KENTUCKY YOUTH CHALLENGE

STUDENT APPLICATION

Rev. 01/15/2025

Thank you for your interest in Kentucky Youth Challenge Our classes begin every January and July. This is a chance of a LIFETIME!!

We accept applications on a first come first served basis we urge you to get your application submitted as soon as possible. The classes fill up very quickly please do not wait until the last minute.

Bluegrass ChalleNGe Academy
114 Conroy Ave. Bldg. 5549
Fort Knox, KY 40121
1-877-599-6884
http://www.bcachallenge.com
vicky.a.newton.nfg@army.mil

Eligibility requirements for our program:

- 16, 17, or 18 years of age upon entry **(have to be 16 years old by graduation date)**
- A youth who is failing in school, no longer attending school **and** who has not received a high school diploma or GED
- No felony convictions
- Resident of Kentucky **(non-state residents require prior approval)**
- Mentally and physically capable to participate in the program
- Volunteer to attend program
- Be free of illegal drugs (Candidates will be tested for drug use)
- Unemployed or underemployed

Directions and packing list will be forwarded after acceptance has been established to the program.

Application Instructions-Read Carefully

If you have questions about filling out the application, please contact the Academy. We recommend that you keep a copy of your entire application.

NOTE – Application should not be signed until in the presence of an admissions coordinator

Notary will be completed at your interview.

By typing my name in the boxes below I am offering my digital signature in lieu of my handwritten signature. I understand that my digital signature carries the same legal bindings as my handwritten signature. Int. ___

APPLICATION CHECKLIST
Incomplete applications will not be accepted!

3. Eminence Schools Statement Initial: _____

4-5. Applicant & Parent/Legal Guardian information sheet Initial: _____

6-7. Report of Medical History (Include documentation or explain questions 10 & 11) Initial: _____

8. Report of Medical History (Part 2) Initial: _____

9. Insurance Information Initial: _____

10. Legal Information (Law Violations) Initial: _____

11. Special Power of Attorney for the Authorization of Medical Care and Medical Expense Statement Initial: _____

12. Certificate of Understanding and Release of Liability Initial: _____

13. Acknowledgment of Legal Custody &Drug, Alcohol, Pregnancy and HIV Testing Initial: _____

14. Release of Information Form Initial: _____

15. Workers Comp, Privacy Act, Unauthorized Absence & Acknowledgment of App. Initial: _____

16. Kentucky Youth ChalleNGe WellFront Counseling Survey Initial: _____

Copy of Official Birth Certificate (do not send original)
Copy of Social Security Card (do not send original)
Copy of Immunizations/ Shot records (do not send original) Initial: _____

Copy of Front and back of Medical Insurance Card(s) Initial: _____

Tetanus needs to be up to date

(Meningacoccal) booster dose (Age: 16 years) and Hep A must be current

Copy of High School Disenrollment Form

Copy of High School Transcript Must be on hand not later than Day 15

Dental work, eye exams, and medication needs should be taken care of before coming to Kentucky Youth Challenge.

* Prescription Medication will not be accepted if it is older than 30 days
* Do not send vitamins or over the counter medicine
* If applicant takes medication, he/she must come with a 30 day supply

Vision

All children are worth fighting for, and Bluegrass ChalleNGe Academy (BCA) is an environment where a partnership between the Kentucky National Guard and Eminence Independent will foster the highest educational environment for the students attending.

Educational Endeavor

Students enrolled in BCA receive educational services through Eminence Independent, a public school. Due to the nature of the program, online courses are the vehicle for educational instruction. Currently, EDGENUITY is the learning platform which is used and courses are assigned to the student that will help them gain credit during their time in the classroom.

Educational Rights

The BCA Acceptance Board handles admission into BCA. Once a cadet is accepted to the program and meet the qualifications of BCA, the student is then eligible to have their educational needs met through Eminence Independent Schools. The students in attendance are attending a public school. Procedural safeguards and the law as pertaining to IDEA and ESSA are consistent at Bluegrass ChalleNGe Academy.

