Shoes
	3	Three neckties to match dress clothes
	2	Dressy casual shirts

Other required Items

1	Bible-King James Version
1	Blanket (lightweight)
1	Electric Razor
Misc. toiletry items (toothpaste, deodorant, comb, brush, etc.)	

1	Cowboy Hat
1	Plastic Coat Hangers
1	Medium size Overnight bag
Writing paper, envelopes & stamps (to write home)	

This list of clothing and items are **MANDATORY** for all residents at the time of check-in.

- Earrings, necklaces, bracelets, rings, or other types of jewelry are not allowed at any time. Please do NOT send such items with your boy.
- No baggy clothing is allowed—this includes both pants and shirts. (Clothing must fit within 1 inch)
- No bandana's or other items linked to gang related activities are allowed. Any such items found will be confiscated and will not be returned to the boy.
- Cell phones, iPads, computers, electronic games, radios and/or alarm clocks are not allowed.
- No trendy hairstyles are allowed. Hair shall be kept short and neat.



Step 3 – After Acceptance **Personal Restraints**

1. Lighthouse Ranch's written policy and procedure includes language that governs the use of personal restraints.
2. Use of personal restraint shall never be used as a form of punishment, a form of discipline, in lieu of adequate staffing, as a replacement of active treatment or for staff convenience.
3. Written documentation of any less restrictive measures attempted shall be documented in the resident's record.
4. A personal restraint shall be used only in an emergency when a resident's behavior escalates to a level where there is imminent risk of harm to the resident or others and other de-escalation techniques have been attempted without effect. The emergency use of personal restraints shall not exceed the following:
 - *One hour for a resident nine years old or older.
5. The specific maximum duration of the use of personal restraints may be exceeded if a written continuation order before the end of the time period is obtained from a licensed psychiatrist, psychologist or physician with written clinical justification. The maximum time for use of personal restraints shall be 12 hours.
6. During any personal restraint, staff qualified in emergency behavior intervention must monitor the resident's breathing and other signs of physical distress and take appropriate action to ensure adequate respiration, circulation, and overall well-being. If available, staff that is not restraining the resident should monitor the resident. The resident must be released immediately when an emergency health situation occurs during the restraint. Staff must obtain treatment immediately.
7. The resident must be released as soon as the resident's behavior is no longer a danger to himself or others.
8. Restraints are only to be used by employees trained by a certified trainer under a program that is on a state-recognized list of nationally accredited programs. A single person restraint can only be initiated in a life-threatening crisis. Restraint by a peer is prohibited. Staff performing a personal restraint on a resident with specific medical conditions must be trained on risks posed by such conditions.
9. As soon as possible after the use of a personal restraint, Lighthouse Ranch shall provide and document debriefing. Separate debriefing meetings must be held with senior staff and the staff member(s) involved, the resident involved, witnesses to the event, and family members, if indicated.
10. After use of a personal restraint, the staff shall document the incident and place in the resident's record.

Step 3 – After Acceptance

Personal Restraints

11. An administrative review of the incident by the Program Director or other facility management staff will be conducted to include an analysis of specific precipitating factors and strategies to prevent future occurrences.
12. All incidents of personal restraint use shall be trended in the quality improvement program. A summary report on the use of personal restraints will be prepared and submitted to OCS residential licensing on a quarterly basis.
13. The resident's legal guardian and the OCS child protection unit in the parish in which the facility is located shall be notified if injury or death occurs during restraint use as outlined in the "Critical Incident" section.
14. In the event a death occurs during the use of a personal restraint, the facility shall conduct a review of its personal restraint policies and practices and retrain all staff in the proper techniques and in methods of de-escalation and avoidance of personal restraint use.
15. The resident, where appropriate, and the resident's legal guardian(s) shall receive a list of the prohibited practices. There shall be documentation of acknowledgement of receipt of the list of prohibited practices by the resident and, where appropriate, the resident's legal guardian(s) in the resident's record.
16. A list of prohibited practices shall be posted in the facility.

