HARRIS TEEN HOME
Intake Packet

DOCUMENT CHECKLIST

THE FOLLOWING DOCUMENTS NEED TO BE EMAILED TO ME WITH THE COMPLETED INTAKE PACKET

1. _____*SOCIAL SECURITY CARD*
2. _____*BIRTH* CERTIFICATE
3. _____*MEDICAID CARD*
4. _____*SHELTER ORDER*
5. _____*SIGNED CPA (SAFETY PLAN) ?*
6. _____*PROOF OF LAST DENTAL RECORDS*
7. _____*PROOF OF LAST PHYSICAL*
8. _____*CBHA*
9. _____*CASE PLAN*
10. _____ *SIGNED* COMPREHENSIVE *PLACEMENT ASSESSMENT & RECOMMENDED LEVEL OF CARE NOTED.*
11. _____*SCHOOL TRANSCRIPTS/REPORT CARD ? her grade? current school*
12. _____ *ESSA STAFFING REQUESTED.* _____*DATE OF ESSA STAFFING*
13. _____ *MDT STAFFING REQUESTED* _____*DATE OF MDT STAFFING*
14. _____*Yes* ____*No DOES YOUTH HAVE AN IEP/504 PLAN?* _____*YES, COPY A TTACHED*
15. *Yes No IS THE YOUTH IN COUNSELING SERVICES?*

CMO complete:

ATTESTATION OF “AT RISK”

As Harris Teen Home, Clearwater and Wellswood are At Risk Providers, I am attesting that the youth who is named on the application form meets the definition of At Risk and qualifies to go into such a program.

Attached is a copy of the **Signed** Comprehensive Placement Assessment with the **Recommended Placement section** is indicated on the Assessment form **“At Risk”**

I understand without the above document my youth will not be allowed admission.

_____

Signature of Case Manager

CMO

HARRIS TEEN HOME ADMISSION PACKET

Intake Date_____

Child's Name:_____DOB:_____ SSN:_____
AGE_____ GENDER:_____ RACE:_____ EYE COLOR:_____ HAIR COLOR_____
Birthplace:_____Marks or Scars_____Religion_____Medication_____
Mother Name:_____TPR_____ Father's Name_____TPR_____
Reason for Being Placed in Foster Care:_____
Siblings in Care Names below (if applicable)
Name:_____Age:_____Placement_____
Name:_____Age:_____Placement_____
Name:_____Age:_____Placement_____

Mom's Name:	Dad's Name:
Address:	Address:
Phone:	Phone:

Case Manager Name:	CM Supervisor:
Address:	Address:
Phone:	Phone:
Email:	Email:

Name:	Name:
RELATIONSHIP:	RELATIONSHIP:
Address:	Address:
Phone:	Phone:
Email:	Email:

Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

Emergency Contact

Name:_____ Phone:_____Relationship:_____
Name:_____ Phone:_____Relationship:_____

Present Issues:

Last Shelter/Group Home:_____
Reason for Discharge:_____
Mental Health Diagnoses/Concerns_____
Substance Abuse Concerns:_____

Current/Recent Behaviors: ___ suicide attempts ___ cutting/self injury ___temper outbursts ___ DJJ ___sexual abuse victim ___sexual abuse perpetrator ___sexualized behavior ___aggressive behavior ___sleeping problems ___recent/frequent runner

Special Dietary Needs_____ Food Allergies_____

Visitation Rights: Child is permitted to have contact with:

PERSON	RELATIONSHIP	TYPE OF CONTACT	ADDRESS
		___SUPERVISED ___UNSUPERVISED	
LETTER_____	PHONE_____	DAY VISIT_____	OVERNIGHT VISIT_____

PERSON	RELATIONSHIP	TYPE OF CONTACT	ADDRESS
		___SUPERVISED ___UNSUPERVISED	
LETTER_____	PHONE_____	DAY VISIT_____	OVERNIGHT VISIT_____

PERSON	RELATIONSHIP	TYPE OF CONTACT	ADDRESS
		___SUPERVISED ___UNSUPERVISED	
LETTER_____	PHONE_____	DAY VISIT_____	OVERNIGHT VISIT_____

Child is NOT permitted contact with:

PERSON	RELATIONSHIP

Medical:

Physician:	Dentist:
Address:	Address:
Phone:	Phone:
Medicaid #	Dental #
Medical Insurance:	Dental Insurance:

Any Special Health, Dental, or Vision Needed:_____
Last Medical_____ Last Dental_____ Last Vision_____

Prescription Medications: _____**Y** or _____ **N**

Medication	**Dose/Frequency**	**Method**	**Reason for Medication**

Educational Information:

Last School Attended:_____ Grade:_____
Address_____ Phone:_____
Does Youth have an IEP? ____Y _____N

(PLEASE INCLUDE A COPY OF LAST REPORT CARD)

Medical Treatment Authorization Form and Information

I, _____ as the parent/legal guardian, do hereby voluntarily give my consent to Harris Teen Home for the following treatment and services. I further acknowledge that no guarantee has been made to me regarding the results of service.

This consent is effective for a period of 1 year from the date specified below. A routine physical may be required pending individual circumstances.

My signature indicates that I know what services are being offered. I am aware that this consent can be revoked (in writing) at any time.

My signature also means that I have read this form and/or have it read to me and explained in language I can understand.

