



Student Application Packet

Dragonfly Transitions

919 High Street
Klamath Falls, OR 97601

Phone: (541) 850-0841
Fax: (866) 341-3053
E-mail: admissions@dragonflyadventures.com



D R A G O N F L Y A D V E N T U R E S . C O M

919 High Street • Klamath Falls, OR 97601 • Phone: 541-850-0841 • Fax: 866-341-3053

Dear Applicant,

Welcome to the Dragonfly Transitions Application process! Dragonfly Transitions is committed to admitting students who will contribute to a diverse and supportive learning environment. To this end, we have created an application process that allows the Dragonfly Transitions Admissions Committee to get to know each applicant's strengths, weaknesses, motivations, and personal vision. In addition, we hope to capture a bit of your personality and life story.

The application process consists of the following steps:

- ☑ Your parents or Sponsor will be asked to complete the *Enrollment Application* which includes student and family contact information, your educational and medical histories, as well as their perspective on your past behavior and current functioning. The *Application* includes all the basic information collected by most schools. You may also be required to sign release forms that give us permission to request records from schools, programs or professionals who have worked with you in the past.
- ☑ You will be completing this packet, which includes the *Student Questionnaire*, *Basic Program Agreements*, and *Confidentiality Agreement and Grievance Procedure*. We encourage you to think about your responses to the *Questionnaire* as they are important and give us the opportunity to get to know a bit about you. We want to know your interests, your struggles, your goals, what you like and what you don't.
- ☑ The Admissions Committee will review all the information received from you and your parents or Sponsor to determine if you could benefit from the program offered by Dragonfly Transitions.
- ☑ If the Admissions Committee determines that you meet the profile of young adults enrolled by Dragonfly, the Admissions Office will schedule an interview to speak with you either in person or by telephone. The interview provides an opportunity for both you and the Admissions Committee to determine if Dragonfly Transitions will be a good fit for you. It also gives you a chance to obtain additional information or ask questions about the program and Klamath Falls.
- ☑ Within 72 hours following the interview, the Admissions Committee will inform both you and your parents/sponsor of their decision regarding your acceptance for enrollment.

- Following the Admissions Committee's decision, you and your parents will make a decision about enrollment. If you decide to enroll, several additional forms must be completed. You will need to sign some of these documents as well.

Should you have questions about how to complete the forms in this packet or require additional information about the Dragonfly program or admissions process, do not hesitate to contact the Admissions Office at the telephone number listed below. Your *Student Applicant Packet* should be mailed or faxed to:

Dragonfly Transitions Admissions Office
919 High Street
Klamath Falls, OR 97601

Phone: (541) 850-0841
Fax: (866) 341-3053

We are pleased that you have chosen to apply to Dragonfly Transitions and we look forward to getting to know you!

Sincerely,

Mona Treadway

Mona Treadway
Admissions Director
Dragonfly Transitions

NAME OF STUDENT

Part II – Personal History

Do you have any medical issues we should know about? No Yes (please explain below) As your parents or Sponsor will be completing a form describing your Medical History form, we are especially interested in any medical history you may not have shared with them.

Have you been diagnosed with any type of psychological condition? No Yes
Are you currently taking any medication to help with this condition? No Yes
If you answered yes to either question, please explain and list any medications.

Have you ever been in counseling, therapy or treatment? No Yes (what type, with what results)

During the past year have you had difficulty with any of the following:

- | | |
|---------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Drugs or alcohol | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Gambling, porno, other addiction | <input type="checkbox"/> Suicidal thoughts or attempts |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Self-injury, cutting, burning |
| <input type="checkbox"/> Explosive anger episodes (loss of control) | <input type="checkbox"/> Fears or anxiety |
| <input type="checkbox"/> Illegal activities, arrests, probation | <input type="checkbox"/> Other (specify): |

If you checked any of the boxes, please explain and describe what happened and the type of help or support you feel you will need from Dragonfly Transitions to prevent a reoccurrence of this behavior.

