

RMI

Demonstrating God's Love Through Compassionate Hearts



RMI helps children who have been emotionally wounded through:

- Loss
- Bullying
- Divorce
- Poverty
- Fear
- Traumatic memories
- Emotional, Physical and/or Sexual abuse

We build your child's confidence by encouraging them through positive adult interaction and exciting activities like digital photography, hiking and biking.

Families use our service as another option to Psycho Social Rehabilitation (PSR). Sliding scale fees are base on income. Scholarships are available.

If your child is between 4 and 14, there is hope, and we can help!

Warmest regards,

Chad Stevens, Director
B.A. Psychology
A.S. Early Childhood Education

4055 N. Government Way Suite 14 • Coeur d' Alene, Idaho • 83815

208.777.1818

RMI

Demonstrating God's Love Through Compassionate Hearts

Information

Child's Name _____ Age _____ Birth date _____

Referred by _____

❖ How old was your child when they began to struggle? _____

❖ Any abuse? Yes No If Yes, what kind? Emotional Physical Sexual Neglect Verbal
 Witnessed abuse of relative or others Spiritual

❖ Does your child abuse Animals? Others? _____

❖ Hospitalizations? Yes No If yes, How old? _____ What for? _____

❖ Allergies? Foods Outdoor allergens? Indoor allergens? Chemical Sensitivities Other types?

Explain _____

❖ Trouble at school? Explain _____

❖ Trouble at home? Explain _____

❖ Substance abuse? Explain _____

❖ Trouble with emotions? Explain _____

❖ Trouble with behavior? Explain _____

❖ As a parent I see too much:

- Anger Disobedience Defiance Frustration Isolation Sadness Lying Stealing
- Procrastination Passivity Laziness Sassiness Instability Rage Aggressiveness
- Dependence Shyness Irritability Volatility Obsessing Compulsiveness

❖ Trouble with the law? Explain _____

❖ Been through divorce? Explain _____

❖ Been in foster care? Yes No Been Adopted? Yes No Explain _____

❖ Any major losses? Death Moved to new home Rejection by friends Other _____

RMI

Demonstrating God's Love Through Compassionate Hearts

Consent

I, _____, am the parent / legal guardian of the following

child: _____ and understand that RMI's program involves spending **consistent time** with my child, **each week**, walking, hiking, biking, digital photography, learning about God, EFT and other tools.

I understand that RMI bases their fees upon income and that scholarships may be available.

By signing below, I give consent for my child to participate in the RMI's mentoring program.

Emergency Care and Authorization

The undersigned parent/legal guardian(s) _____ hereby grant permission for RMI, Chad Stevens, 4055 N. Government Way, Coeur d' Alene, ID 83815, to work with my child.

- In the event of an **Emergency**, the above named caretaker shall have the power to authorize medical treatment or medical procedures if unable to make contact with parent(s) or legal guardian(s).
- The power to transport child to and from activities at church, school or other locations.

Dated: _____

X _____ X _____