Intake Packet

Review with and have residents sign the following:

- ☐ Client rights and responsibilities
- ☐ Resident confidentiality agreement
- ☐ YES Home handbook agreement
- ☐ Strengths assessment
- ☐ Health evaluation
- ☐ Nutrition
- ☐ Intake Inventory
- ☐ Resident rights
- ☐ Study hour rules and expectations
- ☐ Tobacco policy
- ☐ ACE
- ☐ Off Ground Pass Policy
- ☐ Ansell Casey
- ☐ Quilt
- ☐ Room Inspection
- ☐ Medication & Personal belongings

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amy@yeshome.org * kerri@yeshome.org * jennifer@yeshome.org

Resident Confidentiality Agreement

It is important not to share information about other residents who live at the YES Home.

I, _____, agree not to break confidentiality about anything or anyone at the YES Home.

I understand that if I do, I will accept the consequences for doing so.

_____ _____

Resident Date

_____ _____

Staff Date

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Intake Inventory Form

Resident:_____

Clothing

_____ Pants

_____ Shirts

_____ Shorts

_____ Pajamas

_____ Dresses

_____ Skirts

_____ Socks

_____ Shoes

_____ Underwear

_____ Other _____

_____ Other _____

_____ Coats/jackets

_____ Boots

Personal Items

_____ Suitcase

_____Curling iron/ Straightener

_____ Comb/ brush

_____ Books

_____ Makeup

_____ Purse

_____ Jewelry

_____ Hairdryer

_____ Other:_____

_____ Other:_____

_____ Other:_____

_____ Other:_____

_____ Other:_____

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Tobacco

Subject: Care, Services, Treatment

Date Established: 7/24/2015

Revision Date: 2/22/2018

Policy
Purpose: To ensure that Youth Encouragement Services, Inc. (Yes Home) provides all residents, employees, volunteers, and visitors with a healthful, comfortable, and productive tobacco free environment.

Application: This policy applies to all residents, employees, volunteers, and visitors.
Policy Statement: Youth Encouragement Services, Inc. shall make a good faith effort to provide and maintain a tobacco free environment. Use of any tobacco products is prohibited within or on Yes Home owned or leased buildings, grounds, and vehicles.

All employees share in the responsibility for adhering to and enforcing this policy. Any problems should be brought to the attention of the Case Manager or Director. Employees who violate this policy will be subject to the same disciplinary actions that accompany infractions of other Yes Home rules and policies. Efforts will be made to assist employees in identifying resources and options to better manage his/her tobacco addiction.

Definitions:
Tobacco: Tobacco is defined as all products that contain tobacco, which may include: cigarettes, cigars, chewing tobacco, pipes and all tobacco products.

Visitors: Any individual who does not reside at the Yes Home or who is a direct employee of the Yes Home. This includes parents, relatives, friends, caseworkers, interns, any other visitors on the Yes Home property.

_____ _____
Printed Name and Date Signature

_____ _____
Printed Name and Date Signature

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Study Hour Rules & Expectations Form

- All residents will do study hour. If you are in after school activities or have appointments, your study hour is to be made up when you return to the home.
- If you attend after school tutoring, you do not need to complete study hour at the home.
- Computer use must be monitored by a staff or tutor during study hour.
- If you do not have homework you will write a report from the encyclopedia and staff will assign it. You will not write letters or doodle.
- If you have straight A's, you are permitted to sit out during study hour.
- To participate in sports you must have a C in ALL classes.
- Have yourself and your books etc. ready to go and be in the Dining Room on time.
- You must come prepare. If you don't, you will lose points and if that becomes a habit further action will take place.
- You will not be allowed to roam or leave so you need to bring all you need. Use the restroom or take care of anything else prior to study hour.
- Tutor or staff will assign seats and will excuse students (boys at one table, girls at another).
- The only reading allowed will be A.R. books approved by the school or work from textbooks. Magazines, truck books, etc. are not homework.
- No drawing allowed unless it's an art project and that assignment must be verifiable.
- Study hour will be QUIET. Please raise your hand for help.
- If you attend a Youth Group you must do your study hour on your own in the Dining room and you must tell staff otherwise you will receive 0's.
- GED students will attend study hour. They can do practice work they can request from the GED Instructor.
- Residents will complete all your work. If you cannot do this in study hour, then you need to complete on your own in the study area.

I have read and understand these rules.