Have you experienced any traumatic events such as death of a friend or family member, divorce of parents, serious illness, sexual assault, significant injury or something similar? No Yes (explain what happened and how it has effected you)

NAME OF STUDENT

Using the scale below, circle the number that best describes your drug and alcohol use:

	<u>No Use</u>	<u>Experiment</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Daily</u>	<u>How Long</u>
Tobacco	1	2	3	4	5	
Alcohol	1	2	3	4	5	
Cannabis (Marijuana)	1	2	3	4	5	
Amphetamine (Speed, Crystal, Meth)	1	2	3	4	5	
Cocaine (Crack)	1	2	3	4	5	
Hallucinogens (PCP, LSD, mushrooms)	1	2	3	4	5	
Inhalants (gas, glue, Nitrous Oxide)	1	2	3	4	5	
Opiates (Heroin, Derion, Demerol, Percoset, Oxycontin)	1	2	3	4	5	
Sedatives (sleeping pills)	1	2	3	4	5	
Club Drugs (Ecstasy, Special K)	1	2	3	4	5	
Steroids	1	2	3	4	5	
Other (specify):	1	2	3	4	5	

Have you ever received treatment or counseling for alcohol or drug use? Please explain.

Have you ever used extreme measures to lose or control your weight (i.e., bingeing/purging, laxatives, excessive exercise, unconventional or excessive dieting, significantly restricting food intake)? No Yes (explain below)

Part III – Current Situation

What other options are you considering besides Dragonfly Transitions?

What attitudes or beliefs have you had in the past that made succeeding a challenge for you? Do you still hold these beliefs?

NAME OF STUDENT

Underline or circle any of the following that you are experiencing currently or in the last 60 days.

- | | | | |
|----------------------|-----------------------|----------------------------|--------------------|
| Headaches | Can't make a decision | Sexual problems | Alcoholism |
| Palpitations | Cry frequently | Shy | Tremors |
| Bowel disturbances | Unable to enjoy self | Can't keep a job | Take drugs |
| Anger | Dizziness | Financial problems | Allergies |
| Nightmares | Stomach trouble | Concentration difficulties | Can't make friends |
| Tension | Fatigue | Physical pain | Memory problems |
| Depressed | Take sedatives | Fainting spells | Lonely |
| Unable to relax | Panic attacks | Anxiety | Excessive sweating |
| Over ambitious | Lethargic | No appetite | Lack motivation |
| Inferiority feelings | Suicidal ideas | Difficulty sleeping | Conflict |

Are there any other factors that are significantly impacting your current situation (i.e., finances, friends, legal situation, identity confusion, weight issues, etc.)?

Circle or **underline** any of the following words that apply or describe you. There is no right or wrong answer, we are just trying to get a sense of how you describe or think about yourself.

Intelligent, worthless, happy, unattractive, truthful, confused, useless, a "nobody", smart, inadequate, kind, frightened, silly, trustworthy, "life is empty", anxious, obscure, vindictive, liberal, unassertive, thoughtful, spiritual, naïve, manipulative, serious, incompetent, sensual, curious, unique, evil, powerful, intolerant, shameful, gifted, unpopular, strong, worried, fortunate, self-conscious, generous, motivated, sensitive, follower, calculating, mindful, panicky, morally wrong, "free spirit", tired, hopeful, sloppy, capable, cute, spacey, appreciative, perceptive, adventurous, weak, respected, courageous, repulsive, "can't do anything right", hostile, funny, complaining, conservative, arrogant, masculine, depressed, pleasant, self-serving, hateful, caring, unlucky, agitated, affectionate, stupid, handy, alone, resourceful, asexual, cowardly, well-intentioned, annoying, nosy, successful, awkward, inconsiderate, worthwhile, unfocused, aggressive, creative, deformed, misunderstood, talented, stuck-up, scared, chubby, charismatic, wanted, spoiled, desirable, resilient, obsessive, rude, energetic, unprepared, confident, unloved, blunt, regretful, attractive, dumb, assertive, sympathetic, preoccupied, quirky, helpless, bored, loyal, restless, empowered, selfish, feminine, scattered, honest, sure, failure, considerate, carefree, vengeful, immature, compassionate, loved, unimportant, lucky, leader, [add any other descriptive words that apply]

On a 5-point scale, how frequently do you experience the following emotions:

	<u>Never</u>		<u>Sometimes</u>	<u>Almost Always</u>	<u>How do you express these emotions?</u>
Happy	1	2	3	4	5
Angry	1	2	3	4	5
Fearful	1	2	3	4	5
Depressed/Sad	1	2	3	4	5
Frustrated	1	2	3	4	5
Anxious	1	2	3	4	5
Guilty	1	2	3	4	5

NAME OF STUDENT

What is your current relationship with your parents?