Timelines

When students enter the National Guard Youth ChalleNGe Program, there is a 2 week "Acclimation Period" where cadets are readying their minds and bodies for the demands of behavior modifications that many will find beneficial. Students attending this program, have often had truancy or behavioral infractions at their schools previously attended. This highly structured program, builds character and helps to foster skill sets and tools that will help them to succeed in the real world. After the acclimation period ends, students are ready to begin their educational journey. At this point, classes begin and they become members of Eminence Independent School System for approximately 95 days.

ARC Meetings and IEP Documents

Admissions Mentoring Placement Coordinators (AMP's) are the liaisons between families and BCA. It is important to let the AMP's know if your student has an active IEP and they currently receive services from the school district previously attended. These documents can be given to the AMP's to facilitate identification so once enrolled in Eminence Independent School, they can have the continuum of services met. If the student is from out of state, an ARC meeting will be held and an IEP developed. The previous IEP can be consulted by the special education staff to provide guidance on the services needed to best suit each child. Often, IEP's might have to be modified to specify the special education setting, the least restrictive environment, modifications, and special education services.

I have read and understand the above information:

_____ _____

Parent or Guardian Signature Date of Signature

APPLICANT INFORMATION SHEET

Applicant's Information: Print Clearly and fill in ALL of the information

Today's Date:_____ Social Security#_____

Have you applied here before Yes ☐ No ☐ If Yes, when:_____

Last Name_____ First Name_____ MI_____

Date of Birth_____Age:_____ Gender: ☐ Male ☐ Female

Last Public School Attended_____

Last Day of Attendance_____ Highest Grade Completed_____

Are you employed? ☐ Yes ☐ No If Yes, Occupation_____

Ethnicity (Must Check One) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

☐ Black ☐ Hispanic ☐ White Religion_____

Married ☐ Yes ☐ No Number of Children_____

Are you currently free from illegal drugs and/or alcohol: ☐ Yes ☐ No

Applicant's Contact Information

Home Phone_____Email_____

Address_____

City_____ County_____ State_____

Zip_____

I certify that_____(applicant) is not a high school graduate, does not have an alternative certificate or GED nor is currently attending school _____(initial) or the last day of attendance will be_____(date)_____(initial).

PARENT/LEGAL GUARDIAN INFORMATION SHEET

Parent/Guardian Information

A.

Relationship to Applicant: _____

Last Name_____ **First Name**_____ **MI**_____

Home Phone_____ **Work Phone**_____

Cell Phone_____ **Email**_____

Address_____

City_____ **County**_____ **State**_____

Zip_____

Is this Person Authorized for pickup? ☐ **Yes** ☐ **No**

Legal Guardian? ☐ **Yes** ☐ **No** **Emergency Contact?** ☐ **Yes** ☐ **No**

B. **Relationship to Applicant:** _____

Last Name _____ **First Name** _____

Home Phone_____ **Work Phone**_____

Cell Phone_____ **Email**_____

Address_____

City_____ **County**_____ **State**_____

Zip_____

Is this Person Authorized for pickup? ☐ **Yes** ☐ **No**

Legal Guardian? ☐ **Yes** ☐ **No** **Emergency Contact?** ☐ **Yes** ☐ **No**

REPORT OF MEDICAL HISTORY

Last Name_____ First Name_____ MI_____

ANSWER ALL QUESTIONS, PUT N/A IF NOT APPLICABLE FAILURE TO DISCLOSE KNOWN ISSUES COULD RESULT IN DENIAL OF ENROLLMENT OR TERMINATION IF IDENTIFIED AT A LATER TIME.

1. Statement of Health: Good ☐ Fair ☐ Poor ☐

Explain_____

2. Current Medication(s)
Please give name of medication, dosage of medication, and time given. Use a new line for each medication.