This authorization is effective through _____ signed this_____ day of _____,_____

Parent/Legal Guardian's Signature_____ Printed Name:_____

Witness Signature_____Printed Name:_____

INSURANCE/MEDICAID

Name: _____ Subscriber's Name: _____

Policy #: _____

CMO/HTH staff

AUTHORIZATION OF PSYCHOTROPIC MEDICATION-

REQUIRES A 5339 SIGNED BY A JUDGE OR PARENT

Harris Teen Home has received consent to administer psychotropic medication to _____

(Youth)

by:

_____ Parent/Legal Guardian Signature on 5339

_____ Court Order (5339)

A 5339 signed by the authorizing authority was Provided to Harris Teen Home to Administer Psychotropic Medication for my youth:

PSYCHOTROPIC MEDICATION (requires a 5339)	DOSAGE (mg)	FREQUENCY OF MEDS	# OF PILLS IN BOTTLE At intake	PRESCRIBING PHYSICIAN TELE.

Legal Guardian Signature_____ Date_____

Staff Signature_____ Date_____

AUTHORIZATION TO DISPENSE MEDICATIONS

Please read the following information closely. This form gives Harris Teen Home authorization to have contact with the physician of the above named youth. This form also gives Harris Teen Home authorization to dispense prescribed and over the counter medications. While your child resides at Harris Teen Home our job is to ensure that their health and safety are of the utmost concern. Therefore we ask that you provide us with the information requested so that your child received the correct medication and dosage. If you have any questions or concerns, please speak with the Program Director who will assist you.

_____ **I agree**, _____ **I do not agree**) as the legal guardian of the above named youth, to give Harris Teen Home consent to dispense various over the counter medication including but not limited to pain relievers, cold remedy products, etc. I understand that the medication will be dispensed according to the label directions. If symptoms persist and require other treatment, I will be contacted.

MEDICATION Yth currently taking (not Psychotropic)	DOSAGE (mg)	FREQUENCY OF MEDS	# OF PILLS IN BOTTLE At intake	PRESCRIBING PHYSICIAN TELE.

_____**I require**, ____ **I do not require**, as the legal guardian of the above named youth, that HTH contact me prior to dispensing over the counter medications. By signing this selection, I understand that I may be contacted at any time my child is in need.

_____ **I agree,** _____ **I do not agree** _____ **N/A** as the legal guardian of the above name youth, to give HTH consent to administer the medications listed below. I understand that the directions on the label/prescription will be followed exactly. If a physician has ordered a change in medication dosage or frequency which differs from the label/prescription, I agree to provide HTH with a physician's order and/or contact the physician to verify the change. I understand that a physician's authorization in writing must be made prior to any alteration from a prescribed medication.

Legal Guardian Signature_____ Date_____

Staff Signature_____ Date_____

CMO/HTH staff

LEGAL GUARDIAN AGREEMENT

I, _____, the legal guardian of _____, understand that Harris Teen Home is a permanent placement with the length of stay being up until the youth's 18th birthday.

I also understand that I retain full custody of my minor child and I will be contacted immediately regarding any serious injury or incident that may occur during my child's placement at the home. If in the event my child's behavior becomes a significant concern and detrimental to the well-being of my child or other's in the home, termination of placement may occur.

In order for the home to be as beneficial as possible for my child,

I agree to offer support by:

Informing the youth at or prior to intake that they must attend HTH events, outings and church services if they choose to enter this program

Encourage my child's participation in Life Skills training.

Communicating with the staff to keep updated on my child's progress

Actively participate in my child's service plan; review, sign and return quarterly progress reports

Invite Executive Director or designee to participate in all staffing for the youth

Maintaining consistent communication through phone calls and visits with my child while in the program.

Complete the youth's visitation form so that staff may support family visitation in any way possible

Attending pre-discharge planning meeting set prior to my child's departure from the home (if the child is turning 18).

Ensure child placing agency sends out the rate agreement letter to our agency in a timely manner stating that payment for youth has been approved for the rate identified and will be paid on a monthly basis.

Our agency agrees to:

Invite the legal guardian to participate in the creation of the child's service plan

Provide quarterly progress reports

Review and update service plan every six months

Provide life skills to youth

Provide a safe, nurturing home

Encourage the youth to attend school, create goals for themselves, and plan for the future

Schedule and transport youth to all medical and dental appointments

Send invoices to CPA on the last day of the month to ensure proper payment

My signature indicates that I have read this form and understand its contents:

Legal Guardian Signature_____ **Date**_____

Staff Signature_____ **Date**_____

Partnership Plan for Children in Out-of-Home Care

All of us are responsible for the well-being of children in the custody of the Department of Children and Families (DCF). The children's licensed caregivers, along with the Florida Department of Children and Families, community-based care (CBC) organizations, their subcontractors, Harris Teen Home and staff of these agencies undertake this responsibility in partnership, aware that none of us can succeed by ourselves.

Children need normal childhoods as well as loving and skillful parenting which honors their loyalty to their biological family. The purpose of this document is to articulate a common understanding of the values, principles and relationships necessary to fulfill this responsibility. The following commitments are embraced by all of us.

