

# Earth Services In-Take Packet

## The House Next Door Program

Resident: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Medicaid: Yes No

### 1. GENERAL INFORMATION

- Resident Information Form
- Emergency/Important Telephone Numbers
- Photo Identification
- State Identification Copy
- Birth Certificate – Copy
- Social Security Number – Copy
- Medicaid/Insurance Card
- Approved Visitors List

### 2. IN-TAKE INFORMATION

- Initial Social Worker Assessment
- Resident Screening – Elopement Risk Assessment
- Family Involvement Assessment
- Intake Goal Sheet
- Approved Visitors List
- Clothing Inventory
- Statement of Religion

### 3. LEGAL INFORMATION

- Guardianship Papers
- Court Order for Treatment
- Authorization for Emergency Medical Treatment/Care
- Receipt of Resident Grievance Procedures
- Receipt of Notice of Privacy

- Resident's Rights
- Drug Screening
- Athletics and Recreation
- Publicity Agreement
- Duty to Warn Others
- Court Orders
- Probation Assessment
- Probation Reports
- All Other Court Documents and/or Orders
- Additional Guardian/Parent Stipulations
- Basic Rules – House Expectations, Rubric, Points System
- Personal Safety Rules
- Fire Safety Rules
- Permission to Transport
- General Pick-Up Order

#### **4. PSYCHOLOGICAL AND SOCIAL DEVELOPMENT INFORMATION**

- Psychological Evaluations and Reports
- Psychiatric Evaluation and Report
- Social Work Assessment and Updates
- Therapy Assessment and Goals
- Care Plan
- Behavior Intervention Plan
- Progress Notes
- No Suicide Contract

#### **5. MEDICAL INFORMATION**

- Health History Questionnaire
- Medical Examination Form
- Immunizations
- Medical Guideline Sheet
- Consent to Administer Psychotropic Medications
- Consent to Administer Over the Counter
- Vision Records

- Dental Records
- All Other Medical Information
- Special Diet Instructions

## **6. EDUCATIONAL AND VOCATIONAL INFORMATION**

- IEP (Individual Education Plan Paperwork/Reports)
- Report Card and Grade Transcript
- School Progress Reports
- School Suspension Reports
- Notes From School
- Copy of Work Permit

## **7. FINANCIAL**

- Budget
- Conservatorship
- Wills and/or Trusts
- FAFSA Forms
- Allowance Records
- Receipts
- Bank Records

## **8. TERMINATION DOCUMENTS**

- Termination Checklist
- Signature of Moving Resident
- Forwarding Address

# GENERAL INFORMATION....

## RESIDENT INFORMATION FORM

Date of Intake: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

D.O.B. \_\_\_\_\_ SS # \_\_\_\_\_

Hair Color: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

School Status: \_\_\_\_\_

Legal Status: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Parental Rights: Y N Contact # \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Contact # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

Resident's Preparation for Placement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resident's General State of Time of Placement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resident's Physical State of Time of Placement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resident's Emotional State at Time of Placement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Are the Circumstances Leading to Resident's Need for Care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Parent/ Guardian/ Worker Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Staff Signature)

\_\_\_\_\_  
(Date)

## EMERGENCY/IMPORTANT TELEPHONE NUMBERS

Date of Arrival \_\_\_\_\_

Resident's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Medicaid # \_\_\_\_\_ SS# \_\_\_\_\_

Referring Agency \_\_\_\_\_ Caseworker \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Phone #2 \_\_\_\_\_ Email \_\_\_\_\_

Caseworker \_\_\_\_\_ Agency \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Attorney \_\_\_\_\_ Phone \_\_\_\_\_

Phone #2 \_\_\_\_\_ E-mail \_\_\_\_\_

Probation Officer \_\_\_\_\_ Phone \_\_\_\_\_

Phone #2 \_\_\_\_\_ E-mail \_\_\_\_\_

Adoption Worker \_\_\_\_\_ Phone \_\_\_\_\_

Phone #2 \_\_\_\_\_ E-mail \_\_\_\_\_

Former School \_\_\_\_\_ Phone \_\_\_\_\_

Former Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Former Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Other Contact \_\_\_\_\_ Phone \_\_\_\_\_

# RESIDENT'S PHOTO IDENTIFICATION

Place Printout of Digital Photo Below

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# APPROVED VISITORS

Resident's Name \_\_\_\_\_ DOB \_\_\_\_\_

## APPROVED VISITORS:

Name	Relationship	Area Code + Phone Number	DOB
------	--------------	--------------------------	-----

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## VISITORS NOT APPROVED:

Name	Relationship
------	--------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
(Signature of Resident)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Earth Services Staff)

\_\_\_\_\_  
(Date)

# IN-TAKE INFORMATION...

## ELOPEMENT RISK MANAGEMENT ASSESSMENT

Name of Resident \_\_\_\_\_ Date \_\_\_\_\_

Name of Individual Doing Intake \_\_\_\_\_ Date \_\_\_\_\_

1. Does the resident cognitively impaired with poor decision making skills (confusion, cognitive deficit, or disoriented)? If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