3. In the past two years, has the applicant taken any type of medication that he/she no longer takes (DO NOT include over-the-counter medication & antibiotics that he/she is no longer taking)
Yes ☐ No ☐
If Yes, list what type and why the applicant stopped taking the medication:

_____

4. Allergies (INCLUDE INSECT BITES, COMMON FOODS, AND MEDICATIONS)_____

_____

5. Ht._____ Wt._____ Eye Color_____Hair color _____

6. Physician Name:_____ Phone:_____

7. Psychiatrist/Psychologist Name:_____ Phone:_____

8. Dentist Name:_____Phone:_____Last Exam: _____

9. Braces? ☐ Yes ☐ NO Orthodontist Name and Ph#_____

10. Have you ever been hospitalized for an illness or injury ☐ Yes ☐ No

If so; when, where, and why? _____

*11. Have you ever consulted or been treated by a psychiatrist, psychologist, therapist, and/or counselor? ☐ Yes ☐ No

If yes, please choose one: ☐ Comp Care ☐ Private Practice ☐ Other

Name/Phone Number:_____

Reason: _____

*12. Have you been hospitalized in the last 12 months for any illness, injury, and/or mental disorder? ☐ Yes ☐ No If yes: Date:

Reason:_____

**13. Have you had a broken bone in the last 6 months? ☐ Yes ☐ No

If yes: Date:

If so, describe what happened: _____

14. Glasses? ☐ Yes ☐ No Optometrist Name and Ph#_____

15. Has the child ever threatened or attempted suicide? ☐ YES ☐ NO

When did this occur?_____

Did the child recieve treatment? YES ☐ NO ☐

***Note: If you answered "YES" questions 12 and 13, and it has been in the last 12 months, all records must be sent with your application**

****If you answered yes to question 15 you must provide a doctor's release with your application**

REPORT OF MEDICAL HISTORY

Last Name:_____ First Name_____
MI_____CHECK ALL OF THE ITEMS THAT APPLY NOW OR THAT YOU HAVE EVER EXPERIENCED.SELECT CURRENT IF THE CONDITION IS WITHIN THE LAST 12 MONTHS. SELECT PAST IF THE CONDITION OCCURRED OUTSIDE OF 12 MONTHS. P = PAST/C= CURRENT

P / C		P / C		P / C	
☐☐	Thyroid trouble/goiter	☐☐	Eye/ear/nose/throat trouble	☐☐	Adverse reaction to medication
☐☐	Bone/joint deformity	☐☐	Frequent indigestion	☐☐	Chronic/frequent colds or coughs
☐☐	Skin disorders	☐☐	Pregnant at this time	☐☐	Depression or heavy weeping
☐☐	Sinusitis/hay fever	☐☐	Paralysis	☐☐	"Trick" knee/shoulder/elbow
☐☐	Tumor/growth/cyst/cancer	☐☐	Nose bleeds	☐☐	Obsessive Compulsive Disorder
☐☐	Lameness or neuritis	☐☐	Behavior Disorder	☐☐	Oppositional Defiant Disorder
☐☐	Nervous disorder	☐☐	Stomach/intestinal	☐☐	Sexually Transmitted Disease
☐☐	Bi-Polar	☐☐	Epilepsy/seizures/fits	☐☐	Asthma/shortness of breath
☐☐	Broken bones	☐☐	Gall bladder trouble	☐☐	Treated for female disorders
☐☐	Rupture/hernia	☐☐	Jaundice/hepatitis	☐☐	Severe tooth or gum trouble
☐☐	Rectal disorder	☐☐	Motion Sickness	☐☐	Change in menstrual cycle
☐☐	ADD/ADHD	☐☐	Bleeds easily	☐☐	Painful/frequent urination
☐☐	Coughed up blood	☐☐	Arthritis/rheumatism	☐☐	Dizziness/fainting spell
☐☐	Anemia/Sickle Cell	☐☐	Recent gain/loss of weight	☐☐	Palpitation/pounding heart
☐☐	Attempted suicide	☐☐	Liver disorder/disease	☐☐	Kidney stone/blood in urine
☐☐	Leg/feet cramps	☐☐	Frequent trouble sleeping	☐☐	Frequent/severe headaches
☐☐	Recurrent back pain	☐☐	Diabetes/hypoglycemia	☐☐	Loss of finger/toe/arm/leg
☐☐	Knee brace/back support	☐☐	Had 1 or more children	☐☐	Sugar/albumin in urine
☐☐	Head injury	☐☐	Eating Disorder	☐☐	Heart trouble/murmur
☐☐	Swollen or painful joints	☐☐	Unconsciousness	☐☐	High/low blood pressure
☐☐	Bedwetting since age 12	☐☐	Sleepwalker	☐☐	Speech Impairment
☐☐	Scarlet/Rheumatic fever	☐☐	Loss of Memory/Amnesia	☐☐	Hearing Impairment
☐☐	Tuberculosis				