How would your family describe you?

How would your friends describe you?

Have you ever lived on your own? Yes NO Please indicate areas in which you may need help?

<input type="checkbox"/> Budgeting money	<input type="checkbox"/> Laundry, clothing care	<input type="checkbox"/> Recovery support
<input type="checkbox"/> Paying bills	<input type="checkbox"/> Home safety	<input type="checkbox"/> Managing medications
<input type="checkbox"/> Shopping	<input type="checkbox"/> Applying for employment	<input type="checkbox"/> Medical care
<input type="checkbox"/> Planning menus	<input type="checkbox"/> Applying to college	<input type="checkbox"/> Meeting fitness goals
<input type="checkbox"/> Cooking	<input type="checkbox"/> Time management	<input type="checkbox"/> Meeting people

Comments:

Part IV – Educational Plans and Goals

Do you have a high school diploma or GED? Yes No

If you answered "No", do you plan to complete high school? Yes No

Have you ever attended a college or university? Yes No

Dates: _____ College/University: _____

Does four years of college seem overwhelming to you? Yes No

Do you plan to attend college while enrolled in Dragonfly Transitions? Yes No

Do you plan to attend full-time or part-time? Full-time Part-time

On a 5-point scale, how satisfied are you with your school performance?

<u>Not Satisfied</u>		<u>Somewhat Satisfied</u>		<u>Very Satisfied</u>
1	2	3	4	5

If you previously attended college, what difficulties did you experience, if any? What grades did you receive?

NAME OF STUDENT

What are your longer term educational goals?

What are your academic strengths?

What are your academic challenges?

Do you have any known learning differences or a preferred learning style?

Part V – Vocational Plans and Goals

Have you ever been employed? No Yes Type of job:

Have you ever been fired from a job? No Yes

Describe any difficulties or challenges you have encountered in regards to obtaining or maintaining employment.

Do you have a profession that you are interested in pursuing? If yes, please explain.

Are you interested in participating in vocational training during your enrollment in Dragonfly Transitions? If yes, what type or types are of interest?

If you plan to seek employment full or part-time employment during your enrollment in Dragonfly Transitions, what type of employment interests you?

Part VI – Personal and Recreational Interests

Do you currently follow any exercise or fitness routine? What type of exercise interests you?

NAME OF STUDENT

What are your recreational interests? Do you have any hobbies or other pursuits that you enjoy?

Do you enjoy or are you interested in learning outdoor adventure sports (kayaking, biking, climbing, etc.)?

Part VII – Personal Goals

What would you like to be doing in **two** years? Where will you be living? What will you be doing? Write a concise paragraph that paints a picture of what you would like your life to be like in two years. [use separate sheet of paper if you need more space]

What would you like to be doing in **five** years? Where will you be living? What will you be doing? Write a concise paragraph that paints a picture of what you would like your life to be like in five years. [use separate sheet of paper if you need more space]

Is there anything else you would like us to know about you?

The undersigned hereby attests that the information provided is accurate to the best of my ability. Please treat this information as follows:

- You have my permission to share this information with my parents or sponsor.
- Please treat this information as confidential and do not share it with my parents or sponsor. I understand that if you feel I am at risk and in need of immediate medical attention you will share only the information relevant to obtaining medical care. (Please contact the Admissions Office if you have questions about this statement)

Print Name	Signature of Student	Date Signed

Basic Program Agreements



Name of Student:	Date Completed
------------------	----------------

I, the above named Student, agree to the following conditions regarding participation in the Dragonfly Transitions program.