2. Does the resident have pertinent diagnosis? (Delusions, Hallucinations, Manic Depression, Anxiety Disorder, Schizophrenia) If yes explain. \_\_\_\_\_  
\_\_\_\_\_

3. Does the resident ambulate independently with our without the use of an assistive device (ex. wheelchair)? If yes, explain \_\_\_\_\_  
\_\_\_\_\_

4. Does the resident have any visual or auditory deficits? If yes, explain \_\_\_\_\_  
\_\_\_\_\_

5. Does the resident verbally express the desire to go home or run away? \_\_\_\_\_  
\_\_\_\_\_

6. Does the resident have a history of elopement at home? If yes, how often? \_\_\_\_\_  
\_\_\_\_\_

7. Does the resident have history of leaving without supervision at previous facilities or foster homes? If yes, how often \_\_\_\_\_  
\_\_\_\_\_

8. Does the resident wander aimlessly? If yes, explain \_\_\_\_\_  
\_\_\_\_\_

9. Is the resident a new admission (within past 30 days) and not accepting the new situation? If no, number of days/months in the facility. \_\_\_\_\_  
\_\_\_\_\_

10. Does the resident receive any medications that increase restlessness or agitation? If yes, explain \_\_\_\_\_  
\_\_\_\_\_

11. Is this a new behavior, or has there been a medication change? If yes, explain \_\_\_\_\_  
\_\_\_\_\_

12. Is the resident experiencing any pain? If yes, explain \_\_\_\_\_  
\_\_\_\_\_

13. Has the resident sustained a personal tragedy or received upsetting information? If yes, explain \_\_\_\_\_  
\_\_\_\_\_

14. Is the resident wandering or seeking friends or family? If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Summary or conclusions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# APPROVED VISITORS

Resident's Name \_\_\_\_\_ DOB \_\_\_\_\_

## APPROVED VISITORS:

Name	Relationship	Area Code + Phone Number	DOB
------	--------------	--------------------------	-----

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## VISITORS NOT APPROVED:

Name	Relationship
------	--------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
(Signature of Resident)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Earth Services Staff)

\_\_\_\_\_  
(Date)

## CLOTHING INVENTORY

The following items of clothing are requested at the time of placement.

Item	Minimum Requested	Actual	Additional Needed	Item	Minimum Requested	Actual	Additional Needed
<b>Pants</b>	<b>9</b>			<b>Coats</b>	<b>2</b>		
Dress Pants	1			Light Weight	1		
Jeans	4			Winter Weight	1		
Shorts	4						
				<b>Shoes</b>	<b>4</b>		
<b>Shirts</b>	<b>15</b>			Dress Shoes	1		
Color T-Shirts	3			Tennis/Gym Shoes	2		
Dress Shirts	2			Work Boots/Shoes	1		
Casual School Shirts	10						
				<b>Miscellaneous Items</b>	<b>8</b>		
<b>Underwear</b>	<b>20</b>			Belts (Casual and Dress)	2		
Shorts	6			Necktie	1		
Socks	7			Sweat Shirts	2		
Thermal Underwear	1			Winter Gloves	1		
T-Shirts	6			Winter Hat	1		
				Work Gloves	1		
<b>Nightwear</b>	<b>7</b>						
Night Pants	3						
Night Shirts	3						
Robe (Optional)	1						

A purchase request will be submitted to your agency for clothing needs to fulfill the requested clothing inventory. Residents are NOT to bring items such as bicycles, skateboards, lighters, matches, knives, guns, any items considered to be a weapon, tobacco, etc. to The House Next Door residence.

Inventory Checked By and Date \_\_\_\_\_

## STATEMENT OF RELIGION

Earth Services, The House Next Door provides an atmosphere that respects all religious beliefs. Residents are encouraged to participate in spiritual development while residing at The House Next Door. It is not a requirement that residents participate in any spiritual offerings within the local community, however, should a resident wish to attend worship services in the area, Earth Services, The House Next Door, will work to provide transportation to such services as the residents desire.

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(Resident's Signature)

(Date)

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(Parent/Legal Guardian Signature)

(Date)

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(Earth Staff Signature)

(Date)

## LEGAL INFORMATION...

### AUTHORIZATION TO SECURE ROUTINE AND EMERGENCY MEDICAL SERVICES

Resident's Name \_\_\_\_\_

Resident's Social Security Number \_\_\_\_\_

Resident's Date of Birth \_\_\_\_\_

Earth Services, The House Next Door, licensed by the Department of Human Services to provide care for youth is hereby authorized to secure the following for the above named resident.

- \*Physical and medical history information
- \*Routine, non-surgical medical, dental and visual evaluations
- \*Testing and care
- \*Emergency medical, dental and visual surgical treatment
- \*Routine immunizations
- \*Services of an anesthesiologist

Non-emergency elective surgery is **not** included in this authorization.