INSURANCE INFORMATION

Insurance Information: Include copy of front and back of insurance card.

Medical

Name of Insurance Company:_____

Subscriber's Name:_____

Subscriber's birthday:_____

Subscriber's place of work:_____

Insurance Company Address:_____

Insurance Company Phone:_____

Identification Number:_____

Group Number:_____

Pharmacy

FSA Card ☐ HRA Card ☐ Pharmacy Card ☐

Card #_____ ID #_____ RX Group #_____

PCN #_____ RX Bin #_____ Pharmacist Call #_____

Dental

Dental Insurance Company Name:_____

Dental Insurance Phone:_____

Dental Insurance ID:_____

Vision

Vision Insurance Company Name:_____

Vision Insurance Phone:_____

Vision Insurance ID:_____

LEGAL INFORMATION

Last Name:_____First Name:_____MI_____

1. Have you ever been arrested and/or charged with a crime? ☐ Yes ☐ No
   If you answered "No", go to the next page

2. If you answered "Yes" to question #1, please complete the following:

Date:_____

Place of Offense: City_____County_____State_____

Offense/Violation:_____ Misdemeanor ☐ Felony ☐

Name & Location of court:_____

Penalty Imposed/Disposition_____

CDW: Name_____Phone_____

Date:_____

Place of Offense: City_____County_____State_____

Offense/Violation:_____ Misdemeanor ☐ Felony ☐

Name & Location of court:_____

Penalty Imposed/Disposition_____

CDW: Name_____Phone_____

Date:_____

Place of Offense: City_____County_____State_____

Offense/Violation:_____ Misdemeanor ☐ Felony ☐

Name & Location of court:_____

Penalty Imposed/Disposition_____

CDW: Name_____Phone_____

3. Are you Currently awaiting a hearing or sentencing? Yes ☐ No ☐

4. If you are awaiting a hearing or sentencing, what is the scheduled date/time and city/county?

Date_____Time_____City_____County_____

SPECIAL POWER OF ATTORNEY AUTHORIZING MEDICAL CARE & EXPENSES (TO BE NOTARIZED)

Appointment of Attorney-in-Fact for Obtaining Health Care

That I _____ as parent/legal guardian of, _____ Guardian (or Applicant if 18 years of age)
Applicant's Printed First and Last Name)

A Cadet of the Kentucky Youth Challenge Academy, appoint the Kentucky Youth Challenge Academy, and its authorized agents, as my attorney-in-fact for purposes of obtaining health care; medical treatment; and /or psychological treatment for the benefit of the cadet.

Authorization for Treatment by Youth ChalleNGe Academy Medical Staff – Specifically, I acknowledge the medical staff at Kentucky Youth ChalleNGe Academy consists of a Registered Nurse, a Licensed Practical Nurse and a contracted Medical Director. Determinations regarding appointments, administering treatments, medications, approved diagnosis and all other actions approved by the Medical Director will be carried out by the nursing staff in accordance with the laws of the State of Kentucky.