Resident: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Program Director: _____ Date: _____



Step 3 – After Acceptance Residents Rights Policy

1. Provider Responsibility

- A) Lighthouse Ranch for Boys has written policies and procedures that ensure each resident's rights are guaranteed and protected.
- B) None of the resident's rights shall be infringed upon or restricted in any way unless such restriction is necessary to the resident's individual service plan. When individual rights restrictions are implemented, Lighthouse Ranch for boys shall clearly explain and document any restrictions or limitations on those rights, the reasons that make those restrictions medically necessary in the child's individual service plan and the extent and duration of those restrictions. The documentation shall be signed by provider staff, the child and the child's legal guardian(s) or parent(s), if indicated. No service plan shall restrict the access of a resident to legal counsel or restrict the access of state or local regulatory officials to a resident.
- C) Children with disabilities have the rights guaranteed to them under the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101 et seq., and regulations promulgated pursuant to the ADA, 28 C.F.R. Parts 35 and 36 and 49 C.F.R. Part 37; §504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. §794, and regulations promulgated pursuant thereto, including 45 C.F.R. Part 84. These include the right to receive services in the most integrated setting appropriate to the needs of the individual; to obtain reasonable modifications of practices, policies, and procedures where necessary (unless such modifications constitute a fundamental alteration of Lighthouse Ranch for boys program or pose undue administrative burdens); to receive auxiliary aids and services to enable equally effective communication; to equivalent transportation services; and to physical access to a provider's facilities.
- D) Each child shall be fully informed of these rights and of all rules and regulations governing residents' conduct and responsibilities, as evidenced by written acknowledgment, at the time of admission of the receipt of a copy of children's rights, and when changes occur.
- E) Each child's record shall contain a copy of the written acknowledgment, which shall be signed and dated by the program director, or designee, and the child and/or his or her legal guardian.

2. Privacy

- A) A child has the right to personal privacy and confidentiality. Any records and other information about the child shall be kept confidential and released only with the child's or legal guardian's expressed written con-sent or as required by law.
- B) A child shall not be photographed or recorded without the express written consent of the child and the child's legal guardian(s). All photographs and recordings shall be used in a manner that respects the dignity and confidentiality of the child.
- C) A child shall not participate in research projects without the express written consent of the child and the child's legal guardian(s).
- D) A child shall not participate in activities related to fundraising and publicity without the express written consent of the child and the child's legal guardian(s).

3. Contact with Family and Collaterals

- A) A child has the right to consult freely and have visits with his/her family (including but not limited to his or her mother, father, grandparents, brothers, and sisters), legal guardian(s) and friends subject only to reasonable rules. Special restrictions shall be imposed only to prevent serious harm to the child. The reasons for any special restrictions shall be recorded in the child's service plan and explained to the child and his or her family. The Service Plan Manager shall review the special restrictions every 30 days and, if restrictions are renewed, the reasons for renewal shall be recorded in the child's service plan. No service plan shall restrict home visits without approval from the legal guardian.
- B) A child has the right to telephone communication. Lighthouse Ranch shall allow a child to receive and place telephone calls in privacy subject only to reasonable rules and to any specific restrictions in the child's service plan. The Service Plan Manager shall formally approve any restriction on telephone communication in a child's service plan.

Step 3 – After Acceptance

Residents Rights Policy

The Service Plan Manager shall review the special restrictions every 30 days and, if restrictions are renewed, the reasons for renewal shall be recorded in the child's service plan. The cost for long distance calls shall not exceed the usual and customary charges of the local phone company provider. There shall be no restrictions on communication between a child and the child's legal counsel.

- C) A child has the right to send and receive mail. Lighthouse Ranch for Boys shall allow children to receive mail unopened, uncensored and unread by staff unless contraindicated by the child's service plan. The Service Plan Manager shall review this restriction every 30 days. No service plan shall restrict the right to write letters in privacy and to send mail unopened, uncensored and unread by any other person. Correspondence from a child's legal counsel shall not be opened, read or otherwise interfered with for any reason. Children shall have access to all materials necessary for writing and sending letters and, when necessary, shall receive assistance.
- D) A child has the right to consult freely and privately with legal counsel, as well as, the right to employ legal counsel of his/her choosing.
- E) A child has the right to communicate freely and privately with state and local regulatory officials.

