

INTAKE PACKET CHECKLIST

RESIDENT: _____

STAFF INITIAL & DATE

- _____ NEW RESIDENT CHECKLIST COMPLETE
- _____ RESIDENT INFORMATION SHEET COMPLETE
- _____ ADDITIONAL CONTACTS COMPLETE
- _____ SPECIAL AUTHORIZATION(S) FOR RELEASE SIGNED
- _____ NONMEDICAL CONSENTS SIGNED
- _____ MEDICAL SERVICES CONSENT SIGNED
- _____ PROMOTIONAL/MEDIA COVERAGE RELEASE SIGNED
- _____ RESIDENT RIGHTS AND RESPONSIBILITIES SIGNED
- _____ FIRE EVACUATION PLAN SIGNED
- _____ U.A. REQUEST
- _____ GENERAL PEDIATRIC CLINIC/TEENAGER VISIT COMPLETED
- _____ DENTIST VISITATION FORM COMPLETED
- _____ OPTOMETRIST VISITATION FORM COMPLETED
- _____ CLOTHING AND POSSESSION INVENTORY COMPLETED
- _____ POSSESSIONS AT DISCHARGE SIGNED



PRENTICE HOUSE INC.

NEW RESIDENT CHECKLIST

Resident: _____ Admit Date: _____ Placing Agency: _____

- _____ Photograph of Resident
- _____ Court order / TPC
- _____ Contract **Date Requested** _____
- _____ MA card and Primary Insurance if necessary **Date Requested** _____
- _____ PH Special Authorizations for Release signed and filed **Date Requested** _____
- _____ PH Medical and Non Medical Consents signed and filed **Date Requested** _____
- _____ Background Information, Referral Information, Assessments, Evaluations filed
- _____ Immunizations filed and current **Date Requested** _____
- _____ Assessment and Treatment Plan filed and sent to the placing agency
- _____ Permanency Plan filed (for residents placed out of the home for more than six months)
- _____ Intake Packet Checklist Complete
- _____ Physical scheduled

Where: _____	Who: _____	When: _____
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- _____ Dental Exam Scheduled

Where: _____	Who: _____	When: _____
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- _____ Eye Exam Scheduled

Where: _____	Who: _____	When: _____
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- _____ Individual/Family Therapy Scheduled

Where: _____	Who: _____	When: _____
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- _____ Psychiatric/Medication Management Exam scheduled

Where: _____	Who: _____	When: _____
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- _____ AODA Therapy/Treatment scheduled

Where: _____	Who: _____	When: _____
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- _____ Other Therapy/Treatment scheduled

Where: _____	Who: _____	When: _____
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90 Day Reviews **Dates:** _____

Serious Incident Reports **Dates:** _____

Resident Information

Resident: _____ Nickname: _____ County: _____ Male
D.O.B.: _____ S.S.# _____ Placement Date: _____
Height: _____ Weight _____ Eyes: _____ Hair: _____

Social Worker: _____ Phone: _____
Address: _____ Fax: _____
_____ E-Mail: _____

Attorney: _____ Phone: _____
Address: _____ Fax: _____
_____ E-Mail _____

Mother (Guardian): _____ Home Phone: _____
Address: _____ Work Phone: _____
_____ Cell Phone: _____
_____ E-Mail _____

Father (Guardian): _____ Home Phone: _____
Address: _____ Work Phone: _____
_____ Cell Phone: _____
_____ E-Mail _____

Other: _____ Home Phone: _____
Address: _____ Work Phone: _____
_____ Cell Phone: _____
_____ E-Mail: _____

Most recent school and grade level: _____

Religious Preference: _____

Medications (prescribing physician and start date): _____

Medical History (allergies, issues, reactions, limitations): _____

Doctor to notify in an emergency: _____

Dentist to notify in an emergency: _____



PRENTICE HOUSE INC.