_____ _____

Resident Date

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Resident Rights

1. Residents have the right to treatment that is:
    a. Appropriate to the resident's needs; and
    b. Designed to afford a reasonable opportunity to improve the resident's condition
        i. Humane care and protection from harm.
        ii. The right to practice the resident's religion.
        iii. Contract and consultation with legal counsel and private practitioners of the resident's choice at the resident's expense.
2. Residents may be photographed upon admission for identification and administrative purposes. Such photographs shall be confidential and shall not be released by the facility except pursuant to a court order. No other non-medical photographs shall be taken or used without the written consent of the resident, managing conservator or legal guardian.
3. Residents, managing conservator or legal guardian have the right to receive the names and professional qualifications of those staff responsible for providing their care; including physicians, social workers, and nurses.
4. Residents have the right to freedom of thought, conscience, and religion, including the right to maintain and practice their religious beliefs.
5. Residents, managing conservator or legal guardians have the right to fully participate in treatment, care and service planning. Every resident has the right to have his or her opinions heard and to be included, to the greatest extent possible, when decisions are being made affecting his/her life.
6. Residents have the right to pain management.
7. Residents have the right to receive adequate and appropriate food, clothing, and housing.
8. Residents have the right to be served in a clean, safe, and secure environment.
9. Residents shall be afforded privacy for the purposes of dressing, bathing, and self-care.
10. Residents shall not be required to perform services for the benefit of the facility.
11. Residents shall be fully informed of the various steps and activities involved in receiving service, as well as the right to refuse any recommended course of treatment. Alternative treatment strategies shall be explored, and if deemed acceptable to the treatment team, shall be implemented.
12. When medication is prescribed, its benefits, possible side effects and risks will be explained clearly to residents. Residents may refuse specific medications and treatment, after being informed of the possible consequences of this decision.
13. Residents and family members/guardians have the right to have grievances addressed in a timely manner. Residents and families have right to access the services of the Director should they feel the need.
14. Residents have the right to receive humane care and to be free from mental, physical, sexual and verbal abuse, neglect and exploitation.
15. Residents have the right not to be secluded or restrained, except when necessary to ensure the safety of themselves, or others.
16. Residents have the right to receive any assistance necessary to overcome language barriers, or physical/developmental impairments which might impact their abilities to communicate and understand.
17. Residents have the right to contact and consult with an attorney, clergyman, physician, client representative, legal custodian or other authorized representative of the responsible placing agency.

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18. The confidentiality and privacy of residents' medical information shall be maintained in accordance with HIPAA and other State/Federal guidelines. Residents may approve or refuse to release their medical information to anyone outside the facility, except as required by law.
19. Residents have the right to inspect their medical records, except when:
    . withholding it is necessary to protect the confidentiality of other sources of information;
    a. allowing access is contra-indicated by the treatment team due to the potential detriment to their physical or mental health, or the potential harm to themselves or others; or
    b. granting the request will cause substantial harm to the relationship between themselves and the program or the program's capacity to provide services in general.
20. Residents have the right to access, request amendment to, and obtain information on disclosures of his or her health information.
21. Residents are allowed to have family, friends, or other individuals with them for emotional support, unless the individual's presence infringes on the rights of others, safety, or is therapeutically contraindicated.
22. Residents have the right to access an interpreter or translator.
23. Residents have the right to be informed about unanticipated outcomes to care, treatment, and services related to sentinel events.

Residents Who are Not Able to Make Decisions

1. If a resident is unable to make decisions about his or her care, treatment, or services, a surrogate decision-maker will be involved.
2. YES Home will respect the surrogate decision-makers right to refuse care, treatment, and services on the resident's behalf.
3. The resident has a right to have his or her family involved in the care, treatment, and service decisions to the extent permitted by the resident or surrogate decision-maker.
4. YES Home will provide the surrogate decision-maker with the information about outcomes of care, treatment, and services that the resident needs in order to participate in current and future decisions.
5. YES Home will provide the surrogate decision-maker about unanticipated outcomes of care, treatment, and services that relate to sentinel events.

Violation of Rights/ Director

Any written or verbal claim by a resident regarding alleged violations of his/her rights will be investigated by the Director. *The Director process is to be accessed in response to potential violations of the rights previously detailed*. The identity and location of the Director shall be detailed to each resident upon admission. If the resident, managing conservator or legal guardian is not satisfied by this level of response, they shall have the right to access the services of the Board of Directors.

Resident Responsibilities

1. Provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, past facility placements, medications, and other matters relating to his / her health.
2. Provide, to the best of their knowledge, accurate and complete information that will help facilitate appropriate care, treatment, and services.
3. Ask questions or acknowledge when (s)he does not understand the treatment course or care decision.

4. Follow instructions, policies, rules, and regulations in place to support quality care for residents and a safe environment for all individuals in the facility.
5. Support mutual consideration and respect by maintaining appropriate language and conduct in interactions with all staff members and residents.
6. If (s)he refuses treatment recommendations, work with staff members to identify alternatives to meeting goals.

_____ _____

Signature Date

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Medication & Personal Belongings Upon Arrival Form

Items received from family or placing agent upon arrival at the YES Home.

Resident Name: _____

Date of Intake: _____

Medication Name	Dosage (ex: 25 mg)	Frequency (ex: 1/day)	Quantity	Reason

Other Personal Belongings: _____

_____

_____

Copies of Forms: _____

Received by: _____

Staff: _____

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Off Grounds Passes

Subject: Care, Services, Treatment

Date Established: 7/24/2015

Revision Date: 2/22/2018

Policy

(To be given to parents/guardians)