4. Safeguards

- A) A child has the right to file grievances without fear of reprisal as provided in the grievances section of these standards.
- B) A child has the right to be free from mental, emotional, and physical abuse and neglect and be free from chemical or mechanical restraints. Any use of personal restraints shall be reported to the child's legal guardians(s).
- C) A child has the right to live within the least restrictive environment possible in order to retain their individuality and personal freedom.
- D) Children shall not be subjected to corporal punishment or cruel, severe, unusual, degrading or un-necessary punishment.

5. Civil Rights

- A) A child's civil rights shall not be abridged or abrogated solely as a result of placement in Lighthouse Ranch for Boys program.
- B) A child shall not be denied admission, segregated into programs or otherwise subjected to discrimination on the basis of race, color, religion, national origin, sexual orientation, physical limitations, political beliefs, or any other non-merit factor. Facilities must comply with the requirements of the Americans with Disabilities Act, 42 U.S.C. § 12101 et seq. (ADA).

6. Participation in Program Development

- A) A child has the right to refuse treatment.
- B) A child has the right to be treated with dignity in the delivery of services.
- C) A child has the right to receive preventive, routine and emergency health care according to individual need and that will promote his or her growth and development.
- D) A child has the right to be involved, as appropriate to age, development and ability, in assessment and service planning.
- E) A child has the right to consult with clergy and participate in religious services in accordance with his/her faith, but shall not be forced to attend religious services. Lighthouse Ranch for Boys shall have a written policy of its religious orientation, particular religious practices that are observed and any religious restrictions on admission. This description shall be provided to the child and the child's legal guardian(s). When appropriate, Lighthouse Ranch for Boys shall determine the wishes of the legal guardian(s) with regard to religious observance and make every effort to ensure that these wishes are carried out. Lighthouse Ranch for Boys shall, whenever possible, arrange transportation and encourage participation by those children who desire to participate in religious activities in the community.

Resident: _____

Date: _____

Parent/Legal Guardian: _____

Date: _____

Program Director: _____

Date: _____



Step 3 – After Acceptance

Personal Restraint and Seclusion Practices

Prohibited Personal Restraint and Seclusion Practices

1. Lighthouse Ranch for Boys has a written list of prohibited practices by staff members. This list shall include the following:

- A) Pain compliance, slight discomfort, trigger points, pressure points, or any pain inducing techniques;
- B) Hyperextension of any body part beyond normal limits;
- C) Joint or skin torsion;
- D) Pressure or weight on head, chest, lungs, sternum, diaphragm, back, or abdomen, causing chest compression;
- E) Straddling or sitting on any part of the body;
- F) any maneuver that puts pressure, weight or leverage into or on the neck or throat, on any artery or on the back of the person's head or neck;
- G) Any position or maneuver that obstructs or restricts circulation of blood or obstructs an airway;
- H) Any type of choking, hand chokes, arm chokes or sleeper holds;
- I) any type of head hold where the head is used as a lever to control movement of other body parts or any type of full or half nelson or head lock;
- J) Any technique that involves mouth, nose, eyes or any part of the face or covering the face or body; and
- K) Any maneuver that involves punching, hitting, poking, pinching or shoving.

2. The resident and, where appropriate, the resident's legal guardian(s) shall receive a list of the prohibited practices. There shall be documentation of acknowledgement of receipt of the list of prohibited practices

Resident: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Program Director: _____ Date: _____



Step 3 – After Acceptance Prohibited Practices Policy

1. Lighthouse Ranch for Boys has a written list of prohibited practices by staff members. Staff members shall not be allowed to engage in any of the prohibited practices. Staff shall not promote or condone these prohibited practices between residents. This list shall include the following:

- A) Use of a chemical or mechanical restraint;
- B) Corporal punishment such as slapping, spanking, paddling or belting;
- C) Marching, standing or kneeling rigidly in one spot;
- D) any kind of physical discomfort except as required for medical, dental or first aid procedures necessary to pre-serve the resident's life or health;
- E) Denial or deprivation of sleep or nutrition except under a physician's order;
- F) Denial of access to bathroom facilities;
- G) Verbal abuse, ridicule or humiliation, shaming or sarcasm;
- H) Withholding of a meal, except under a physician's order;
- I) requiring a resident to remain silent for a long period of time;
- J) Denial of shelter, warmth, clothing or bedding;
- K) Assignment of harsh physical work;
- L) Punishing a group of residents for actions committed by one or a selected few;
- M) Withholding family visits;
- N) Extensive withholding of emotional response;
- O) Denial of school services and denial of therapeutic services;
- P) Other impingements on the basic rights of children for care, protection, safety, and security.