1. To ensure that the care we give our children supports their healthy development and gives them the best possible opportunity for success, licensed caregivers, DCF, CBC, and Harris Teen Home will work together in a respectful partnership.
2. All members of this partnership will behave professionally, will share all relevant information promptly, and will respect the confidentiality of all information related to the child and his or her family.
3. Licensed caregivers or designated persons, the family, DCF, CBC, Harris Teen Home will participate in developing the plan for the child and family, and all members of the team will work together to implement this plan. This includes caregiver participation in all team meetings or court hearings related to the child's care and future plans. DCF, CBC and agency staff will support and facilitate caregiver participation through timely notification, an inclusive process and providing alternative methods for participation for caregivers who cannot be physically present.
4. Excellent parenting is a reasonable expectation of caregivers for youth in care. Licensed caregivers will provide and DCF, CBC, and the Harris Teen Home will support excellent parenting. This requires a loving commitment to the child and the child's safety and well-being, appropriate supervision and positive methods of discipline, encouragement of the child's strengths, respect for the child's individuality and likes and dislikes, providing opportunities to develop the child's interests and skills, awareness of the impact of trauma on behavior, equal participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.
5. Children will be placed only with licensed caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, special physical or psychological needs, unique situation including sexual orientation and family relationships. DCF, CBC, and the Harris Teen Home will provide licensed caregivers with all available information to assist them in determining whether they are able to appropriately care for a child. Licensed caregivers must be willing and able to learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC, the Harris Teen Home will assist them in gaining the support, training and skills necessary for the care of the child.
6. Licensed caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to meet these children's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.
7. DCF, CBC, and Harris Teen Home will provide licensed caregivers with the support they need to enable them to provide quality care for the child.
8. Once a licensed foster parent or residential child caring agency accepts the responsibility of

caring for the child, the child will be removed from that placement when the foster parent(s) or residential child caring agency is clearly unable to care for him or her safely or legally, when the child and his or her biological family are reunified, when the child is being placed in a legally permanent home in accordance with the case plan or court order, or when the removal is demonstrably in the child's best interest.

9. If a child must leave the placement in a licensed setting for one of these reasons and in the absence of an unforeseeable emergency, the transition will be accomplished according to a plan which involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures they have all their belongings, and allows for a gradual transition from the child's placement and, if possible, for continued contact with the foster parent or residential child caring agency after the child leaves.

10. When the plan for the child includes reunification, licensed caregivers or their designees and agency staff will work together to assist the biological parents in improving their ability to care for and protect their children and to provide continuity for the child.

11. Licensed caregivers will respect and support the child's ties to his or her biological family (parents, siblings and extended family members) and will assist the child in visitation and other forms of communication. DCF, CBC, and the Harris Teen Home will provide licensed caregivers or their designee with the information, guidance, training and support necessary for fulfilling this responsibility.

12. Licensed caregivers or their designees will work in partnership with DCF, CBC, the residential child caring agency to obtain and maintain records that are important to the child's well-being including child resource records, medical records, school records, photographs, and records of special events and achievements.

13. Licensed caregivers or their designees will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. DCF, CBC, and Harris Teen Home will support them in doing so and will not retaliate against them as a result of this advocacy.

14. Licensed caregivers or their designees will participate fully in the child's medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers, DCF, CBC, and Harris Teen Home will share information with each other about the child's health and well-being.

15. DCF, CBC, Harris Teen Home and staff of these agencies will ensure that children are enrolled in school or in the best educational setting that meets their needs. Caregivers will support that the child continues to be enrolled at the school of origin when, if possible it is in the best interest of the child, with the goal of minimal disruption of the child's education.

16. Licensed caregivers or their designees will support the child's school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities.

17. DCF, CBC, Harris Teen Home and staff of these agencies will show no prejudice against a caregiver who desires to educate at home a child placed in their home through the child welfare system and will facilitate this participation and will be kept informed of the child's progress and needs

Signature of Case Manager_____ Date _____

Signature of HTH Staff _____. Date_____

CMO/YTH

THE *HARRIS TEEN HOME* PHOTO RELEASE FORM

I hereby grant the *Harris Teen Home* permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the *Harris Teen Home* and will not be returned.

I hereby irrevocably authorize the *Harris Teen Home* to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the *Harris Teen Home* from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 13 YEARS OF AGE, OR, IF I AM UNDER 13 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Print Name of Youth: _____

Signature: _____ | Date: __ / __ / ____

If under 13, parent or guardian must sign.

Parent/Legal Guardian Signature: _____ | Date: __ / __ / ____

CELL PHONE POLICY

You must be 13 yo to be considered for a cell phone

You shall be stable and responsible to have a cell phone. This is demonstrated by no major violations of group home rules

You shall not let others use your phone or electronics, this is a violation

No Hangout, Back page or and of the popular hook up sites will be allowed on the phone, as well as no sex texting, bullying, inappropriate photos, music, ring tones, etc. Should you receive an inappropriate text or photo, report this to the group home staff

You may listen to music, videos, anything that is audible with headphones only, unless instructed by staff to turn on speaker phone (i.e supervised call)

You shall turn in the phone at bedtime during school days, on weekend the phone can remain with youth at bedtime. (Youth will receive phone in the morning before leaving for school)

You will need to provide the group home the password for any password protected phones, as they will check the phone for possible violations.

If a you, have a Harris Teen Home provided cell phone and move to another placement, you must turn the phone into staff prior to discharge. If you come to HTH with your own cell phone, CM and group home manager will discuss cell phone use and rules.

You shall not refuse school, be truant from school, skip school, or suspended from school.

You will not have negative behaviors, disrespectful attitudes, and peer and staff conflicts.

