



Welcome to Paul Anderson Youth Home!

The Paul Anderson Youth Home is the only Christian transformative organization that recreates healthy homes through enduring relationships, routines, and tough love. We are honored that you have chosen the Paul Anderson Youth Home (PAYH) as an option for your family.

Because we don't take government funding, we can concentrate on the Christian components that make our program so effective and enduring. We intentionally serve 20 young men at a time, with a staff ratio that can foster individual attention and exponential growth. We might have a small town location, but our reach is far and wide—serving young men and families from across the country and all walks of life.

On the following pages you will find an application for the PAYH. If we know of other programs that may be a better fit for your family we will provide referrals. Our primary goal is to ensure you are receiving the hope and help that you need.

If you have any questions as you are filling out the application please don't hesitate to call or email our admissions team.

In Christ,

PAYH Admissions Team

PAUL ANDERSON YOUTH HOME, INC.

Post Office Box 525 • Vidalia, GA 30475 • Telephone: (912) 537-7237 • Facsimile: (912) 912-535-2099

Application for Admission

Instructions to the Parent of Guardian:

Please do not leave any answers blank. If not applicable, mark "N/A."
After completing, mail or fax to address below.

Date: _____

Referred By: _____

Name: _____	Birthday: ____/____/____
Birth Place: (Hospital) _____ (State) _____	Age: _____
(City) _____ (County) _____	Height: _____
Social Security #: _____ -- _____ -- _____	Weight: _____
Church Preference: _____	Race: _____
	Eye Color: _____
	Hair Color: _____

Who has custody? _____ Relationship: _____

Address: _____ Telephone () _____

_____ is applicant adopted? ___YES ___NO

Applicant's address, if different from above: _____

Date began living here: _____

Has applicant ever appeared in court? ___YES ___NO. IF YES, please list all appearances and dispositions:

Name of Court (City & State)	Date	Offense	Disposition

Court Service Worker or Probation Officer's name: _____

Address: _____

Tel: () _____ Fax: () _____

Email: _____

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CURRENT/PRIOR PLACEMENTS/DATES

(Residential Treatment Facilities/OTP/RVDC/YDC/Hospitalizations)

Date	Name of Facility	Phone Number	Reason for Placement	Reason for Termination

EDUCATIONAL HISTORY

List all schools your son has attended starting with the most recent

Grade Level	Name of School and Address	Phone Number	Did He Have an IEP	Status: Special Education, Promoted, Retained

FAMILY HISTORY

What problems have existed in your son's natural or adoptive family? *(Please check all boxes that apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol or drug abuse | <input type="checkbox"/> Legal Separation | <input type="checkbox"/> Parental Death |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Absent Parent |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Physical Illness | <input type="checkbox"/> Frequent Moves |
| <input type="checkbox"/> Child Neglect | <input type="checkbox"/> Financial Stress | <input type="checkbox"/> Family Breakup |
| <input type="checkbox"/> Child Sexual Abuse | <input type="checkbox"/> Poverty | <input type="checkbox"/> Court Involvement |
| <input type="checkbox"/> Spousal Abuse | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Other Family Violence | <input type="checkbox"/> Divorce | <input type="checkbox"/> Other |

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MARRIAGE & DIVORCE INFORMATION

	Date Married	To Whom	Date Divorced
Father			
Mother			
Step-Father			
Step-Mother			

FAMILY INFORMATION

	Biological Father	Biological Mother	Step-parent, Adoptive Parent, Guardian	Step-parent, Adoptive Parent, Other Guardian:
Full Name				
Current Address				
Home Phone				
Email				
Cell Phone				
Work Phone				
Date of Birth				
Education (Highest Grade Completed)				
Occupation				
Employer				
Marital Status				
Name of Spouse				
If Deceased, Date of Death				
Cause of Death				
Describe General Health				

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RECORD OF SIBLINGS

List in Chronological order all births, giving names of all children, living and deceased, Include the applicant for whom application is being made, as well as full, step, half siblings, if applicable.

* Designate **F** (Full Sibling), **S** (Stepsibling), **H** (Half Sibling), **A** (Adoptive Sibling), **D** (Deceased)

Name	*	DOB	Education (Highest Grade Completed)	Address

If any sibling has had physical, mental, or emotional disabilities, or past or present court involvement, please discuss below:

Have there been other adults who are or have been especially important in this applicant's development?

If YES, list below:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

BEHAVIORAL/SOCIAL HISTORY

Please check all that apply to the young man's past and/or present behavioral/social concerns.