Authorization for Treatment by Medical Care Providers – Further, I specifically authorize Kentucky Youth ChalleNGe Academy to act in loco parentis for the cadet to obtain the medical care and medical treatment deemed advisable or necessary to benefit and/or maintain the health of the cadet. I intend for the Kentucky Youth ChalleNGe Academy to perform any and all acts as fully to all intents and purposes as I might or could if were personally present: to authorize and provide for the care, maintenance, well-being and health including, but not limited to, authorizing any and all medical and hospital care and treatment, regardless of whether on an emergency basis, including major surgery deemed necessary by a duly licensed staff physician at any hospital whether within or without the territorial limits of the State of Kentucky.

Authorization for Distribution of Medication by Youth ChalleNGe Cadre – Further, I specifically authorize Kentucky Youth ChalleNGe Academy Cadre, under the instruction and supervision of Kentucky Youth ChalleNGe medical staff, to distribute over-the-counter and prescription medications to the cadet in accordance with those times and dosages set forth by the prescribing practitioner and/or the medical staff of the Kentucky Youth ChalleNGe Academy.

Intent to Hold Harmless – It is my intent that the Kentucky Youth ChalleNGe Academy and its lawful agents, cadre, the medical facility and any doctors, nurses and other medical personnel involved in providing care or advice shall have no civil or criminal liability for honoring my wishes as expressed in this designation or for implementing the decisions of my attorney-in-fact.

Medical Expense Statement of Understanding- I acknowledge the Kentucky Youth ChalleNGe Academy **DOES NOT** pay for medical expenses incurred by the cadet if the injuries/illnesses are caused by cadet participating in a non-sanctioned Youth ChalleNGe activity and I acknowledge and agree I, as the parent/legal guardian, regardless of insurance coverage, am responsible for all medical and psychological expenses, to include all co-payments, deductibles, and all non-covered expenses. The Academy will provide physician; hospital or pharmacy needs with the appropriate insurance information or Medicaid/Medical coverage.

Durable Power of Attorney – Date of Expiration

I intend for this Appointment of Attorney-in-Fact for Obtaining Health Care to be a Durable Power of Attorney and to remain in effect if I become disabled, incapacitated or incompetent. **This Appointment of Attorney-in-Fact shall remain in effect from the_____day of_____20 ___ Until the cadet graduates from the Academy or is released from the Academy.**

_____	_____	_____
Applicant Signature	**Applicant Printed Name**	**Date**
_____	_____	_____
Parent/Legal Guardian Signature	**Parent/Legal Guardian Printed Name**	**Date**

State of Kentucky, County of _____

Before me, a Notary Public in and for the State of Kentucky, personally appeared the above person(s) personally known to me and proved to me on the basis of satisfactory evidence, to be the person(s) whose name(s) is/are subscribed to this document and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity. IN WITNESS THEREOF, I have affixed my signature hereto this_____day of_____, 20_____.

_____	_____
Signature of Notary Public	**Printed Name of Notary**

A resident of _____ Please Place Stamp/Seal here:

My Commission Expires: _____

CERTIFICATE OF UNDERSTANDING AND RELEASE OF LIABILITY

*If the applicant is 18 years of age he/she should enter their own name on the first line and enter "N/A" on the second line.

I,_____applicant/parent or guardian of,

_____with the Challenge Academy, hereby certify:

1. That I permit my child to participate in all Academy activities which may include UNIQUE activities such as rappelling, ropes course, Red Cross blood donations, aircraft rides (to include military aircraft), extreme physical activities, and various off campus activities; to include transportation to and from such events and travel in and outside of Kentucky in various types of vehicles. This release also includes all activities that might be involved with the Mentor assigned by the Academy to the student. This release shall remain in effect for the 17 ½ month duration of both Residential and post-Residential program.