\_\_\_\_\_  
(Parent/Legal Guardian Printed Name) (Date)

\_\_\_\_\_  
(Parent/ Legal Guardian Signature) (Date)

\_\_\_\_\_  
(Earth Services Staff) (Date)

\_\_\_\_\_  
(Witness) (Date)

## **RESIDENT'S GRIEVANCE PROCEDURE**

1. A written copy of procedures will be made available upon request.
2. The term "grievance" shall be defined as any dispute regarding the delivery of clinical services. Including assessment, therapeutic intervention and case disposition.
3. Grievance should be considered as part of a treatment process. Every attempt should be made to secure a just and fair solution.
4. The resident can be accompanied at any step in the grievance procedure by other persons of his choosing.
5. Step One: After the occurrence of a grievance, the resident is encouraged to present the grievance to the treatment personnel involved, with the objective of resolving the matter informally.
6. Step Two: If the grievance is not resolved in Step One, the resident or treatment personnel should present the problem orally, to the staff member's supervisor, who shall meet with all parties involved.
7. Step Three: If the grievance is not resolved in Step Two and supervisor is not a Director, the supervisor will present the problem to the Director who shall hold a meeting with all parties involved in the complaint.
8. In the event a grievance involves a resident in custody of another agency, representatives of that agency may be involved at any step.
9. The problem and resolution of the problem will be documented in the resident's case record.
10. A time of one week for response to the resident at each step shall be established in order to assure prompt consideration of the grievance.

By signing this form, I have received a copy, read and understand the Resident Grievance Procedure.

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(Resident Signature) (Date)

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(Resident's Parent/Guardian Signature) (Date)

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(Earth Staff Signature) (Date)

## RECEIPT OF NOTICE OF PRIVACY POLICY

Your medical information about you will be private and will be used only under certain circumstances. Please review this policy carefully.

This policy describes how Earth Services, The House Next Door may use and disclose your protected health information to carry out treatment, payment, health care operations or how it will be used for other purposes permitted or required by law. It also describes your rights to access your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to you past, present, or future physical or mental health care services.

We are required to abide by the terms of this Notice of Privacy Policy. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Policy.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

#### **Treatment...**

We may use PHI to provide medical treatment or services. We may disclose medical information about you to The House Next Door staff, who are in charge of your daily care and treatment. Staff members need to know of any medical history in order to continue quality care during your stay.

#### **Payment...**

We may use and disclose your PHI for Earth Services, The House Next Door operations. These uses and disclosures are necessary in order to show Earth Services, The House Next Door as an effective treatment program. We may use the medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Earth Services, The House Next Door residents to decide what additional services we should offer, what services are not needed, and whether new treatments are effective. We are required to remove information that identifies you from this sort of information so others may use it to study health care without learning who the specific residents are.

#### **Business Associates...**

We may be required to provide PHI to entities contracted to provide services to residents of Earth Services for medical, dental, psychiatric, and psychological care.

#### **Law Enforcement...**

We may release PHI about you if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process.

#### **Health Oversight Activities...**

We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, licensure, and

accreditation. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Public Health...**

We may disclose your PHI for public health activities. We may disclose your PHI when necessary to prevent a serious threat to your health and safety or that of others. Public health activities generally include:

- ❖ Prevention or control of disease, injury or disability
- ❖ To report reactions to medications or problems with products
- ❖ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- ❖ To notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect, or domestic violence.

### **Fundraising...**

Under certain circumstances we may use and disclose de-identifying medical information about you for fundraising activities for Earth Services, The House Next Door and its operations. We will de-identify information in applying for grants from foundations or other benevolent sources.

### **Research...**

Under certain circumstances we may use and disclose medical information about you for research information and purposes. A research project by appropriate professional staff may include comparing behaviors of residents before and after treatment at Earth Services, The House Next Door. All research projects are subject to a special approval process.

### **National Security and Intelligence Activities...**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law

### **YOUR RIGHT'S REGARDING MEDICAL INFORMATION ABOUT YOU...**

You have the following rights regarding medical information we maintain about you:

#### **❖ Right to Inspect and Copy –**

1. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes.
2. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Earth Services, The House Next Door Director using a request form. A fee may be charged.
3. We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The Earth Services, The House Next Door Director will review the request and the denial. The person conducting the review

will not be the person who denied your request. We will comply with the outcome of the review.

❖ **Right to Amend –**

1. If you feel the PHI we have about you is incorrect or incomplete, you have the right to ask us to amend the information. You have the right to request to amend the information as long as Earth Services, The House Next Door retains the information. You are to submit your request in writing and it will be acted upon in 60 days or less. Include the reason why you requesting an amendment. It will be reviewed and accepted or denied.

❖ **Right to an Accounting Disclosure –**

1. You have the right to request an accounting of the disclosures of your PHI that are made. Submit your request in writing to Earth Services, The House Next Door with six years of the date of review. Include your address, email address, and if you want the request in paper form or electronically.
2. Earth Services, The House Next Door will respond to the request within 60 days. If Earth Services, The House Next Door is unable to responds within that frame of time, there may be one extension of 30 days.

❖ **Right to Request Restrictions –**

1. You have the right to request restrictions on the uses and disclosures on you PHI by Earth Services, The House Next Door. Earth Services, The House Next Door is not required to accept any requests for restrictions on the uses and disclosure of PHI.
2. If the request for restriction on the use and disclosure of your PHI is accepted by Earth Services, The House Next Door, the restriction can be revoked by you at any time when submitted in writing to the Earth Services, The House Next Door Director.