1. Residents are not allowed to be transported by anyone under the age of 21.
2. When a resident leaves the grounds for a pass, that person taking the resident will be required to sign an OFF GROUNDS PASS. Your signature affirms that you are responsible for the resident's safety, actions and acts while in your care.
3. The length of time for the pass will be pre-arranged and indicated on the pass.
4. Arrangements for the passes must be finalized by Thursday night in order that we can plan our weekends for the residents who remain here. All clearances through the placing agencies must be done Monday through Thursday.
5. A resident must be on level 2, 3, or 4 to have an off ground pass. Residents on level 1 do not get an off grounds pass. However, you may visit the facility during the regular visiting hours (Wed 7-9, Sun 2-5).
6. The pass will state the return time. Failure to return the child at the appropriate time could jeopardize your next pass.
7. No resident will be allowed a pass without clearance from the Placing Agency (DCS or Probation).
8. Medications will be given to the adult and signed for by the adult picking up the resident.
9. If a resident goes on a pass and the visit disrupts, the resident or parent have the option to call the Yes home and to return early.
10. If you are going to be late, please call the Yes home so that we know what is going on. We have residents that need to be transported to appointments and we have to be able to plan our schedule.
11. If you return a resident to the Yes home and no one is at the facility, please stay until we arrive. We are sometimes held up in traffic or have other situations occur. (In the event of an emergency, we may try to contact you. If we do not reach you, we may leave a note on the entry door.)
12. Do not enter the building if no one is here.
13. Please enter the building by coming to the back door and pressing the intercom. Do not enter the building by any other doors.
14. For the safety and protection of ALL Yes residents, all visits and passes off grounds must be cleared through the placing agency. Please do not expect Yes to give a pass at the last minute. We do not call agencies on the weekends except in the case of an emergency, and even then, we are not guaranteed contact with the correct person.
15. Parents and Residents will be asked to complete a resident pass process form. This helps everyone know what issues need to be addressed.
16. Upon return from a pass or off-site outing, residents will be asked to empty their pockets, take off coats and shoes, and for all belongings to be given to staff.

17. Staff will look through the resident's belongings to make sure no contraband is brought into the YES Home.
18. Any items not appropriate will be given to the parent/guardian or will be placed into the resident's personal box.
19. All clothing items will be placed immediately into the laundry room and washed to prevent bed bugs or other infestations.
20. Residents will shower immediately upon return from passes.
21. While on passes, residents are not to call, email, text or use any social network (Facebook, MySpace, etc.) to contact other YES Home residents or to make contacts for other residents.
22. Residents are NOT to go to another resident's place of employment.

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Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often…
   Swear at you, insult you, put you down, or humiliate you?
   Or
   Act in a way that made you afraid that you might be physically hurt?
   ☐Yes ☐No If yes enter 1 _____
2. Did a parent or other adult in the household often or very often…
   Push, grab, slap, or throw something at you?
   Or
   Ever hit you so hard that you had marks or were injured?
   ☐Yes ☐No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you ever…
   Touch or fondle you or have you touch their body in a sexual way?
   Or
   Attempt or actually have oral, anal, or vaginal intercourse with you?
   ☐Yes ☐No If yes enter 1 _____
4. Did you often or very often feel that …
   No one in your family loved you or thought you were important or special?
   Or
   Your family didn't look out for each other, feel close to each other, or support each other?
   ☐Yes ☐No If yes enter 1 _____
5. Did you often or very often feel that …
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   Or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed It?
   ☐Yes ☐No If yes enter 1 _____
6. Were your parents ever separated or divorced?
   ☐Yes ☐No If yes enter 1 _____
7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her?
   Or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   Or
   Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   ☐Yes ☐No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   ☐Yes ☐No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   ☐Yes ☐No If yes enter 1 _____
10. Did a household member go to prison?
    ☐Yes ☐No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

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Strength Based Assessment Intake

Completed by: _____

	Not at all	A little	Somewhat	Quite a bit	A lot
I have people to look up to (or that i want to be like)					
Doing well in school is important to me					
My parent(s)/ caregiver(s) know about me					
I try to finish what i start					
I can solve problems without hurting myself or other people (ex: hitting others, using drugs)					
I know where to go to get help					
I feel i belong (fit in) at school					
My family stands by me when times are hard					
My friends stand by me when times are hard					
People in my life and community treat me fairly					
I have chances to learn things that will be useful later in life (cooking, working, job skills and helping others)					
I enjoy my families cultural and family traditions (holidays or learning about my culture)					

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Medical Information

Resident: _____

Doctor: _____

Location: _____

Last visit: _____

Reason: _____

Dentist: _____

Location: _____

Last visit: _____

Reason: _____

Optometrist:_____

Location: _____

Last visit: _____

Reason: _____

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Admission Packet Checklist

If the youth is accepted into placement, YES must have the following documents upon admission:

- ☐ Completed admission application
- ☐ DCS Case Plan or Probation Case Plan
- ☐ Copy or original social security card
- ☐ Copy or original health insurance card(s)
- ☐ Copy of school records
- ☐ Any other previous reports
- ☐ Individual placement agreement (Court Order)
- ☐ Copy of CANS or IYAS
- ☐ Copy or original birth certificate
- ☐ Immunization records
- ☐ IEP when applicable
- ☐ Psychiatric evaluations

Parents or case worker sign and/or fill out the following:

- ☐ Medical authorization
- ☐ Medical information
- ☐ Medication upon arrival
- ☐ Family information
- ☐ CMHC Release
- ☐ Parent/guardian tobacco policy
- ☐ Picture permission
- ☐ Visiting Policy
- ☐ Communicable diseases
- ☐ Laptop permission
- ☐ Church services permission
- ☐ Parent/guardian confidentiality
- ☐ Parent permission athletic activities

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Admission Application

Name		Health Insurance	
Date of Birth		Medicaid Number	
County		Physician	
Social Security #		Psychiatrist	
Placing Agency		Phone #	
Email		Therapist	
GAL		CANS	

Description of reason for placement:
_____
_____

School Youth Attends: _____Grade: _____

IEP: ☐ Yes ☐ No

Goals and Objectives of placement of youth

1. _____
2. _____
3. _____

In lieu of a birth certificate at admission, I, as a representative of this agency, verify that _____'s date of birth is _____.