If your personal phone is lost or stolen while in your possession/care, the group home is not responsible to replace the phone.

If you are sick you will not be able to use your phone on the day you are sick- as you should be getting well

If you violate any of the policy items, a meeting shall be set up with the your CM, group home staff and group home owners and consequences will be established which may include loss, suspension of privilege, or confiscation of the phone.

_____ _____

Youth Signature & Date CM Signature & Date

HIPAA PRIVACY PRACTICE SIGNATURE SHEET

(Give a copy of HIPPA Notice of Privacy to the youth and/or legal guardian)

I have received the Harris Teen Home's Notices or Privacy Practices, which describes how information about my youth may be used or disclosed and how to get access to this information.

Signature of Youth_____ Date_____

Printed Name_____

Signature of Case Manager/Legal Guardian _____ Date_____

Printed Name_____

Youth Rights

While you are at Harris Teen Home you will be in a family style environment. For you to become the best person that you can be, it is essential that we help you develop morally, spiritually, academically and socially. We promise that we will ensure a safe place for you. In addition, for you to really learn self-help and self-control, you will need to learn life skills, to develop relationships and to gain empowerment through self-government. Youth rights are a condition for the possibility of getting better.

<u>These are the rights that you will have:</u>

1. You have the right to eat nutritious meals, have a comfortable place to sleep and have appropriate clothes. You will see a doctor and dentist regularly as deemed necessary by you, your legal guardian, staff and your doctor or dentist.
2. You have the right for staff to treat you like the special child of God that you are with value and worth, no matter what your problems are or what happened to you before arriving at HTH.
3. You have the right to participate in the creation of your service plan.

- Your plan will involve teaching skills, developing relationships and empowerment.
- You will earn more opportunities as your responsibility level increases.
- We want you to know and be involved in your service plan.
- You and the staff will periodically look at your plan to ensure that it still is best for you.

4. Your parents or guardians have to give permission before staff may give you any new medication and/or change in medication that the doctor may prescribe. The doctor must tell you what the medicine is and how and when to take it. You have the right for the doctor to explain to you why he is prescribing you the medication and the good and bad effects he/she thinks it will have. If the medicine could make you sick, you have a right to know. Also, the doctor will tell you if there is another way for you to be treated. The staff accompanying you on the doctor visit will ask all the appropriate questions and welcome your input as well. It is important for you to ask question when your health is involved.
5. You have the right to privacy. Nobody can give out information about you-like to your school, doctor, lawyer or the military until your parents/guardians say it's okay.
6. You have the right to excellent treatment while you re here regardless of your background. You won't be punished if you tell the staff, supervisors, parents/legal guardians or advocate if you feel you are being mistreated. We want you to tell us. We need to know if anyone ever makes you feel uncomfortable, touches you inappropriately, or makes you do things against your will. You need to understand that you can be charged with sexual harassment or potentially other offenses and face legal proceedings if you violate someone else's person or boundaries. We are here to protect you and others who are here.
7. You have the right to practice your religion.
8. You have the right to your own personal space s long as it doesn't hurt you or anyone. Also:

- Your family is allowed to come see you unless the court says they cannot come here or their visit would hurt you.
- You and your family are allowed to visit alone without someone watching or listening unless the court says they can't or their visit would hurt you.

- You re allowed to send and receive mail that no one has opened or looked at, unless the court or your case worker says you cannot have contact with that person, or contact with that person is not in your best interest.
- You are allowed to use the telephone, but only with permission. You can make or receive calls privately. The only reason that you would not be allowed to make or receive calls would be because the courts says you cannot or if it is deemed not in your best interest.
- You are not allowed to lock or close your room bedroom door.

9. You have the right to communicate with your caseworker, GAL, or any person representing the child placing agency.

10. After 30 days of satisfactory participation in the facility you will be allowed to visit people off-site if your service plan permits.

12. If someone wants to take your picture for use outside of Harris Teen Home we will first get you and your family/guardian's permission.

13. You do not have the right to smoke here. You do not have the right to consume alcoholic beverages here. You do not have the right to take illegal drugs or prescription drugs that are not prescribed to you.

14. Harris Teen Home adheres to the normalcy policy set forth by the State. The HTH polices are posted in the office at all times.

By signing below you are stating the following: each of the rights that are written above are in a language that I understand. I will be allowed to ask if I am unsure about anything. At the time of admission, I understand that I will be given a copy of these rights to keep for myself. If I feel that my rights are violated in any way, I can ask the staff to explain the grievance procedure to me.

Signature of Youth_____ Date:_____

Signature of Parent/LegalGuardian _____ Date:_____

CMO/YTH/
HTHSTAFF

Independent Living Training Contract

I _____Youth Name understand that by agreeing to placement at Harris Teen Home, I am agreeing to participate in all independent (pre-independent) living training. These trainings will include:

Cooking

a. Basic supplies: Flour, sugar, spices, condiments, butter, milk, baking soda, baking powder, and cooking oil _____
b. Pots, pans, cookie sheet, strainer, serving utensils, spatula, hot pads, measuring cups, serving spoons, food storage containers, aluminum foil and mixing bowls._____
c. Nutrition: basic food groups, calories, diet, balanced meals_____
d. Favorite foods_____
e. Planning meals/Menus for 7 days_____
f. Following directions on packages/recipes_____
g. Cookbooks/Recipes_____
h. Leftovers/food storage_____
i. Clean-up_____