Past/Present

- Not getting good grades in school
- Gets into fights at school or on bus
- In school or out of school suspensions
- Not doing his homework
- Not doing household chores

- Not motivated to do anything
- Feeling anxious
- Feeling lonely

- Feeling depressed
- Wanting to hurt self or others
- Wishing he was dead
- Weight problems
- Poor hygiene
- Bed Wetting
- Trouble making/keeping friends
- Having friends who are bad influences
- Exploding with anger
- Damaging property
- Difficulty getting along with family
- Difficulty getting along with peers
- Difficulty with authority figures
- Coping with parent/guardian divorce

Past/Present

- Coping with feelings about being adopted
- Coping with physical abuse
- Coping with emotional abuse
- Coping with sexual abuse
- Coping with a family member's drinking/drug use
- Dealing with a breakup
- Loss of friend due to a move or death
- Loss of family member due to a move or death
- Loss of pet
- Using alcohol
- Using drugs
- Using non-drug substances to get high
- Lying
- Stealing
- Being sexually active
- Pornography
- Dealing drugs
- Gang involvement
- Being arrested or detained by the police
- Aggression or cruelty to animals
- Setting fires
- Involvement with the occult

Explain any other psychological, behavioral, and/or social concerns:

Tell us how you feel the Paul Anderson Youth Home will be able to help you and your son:

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HISTORY OF APPLICANT

Please use this page to give information that might be pertinent to the applicant's placement. Include any events that you feel have had some bearing on his behavior.

Birth to age 10:

Age 10 to present:

PAUL ANDERSON YOUTH HOME

Mission

Paul Anderson Youth Home exists to offer the grace of Jesus Christ to hurting young men and their families by planting God's word in their lives and discipling them in a relationship with Him.

Vision

That our young men and their families would impact the world with the gospel through the proclamation of Jesus Christ and shepherding others in a growing relationship with Him.

Operational Vision

We, the Paul Anderson Youth Home, recognizing that we deliver hope to families, young men, society, and our staff, strive to be a world-class non-profit in every facet of our operations and a model for how a ministry should conduct its affairs.

Program Model

Depending upon God's Divine guidance, as a Christian rehabilitation facility for young men between the ages of 16 and 21, the Paul Anderson Youth Home works with each young man entrusted to us to:

- Encourage their spiritual, emotional, mental, social, and physical growth, based on Luke 2:52.
- Provide opportunities for them to become assets rather than liabilities...givers rather than takers.
- Instill a purposefully dedicated work ethic to the glory of God.

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Intended Outcomes

- **Spiritual:** Our prayer is that your son might come to know the Lord; however, it is not a requirement of graduating the program. Based on our mission, we offer the grace of Jesus Christ and require your son to memorize scripture. The minimum outcome is for them to ask questions of identity like: “Who am I”, “Why am I here”, as well as to be respectful of our beliefs, having thoughtfully considered them.
- **Emotional:** Our expectation is that he demonstrates some basic willingness to identify and address his past actions, find new coping mechanisms to avoid returning to those behaviors, recognize how it impacted his family, participate in recovery groups, and proceed through the 4 step books which help facilitate those changes.
- **Mental:** Our expectation is that he will apply himself academically and at the minimum, meets basic expectations to catch-up where he might be behind, earn the credits needed for Georgia high school graduation, or pass the GED. Once that is complete, if time allows, we will seek to facilitate his mental growth through the next level of his educational plan.
- **Social:** – Our expectation is that he learns to conduct himself socially on and off campus. This can take the form of appearance, attitude, or getting along with peers and demonstrate respect for adults. Most simply, by saying “yes, sir” he is demonstrating social awareness as well as coming under authority. Ultimately, our intended outcome is that he would be reconciled to his family and the community from which he came.
- **Physical:** Our expectation is that his body would be restored as this is an important part of the healing process. Our program involves a good deal of physical activity which is reflective of our founder, Paul Anderson, an Olympic Gold Medalist and World’s Strongest Man. Daily, this is visible in running laps or double timing as well as by how he treats his body and works in these areas: kitchen, yard, chores, school, and relationships.

We believe that young men with self-confidence and Christian character will become “givers” rather than “takers,” assets rather than liabilities.

I have read and understand the beliefs and perspective from which the Paul Anderson Youth Home works to benefit your son and your family.

Signature of Parent/Guardian

Signature of Parent/Guardian