❖ **Right to Receive Confidential Communications –**

1. You have the right to request that you are contacted regarding matters that involve your PHI only in certain ways or in certain locations. Earth Services will not ask the reason for your request but will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

❖ **Right to a Paper Copy of this Notice –**

1. You have the right to a paper copy of this notice. You may ask Earth Services, The House Next Door Director to give you a paper copy of this notice at any time.

❖ **Changes to this Notice –**

1. We reserve the right to make changes to this notice for medical treatment we have about you currently or in the future. The date changes will be listed.

❖ **Grievance –**

1. If you believe your privacy rights have been violated, you may file a grievance with Earth Services, The House Next Door Director by submitting a grievance form in writing to the Earth Services Director. If you are not satisfied with the response you receive from Earth Services, The House Next Door, you have the right to file a complaint with the Department of Health and Human Services without penalty.
2. If you would like to discuss the privacy of your Protected Health information in detail, or if you have any concerns, please feel free to contact our Privacy Office at 800-837-5591.

❖ **Other Uses and Disclosures –**

1. Other uses or disclosures of your PHI not covered by this notice or laws that apply to the use and disclosure will be made only with your written authorization. You may revoke your authorization in writing at any time. If you revoke your authorization in writing at anytime, Earth Services, The House Next Door will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any use of disclosure that has already been made with your authorization or that has been described in the notice.
2. Our Notice of Privacy Policy provides information about how we may use and disclose protected health information about you. You have the right to review this notice before signing this form. As provided by our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by calling Earth Services, The House Next Door.

By signing this form, you verify that you have received the Notice of Privacy and accept the terms as described.

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(Signature of Resident)

(Date)

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(Signature of Parent or Legal Guardian)

(Date)

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(Signature of Earth Services Staff)

(Date)

## **RESIDENT'S RIGHTS**

- I.** All residents have the right to equal access to services and impartial treatment without discrimination by race, religion, sex, ethnicity, age or handicap.
- II.** Care and treatment shall recognize and respect the personal dignity of the resident.
- III. All** residents shall have the right to every consideration of their privacy and individuality as it relates to their social, religious, and psychological well being.
- IV. All** residents have the right to individualized treatment including:
  - A.** A treatment plan determined by clinical assessment and available to the resident.
  - B.** The right to review those portions of their record which were developed at Earth Services, The House Next Door provided that this disclosure does not violate the confidentiality of family members or other individuals whose contacts may be contained in the record. Review will be done with the Director, or other treatment staff. Manner in sharing will be determined by the nature of the material, and may be shared with the actual material or with a verbal review by the program director.
  - C.** The right to insert a statement into their record about their problems or about services they are receiving or may wish to receive and that should Earth Services, The House Next Door add statements or responses related to the resident's statement, it is done with the resident's knowledge.
  - D.** The treatment plan shall be individualized, include active participation of resident's and/or their parent/guardian and be reviewed periodically and be implemented and supervised by competent and qualified staff.
  - E.** The right to treatment provided in the least restrictive environment.
  - F.** Confidentiality of communications between resident and staff.
  - G.** Information recorded in the resident's charts shall be the responsibility of all staff members.
  - H.** Complete and current information regarding diagnosis, treatment, and prognosis in understandable terms and language.
  - I.** The right to know by name and specialty of staff members responsible for the coordination and implementation of care and treatment.
  - J.** The right to respectfulness and privacy as it relates to case discussion consultation, examination, and treatment because these are confidential and should be conducted discreetly.

**K.** The right to expect a reasonable continuity of care and treatment.

**V.** All residents receiving services from Earth Services, The House Next Door have the right to:

**A.** Enjoy freedom of thought, conscience and religion.

**B.** Reasonable enjoyment of privacy.

**C.** Have his opinion heard and be included when any decision are being made affecting his life.

**D.** Receive appropriate and reasonable adult guidance, support, and supervision.

**E.** Freedom from physical abuse and inhumane treatment.

**F.** Protection from all forms of sexual exploitation.

**G.** Adequate and appropriate medical care.

**H.** Adequate and appropriate food, clothing, and housing.

**I.** Possession of his own money and personal property in accordance with his services plan.

**J.** Clean and safe surroundings.

**K.** Participation in an appropriate education program.

**L.** Communication with approved family, friends, or guardian in accordance with his service plan. Communication includes visitation, telephone conversations, sending and receiving mail. Restrictions on communication necessitated by clinical indications will be continuously evaluated. Such restrictions will be explained to the resident and his parents/legal guardian.

**M.** Learn to fulfill appropriate responsibilities to him and to others.

**VI.** The resident shall not be required to work for money to be given to Earth Services, The House Next Door. However, as part of the service plan, residents will help with the care of animals, do farm chores to earn points and money, and will do their general housekeeping chores (laundry, dishes, cleaning, etc.)

**VII.** All residents and their parent/legal guardian will be informed about:

**A.** The above listed rights. In addition, notification of the existence of a Resident's Rights policy and the availability of that policy shall be placed in the home and visible to the residents.

- B.** The nature of the care, procedures, and treatment he will receive including the rules and regulations of the program.
- C.** Discharge plans.
- D.** After care plans.
- E.** The right to initiate a complaint or grievance and the procedure needed to do so.