My signature provides certification of placement and authorization of care of _____ at Youth Encouragement Services, Inc. (YES Home) on this date: _____.

A court order specifying placement will be forwarded to Youth Encouragement Services, Inc.

_____
Signature of Placing Agent Date

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Medical Consent/General Authorization

As provided for in Indiana Code 12-1-28-3, permission to authorize emergency, routine, as needed and continued medical care is hereby granted to ALL YES Home Staff.

- Child health examinations
- Dental examinations
- Vision examinations
- Hearing examinations
- Treatment for injuries, illnesses and immunization
- Education planning and IEP meeting
- Medical procedures & surgeries

Designated supervision of:

_____

Resident Name Medicaid/Insurance Policy Number

_____

Resident Name Medicaid/Insurance Policy Number

This child is a ward under the jurisdiction of the _____ Juvenile Court and or under the supervision of the _____County Department of Children Services.

County Director or Designee Signature: _____

Title: _____

Parent / Guardian signature: _____

Date: _____

Copies of this document are to be given to County, child's file, and medical record file at YES.

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Community Mental Health Center, Inc.
285 Bielby Road
Lawrenceburg, Indiana 47025
812-537-1302 Fax 812-537-5219

Release of Protected Health Information

Client Name: _____ **Date of Birth:** _____

Client Address: _____ **City/State/Zip:** _____

Phone: _____ **May we leave a message about release?** ☐ Yes ☐ No

I, the undersigned, authorize **Community Mental Health Center, Inc, 285 Bielby Road, Lawrenceburg, IN 47025** to:
☐ disclose ☐ receive ☐ exchange, confidential information from the agency and/or individual listed below:

_____
Name of Person/Agency Street Address

_____
City, State, Zip Code Phone Number Fax Number

Release from the Time Period: ☐ Any Admissions ☐ Only Specified Years: _____

Information to be Released:

☐ All Areas of Record	☐ Treatment Summary	☐ Psychological Evaluation	☐ History & Physical
☐ Intake/Assessment	☐ Lab, EKG, X-Ray	☐ Psychiatric Evaluations	☐ Inpatient Discharge Summ.
☐ Treatment Plans	☐ Other, specify:		

Purpose of Release: ☐ Continuity of Care ☐ Legal Proceedings ☐ Case Coordination ☐ Other: _____

I fully understand that my medical record contains confidential physical, mental health, substance abuse and/or HIV/AIDS information compiled in the course of my treatment. The medical records and/or information authorized to be disclosed hereunder are privileged and confidential and may be disclosed only on my authorization, as required by law. I understand that records not protected by Federal confidentiality rules (42CFR Part 2) may be subject to redisclosure by the recipient and may no longer be protected by Federal or State law. I understand that I cannot be required to sign this authorization as a condition for having treatment provided or obtaining payment for the same.

Date, event or condition this authorization expires: _____. **If no date, event or condition is specified, this authorization expires 60 days after services have been terminated.** I may revoke this authorization at any time (except to the extent that action has already been taken in good faith reliance on this authorization) by submitting a written or oral revocation request to the Health Information Department.

This information may be disclosed from records protected by Federal confidentiality rules (42 CFR Part 2). The federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Patient Signature or Parent/Guardian: _____ **Date:** _____

Printed Name of Parent/Guardian: _____ **Relationship to Patient:** _____

Witness: _____ **Date:** _____

Was client was given a copy of this release?	☐ Yes	☐ No
Do records need to be requested from agency at time of signing?	☐ Yes	☐ No
Do records need to be released to above agency at time of signing?	☐ Yes	☐ No

Client Name: &cltfst& &cltlst&
Client Case: &cltcas&

YES Home General Release

Client for whom release is applicable: _____

DOB: _____

I authorize and consent for Youth Encouragement Services, Inc., and its employees to release information to and/or exchange information with the organization(s)/person designated below for the purpose of treatment and treatment recommendations:

_____
Organization/Person

Phone: _____Fax: _____

The following information may be used or disclosed:

___ Psychological testing/reports
___ Case Plans
___ Discharge reports
___ Diagnostic Evaluations
___ Medical Records
___ Dental Records
___ School Reports
___ Progress Reports
___ Social History
___ All Areas of Record

I understand that the information used or disclosed may be subject to re-disclosure by the person(s).

I understand that I may revoke this authorization by notifying Youth Encouragement Services, Inc. in the following manner: Attention: Director, 11636 County Farm Road, Aurora, IN 47001 in writing of my desire to revoke it. However, I understand that if I revoke this authorization, it will not have any effect on actions taken by Youth Encouragement Services, Inc. in reliance of this authorization.

Indiana Law requires expiration of this release 60 days for health records and 180 days for mental health records unless a specific date is noted as follows: _____.

Signature of Client or Client's Representative: _____

Printed Name of Client or Client's Representative: _____
Date: _____

Witness: _____.

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Medical Information

Resident's Name: _____

Health History of Resident

- ☐ Asthma
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ German Measles
- ☐ Enuresis
- ☐ Epilepsy
- ☐ Measles
- ☐ Mumps
- ☐ Meningitis
- ☐ Pneumonia
- ☐ Scarlet Fever
- ☐ Small Pox
- ☐ Tuberculosis

Allergies: _____

_____

Medication Allergies: _____

_____

Physical injuries, surgeries, etc._____

_____

_____

YES requires a copy of immunizations upon placement.

Medications youth is taking and reason for taking each.