2. That the Academy has my permission to release photographs of my child to the media and non- confidential information of my child to the same for publicity purposes.

3. That the Academy has permission for my child to participate in the GED, SAT, ACT, ASVAB, TABE or any other academics related to test.

4. That I give my permission for my child to receive counseling services from the Kentucky Youth Challenge personnel. Services may include mental health and/or substance abuse counseling, and psychological/educational tests.

5. If my child becomes a danger to himself/herself, I hereby give my permission for the personnel to take necessary measures to maintain his/her safety which may include a referral for psychological evaluation and/or hospitalization.

6. That the Academy's policies and procedures have been explained to me and I understand what the Academy will attempt to do.

7. That I give my permission for the Academy Staff to maintain discipline by imposing disciplinary measures upon my child.

8. I Understand that as a Credit Recovery participant, should my child resign or be terminated no credit earned will be awarded.

Furthermore, in consideration of my child's participation in the Academy, I HEREBY RELEASE the State of Kentucky, the officers, agents, employees, successors and assigns from any and all liability which may arise from my child's participation in the Academy. I AGREE to hold harmless the State of Kentucky National Guard, the National Guard Youth Challenge Program, the officers, agents, employees, successors and assigns regarding any liability or cause of action which may arise from my child's participation in the Academy.

*The applicant is 18 years of age and has signed this form personally.

Signature:_____Date:_____

ACKNOWLEDGEMENT OF LEGAL CUSTODY
DRUG, ALCOHOL, PREGNANCY TEST ACKNOWLEDGEMENT

In the event that the undersigned is a Parent of the Applicant, rather than a Guardian, then it is hereby agreed that a copy of the Applicant's Birth certificate shall suffice as proof of same.

In the event that the undersigned is a Guardian rather than a Parent of the Applicant, then said Guardian hereby agrees to attach hereto any documentation (i.e., court order, probated will, etc.) necessary to prove guardianship of Applicant.

*If the applicant is 18 years of age he/she should enter their own name on the first line and enter "N/A" on the second line.

I,_____, applicant/parent/legal guardian of

_____, hereby authorize my son/daughter to be tested by qualified individuals for drugs and alcohol at the end of Pre-Challenge.

I also understand that my daughter will be tested for pregnancy during the course of the in-take physical and may be tested any time deemed necessary during the course of the program.

I also understand that during the course of the program my son/daughter may be randomly tested for drugs, alcohol, pregnancy.

I also understand that a positive test result for drugs or alcohol will subject my child to immediate expulsion from the program.

*The applicant is 18 years of age and has signed this form personally.

Signature:_____ Date:_

RELEASE OF INFORMATION LETTER

Last Name:_____First Name:_____ MI:_____

Social Security #_____ DOB:_____

I consent for the release of the information requested below from the staff at the Challenge Academy.

Parent/Legal Guardian's Signature_____

Date_____

(This authorization shall remain effective from one year from date of signature)

ACADEMY USE ONLY

****

The LEGAL GUARDIAN hereby authorizes release of the following information records to Kentucky Youth Challenge:

- Intake, psychological, psychiatric evaluations
- Medical History/Record
- Substance Abuse (alcohol/drug abuse)
- Psychological Testing
- Other

Juvenile Court Records

- Penal Institution
- Treatment notes and summaries
- School records (IEP reports, etc.)

To: (Name/Title)_____

Agency: _____

Address: _____

City:_____State:_____Zip:_____

I consent to the release to provide essential background information to assess the needs of the cadet requiring assistance in counseling and to coordinate or facilitate social/community services.