**VIII.** All residents shall have the right to a review, if they believe any of the above rights have been violated. Notification of a complaint and/or grievance shall be given to the Assistant Director or Director at:

Department of Human Services for Calhoun County Protective Services  
190 East Michigan Avenue, Battle Creek, MI. 49017 - Telephone: (269) 966-1284

Licensing Consultant Office of Children and Adult Licensing  
2121 W. Stadium Drive  
Ann Arbor, MI. 48103 - Telephone: (734) 665-6417

I have received a copy of this document for my information and I understand its content.

---

(Resident's Signature)

(Date)

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(Earth Services Staff)

(Date)

## DRUG SCREENING FOR RESIDENTS

Resident's Name \_\_\_\_\_

For some of the residents served by the programs of Earth Services, The House Next Door, the abuse of controlled substances is a significant issue. The goal of our work with these residents includes helping them to develop attitudes and habits that will assist them in remaining drug-free during their stay in the House Next Door and when they return to their community.

Toward this end, it is the practice of Earth Services, The House next Door, to test residents for drug use by urinalysis when we have reason to believe they may have been using illicit drugs or alcohol. Factors to be considered in our decision to test a resident include his history of substance abuse, observed behavioral changes made by Earth Staff, which are indicative of drug/alcohol use, observations and input from the resident's family or friends during a home visit or visitation on Earth premises, and the desire of the resident to be tested.

The treatment impact of drug screening is two fold. First, it has deterrent effect in that residents are less likely to use drugs if they know that such use can and will be detected. Many residents also find it easier to resist pressure in the community to do drugs by telling peers he can't do drugs because he may be tested. Secondly, our ability to develop effective drug treatment plans for residents experiencing problems with substance abuse relies on complete awareness of the extent of the problem throughout the resident's stay.

The purpose of drug screening will always be to help residents successfully address substance abuse problems and to aid Earth in development and implementation of effective treatment strategies for these residents. The results of drug screening will not be used to exclude residents from the program. The ultimate focus remains a change in values related to substance abuse and a sincere effort to help this young person.

I have received and read the policy above of Earth Services Drug Screening Policy and understand the content.

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(Signature of Resident)

(Date)

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(Signature of Parent/Legal Guardian)

(Date)

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(Signature of Earth Staff)

(Date)

# ATHLETICS AND RECREATION

Resident's Name: \_\_\_\_\_

I hereby give consent for the above named resident of Earth Services to participate in any school related sports and to travel with the coach or any other representatives of the school on any trips or camp-outs.

List any sports the resident is not able to participate in due to medical reasons.

- ❖ \_\_\_\_\_
- ❖ \_\_\_\_\_
- ❖ \_\_\_\_\_

\_\_\_\_\_  
(Parent or Legal Guardian of Resident) (Date)

\_\_\_\_\_  
(Signature of Earth Staff) (Date)

## PUBLICITY AGREEMENT

Resident's Name \_\_\_\_\_

Earth Services, The House Next Door, is heavily dependent upon the good will and assistance of many friends of the organization. In order that our supporters and other interested people may be well informed about our objectives and program, we engage in a certain amount of public relations, including descriptive brochures, an occasional release to newspapers, magazines, radio, and television. No confidential material about any of our residents is ever released. The resident's full names are not identified. We do, however, desire to use the named resident for such advertising or promotion.

\_\_\_\_\_  
(Resident's Signature) (Date)

\_\_\_\_\_  
(Parent/Legal Guardian Signature) (Date)

\_\_\_\_\_  
(Earth Services Staff) (Date)

## DUTY TO WARN

**Threats:** Understand that you **cannot** under any circumstance say things like: “I am going to kill you” or “I will blow up this place”. All of the adults that you deal with at Earth Services and all other agencies now have a legal obligation to report such statements to the police.

If you are angry about something, leave the room to a part of the house to cool down and then return to discuss the reason for your anger. If you lose control and make threatening statements toward someone, it will have to be reported. **Threats are taken seriously.**

**Weapons Agreement:** I understand that while in the Earth Services Program, I am **not** allowed to have any weapons or objects that resemble weapons of any kind in the house or in my possession. These include real, fake or toy guns, knives, swords, spears, clubs, throwing objects, BB or pellet guns, paint guns, etc. Earth Services staff members may do one of the following depending on the situation: confiscate the item, notify your guardian or call the police. I further understand that failure to abide by this agreement **could possibly result in the termination from the program.**

**Policy on Establishing Internet Services:** Since Earth Services pays for the phone and internet bill, you are **not** allowed to add internet or other services **without permission** from the program director. All e-mail accounts and accounts to social media sites as well as any other internet activity will be closely monitored by staff. Absolutely **no** pornography will be allowed on the internet. Abuse of privileges will result in loss of privileges.

**Acceptance of Collect Calls:** Additionally, the same applies for the people who abuse this privilege by **accepting collect calls** from prison or friends. You will be financially responsible to cover the bill and will lose your phone privileges.