ADDITIONAL CONTACTS

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

E-Mail: _____

Phone: _____

Cell Phone: _____

Fax: _____

E-Mail: _____

Phone: _____

Cell Phone: _____

Fax: _____

E-Mail: _____

Phone: _____

Cell Phone: _____

Fax: _____

E-Mail: _____

Phone: _____

Cell Phone: _____

Fax: _____

E-Mail: _____

MEDICAL SERVICES CONSENT

Use of form: Use of this form is voluntary, but completion will aid caretakers in ensuring that appropriate and timely health care is provided. The form is to be completed by the parent or guardian of a child placed in foster care or treatment foster care. Personally identifiable information on this form will be used for identification purposes and to assure appropriate medical care for the child. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: If additional space is needed, attach a separate sheet or use reverse side of this form.

Name – Parent or Guardian (Last, First, MI)

Name – Child (Last, First, MI)

Birthdate – Child (mm/dd/yyyy)

A. Routine Medical Services Consent and Exclusions

For purposes of routine medical services for the above named child, I hereby give my consent for the child placing agency or its designee to approve the provision of routine medical services*, including medical and dental examinations and nonemergency prescribed treatments (e.g., tooth repair, immunizations, medications, reproductive health needs assessment), with the following exceptions:

* All medical services will be under the direction of a licensed dental care provider or physician or other licensed professional as appropriate.

B. Routine Emergency Medical Services Consent and Exclusions

In case of a medical emergency involving the above named child, I understand that the following procedures will be used. I hereby give my consent for the child placing agency or its designee to arrange for emergency medical services using the following procedures:

1. A reasonable effort will be made to contact me and secure my consent for needed medical services, including surgical procedures.
2. If I cannot be located within a reasonable time, the placing agency has the authority to consent to emergency surgery.
3. The juvenile court has the authority to consent to other medical services.
4. All medical services will be under the direction of a licensed dental care provider or physician or other licensed professional as appropriate.

I have no objections to the placing agency exercising its authority, with the following exceptions:

C. Parent / Guardian Information

Address – Home (Street, City, State, Zip Code)

Telephone Number – Home

Address – Work (Street, City, State, Zip Code)

Telephone Number – Work

Address – Other (Specify)

Telephone Number – Other (Specify)

Address – Other (Specify)

Telephone Number – Other (Specify)

SIGNATURE – Parent / Guardian

Date Signed

SIGNATURE – Child (age 14 and over only)

Date Signed



PRENTICE HOUSE INC.

PROMOTION/MEDIA COVERAGE RELEASE

I _____, understand part of the programming for the young men at Prentice House Inc. involves working with the public during community service or community events. Photographs may be taken during these events such as volunteering community service, sports teams, graduations, and general activities provided by the structure of the group home program. Boys, staff, and others involved with Prentice House, Inc. may be interviewed or photographed by the media or staff. Full names are not used and confidentiality is respected. I give my permission for Prentice House, Inc. to photograph or interview the young man named above for educational and/or promotional purposes, common examples could be, but not limited to newsletters, website, and brochures.

I _____, have read the above request for permission and give my approval.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

I _____, understand part of the programming the young men at Prentice House Inc. involves working with the public during community service or community events. Photographs may be taken during these events such as volunteering community service, sports teams, graduations, and general activities provided by the structure of the group home program. Boys, staff, and others involved with Prentice House, Inc. may be interviewed or photographed by the media or staff. Full names are not used and confidentiality is respected. I give my permission for Prentice House, Inc. to photograph or interview me for educational and/or promotional purposes, common examples could be, but not limited to newsletters, website, and brochures.

I _____, have read the above request for permission and give my approval.

CLIENT SIGNATURE

DATE



PRENTICE HOUSE INC.