House Cleaning/Maintenance

a. Why clean house _____
b. Why do minor maintenance_____
c. Supplies_____

Shopping

a. Groceries_____
b. Medicine and Toiletries_____
c. Clothing_____
d. New/used cars_____

Taxes/Insurance

a. Types of taxes_____
b. Types of insurance_____
c. Where to buy insurance_____
d. Where to get assistance with taxes_____

Emergencies

a. Weather related (i.e. hurricanes, storms)_____
b. Fires (what to do and escape plan)_____
c. Crime (theft, strangers, muggings, assaults, robbery, burglary)_____
d. Calling 911/non-emergency calls for help_____
e. Poison control_____

Finding and Keeping a Job

a. Where/How to look for employment (newspapers, friends, phonebook, internet)_____
b. Getting a job (the application/the interview)_____
c. Resume and cover letter_____
d. Keeping a job_____
e. Changing jobs_____
f. Dressing for Success_____

Community Support Systems/Resources

a. Phone book_____
b. Newspapers_____
c. Internet_____
d. Library_____
e. Who can help you_____

Housing

a. Finding a place to live_____
b. What should you/can you pay_____
c. Rental house/room or apartment_____
d. Access to goods and services you will need (medical, food, transportation, entertainment, community services)_____
e. Utilities_____

Career Exploration/Goal Setting

a. Career choice testing (school guidance counselor)_____
b. Thinking about what you want to do for a career and what you have to do to get there_____
c. Short Term Goals (what are they, how to set them, how to achieve them)_____
d. Long Term Goals (what are they, how to set them, how to achieve them)_____
e. The Road to Independence Scholarship Program_____
f. Tuition and fee waiver at Florida State Schools_____

Transportation

a. Public (bus/cab)_____
b. Car pooling_____
c. Driver's license_____
d. Keys to Independence Enrollment Date_____

Money Management

a. Saving money_____
b. Budgeting_____
c. Impulse buying (needs vs. wants)_____
d. Checking and savings accounts_____
e. Paying bills on time/credit report_____
f. Credit cards/debit cards_____

Health

a. Stress management_____
b. Drugs (prescription and illegal) and alcohol_____
c. Pregnancy prevention and STD's_____
d. Hygiene_____
e. Finding a treating physician and dentist (Medicaid)/Emergency medical_____
f. Healthy Relationships

Legal Issues

a. Police_____
b. Courts (Adult/Juvenile Justice System)_____
c. Criminal act and consequences_____

Runaway Prevention

Social Skills/Personal Information

a. Manners (communicating, eating, telephone_____
b. Language (slang, cursing)_____
c. Communication skills (assertion, telephone, writing)_____

Additional Trainings:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

I understand that some of these trainings will be given outside of the home and by individuals other than Harris Teen Home staff. I will give all instructors the same amount of respect and consideration that I give the staff of Harris Teen Home.

Youth Signature_____ **Date**_____

Legal Guardian Signature_____ **Date**_____

Staff Signature_____ **Date**_____

ABUSE REPORTING PROCEDURE

This procedure was developed as a guideline for our organization according to the Laws of the State, Mandatory Reports of Child Abuse and Neglect, in the event that a youth reports incident(s) of alleged physical and/or sexual abuse having occurred within or outside facility.

This procedure is to be followed when a youth reports alleged physical or sexual abuse by any of the following persons:

Our Organization staff while residing in the facility or any adult that the youth has contact with in the community.

The procedure for reporting alleged abuse and/or neglect is as follows:

1. Harris Teen Home staff will immediately report to the Childcare Administrator any alleged abuse or neglect that was disclosed by the child.

2. Harris Teen Home Staff will complete our organization Abuse Report Form and then contact the FLORID ABUSE Registry Hotline or the local abuse hotline. The FLORIDA Hotline number is 1- 800-96-ABUSE (22873) In situation where a youth reports alleged abuse or neglect by our organization employee, the Childcare Administrator will be notified immediately and a staff investigation will be conducted. That staff will be removed from the floor immediately until the investigation is complete.

3. Harris Teen Home Staff in the event a youth alleges any physical/sexual abuse or neglect by an individual not affiliated with our organization by law contact with that person will not be allowed until the completion of an investigation by the Department.

4. All youth will have unrestricted access to call the National Abuse Registry Hotline to report any alleged physical/sexual abuse or neglect.

_____ _____

Parent/Guardian Signature Date

_____ _____

Youth Signature Date

_____ _____

Staff Signature Date

Placement Agreement

Our Organization agrees to:

Provide a safe, permanent home.

Provide nutritious meals.

Assist when possible transportation to employment, educational activities and appointments.

Provide an opportunity for youth to talk about concerns and problems.

Provide an opportunity for youth to receive independent living skills to become productive members of society.

Provide advice and assistance to you and your family/legal guardian when problems or questions arise while you are at the facility or after departure.

Protect your privacy and that of your family by keeping shared information confidential (i.e., not sharing it with others outside the group). The only exception of this is that, by law, we are required to report any case or suspected abuse or neglect of youth.

Further protect your privacy by keeping shared information in locked files.

Create a service plan for the youth and provide quarterly progress reports to the child care worker.

In order for the program to be as beneficial as possible it is necessary that you, the youth agree to:

Attend and participate fully in all group and individual meetings unless special circumstances (illness, court appearance or work) prevent your attendance.