**Visitors Policy Review:** During the day, you will be expected to attend school, do chores, or keep appointments. Therefore, no visitors are allowed at the house between 7:00-3:30 unless approved by your Social Worker or Earth Services staff. Remember, visitors are **not** allowed to spend the night and should **never** be in the home while you are not there. Breaking any of the above visitation rules, will result in termination of visitation rights or from the program.

I understand these policies and agree to follow them:

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(Signature of Resident)

(Date)

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(Signature of Earth Services Staff)

(Date)

## BASIC RULES

As a resident of The House Next Door, you must agree to the following:

1. You are expected to treat program staff and other residents with respect and to take responsibility for your actions.
2. You are expected to obey the behavior rubric and phase point system. You are to obey program rules and correct mistakes made. Expectations and consequences will be explained to you upon arrival. Staff is there to help when needed.
3. Your program is designed for your individual needs. You will be expected to follow that program
4. Be involved in a productive activity such as school/work for at least 20 hours a week. The expectation is that you do your best regardless of the setting.
5. There is a rotation of household chores that you will be expected to do such as dishes, cleaning the bathroom, garbage removal, etc. In addition, it is your responsibility to keep your bedroom clean, neat, and in good condition and take care of your laundry.
6. Part of your program is to be involved with aiding with the rescue, adoption events and taking care of the animals on the farm. This means you will be asked to participate in chores, events, and personal care of animals. You will be responsible for helping with animals in the house. This means cleaning up after them and feeding, watering them, and taking them out to go to the bathroom.
7. No one using or possessing drugs or alcohol is ever allowed in the home. No weapons are allowed.
8. You are required to pay for any damages caused by you or anyone visiting you.
9. You are expected to obey all personal safety rules, fire rules, tornado drills, etc. of the home.

I have read the following rules and requirements expected from me while I am a resident at The House Next Door. I agree to follow the rules as stated.

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(Signature of Resident)

(Date)

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(Signature of Earth Services Staff)

(Date)

## PERSONAL SAFETY RULES

In the interest of your personal safety and well-being, we ask you to review and follow the guidelines written below:

- Keep your IDENTIFICATION CARD on you at all times.
- Never allow a stranger into the house. Never let a stranger know where you live.
- Make sure that you know and trust someone well enough before you give them your phone number. All phone numbers you call must be approved by Earth Services.
- Hitchhiking is not allowed while in the program.
- Report to the Earth Services Staff whenever you have any problems.
- Let your program staff know of any malfunctioning door or window locks, and outside or inside lighting problems.
- Before leaving the house, make sure appliances are turned off, water faucets are turned off, and all windows and doors are locked.
- Do not accept rides from anyone that has not been approved by Earth Services staff or Directors. DO NOT ride with anyone who has been drinking or taking drugs.
- Follow curfew rules. Do not walk after dark without supervision.
- Weapons are not permitted. No guns, knives, brass knuckles, or other objects resembling weapons (fake or real) will be tolerated.
- Be aware of fire prevention. Know in advance what to do in case of fire. Make sure you know where the fire extinguisher is kept and how to use it if necessary.
- If you do not know how to operate a stove, oven or other appliance, be sure to ask for help in learning how to use it.

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(Signature of Resident)

(Date)

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(Earth Services Staff)

(Date)

## FIRE SAFETY RULES

Fires can be started in many ways, but they usually happen when someone is careless. Follow the steps listed below to assure your safety of the home you are living in.

- I will turn off all appliances when I finish using them. This includes stoves, ovens, heaters, hair dryers, irons, etc.
- Never leave an iron on after using it. Never set a hot iron face down.
- Alert a staff from Earth if you discover a smoke detector has a low or dead battery.
- Let staff know if you smell smoke or sense something is not safe in the home.
- I will not remove batteries from the smoke detectors at any time.
- I understand that I am responsible for damages caused by my actions and irresponsibility.
- I have reviewed the evacuation plan of The House Next Door. I know how to exit the house properly and how to alert the other residents. I am to meet the others at the mailbox.
- I understand the proper use of the Fire Extinguisher and when to use it. I have received information to call 911 regarding any emergency situation.
- Do not **EVER** make threats to anyone about starting a fire. You could be charged for setting one if anything did happen.

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(Signature of Resident)

(Date)

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(Signature of Earth Staff)

(Date)

# PERMISSION TO TRANSPORT

Resident's Name \_\_\_\_\_

As part of Earth Services program, residents of The House Next Door will be transported to the following:

- ❖ Community work services
- ❖ School functions and extra-curricular activities
- ❖ Farm site to work with a variety of animals, both large and small
- ❖ Animal adopt-a-thon events
- ❖ Medical, dental, vision, psychiatric or psychological appointments
- ❖ Court dates and legal affairs
- ❖ Recreational outings
- ❖ Any other special events, activities, and/or appointments deemed necessary by Earth staff

Earth Services staff has permission to transport any or all of the residents to the above listed activities, events, and/or appointments on or off the residential campus.

List any activities the above named resident is not to participate in due to **allergies or medical reasons**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent/Legal Guardian Signature) (Date)

\_\_\_\_\_  
(Signature of Earth Staff) (Date)

## PSYCHOLOGICAL AND SOCIAL DEVELOPMENT INFORMATION...

### BEHAVIORAL INTERVENTION PLAN

The basis of our treatment program and behavioral interventions is to develop and maintain a supportive environment which brings out the strengths in the residents we serve. We understand that the process of change in our residents can bring out intense emotions in them, and our staff members are there to help them work through times of crisis.

