



DOWNHOME
RANCH
Rancher Interest Form

- Residential**
 Day Program (M-F)

Name of Potential Rancher: _____

NOTE: Down Home Ranch evaluates potential Ranchers based on 1) their compatibility with current Ranchers and 2) their ability to benefit from and contribute to the unique community that is Down Home Ranch and the programs we offer. All other factors being equal, a potential Rancher who has been on the list longer will be offered services before those who have been on the list a shorter time.

Age: _____ Date of Birth: _____ Male _____ Female _____

Guardian/other: _____ Date: _____

Phone Number: _____ Email: _____

Desired Date of Admission: _____ Currently on Medicaid: _____ Yes _____ No

Interested in (Check all that apply) : _____ ICF _____ Tuition Based _____ HCS

Current Program/Funding: _____ None _____ ICF _____ HCS _____ Private

Describe this individual :

Are there any special needs we need to be aware of? :

What are their interests and how would these make this individual a good fit for Down Home Ranch? :

Has this person been to Down Home Ranch and if so, when? :

Are there other things to consider when reviewing this applicant for our services? :

Diagnosis: _____

Guardian/other #1:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Guardian/other #2:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

IT IS THE RESPONSIBILITY OF THE GUARDIAN/OTHER TO KEEP DOWN HOME RANCH INFORMED OF CHANGES IN ADDRESS, PHONE NUMBERS, EMAILS & OTHER CONTACT INFORMATION.

Email	Mail	Fax	For office use only:
program@downhomeranch.org Please include "DHR Interest List" in the Subject line along with the name of the potential Rancher.	20250 FM 619 Elgin, TX 78621	Please submit by fax: 512-856-0256	Who Entered: _____ Date entered: _____ Contact Date: _____ Staff Initial: _____