Participate actively in at least one school activity.

Find a job.

Participate in family outings.

You may participate in religious services of your choice.

Attend school and maintain a passing GPA.

Not use or bring onto Harris Teen Home premises drugs, alcohol chemicals, or weapons.

Not destroy group home property or participate in any criminal activities

Not harm yourself or others.

Address any issues or concerns that you have to staff.

Follow the rules of the program and any instructions by staff. This includes participating in all independent living skills training, meetings, and group activities.

Protect the privacy of the other youth and their families by not discussing outside of each session, personal information shared in group sessions.

Follow curfew guidelines as follows: 15 years of age and under shall be in the house by 6:30pm and 16 and over by 7 pm during the school year. Extended curfews are only allowed if you ask in advance, but it may still be denied. During the summer months, 15 and under by 8 pm and 16 and over by 10 pm. ***The house parents may change curfew under certain circumstances.

Chores are to be completed daily. The chores rotate weekly (every Monday).

Do not give out this address without permission from a House parent; especially to guys you just met on the internet or chat line.

Practice safety dating tips, including not meeting a guy you just met in person without informing a house parent.

No fighting, cursing, or being disrespectful to other youth or staff!

I, understand the above statements and agree that any failure to comply with this agreement, could result in lose of privileges or losing placement at Harris Teen Home. Any failure on Harris Teen Home's part to comply with the above agreement should be reported through the established grievance process.

Youth Signature _____. Date_____

Parent/Legal Guardian Signature_____. Date_____

Staff Signature_____. Date_____

ORIENTATION PROCEDURES

I, _____, and I, _____ have

Youth name **Parent(s)/Legal guardian name**

been informed of Harris Teen Home's policies regarding the emergency evacuation procedures and the responsibility of clothing and borrowing items. I have also received a copy of Harris Teen Home's Rule Book and received a tour of the home.

_____ (youth initials) Harris Teen Home's staff member completing this form has explained the emergency evacuation procedures to me which include a fire drill and hurricane drill.

_____ (youth initials) Harris Teen Home cannot be held responsible for any articles, given away by the youth, or taken when he/she has runaway and left items behind. To ensure the safety of the youth's personal belongings, NO BORROWING IS PERMITTED. Harris Teen Home WILL DONATE TO THE FOSTER CARE CLOTHING CLOSET ANY ARTICLES THAT ARE LEFT BY THE YOUTH/ GUARDIAN AFTER 15 DAYS OF DEPARTURE.

_____ (parent/legal guardian initials) I agree to provide the home with any information that will help them care for my child. This includes information about my child's health, school experience, important relationships, etc., both currently and in the past. **I understand that within 14 days of Discharge I am responsible for collecting any garments or belongings that my youth leaves at the home or they will be donated to a Foster Care Clothing Program or another Charity organization.**

_____ _____

Youth Signature Date

_____ _____

Parent/Guardian Signature Date

_____ _____

Staff Signature Date

CMO PORTION COMPLETED

THANK YOU!!!

PLEASE EMAIL WITH REQUESTED D

OCUMENTS TO:

SHAUNNAY@HARRISTEENHOME.COM

YOUTH ONLY

GRIEVANCE PROCEDURE

1. Upon admission, Harris Teen Home will inform youth of our Grievance policy and the central location of forms where concerns can be addressed.

2. Complaints, suggestions or expressed concerns are immediately submitted to the Program Manager.

3 A written response will be provided to the youth by the Program Director within 5 working days.

4 If the complaint is still not resolved, it will be brought to the attention of the Owners & Case Manager for further consideration.

5 If the complaint is suggestive of abuse, it will be reported to The Abuse hotline.

6 The person who reports a grievance will not be subject to adverse action by Harris Teen Home as a result of filing the grievance.

7 Appropriate disciplinary action will be taken against any perpetrators of abuse.

8 If a grievance is filed, Harris Teen Home will document the grievance along with the investigation findings and resulting action taken by Harris Teen Home. All information will be kept on file for two licensing periods

I _____understand the Grievance Process and was informed where the grievance forms are centrally located.

Youth Signature:_____ Date_____

Quick Youth Indicators for Trafficking (QYIT)

It is not uncommon for young people to stay in situations that are risky or even dangerous, simply because they have no other options. Have you ever worked, or done other things, in a place that made you feel scared or unsafe?	YES	NO	SKIP
Sometimes people are prevented from leaving an unfair or unsafe situation. Have you ever been afraid to leave a situation due to fears of violence or threats of harm to yourself or your family?	YES	NO	SKIP
Sometimes young people who are homeless or who have difficulties with their families have very few options to survive or fulfill their basic needs, such as food and shelter. Have you ever received anything in exchange for sex (e.g. a place to stay, gifts, or food)	YES	NO	SKIP
Sometimes employers/caregiver don't want people to know about certain work or things they have young people doing. To protect themselves, they may ask you to lie about those kind of things. Have you ever done something for someone who asked you to lie while speaking to others about the things they do or have done to you?	YES	NO	SKIP

THE FOLLOWING TO BE C OMPLETED UPON ARRIVAL

YOUTH/HTH STAFF

CLOTHING INVENTORY

YOUTH NAME ADMISSION DEPART

DESCRIPTION OF:	INTAKE	DEPART
SHORTS		
PANTS		
LEGGINGS		
SHIRTS		
SHOES		
SOCKS		
JACKETS		
HOODIES		
UNDERWEAR		
BRAS		
PAJAMAS		
BRUSH		
COMB		
BACKPACK		
BELTS		
PURSE		
MONEY		

Our Organization may exercise the option to store items we deem valuable in a secure cabinet in the Administrator office until the time of departure. Items will be stored in the cabinet for safety reasons and to prevent items from being stolen. Please refer to your Orientation Booklet to the amount of jewelry you may have in Possession.