RESIDENT RIGHTS AND RESPONSIBILITIES

All Prentice House residents have rights as well as access to a grievance procedure consistent with section 51.61 Wisconsin Statutes and DHS 94, Wisconsin Administrative Code. Residents are explained their rights and responsibilities upon admission and these rights are visibly displayed in each of the group homes. These rights include:

TREATMENT RIGHTS - Every resident has the right to:

- Receive prompt and adequate treatment
- Participate in their treatment planning
- Be informed of their treatment and care
- Refuse treatment and medications (unless court-ordered)
- Be free from unnecessary or excessive medications

RECORD PRIVACY AND ACCESS

- Staff must keep patient information confidential
- Records cannot be released without patient consent (with some exceptions)
- Residents may see their records
- They can always see records of their medications and health treatments
- During treatment, access may be limited if the risks outweigh benefits
- Residents may challenge the accuracy, completeness, timeliness or relevance of entries in their records

COMMUNICATION RIGHTS - Every resident has the right to:

- Have reasonable access to a telephone * Residents are allowed to make and to receive unlimited private calls to legal counsel.
- See (or refuse to see) visitors daily *
- Send or receive mail. If a staff member has probable cause to believe that a piece of mail contains contraband, the resident may open the mail in front of the staff member and shake the item to determine if there is contraband. Staff members may not read any of the resident's mail, unless the resident or resident's parent or guardian requests that staff read the mail to the resident.
- Contact public officials, lawyers or patient advocates

PERSONAL RIGHTS - Every resident has the right to:

- Have the least restrictive environment
- Not be secluded or restrained except in an emergency when necessary to prevent harm to self or others
- Wear their own clothing and use their own possessions *
- Have regular and frequent exercise opportunities
- Have regular and frequent access to the outdoors
- Have staff make reasonable (non-arbitrary) decisions about them
- Refuse to work – except for personal housekeeping tasks
- Be paid for work they agree to do that is of financial benefit to the facility
- All residents shall be provided with opportunities for voluntary religious expression and participation in religious education (except for documented security reasons) and attendance at services compatible with the religious preference of the resident, or a parent or guardian of the resident. A resident whose disruptive behavior interferes with other residents' right to worship may be removed from worship services.

PRIVACY RIGHTS - Every resident has the right to:

- Not be filmed or taped without his or her consent
- Have privacy in toileting and bathing *
- Have a reasonable amount of secure storage space for his or her possessions *

MISCELLANEOUS RIGHTS - Every resident has the right to:

- Be treated with dignity and respect by all staff of the provider
- Be informed of his or her rights
- Be informed of any costs of his or her care
- Refuse electro-convulsive therapy (ECT)
- Refuse drastic treatment measures
- File complaints about violations of his or her rights
- Be free from any retribution for filing complaints
- Personal Search - Staff members may conduct a personal search of a resident if the staff member has probable cause to believe that there could be a security or safety issue in the facility.

All residents at Prentice House also have the right to:

- Daily shelter, warmth, personal bed and bedding, and private space for possessions
- Food in sufficient quantities and quality, three regular scheduled meals and snack.
- Clothing sufficient in both quantity and quality and normative in appearance.
- Basic personal care articles to maintain health, hygiene, and grooming.
- Periods of time that allow for privacy.
- Personal respect and protection.
- A psychologically and physically safe and secure environment.
- Present personal concerns or grievances as they occur in a reasonable manner to staff.
- Contact social worker or attorney at any reasonable time upon request.
- Be consistently and accurately informed about treatment progress, rules, expectations, and any changes that might be made.
- Schedule individual therapeutic sessions with counseling staff upon request.
- Freedom from restraint, unless danger to self or others is imminent.
- Personal choice and decision making whenever possible, and the ability to do so positively increases.

Limitation or Denial of Resident Rights:

No resident may be denied their rights or have them limited, except for the following rights and only when medically or therapeutically contraindicated:

- Right to make telephone calls.
- Right to wear one's own clothing.
- Use of personal possessions.
- To have access to secure storage space.
- To have privacy in toileting and bathing.
- To have visitors daily.

If the resident's rights are going to be limited or denied, the facility must document the denial or limitation and put the documentation in the resident's treatment record.

Informed Consent

All treatment of residents requires consent unless there is a court order requiring specific treatment.

Grievance Procedure

Prentice House residents have the right to an informal and formal grievance process. It should always be preferred to have grievances resolved informally whenever possible.

Informal

When a resident feels that a right has been violated, they should notify a staff member immediately. The staff member will document the notice in the residents daily charting and inform their supervisor. The Program Director will then schedule a meeting with the resident and any staff members related to the grievance. The Director will determine whether a right has been violated. The resident and Director will then work toward resolution of the grievance. This process and resolution will be documented, signed by all parties, and stored in the resident's file.