All staff members working directly with the residents are trained in Therapeutic Crisis Intervention. This training provides staff in prevention strategies of control when working with angry residents who become physical and are not able to control their emotion. (Please refer to the Behavioral Intervention Techniques as examples of interventions our staff employ to control physical contact between residents.)

If a resident's crisis continues to escalate to where he becomes a threat of harm to himself, to his peers, to staff or others, physical restraint techniques may be employed by staff members. These interventions are used to prevent anyone from being hurt and are used in accordance to TCI training received by the staff.

Based on a review of each resident's file, interviews with the residents, the resident's parents or legal guardians, and the referring caseworkers, we have determined that there are no psychological, physical, or developmental reasons to refuse use the behavioral interventions mentioned above.

I acknowledge that the above information has been explained to me.

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(Resident's Signature) (Date)

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(Signature of Earth Staff) (Date)

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(Signature of Parent/Legal Guardian) (Date)

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(TCI Instructor Signature) (Date)

## NO SUICIDE CONTRACT

I, \_\_\_\_\_, hereby agree that I will take the following actions, if I am ever suicidal:

- ❖ I will remind myself that I can never, under any circumstances, injure or harm myself in any way, attempt suicide, or die by suicide.
- ❖ I will call any or all of the following telephone numbers, if I am having suicidal thoughts or in immediate danger of harming myself:
  - **(269) 965-2117** - Earth Services, The House Next Door
  - **1-800-Suicide – 1-800-784-2433** – A 24 hour suicide prevention hotline, which may be called from anywhere in the U.S.
  - **911** – An Emergency Contact Number
- ❖ I will continue talking on the phone with as many people as necessary for as long as necessary until the suicidal thoughts have subsided.

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(Signature or Resident)

(Date)

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(Signature of Earth Staff)

(Date)

**MEDICAL INFORMATION...**

**HEALTH HISTORY QUESTIONNAIRE**

1. Do you have any medical problems or conditions that we should know about?

Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Are you under a doctor's care for any reason? Yes No If yes, please explain:

\_\_\_\_\_

3. Are you currently taking any medications (prescribed or over the counter)?

Yes No If yes, please specify:

Medication

Reason

Dose

How Often/Day

❖ \_\_\_\_\_

❖ \_\_\_\_\_

❖ \_\_\_\_\_

❖ \_\_\_\_\_

❖ \_\_\_\_\_

4. When was the last time you were examined by a doctor? \_\_\_\_\_

5. What was the result of the visit? \_\_\_\_\_  
\_\_\_\_\_

6. Do you have any allergies? Yes No If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list any previous injuries or illnesses.

**Illness or Injury**

**When**

**Outcome**

❖ \_\_\_\_\_

❖ \_\_\_\_\_

❖ \_\_\_\_\_

8. When was your last TB test? \_\_\_\_\_

9. When was your last Tetanus shot? \_\_\_\_\_  
If you are not sure, when was the last time you had a cut that required stitches?  
\_\_\_\_\_

10. Do you use any drugs (marijuana, cocaine, crack, LSD, speed, pills, inhalants)?  
Yes No If yes, how often and what drug? \_\_\_\_\_  
\_\_\_\_\_

11. Do you drink alcohol (beer, wine, hard liquor, wine coolers, etc.)? Yes NO If yes,  
how often? \_\_\_\_\_ Last time used \_\_\_\_\_

12. Do you smoke tobacco? Yes No If yes, how many per day? \_\_\_\_\_

13. Do you eat a healthy diet? Yes No If no, explain \_\_\_\_\_

14. Are you sexually active? Yes No

15. If yes, do you use protection to prevent Sexually Transmitted Diseases? Yes No If  
yes, what method do you use? \_\_\_\_\_

16. Have you ever been physically abused? Yes No If yes explain how and by  
whom? \_\_\_\_\_

17. Have you ever been sexually abused? Yes No If yes, please explain how and by  
whom? \_\_\_\_\_

18. Do you have any of the following medical issues (circle all that apply)

Asthma Diabetes Cancer Blindness or Vision Loss Seizures

Tuberculosis Low Blood Pressure High Blood Pressure

Sickle Cell Sexually Transmitted Infections Deafness or Hearing Loss

Any circles, please explain: \_\_\_\_\_  
\_\_\_\_\_

19. Have you been feeling depressed or sad? Yes No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

20. Are you currently feeling suicidal or like you want to hurt or kill yourself? Yes No If  
yes, please explain \_\_\_\_\_

21. Have you ever tried to commit suicide? Yes No If yes, please explain:

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(Resident's Signature)

(Date)

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(Earth Staff Signature)

(Date)

# MEDICAL EXAMINATION REPORT

Resident's name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ TB test \_\_\_\_\_  
\_\_\_\_\_