Medication Name	Dosage (ex: 25 mg)	Frequency (ex: 1/day)	Reason

Family Physician: _____ Date of last visit/why: _____

Dentist: _____ Date of last visit/why: _____

Eye Dr: _____ Date of last visit/why: _____

Psychiatrist: _____ Date of last visit/why: _____

Ever received OT (Occupational Therapy), PT (Physical Therapy), or Speech Therapy? Y N

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Family Information

Resident Name: _____

Mother's Name: _____Phone: _____

Address: _____

Marital Status: _____ Religion: _____

Father's Name: _____Phone: _____

Address: _____

Marital Status: _____ Religion: _____

Resident lives with: _____

Brothers and Sisters

Name	Age	Address

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Laptop Permission Form

Date: _____

I give permission for _____ to use the laptop at the YES Home with staff supervision only.

The use of the laptop will be for educational purposes only.

_____ _____
Staff Signature and date Resident signature and date

_____ _____
Parent Signature and date Placing Agent signature and date

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Parent Permission Athletic Participation Form

Date: _____

I give permission for _____ to participate in all athletic activities offered at the YES Home.

_____ _____
Staff Signature and date Resident signature and date

_____ _____
Parent Signature and date Placing Agent signature and date

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Tobacco

Subject: Care, Services, Treatment

Date Established: 7/24/2015

Revision Date: 2/22/2018

Policy

Purpose: To ensure that Youth Encouragement Services, Inc. (Yes Home) provides all residents, employees, volunteers, and visitors with a healthful, comfortable, and productive tobacco free environment.

Application: This policy applies to all residents, employees, volunteers, and visitors.
Policy Statement: Youth Encouragement Services, Inc. shall make a good faith effort to provide and maintain a tobacco free environment. Use of any tobacco products is prohibited within or on Yes Home owned or leased buildings, grounds, and vehicles.

All employees share in the responsibility for adhering to and enforcing this policy. Any problems should be brought to the attention of the Case Manager or Director. Employees who violate this policy will be subject to the same disciplinary actions that accompany infractions of other Yes Home rules and policies. Efforts will be made to assist employees in identifying resources and options to better manage his/her tobacco addiction.

Definitions:
Tobacco: Tobacco is defined as all products that contain tobacco, which may include: cigarettes, cigars, chewing tobacco, pipes and all tobacco products.

Visitors: Any individual who does not reside at the Yes Home or who is a direct employee of the Yes Home. This includes parents, relatives, friends, caseworkers, interns, any other visitors on the Yes Home property.

_____ _____

Printed Name and Date Signature

_____ _____

Printed Name and Date Signature

Church Consent/Release Form

I hereby give permission for _____ to attend church services/activities of his/her choice while he/she is living at the YES Home.

_____ _____

Parent/Guardian Signature Date

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Exposure to Communicable Disease Form

Date: _____

I, _____, parent/guardian or placing agent of resident, _____, provide the following information: That in a three week period prior to the placement of the above named child that he/she

☐ was ☐ was not

exposed to a communicable disease or diseases. If you checked "was" please identify what your child was exposed to.

Exposed to: _____

_____ _____
Placing Agent Date

_____ _____
Parent/Guardian Date

_____ _____
YES Staff Date

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Medication & Personal Belongings Upon Arrival Form

Items received from family or placing agent upon arrival at the YES Home.

Resident Name: _____

Date of Intake: _____

Medication Name	Dosage (ex: 25 mg)	Frequency (ex: 1/day)	Quantity	Reason

Other Personal Belongings: _____

_____

_____

Copies of Forms: _____

Received by: _____

Staff: _____

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Visitor Agreement

Placing agency or Court must approve all visitors.

Visiting Hours: Wednesday 7PM to 9PM, Sunday 2PM to 5PM

1. Visits at any other time must be coordinated through the Director during regular business hours.
2. Any supervised visits deemed by the Courts will have to be coordinated three business days ahead of time. No exceptions will be made. Supervised visits are one hour long. Monitored calls are 10 minutes long, once a day.
3. Any items brought for the resident must be cleared by staff before given to the resident. This includes money.
4. In the event that a dispute arises during the visit, visitors may be asked to leave the premises.
5. All visits will take place in designated areas: Living room, Dining room, Kitchen, Picnic shelter (weather permitting).
6. If there are residents at the home that you know, please do not engage in conversation with them. The visit is for you and your child. Other residents are not allowed to have contact with residents visitors.
7. Any food items brought to the visit must be taken back home. No food items are to be left at the YES Home.
8. Residents are not allowed to use any type of electronics including cell phones. They are not to ask visitors to make calls or send texts for them.
9. Monitored call and visit documentation will be sent to the placing agency.
10. On the first visit you may see the resident's room accompanied by staff and resident.
11. No visits will be allowed in resident's room.
12. Visit and phone contacts must be approved by placing agency.
13. Monitored calls will occur if there is enough staff to cover the call. If necessary staff will have you call later or staff will call you when the call can be completed.

I agree to abide by the above guidelines.

_____ _____

Visitor Date

_____ _____

YES Staff Date

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Parent/ Guardian Confidentiality

I _____ parent of _____ agree to maintain confidentiality regarding all residents and staff at the YES Home.

No information regarding clients shall be disclosed to anyone other than YES Home staff.