Formal

If Prentice House residents feel that a right has been violated, and they were not able to resolve it informally, they have the right to a formal Grievance Resolution Procedure outlined in DHS 94, Wisconsin Administrative Code and Rights of Access to Court that has been explained to the resident at the time of admission and posted visibly in each of the group homes. Abbreviated levels of action are as follows:

- A. Notify your service provider within the specified time limits and cannot be threatened or penalized for informal or formally filing a grievance.
- B. A resident can appeal the service provider's decision to the county agency director if the placement is being paid by a county.
- C. If resident or any party of the grievance is dissatisfied with the county level decision or you are paying for the services through a private agency an appeal may be made at the state level to the State Grievance Examiner.
- D. If the resident or any party to the grievance is still dissatisfied an appeal can be made to the Administrator of the division of Supportive Living. This will be the final decision/review.
- E. Residents have a right to file suit in court if they feel there has been a violation of rights at any time and seek damages or other court relief. Residents may also file suit if they believe they are being placed against their will and ask a court to review their commitment or placement order.

Family Planning

All residents have access to confidential family planning services upon request. These services are to be arranged through Ashland County Human Services Dept.

Statement of Non-Discrimination

Prentice House Inc. does not discriminate against residents because of race or cultural identification, sex, sexual orientation, age, color, creed, ancestry, national origin, disability, political affiliations, or religious beliefs.

House Rules and Behavior Interventions

The overriding expectation for each of our residents is to show respect for themselves, other residents, and staff. It is the responsibility of our staff to assure that this respect is shown to each resident and staff member. Specific directives for dealing with the times and situations which are disrespectful may be found in the House Rules and Discipline section of the intake packet that all new residents agree to and understand (by signing the sheet) upon their admittance to the group home.

House Rules

- All residents will take part in cleaning and chores. Daily chores will be done after meals or upon request of the staff.
- Residents will be expected to eat all meals served at the house, unless a schedule has been worked out with staff.
- Residents will have a study period Sunday through Thursday evenings. The residents will study in areas assigned by staff.
- Residents will be allowed to have family visitors at the house through prior approval to be given by the resident's social worker, and as indicated by their court order and/or personal treatment plan before family or any other guests will be allowed at the house. Prentice House staff has the right to request visitors to leave the premises if they feel there is a concern of safety for any of the residents or staff.
- Residents will be able to make one phone call a day private and personal limited to ten minutes or as indicated by their court order and/or personal treatment plan.
- Residents will be responsible for their own laundry. Laundry will be done on their assigned day.
- Bedtime (lights out and quiet) will be at 9:00 PM on school nights. Bedtime on non-school nights will be determined by staff.
- Residents may be required to get haircuts (at staff discretion) if it becomes a treatment issue.
- Residents will be allowed to attend church, though staff supervision may be needed.
- Residents who stay a week or longer will receive a base allowance of one dollar a week, with the opportunity to earn extra money each week dependent upon their supervision level.
- Residents will NOT be allowed to use ALCOHOL or DRUGS. This will NOT be tolerated in the program.
- Residents are expected to not be involved in any form of violence, including threats. This will NOT be tolerated in the program.
- Residents are expected to be respectful to other residents and staff at all times. Vulgar and obscene language or gestures are NOT tolerated.
- Residents are expected to respect themselves, their property, as well as the rights and property of others
- Any unauthorized absences from Prentice House will be considered running away. This will NOT be tolerated in the program. Violation of any curfews established with Prentice House staff will immediately be considered AWOL status and acted upon accordingly.
- Inappropriate sexual contact or harassment will NOT be tolerated.
- Residents will comply with staff directions and expectations as the need arises.
- Residents are expected to follow program expectations to the best of their ability.
- Residents who fail to comply with the rules of the program may be subjected to dismissal from Prentice House.

Prentice House staff members have the responsibility to set limits on behaviors, activities, expectations, provide care and supervise and carry out treatment plans.