2. The resident, where appropriate, and the resident's legal guardian(s) shall receive a list of the prohibited practices. There shall be documentation of acknowledgement of receipt of the list of prohibited practices by the resident and, where appropriate, the resident's legal guardian(s) in the resident's record.

A list of prohibited practices is posted in the facility.

Resident: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Program Director: _____ Date: _____



**Step 3 – After Acceptance
Release & Hold Harmless Agreement**

This Agreement limits the liability of Lighthouse Ranch for Boys, Inc. Please read carefully before signing.

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.

Participant _____

Print Participant's Name

Participant's Age _____

If participant is under 18 years of age, parent or guardian must sign.

Participant's parent/guardian _____

Print Participant's parent/guardian's name

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone:** _____

By signing this release and Hold Harmless Agreement ("Agreement"), I, Acknowledge that equine assisted activities, therapeutic and pleasure riding are dangerous activities that may result in injury (including death) to Participant, or result in damage to Participant's personal property.

Print Participant's name. [If participant is under 18, print name of participant's parent or guardian.]

With this knowledge, in consideration for the services of Lighthouse Ranch for Boys, Inc. and as inducement for Lighthouse Ranch for Boys, Inc. to provide equine assisted activities, therapeutic and pleasure riding to Participant, and/or to assist in providing equine assisted activities to Participant, I hereby waive, release, discharge and hold harmless Lighthouse Ranch for Boys, Inc., and all staff, volunteer assistants, their heirs, executors, administrators, successors or assigns, from any and all liability for damages sustained by Participant, Participant's family, any animal owned or controlled by Participant, or for any item of personal property under Participant's dominion and control.

Without limiting the generality of the above, I hereby waive and release Lighthouse Ranch for Boys, Inc., and all staff, and all volunteer assistants, for liability based on the active or passive negligence Lighthouse Ranch for Boys, Inc. I hereby agree to indemnify and hold harmless Lighthouse Ranch for Boys, Inc. all staff and volunteer assistants, for any claims which may be made against them, including attorney's fees and cost of suit, in any action based upon or arising from Participant's acts or omissions, or the actions of any animal within Participant's control. This release extends to all claims, whether presently known or unknown.

For and in consideration of Participant's participation in equine assisted activities, therapeutic and pleasure riding with Lighthouse Ranch for Boys, Inc., I state that I have read the waiver, release and hold harmless Agreement written above and I expressly agree that the terms and conditions of said waiver, release and hold harmless Agreement shall apply to and be binding upon me and Participant (my minor child). I further warrant I have health insurance for said Participant.

Participant Signature (if 18 or over): _____

Parent or Legal Guardian's Name (Printed): _____

Parent or Legal Guardian's Signature: _____



Step 3 – After Acceptance
Visitation Request Form

P.O. Box 238
51453 Hwy 443
Loranger, LA 70446
985-878-6560
www.lighthouse ranch.com

(Lighthouse Ranch is a restricted campus. Visitors must be pre-approved. Visitation Hours vary due to schedules and events. Please indicate Arrival and Departure times. If you expect to eat in the cafeteria with your son, you must pay \$5.00 per person. Visitors are required to comply with the Lighthouse Ranch Visitor Policy.)

Resident Name: _____

Visit Date Requested: _____. Arrival Time/Check-In _____.

Departure Time: _____. Other/Explanation: _____

Meal Reservations:
To be made before
arrival. To be paid when
arrive.

Lunch 12:30 p.m. – How Many? _____
Supper 5 p.m. – How Many? _____

Parents Requesting to Visit:

Only pre-approved visitors will be admitted to Ranch for Visitation. Visitors not approved by Director will be refused admittance.