Parent signature: _____

Parent signature: _____

Guardian signature: _____

Other: _____

Staff signature: _____

Date: _____

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YES Home Emergency Sheet

Allergies_____

Name: _____ **D.O.B**_____ **Age:** _____

Intake date: _____ **Arrival time:** _____ **Leave date:** _____ **Leave time:** _____

Eyes: _____ **Hair:** _____ **Height:** _____**Weight:** _____ **Race:** _____

Medicaid#_____**Other Insurance:**_____

Religion parent:_____ **Resident:** _____ **County:**_____

Identifying scars, birthmarks, tattoos etc:_____

Reason for placement:_____

Caseworker/ P.O:_____**Phone:**_____

Parent / Guardian / Foster/ Other (specify)
_____**Phone:**_____

Address: _____ **Addl Phone:** _____

Other: _____ **Phone:** _____

Address:_____ **Addl Phone:** _____

GAL/CASA:_____ **Phone:**_____ **Other:** _____

Therapist:_____**Phone:**_____**Other:**_____

Psychiatrist:_____**Phone:**_____**Lawyer:**_____**Phone:**_____

Other:_____**Phone:**_____**Other:**_____**Phone:**_____

Other Pertinent information:_____
_____
_____

No contact:_____

STN # _____ School: _____ Grade: _____ Lunch: _____

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yes HOME
Youth. Families. Connection.

Name: ______________________________ **D.O.B**______________ **Age:** __________

SS#_________-_______-__________ **Physical** __________ **Dental**__________ **Eye**___________ **TB**__________
Physical __________ **Dental**__________ **Eye**___________ **TB**__________

Doctor:____________________**Phone:**______________**Dentist:**_________________**Phone:**_______________

Vision: ____________________ **Phone:** ______________ **Other:** _________________ **Phone:** ____________

Other: ____________________ **Phone:** ______________ **Other:** _________________ **Phone:** ____________

Medications ______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

Contact

Name	***Phone #***	***Other #***	***Supervision***	***Type***
____________ ____________	____________ ____________	____________ ____________	☐ Mon _______ ☐ Semi _______ ☐ Un _______	☐ Phone ☐ Visit ☐ Offgrounds
____________ ____________	____________ ____________	____________ ____________	☐ Mon _______ ☐ Semi _______ ☐ Un _______	☐ Phone ☐ Visit ☐ Offgrounds
____________ ____________	____________ ____________	____________ ____________	☐ Mon _______ ☐ Semi _______ ☐ Un _______	☐ Phone ☐ Visit ☐ Offgrounds
____________ ____________	____________ ____________	____________ ____________	☐ Mon _______ ☐ Semi _______ ☐ Un _______	☐ Phone ☐ Visit ☐ Offgrounds
____________ ____________	____________ ____________	____________ ____________	☐ Mon _______ ☐ Semi _______ ☐ Un _______	☐ Phone ☐ Visit ☐ Offgrounds
____________ ____________	____________ ____________	____________ ____________	☐ Mon _______ ☐ Semi _______ ☐ Un _______	☐ Phone ☐ Visit ☐ Offgrounds

No contact:____

Other Pertinent information:____

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Parent Confidentiality

I _____ parent of _____ agree to maintain confidentiality regarding all residents and staff at the YES Home.

No information regarding clients shall be disclosed to anyone other than YES Home staff.

Parent signature: _____

Parent signature: _____

Guardian signature: _____

Other: _____

Staff signature: _____

Date: _____

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Picture Permission

I give permission for my child's picture to be taken. YES Home will not publish any pictures of youth placed at YES Home. The picture may be used for positive identification purposes in records. There may also be times when a youth requests a picture be taken of a special moment. These pictures may be printed and given to the youth but will not be published.

_____

Printed Name Date

_____

Signature Date

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Immunizations

Name: _____ **Relationship:** Parent Guardian DCS
Youth: _____ **DOB**: _____

-The *Indiana* State Department of Health *Immunization* Program strives to prevent disease, disability and death in children, adolescents and adults through *vaccination*. There are a number of vaccinations required for youth to attend public school. Please choose an option below.

- ☐ Said child can receive state required vaccines while at YES.
- ☐ Said child is religiously exempt* from all vaccines.
- ☐ Said child is medically exempt* from _____ vaccine.

-The influenza shot is a flu vaccine given as a preventative. This shot is **not** mandatory but we understand that some families would like their youth to receive this. By signing below you give authorization for said child to be administered the flu vaccine by medical staff. If you do not want the flu vaccine administered, please leave blank.

X_____

-Human papillomavirus vaccines (HPV) are vaccines that prevent infection by certain types of human papillomavirus. These infections are extremely common but some can lead to future health problems down the road.* This is given in 2-3 shots over months' time. This vaccine is **not** mandatory. Please check whether or not you would like said child to receive the HPV vaccines.

☐ Yes ☐ No

If giving permission to receive the HPV vaccine please sign below, if not, leave blank.

X_____

-The novel Coronavirus (COVID-19) vaccine* is used as a preventative to increase immunity. This vaccine is **not** mandatory. The vaccines, Pfizer and Moderna, require 2 shots over a couple weeks' time. Please check whether or not you would like said child to be administered the COVID-19 vaccine and sign below.

☐ Yes ☐ No

If giving permission to receive the COVID-19 vaccine please sign below, if not, leave blank.

X_____

_____ _____
Signature Date

* A medical exemption is a physician's certification that a particular immunization may be detrimental to the child's health. It must state in writing that the child has a medical contraindication to receiving a vaccine.