Our Organization cannot be held responsible for any articles that are lost, given away by the youth, or taken when he/she is absent without official leave. To ensure the safety of your personal belongings NO BORROWING/LOANING IS PERMITTED, by signing this form you give evidence that you understand and that you are in agreement with it.

_____ _____

Youth Signature Youth Signature

_____ _____

Staff Signature Staff Signature

ROOM ASSIGNMENT CHECKLIST

1. Perceived level of maturity and its effect on his/her needs.

_____Age appropriate
_____Needs some assistance
_____Needs high level of supervision

2. Have you been or are you currently involved in a gang? _____YES _____NO

If yes, what is the name of the gang?_____

How long have been involved in gang activity? _____

3. Attitude upon admission

_____Calm
_____Nervous Angry Irrational
_____Confused
_____Excited

4. Apparent level of aggression and ability to act responsibly

_____Physically aggressive Verbally aggressive
_____No aggression observed
_____Other (please specify)

5. Past involvement in aggressive/assault behavior, sexual misconduct, or demonstration of emotional disturbance (please describe):

_____

_____

Based on the information provided and staff's observation during intake, the youth will be placed in room

Staff: _____Date:_____

Program Director:_____ Date:_____

INITIAL HEALTH SCREENING

Date Screened:_____Completed By:_____

Youth's Name:_____ DOB: _____ Race:_____ Age_____
Gender:_____ Eyes_____ Hair_____ Height_____ Weight_____

Insurance provider:_____ Policy #_____

Anyone showing symptoms of COVID-19 or who may have been exposed to COVID-19 should not be at the Group Home or shall be quarantined.

1. Has the youth had close contact (within 6 feet for a cumulative total of 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider advised youth to quarantine?

2. Does the youth have any ONE of these symptoms?

☐ Fever or chills ☐ New cough ☐ New loss of taste or smell
☐ Shortness of breath or difficulty breathing

3. Does the youth have any TWO of these symptoms?

☐ Sore throat ☐ Diarrhea. ☐ Fatigue. ☐ New nasal congestion/stuffy or runny nose
☐ Nausea ☐ Vomiting ☐ Muscle or body aches ☐ Chills. ☐ New severe/very bad headache

If a child has any of these symptoms, they should take a covid test, stay away from other people, and the staff member should notify management if test is positive.

GENERAL PHYSICAL HEALTH SCREENING (Screener's Observations)

1. Youth has obvious injury, (please indicate on body diagram) - SEE LAST PAGE
   If yes, describe_____
2. Youth appears ill. YES NO
   If yes describe_____
3. Youth has difficulty moving and/or has a physical handicap YES NO
   If yes describe_____
4. Youth appears to have a vision, hearing or speech impairment YES NO
   If yes describe_____

5. Youth has visible scars, tattoos or other skin markings
If yes describe_____

6. Youth appears intoxicated or under the influence of drugs
If yes describe_____

7. Youth Has Evidence of lice, Scabies, etc YES NO

8. Do you have any health complaints (injuries, sickness or pain at the present time) YES NO
If yes, describe._____

9. Have you had a recent injury? YES NO
If yes, describe._____

10. Specifically, have you had a recent head injury? YES NO
If yes, describe_____

11. Are you pregnant or suspect that you might be pregnant? YES NO
If yes, describe_____

12. Do you have (or have you ever had) any of the following health problems YES NO

CONDITION	PAST	PAST	CURRENT	CURRENT
	NO	YES	NO	YES
DIABETES				
ASTHMA				
SEIZURES				
HEART PROBLEMS				
FREQUENT HEADACHES				
STOMACH PROBLEMS				
STD				
SICKLE CELL DISEASE				
CANCER				
TUBERCULOSIS				
ALCOHOL OR DRUG ABUSE				
DIFFICULTY URINATING				
DIFFICULTY SLEEPING				
DENTAL PROBLEMS				
MENSTRUAL IRREGULARITIES				

13. Are you currently under the influence of alcohol or other drugs?
If yes, describe_____

MEDICATION

14. Are you taking any medication for mental/behavioral/emotional conditions or for physical health?
If yes, describe_____

15. Specifically do you take any of the following:

	YES	NO	LAST DOSE DATE	LAST DOSE TIME
INSULIN				
SEIZURE MED				
ASTHMA MED				
HEART MED				
TURBERCULOSIS MED				

16. **Are you allergic to any medications, foods or other substances?**
If yes, list_____

NUTRITION

17. Do you have any illnesses that cause you to follow a specific diet?
If yes, describe_____
18. Have you been on any kind of diet in the last three months?
If yes, describe, _____
19. Are there any other nutrition-related concerns, which should be noted?
If yes, describe._____

PHYSICAL HEALTH DISPOSITION

Choose One:

_____Emergency health treatment needed
_____Youth appears intoxicated or under the influence of non-medical
_____Youth has possibility of active tuberculosis.
_____Schedule sick call appointment for follow-up or minor complaint.
_____No complaints or evidence of illnesses.
_____Schedule routine _____PHYSICAL _____DENTAL
_____No health check up required.