CHALLENGE ACADEMY REPRESENTATIVE DATE

_____ _____

CHALLENGE ACADEMY

WORKERS COMPENSATION STATUS

All Cadets are neither considered federal employees nor are they a member of the National Guard except under certain provisions of the law. They shall be considered federal employees for the purposes of compensation for work related injuries, or relating to the liability of legal conduct of employees of the United States. No Cadet will be considered to be in performance of duty while not at the assigned location of training or other activity authorized by the program agreement except while the Cadet is traveling or is on a pass or any other activity. All Cadets when receiving benefits for disability or death, the monthly pay that is received will be under the salary for a grade GS-2 federal employee. Further Cadets must understand the entitlement to receive compensation for disability will begin on the day following the date the person's participation terminates from the program.

PRIVACY ACT

"Personal Information is required and protected under the Privacy Act of 1974. Kentucky Youth ChalleNGe operates as an entity of state government, organized under state law. Data for program operations is required and protected under Public Law 102-484, Section 1091 e (2). Disclosure is voluntary, however; persons failing to provide the information requested on this document will not be considered for participation in the program. Information provided on this application and generated during residential and post residential performance will only be used by the program to meet federal and state requirements and will not be released to any party outside the Youth ChalleNGe organization, our inspectors/evaluators, or based upon requirements dictated by competent legal authority."

UNAUTHORIZED ABSENCE

"I understand that all Kentucky Youth Challenge participants are there as volunteers and regardless of the training location agree to follow the rules and guidelines of the program and the instructions of staff supervising their activities. I understand that every effort of the supervising staff is intended to insure cadets operate in a safe, secure and managed environment. I understand that if my child chooses to absent himself from planned activities, there is little the program can do to absolutely prevent this type of behavior. I also understand that immediately upon any action my child takes to absent themselves from program activity or supervision without proper authority; I absolve Kentucky Youth Challenge of any liability due to this action. I understand Kentucky Youth Challenge will take immediate steps to locate my child once the absence is identified, and will process a missing person's report with all local authorities and notify me at this point. I also understand that any participant who is absent without proper authority for more than 24- hours may be terminated from attendance.

ACKNOWLEDGEMENT OF APPLICATION

I have read and understand all pages of the application. I hereby agree that all information is true and complete to the best of my knowledge. I understand that if the application is not complete, the applicant will not be accepted. I also understand that if I willfully mislead or fail to disclose all necessary information it will cause denial of the application.

Applicant Signature_____ Notary ID number_____

Parent/Legal Guardian Signature_____ Notary Signature_____

Date_____ Date_____

Permission to Obtain/Release Confidential Information

Name of Client:_____ Date of Birth:___/___/___

I hereby give consent to WellFront RS to exchange pertinent and relevant information with the **Bluegrass Challenge Academy**.

Name: Kentucky National Guard/Dept.of Military Affairs

Street: 114 Conroy Ave, Bldg 5549

City/State/Zip: Fort Knox, KY 40121 Phone: 877-599-6884 Fax: 502-624-1300

Information obtained may include (check all that apply):

- ☐ Clinical Impressions and Records
- ☐ Academic Records (cumulative records, report cards, standardized test scores, etc.)
- ☐ Health Records
- ☐ Special Education Records/504 Plan Records (IEP, 504 Plans, PPT/Student Study Team minutes, evaluations)
- ☐ Psychiatric Evaluations
- ☐ Psychological Evaluations
- ☐ Social Work Evaluations
- ☐ Educational Evaluations
- ☐ Speech and Language Evaluations
- ☐ Other Evaluations (vocational, occupational, etc.)
- ☐ Other _____

Client/Parent/Guardian Signature:_____

Print Name:_____

Relationship to Client:_____

Date: _____

BCA Applicant Interview Questions

1. How did you learn about Bluegrass ChalleNGe Academy?

2. Why have you selected to attend Bluegrass ChalleNGe?

3. What are you wanting to get out of attending BCA?

4. What obstacles would you like to overcome in life?

5. What are your Strengths/Weaknesses?

6. Where do you see yourself in 5 years?