Parent/Guardian: _____ Phone#: _____

Parent/Guardian: _____ Phone#: _____

Other Guest: _____ Relationship to Resident: _____

Other Guest: _____ Relationship to Resident: _____

I hereby state the information given above to be accurate. I also agree to abide by the rules assigned by Lighthouse Ranch, a Restricted Campus. Any items brought on Campus by family members for residents, must first be checked in and approved at the Business Office before visitation with Resident. NO CELL PHONES, IPADS, OR ANY DEVICE WITH INTERNET ACCESS WILL BE ALLOWED DURING VISITATION. Special restrictions may be imposed to prevent harm to the Resident. I understand failure to do so may result in cancellation of future visits.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Note: This must be submitted and APPROVED by Ranch Director in advance of visit.

**ALL VISITORS MUST CHECK WITH THE BUSINESS OFFICE FOR VISITATION. **

Office Use Only:

Approved Visitation Request: _____ Director

Notes: _____



P.O. Box 238
51453 Hwy 443
Loranger, LA 70446
985-878-6560
Fax: 985-878-9370

Step 3 – After Acceptance

ACH Form A

**ACH Tuition Draft Authorization Form
Private Pay Residents Only**

Signing the authorization at the bottom of this page, grants Lighthouse Ranch for Boys, Inc. the authority to automatically debit monthly charges to your personal checking, savings account or credit card account as tuition becomes due.

Benefits of this service include:

- > Convenience of not having to write checks.
- > Elimination of postage expense and the risk of late payments. > Avoidance of late charges through prompt, timely payments. > Establishment of excellent payment and credit records.

Lighthouse Ranch for Boys, Inc. will transmit your debit information to our bank for processing. The information will then be transmitted to your bank or savings institution for withdrawal from your account. Because virtually all financial institutions participate in the direct debit program, there should be no need to alter your current banking arrangement.

Your first payment will be drafted on _____

Monthly automatic drafts will occur on the same day each month as long as your child is enrolled.

Terms and Conditions

Dishonored Payment - If your bank refuses any automatic deduction, a fee of \$25.00 may be assessed. If we are unable to deduct sufficient funds on your due date, we will request a replacement payment by check or money order. Additional fees may be imposed by your bank.

Resident Information

Please list all student(s) attending Lighthouse Ranch For Boys, Inc. who are to be enrolled in the tuition payment system under your account.

Resident Name: _____
Please Print Clearly Age _____

Parent/Guardian Name: _____
Please Print

Parent/Legal Guardian: _____
Signature Date: _____



P.O. Box 238
51453 Hwy 443
Loranger, LA 70446
985-878-6560
Fax: 985-878-9370

Step 3 – After Acceptance

ACH Form B

Authorized Agreement for Prearranged Payment
Private Pay Residents Only
(ACH Debits)

School Name: Lighthouse Ranch for Boys, Inc.
PO Box 238
Loranger, LA 70446
Phone: 985-878-6560
www.lighthouse ranch.com

I (We) hereby authorize Lighthouse Ranch for Boys, Inc. to initiate charges in the amount indicated below. The depository named below is authorized to debit the account I (we) have specified per this form. If the amount varies, Lighthouse Ranch for Boys, Inc. will send written notice of the amount and the scheduled date of transfer at least ten calendar days before the scheduled transfer date.

Depository Name (your bank) _____

City State Zip Code _____

Phone Number: _____ Bank Contact: _____

Bank Transit/ABA/Routing # _____

Account # _____

() CHECKING – Attach VOIDED CHECK () SAVINGS – Attach DEPOSIT SLIP

Amount: _____ Draft date: _____ of each month.

This authority is to remain in effect until the depository has received written notice of termination and has been provided a reasonable opportunity to take action. The depository customer has the right to stop payment of debit entry by notifying the depository prior to charging the account. If Lighthouse Ranch for Boys, Inc. initiates an incorrect debit entry to the customer's account, the customer shall have the right to ask the depository to credit the amount from that entry to the account. To obtain proper credit to the account the customer shall have fulfilled the following conditions: Notify the depository in writing of the incorrect entry within fifteen calendar days following the date the customer received the statement of account or a written notification of that entry or 60 calendar days after posting, whichever comes first.

Parent/Guardian Name: _____
Please Print

Parent/Guardian Name: _____ Date: _____
Signature