Drug Abuse Screening Test (DAST) - Adolescent Version

The following questions concern information about your potential involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then, circle the appropriate response beside the question. In the statements "drug abuse" refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non- medical use of drugs. The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin).

Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

These questions refer to the past *12* months.

1. Have you used drugs other than those required for medical reasons? _____YES _____NO
2. Have you abused prescription drugs? _____YES _____NO
3. Do you abuse more than one drug at a time? _____YES _____NO
4. Can you get through the week without using drugs? _____YES _____NO
5. Are you always able to stop using drugs when you want to? _____YES _____NO
6. Have you had "blackouts" or "flashbacks" as a result of drug use? _____YES _____NO
7. Do you ever feel bad or guilty about your drug use? _____YES _____NO
8. Do your parents or guardians ever complain about your involvement with drugs? **__YES __NO**
9. Has drug abuse created problems between you and your parents? _____YES _____NO
10. Have you lost friends because of your use of drugs? _____YES _____NO
11. Have you neglected your family because of your use of drugs? _____YES _____NO
12. Have you been in trouble at work because of drug abuse? _____YES _____NO
13. Have you lost a job because of drug abuse? _____YES _____NO
14. Have you gotten into fights when under the influence of drugs? _____YES _____NO
15. Have you engaged in illegal activities in order to obtain drugs? _____YES _____NO
16. Have you been arrested for possession of illegal drugs? _____YES _____NO
17. Have you ever experienced withdrawal symptoms when you stopped taking drugs? __Y___N
18. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)? _____YES _____NO
19. Have you gone to anyone for help for a drug problem? _____YES _____NO
20. Have you been involved in a treatment program specifically related to drug use? ___Y __N

_____ _____

YOUTH SIGNATURE & DATE **STAFF SIGNATURE & DATE**

SUICIDE RISK SCREENING TOOL

1. In the past few weeks, have you wished you were dead? ____YES _____NO

2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ____YES _____NO

3. In the past week, have you been having thoughts about killing yourself? ____YES _____NO

4. Have you ever tried to kill yourself. ____YES _____NO
If yes, How_____

When? _____

_____
If the patient answers Yes to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? ____Yes ____No
If yes, please describe: _____

Next steps:

- **If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).**
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen.**
- **<u>Ask question #5 to assess acuity:</u>**

"Yes" to question #5 = acute positive screen (imminent risk identified)
• Patient requires a STAT safety/full mental health evaluation.
-Patient cannot stay until evaluated for safety.
- **Keep patient in sight. Remove all dangerous objects from room.**
- **Call Law Enforcement for a BA evaluation.**

If "No" to question 5:
Provide resources
• 24/7 National Suicide Prevention Lifeline, 988
• 24/7 Crisis Text Line: Text "HOME" to 741741

_____Signat& Date of Youth. _____Staff sig

MENTAL HEALTH ASSESSMENT

YOUTH WILL NEED TO TAKE THE ONLINE:

Youth Mental Health Test

https://screening.mhanational.org/screening-tools/youth/

PRINT OUT THE RESULTS AND PLACE IN YOUTH FILE

Section I. Youth Demographic Information

1. Admission and Screening
2. Visitation Guidelines
3. Identifying Information (SS#, B.C)

Section II. Intake Assessments

1. Abuse History
2. Suicide Prevention Assessment
3. Behavioral Agreement
4. DCF Case Plan
5. Our Organization Service Plan
6. Monthly/Quarterly Progress Notes

Section III. Legal Responsibility

1. Consent for Treatment and Services
2. Legal Guardian Agreement
3. Abuse Reporting Procedure
4. Abuse Report Sheet (if applicable)
5. Accessing Medical/Mental Health Services
6. HIPAA Privacy Practice Signature Sheet
7. Out of Home Placement Letters
8. Funding Authorization Letters from Placement Agency
9. Misc Legal forms

Section IV. Intake Program Information

1. Placement Agreement
2. Youth Rights
3. Orientation Form
4. Inventory of Belongings
5. Room Assignment Checklist

Section V. School Assessment

1. Report Cards
2. Transcripts
3. IEP
4. Miscellaneous School Documents

Section VI. Mental Health / Physical Evaluation

1. Initial Health Screening Form
2. Physical
3. Immunization Records

4. Medication Logs
5. Authorization to Dispense Medication
6. Authorization to Dispense Psychotropic Medication
7. Provider Letter Authorizing Medicaid Payment
8. Misc. Medical Info (chronological order)

Section VII. Court Documents

1. Court Orders (chronological order)
2. Court Reports (chronological order)
3. Miscellaneous Court Documents

Section VIII. Psychosocial Assessment

1. Psychological assessments
2. Child Behavioral Assessment

Section IX. Departure / After Care Plan

1. Exit Interview
2. Inventory of Belongings (see Intake/Program Information)
3. Departure Summary

Section X. Independent Living

1. Independent Living Training Contract
2. Group Notes
3. Certificate of Completion

Section XI. Group Meetings

1. Group Notes

Section XII. Chronological/Miscellaneous Sheets

1. Chronological Sheets
2 Receipts for purchases/Clothing vouchers
3. Correspondence
4. Incident Reports
5. Miscellaneous documents

Place Picture Here