*A religious objection must state that the objection to immunization is based on religious grounds. The objection must be in writing and be signed by the child's parent.

*More information about HPV and COVID-19 vaccines can be found at cdc.gov

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INDIANA BILL OF RIGHTS FOR YOUTH IN FOSTER CARE

We, the Youth of the State of Indiana who are involved in a Child in Need of Services (CHINS), Collaborative Care (CC), or Delinquency Court case, are entitled to a voice and an opinion in decisions that will impact our lives. These are our basic rights during our case. Safety is paramount in our case. Reasonable restrictions, including court orders, may be imposed on the time, place, and manner in which we can exercise these rights, if it is determined that any restrictions are necessary for safety reasons. We have the right to be informed of these restrictions and the reasons for them in a manner that we can understand.

Basic Rights:

Fundamental Needs:

- We have the right to nutritious food, appropriate shelter, appropriate medical care, a public education, and sufficient clothing that fits us and is weather-appropriate.
- We have the right to be valued and treated with dignity and respect.

Safety and Protection:

- We have the right to be safe in our homes, placements, and communities. We have the right to be protected from all types of abuse, neglect, and exploitation, whether physical, verbal, emotional or sexual, and to be supported in reporting and combating abuse.

Freedom from Discrimination and Prejudice:

- We have the right not to be discriminated against based on our race, color, religion, sex, gender, age, mental or physical disability, national origin, marital status, familial status, political views, financial situation, sexual orientation, or gender identity. We have the right to learn about these things in a safe and supportive environment.
- Such discrimination poses a threat to the health, safety and general well-being of the citizens of the State of Indiana and menaces the institutions and foundation of our community. We have the right not to tolerate any hurtful or insensitive attitudes aimed at the above characteristics.

Informed:

- We have the right to be informed of our rights during our involvement in our case. We have the right to receive a written list of our Bill of Rights for Youth in Foster Care1 when we begin our case and at least every six months prior to the case plan conference.
- We have the right to be told why we came into foster care and why we are still in foster care. We have the right to know what the plans are for our future.
- We have the right to discuss our Bill of Rights for Youth in Foster Care during our monthly face-to-face meeting with our Family Case Manager (FCM)/Collaborative Care Case Manager (3CM)/Probation Officer (PO).

Privacy:

- We have the right to have our privacy protected and our right to confidentiality adhered to, as outlined by Indiana law. We can expect confidentiality from the adults involved in our cases.

Cultural Beliefs:

- We have the right to celebrate our cultural identity, traditions, and beliefs and be allowed to observe and practice our beliefs in a safe and supportive environment.

Parental Involvement:

- We have the right to have our parents, as well as their families, involved in our case plan.

Education:

- We are entitled to a quality public education that will help us succeed in the future. We have the right to reasonable educational assistance including the right to be assessed for an Individual Education Plan (IEP), as appropriate, and tutoring, as available.
- We have the right to a 504 plan (specific for students with physical or mental impairment that substantially limits a major life activity) based on our medical documented needs including emotional health.
- We have the right to gifted, honors, Advanced Placement (AP), and International Baccalaureate (IB) coursework if we qualify.

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- We have the right to go to our same school, if possible, and have our old school give our new school our education records. We have the right to not be identified by school personnel as a youth in foster care.
- We have the right to discuss educational or vocational options and the school or program that best fits our own needs and goals. We have the right to have a voice in our educational plan.
- We have the right to participate in extracurricular, cultural, and personal enrichment activities, as balanced with the needs of other members of my household.
- We have the right to be informed of scholarship opportunities.
- We have the right to be informed of college testing exams (e.g., SAT and ACT) and receive waivers. We have the right to participate in college visits and speakers as well as learn about different post high school education opportunities.

Health and Well-being:

- We have the right to an adequate support system and to receive appropriate services to address our physical, mental health, emotional, nutritional, and spiritual needs.
- We have the right to know the reasons behind any physical, dental, and mental health care decision made on our behalf, as well as alternate or culturally specific options, and we have the right to request a second opinion.
- We have a right to see and understand our treatment plans, be informed about and have a say in treatment decisions being made. We have a right to be informed about our medications and medication options. We have the right to have a voice in decisions about our medical, dental, and mental health care.
- We have the right to discuss medication options. We have the right to be informed about the purpose of prescribed medication and any potential problems with not taking the medication.
- We have the right to ask about our biological families' medical and mental health histories. We recognize we may not be entitled to such information or the information may not be available.
- We have the right to follow our own spiritual path, within reasonable limits.
- We have the right to have meaningful and informed conversations about family planning.
- We have the right to learn how to budget, spend reasonably, and save any funds that we earn.

Records and Personal Belongings:

- We have the right to request our personal belongings to be taken with us upon our initial out of home placement.
- We have the right to have our personal belongings secured and transported with us during placement transitions, when appropriate.
- We have the right to be informed of search policies. We have the right to be told if certain items are forbidden (or we are not allowed to have them) and why. If our belongings are removed, it must be documented.
- We have the right to have our records and personal information kept private and only have them discussed when it is essential to our care.

Family and Community:

Placement with Siblings:

- We have the right to be placed in a home with as many of our siblings as possible, when appropriate. When we are not placed together, we have the right to maintain regular, appropriate contact—including face-to-face visits—with our siblings. If we cannot be placed with our siblings, we have the right to be informed why placement together is not possible.

