

**NEW HORIZONS YOUTH RANCH**  
6442 West Kootenai Road – Rexford, Montana – 59930  
(406) 889-5996

Dear Parent,

Thank you for requesting information about New Horizons Youth Ranch. We wish to answer specific questions you may have regarding our program and invite you to call or email us. To continue the process for consideration of placement of your son, please return the following items to us as a first step:

1. A thoroughly completed New Horizons Youth Ranch Student Profile and Confidential Release of Information Agreement
2. A copy of your current 1040 Tax Return (ONLY when applying for a partial scholarship. Please mention this to us in your initial call as we have limited scholarships available)
3. A copy of your son's official school records
4. Recent family photo (within 1 year)

An incomplete application package may delay the process. Please be sure to include all requested information.

Sincerely,

Tom & Rosic Harrell

**NEW HORIZONS YOUTH RANCH**  
6442 West Kootenai Road – Rexford, Montana – 59930  
(406) 889-5996

New Horizons Youth Ranch is able to provide its services at a cost lower than most programs of this type. The following explains our Enrollment, Financial, and Insurance Policy.

**Enrollment and Financial Arrangements:**

**Expenses:** Resident clothing needs are provided by their family. All residents travel expenses to and from the Ranch must be covered by the family.

**Insurance:** All residents must be covered by dental, medical, & optical coverage. All insurance coverage's are the responsibility of parents. Some insurance plans will cover the counseling portion of treatment. Please check with your insurance company before enrollment. Counseling is billable at \$100 per hour.

**Payment:** Payment is due and payable at the first of each month and becomes delinquent when not received by the 20th. Each day that a payment is delinquent is charged an additional \$25.00. Accounts that are delinquent for more than 60 days will be grounds for releasing your son from the program. If financial difficulties occur please communicate this situation to the Program Director Tom Harrell as soon as possible.

**Incidental Fee:** Spending money for residents must also be provided by the family. Its use will be regulated. Since the resident will have little opportunity to spend, his account needs to contain no more than \$150.00 at a time.

**Program:** \$3,000 per month tuition for 12 months (First and last) Partial month upon admittance will be prorated.

**Admissions & Parent Workshop:** \$1,800 (payable prior to student arrival. Covers 3 parent workshops per year. Does not include meals, lodging, and travel. This is non-refundable). Additional Parent Workshops after the initial 3 are \$250.00

**Therapy:** \$500 per month

*Full Name of Student:* \_\_\_\_\_

*Dated this* \_\_\_\_\_ *day of* \_\_\_\_\_, 20\_\_\_\_.

*Parent:* \_\_\_\_\_

*Parent:* \_\_\_\_\_