Nutrition \_\_\_\_\_  
Development \_\_\_\_\_  
Posture \_\_\_\_\_  
Skin \_\_\_\_\_  
Vaccination Scar \_\_\_\_\_  
Chest \_\_\_\_\_  
Heart \_\_\_\_\_  
Lungs \_\_\_\_\_  
Abdomen \_\_\_\_\_  
Genitalia \_\_\_\_\_  
Extremities \_\_\_\_\_  
Reflexes \_\_\_\_\_  
Head \_\_\_\_\_  
Neck \_\_\_\_\_  
Nose \_\_\_\_\_  
Mouth/Throat \_\_\_\_\_  
Tonsils \_\_\_\_\_  
Eyes \_\_\_\_\_  
Ears \_\_\_\_\_

Recommendation for further medical care (lab work, x-ray, immunizations, etc.).  
\_\_\_\_\_  
\_\_\_\_\_

Is this resident free of contagious disease? Yes \_\_\_\_\_ No \_\_\_\_\_

Diagnosis \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician, RN, or PA)

(Date)

## MEDICATION GUIDELINES

- ❖ All medications to be dispensed must have accurate labels or updated directions from a medical doctor (MD, DO., P.A, and N.P.)
- ❖ All supplements must be accompanied by written orders and must take into account the resident's complete drug regimen. Supplements that do not have corresponding orders will not be dispensed.
- ❖ All medication changes must be requested in writing from a physician. We will not accept verbal notifications.
- ❖ All incoming residents must have a minimum of two weeks supply of medication.

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(Parent/Legal Guardian Signature)

(Date)

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(Resident's Signature)

(Date)

# CONSENT TO ADMINISTER PSYCHOTROPIC MEDICATIONS

Resident's Name \_\_\_\_\_

Earth Services, The House Next Door, has permission to administer previously prescribed medications to the named resident. Medications and doses are listed below:

<u>Medication</u>	<u>Reason</u>	<u>Dose</u>	<u>How Often/Day</u>
❖ _____			
❖ _____			
❖ _____			
❖ _____			
❖ _____			
❖ _____			

If the named resident should stop taking this medication(s), Earth Services, The House Next Door, should be informed in writing.

The previously prescribed medications listed and doses are approved and deemed medically advisable.

\_\_\_\_\_  
(Resident's Signature) (Date)

\_\_\_\_\_  
(Parent/Legal Guardian Signature) (Date)

\_\_\_\_\_  
(Earth Services Staff Signature) (Date)

# CONSENT TO ADMINISTER OVER THE COUNTER MEDICATIONS

Resident's Name \_\_\_\_\_

Earth Services, The House Next Door, has permission to administer over the counter drugs to the named resident such as pain relievers, cold and cough medications, etc.

List any over the counter medications the named resident may **not** take:

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List any allergies the named resident has to over the counter medications:

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If for any reason the named resident must stop taking this medication(s), I should notify Earth Services, The House Next Door, about this decision in **writing**. I approve the administration of these medications at such intervals and dosages as instructed on each medication label.

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(Signature of parent/legal guardian)

(Date)

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(Signature of Earth Staff)

(Date)

## EXAMINATION OF VISION

Name of Resident \_\_\_\_\_

Name of Examiner \_\_\_\_\_

Title of Examiner \_\_\_\_\_

Examiner's address \_\_\_\_\_

\_\_\_\_\_

Examiner's phone number \_\_\_\_\_

Summation of results- **Left** eye \_\_\_\_\_

Summation of results- **Right** eye \_\_\_\_\_

Summation of results overall \_\_\_\_\_

Recommendations for treatment \_\_\_\_\_

\_\_\_\_\_

**Note: Please attach all pertinent records of visual exam to this form.**

\_\_\_\_\_  
(Examiner's Signature)

\_\_\_\_\_  
(Date)

## DENTAL EXAMINATION FORM

Name of Resident \_\_\_\_\_

Name of dentist \_\_\_\_\_

Dentist's address: \_\_\_\_\_

\_\_\_\_\_

Dentist Phone Number: \_\_\_\_\_

Treatment Performed: \_\_\_\_\_

\_\_\_\_\_

Recommendation for future dental work or follow up:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: Please attach any pertinent dental records to this form.**

\_\_\_\_\_  
(Dentist Signature)

\_\_\_\_\_  
(Date)

**TERMINATION DOCUMENTS...**

**Earth Services Program Termination Checklist**

Resident's Name \_\_\_\_\_

Date of Termination \_\_\_\_\_

Reason for Termination \_\_\_\_\_

Resident Transferred to \_\_\_\_\_

Phone \_\_\_\_\_

List Dates of:

\_\_\_\_\_ Notified of Resident's Departure

\_\_\_\_\_ Room Cleaned/Emptied

\_\_\_\_\_ Personal Belongings Returned to Resident or Case Worker

\_\_\_\_\_ Referring Agency Case Worker Notified

\_\_\_\_\_ Accounting Notified About Resident's Termination

\_\_\_\_\_ Any Damage Assessments Turned In

\_\_\_\_\_ Damages Payment Received

\_\_\_\_\_ Evaluation Returned to Director

\_\_\_\_\_ Life Skills Completed

\_\_\_\_\_ Termination Summary Completed

Earth Director's Signature \_\_\_\_\_

Date of Completion of Termination Check List \_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_