Visitation:

- We have the right to have a visit with parents and siblings within 48 hours after a CHINS placement.
- We have the right to have regular visits with parents, siblings, and other relatives unless visitation is not in our best interests based on our individual needs. These visits should not be used as a reward or punishment for our behavior or the behavior of our parents or relatives.

Pregnant or Parenting Youth:

- We, as pregnant or parenting youth, have a right to raise our children unless the court specifies otherwise.
- We, as pregnant or parenting youth, have a right to make decisions for our children.

Community and Environment:

- We have the right to be active members in our community. We have the right to advocate for ourselves and have our voices heard.
- We have the right to stay connected with important people in our lives outside of the foster care system as long as safety remains paramount.
- We have the right to discuss a privacy plan (to determine the appropriate communication in public settings).

Legal Proceedings:

- We have the right to be notified of our court hearings.
- We have the right to attend court hearings.
- We have the right to have a Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL) appointed to our CHINS case. If we do not have a CASA or GAL available in our CHINS case, we have the right to contact the Director of the local CASA office.
- We have the right to request an attorney be appointed to our case.
- We have the right to obtain information in order to contact appropriate agencies such as our local tribal office or consulate of our country of origin.
- We have the right to have regular contact from and unrestricted access to our FCM/3CM/ PO, attorney appointed to our case, and advocates and to be allowed to have confidential conversations with such individuals.
- We have the right to request a meeting/hearing with the Judge who is overseeing our case.

Violations:

If we think our rights have been violated or feel that something is wrong, we can:

- Talk with our FCM/3CM/PO, their supervisor, and/or the Local Office Director/Chief Probation Officer.
- File a grievance or complaint with the private foster care agency by contacting the foster care agency Director.
- Request a Child and Family Team Meeting for a CHINS case.
- Contact our child advocate (CASA or GAL), if applicable.
- Go through the process of requesting a meeting/hearing with the Judge.
- Contact the DCS Ombudsman at 877-682-0101 or by email at DCSOmbudsman@idoa.in.gov.
- Join the Regional and State Youth Advisory Board (YAB) and make positive change in the whole system. Contact the YAB office at 317-920-2503 for more information on a YAB near you.

Safety is paramount in our case. Reasonable restrictions, including court orders, may be imposed on the time, place, and manner in which we can exercise these rights, if it is determined that any restrictions are necessary for safety reasons. We have the right to be informed of these restrictions and the reasons for them in a manner that we can understand.

I acknowledge I have received a copy of this document. I have had the opportunity to ask questions, and I understand my rights.

Youth Name (Printed): _____

Youth Name (Signature): _____

FCM/3CM/PO Name (Printed): _____

FCM/3CM/PO Name (Signature): _____

1 The federal definition of foster care is “24 hour substitute care for all children placed away from their parents or guardians and for whom the State agency has placement and care responsibility.” The full definition is available at http://www.gpo.gov/fdsys/pkg/CFR2002-title45-vol4/xml/CFR-2002-title45-vol4-sec1355-20.xml.

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Indiana Disability Rights

Notification to Guardian of Monitoring Activities by Indiana Disability Rights

I have received a copy of the Indiana Disability Rights monitoring of facility activities notification.

_____

Printed Name Date

_____

Signature Date

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amy@yeshome.org * kerri@yeshome.org * jennifer@yeshome.org

NOTIFICATION TO GUARDIAN
OF MONITORING ACTIVITIES BY INDIANA DISABILITY RIGHTS

To whom it may concern,
You are receiving this notification because you are the parent or guardian of a child who is living in a residential facility. Indiana Disability Rights (IDR) is the federally-mandated protection and advocacy system for people with disabilities in Indiana. IDR operates under several federal laws to provide advocacy services to adults and children with disabilities.[1]

Our federal regulations allow us to access residential facilities that provide services to people with disabilities for purposes of monitoring the conditions of the facility and to make sure the resident rights are being protected. During these monitoring visits, IDR staff is also allowed to speak with residents, such as your child or ward. The purpose of this notice is to let you know that IDR staff may be visiting the facility that is providing services to your child or ward. If IDR staff speaks with your child, he or she may end the conversation at any time. Please understand that IDR is not a licensing or oversight agency; our mission is to promote and protect the rights of individuals with disabilities living in residential facilities.

Although IDR staff may speak with your child during a monitoring visit, we will take no formal action or initiate any attorney-client relationship without getting your consent. IDR would only take action without your consent if we determine there is probable cause to believe that the health or safety of your child is in serious and immediate jeopardy and we have been unable to obtain your consent. (See 42 C.F.R. S 51.41(b)(3)).

If you have any questions or concerns about this notification, please contact IDR's Investigations Coordinator at 260-402-3332. You may learn more about IDR at www.indianadisabilityrights.org.

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1 IDR's federal authority is derived from several regulations including, but not limited to, the Developmental Disabilities Assistance and Bill of Rights (IDD) Act of 2000, 42 USC. S 15043 et seq.; the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act of 1986, as amended, 42 USC. § 10801 et seq.; and the Protection and Advocacy of Individual Rights (PAIR) program of the Rehabilitation Act of 1973, as amended, 29 USC. S 794(e).

Equity Through Advocacy
The Protection and Advocacy System for the State of Indiana

4755 Kingsway Drive, Suite 100 Phone.• 317.722.5555 Indianapolis, IN 46205 TollFree: 800.622.4845
IndianaDisabilityRights.org Fax: 317.722.5564

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