- I will treat everyone, including myself, with respect.
- I will continue to work on the issues that led to my enrollment in Dragonfly Transitions, be they mental, emotional, behavioral, physical or educational. I agree to participate fully in all scheduled therapy sessions, support groups, and random drug testing (if applicable).
- I understand that Dragonfly Transitions is a clean and sober living environment and agree to NOT use or abuse alcohol, illegal drugs or prescription medications that have not been prescribed to me.
- I will set personal fitness goals and work on a regular basis to achieve them, including practicing healthy dietary choices.
- If not attending school full time I will, with the help of Dragonfly Transitions and community resources, find employment and work towards financial independence.
- I will participate in all program activities to the best of my ability, including weekly “family dinners” and weekend adventure or recreational trips.
- I will communicate openly and honestly with everyone involved in the Transitions program including other participants, staff members, and my parents or financial sponsors.
- I understand that initially Dragonfly Transitions will administer by living expenses funds and serve as my “bank”. As I develop trust and the ability to manage my money responsibly a checking account will be set up at a local bank.
- I will attend daily meetings with Dragonfly Transitions staff to discuss my daily schedule and problems or obstacles encountered, and to review my treatment goals and therapeutic assignments. I further commit to be available at the scheduled meeting time and communicate openly and honestly during these sessions.
- I will be in my apartment by 10:00 p.m. each evening, unless other arrangements have been discussed and approved in advance by Dragonfly Transitions staff.
- I will communicate my whereabouts to Dragonfly Transitions staff at all times.
- I will complete journal and therapeutic assignments in a timely and honest manner.
- I am making a 9 month commitment to working the Dragonfly Transitions program and understand that my progression through the program is related to my personal commitment to making change and achieving my goals. I will consider extending my commitment if additional work is needed to achieve those goals.
- I understand that basic program agreements may change during my enrollment due to my behavior or inconsistent progress, the needs of other participants or the community, or to complement program logistics.

I, the undersigned, hereby attest that I have read and fully understand the Program Agreements listed above and agree to comply with these Agreements to the best of my ability.

Print Name	Signature of Student	Date Signed

Confidentiality Agreement and Grievance Procedure



Name of Student:	Date Completed
------------------	----------------

Confidentiality: Student records are considered confidential, are protected by federal law and regulations, and will not be released to individuals in other agencies without the Student's written consent. However, certain information may be released without your authorization under the following circumstances: 1) upon receipt of a legitimate court order; 2) to medical personnel in a medical emergency; 3) to qualified personnel for research, audit, or program evaluation; 4) if you threaten/commit a crime while at the program; 5) If there is evidence to suggest child abuse or neglect or risk of harm to a child/adolescent.

I understand the importance of safeguarding the identity and confidentiality of other Students participating in the Dragonfly Transitions program. I further understand that by Federal Law I am required to treat the identity and personal information of other participants as confidential and shall not reveal this information to anyone outside the program. By signing below, I am agreeing to maintain the confidentiality of all participant information that I may encounter during enrollment.

Grievance Procedure: Dragonfly Transitions participants have the right to fair and professional treatment. If a participant feels that she/he has experienced abusive or discriminatory behavior from a staff member or that an element of her/his care is being neglected, the participant may take the following steps:

1. The participant is encouraged to present the complaint orally to his/her counselor and attempt to resolve the matter.
2. If the participant is unable to resolve the complaint with his or her counselor, a written grievance may be submitted to the Program Director. The Student's written statement shall provide sufficient detail to allow adequate review and must be signed and dated by the Student. The Program Director will review the Student's grievance, investigate any claims or allegations and respond to the student in writing within five (5) working days from the date the grievance was received.
3. If steps 1 or 2 do not provide solution, the participant may ask that the written grievance be presented to the Board of Directors. The Board will schedule a meeting with the student and relevant staff members for the purpose of resolving the grievance. The Board's decision is the final recourse for grievance resolution. I, the undersigned, hereby attest that I have read and fully understand the above information and agree to comply to the best of my ability.

Print Name	Signature of Student	Date Signed