Behavior Interventions/Consequences

Behavior interventions and consequences will be based on staff's understanding of the youth's intentions, motives and actions in regards to the rule infraction. Physical behavior intervention is only used as a last resort by employees trained in agency approved crisis intervention techniques as instructed by the Crisis Consultant Group. Physical behavior intervention is only used if the resident is presenting an immediate and immanent physical threat to himself or others. Prentice House staff will always carry out behavior interventions in a humane manner. Behavior Interventions and Consequences used and the behaviors they address will be documented in the residents Daily Charting.

Behavior Interventions/Consequences that may be used:

- Television restrictions
- Assigning household chores or written therapeutic reports pertaining to specific behaviors
- Loss of extracurricular activities
- Loss of privileges
- Increased staff supervision
- Residents who fail to comply with the rules of the program may be subjected to dismissal from Prentice House Group Home

Resident: _____

Date: _____

Social Worker: _____

Date: _____

Prentice House Staff: _____

Date: _____



PRENTICE HOUSE INC.

FIRE EVACUATION PLANS

Fire Evacuation Plan PH I

Evacuation routes for emergencies and drills:

- All occupants upstairs at time of emergency or drill will promptly go down the stairs to the main floor and out the front door (facing Prentice Ave.). Immediately gather by the garage on the alley to the east of the house.
- Shut the bathroom and bedroom doors as you leave. Knock on all doors you pass to make sure everyone is evacuating. Go quickly, with no pushing or shoving.
- All occupants in the living room or staff room of the house should promptly exit the living room foyer exit and also gather by the alley on the east side of the house.
- All occupants in the kitchen or basement of the house should promptly exit the kitchen area exit and gather by the garage on the alley to the east of the house.
- If fire has blocked the prescribed exit, then those in the kitchen area should also exit the living room/foyer exit.
- If fire has blocked the living room exit, those on the main floor should exit through the kitchen exit. Those unable to reach this exit should exit the nearest window.
- If the stairway exit is blocked by fire, from the second floor, then a window must be used to exit.
- All occupants must report to the garage area by the alley in the east side of the house to make sure all persons are accounted for

Fire Evacuation Plan PH II

Evacuation routes for emergencies and drills:

- Occupants in the South side of the house which includes; the kitchen, laundry room, dining room, living room, powder room, and office shall promptly exit through the door on the West side of the house (in the dining room) if this exit is unable to be used, use the East side door by the office.
- Occupants in the North side of the house which includes; bedrooms 1-5 and the bathroom shall promptly exit on the East side of the house, in the foyer by the office. If this exit is unable to be used, use the West exit if able to.
- If the exits are blocked as described in the first two statements above then occupants shall use windows that are at their easiest convenience.
- All occupants shall meet at the front door of the Farm School (located at the South side of the house) after exiting make sure all occupants are accounted for.
- As you exit shut the bathroom and bedroom doors as you leave. Knock on all doors as you pass to make sure everyone is evacuated.

Fire Evacuation Plan PH III

- At the time of an emergency or drill, all occupants that are upstairs will immediately go downstairs to the main floor and out the front doors on the north side of the building. Immediately gather by the garage located on the East side of the house.
- Shut bathroom and bedroom doors as you leave. Knock on all closed doors to make sure all occupants are evacuated. Move quickly without any pushing or shoving.
- All occupants in the living rooms and dining rooms should exit through the doors on the north side of the building. Immediately gather by the garage located on the East side of the house.
- All occupants in the kitchen and basement should exit on their respective side doors and go towards the front (north) of the house and immediately gather by the garage located on the East side of the house.

If prescribed exits are blocked by fire the occupants:

- Second Floor, use the fire escape ladder that is mounted next to the bathroom, and use it in the designated window near the ladder box.
- In living rooms and dining room, use the closest unobstructed front door on the north side of the building.
- In kitchen, use the same exit as dining room and living rooms, the closest unobstructed front door on the north side of building.
- If fire has blocked both north doors, use the side exit located in the kitchen on the west side of the house. If all exits are blocked, use the nearest unobstructed window to exit the building.
- Go immediately to the garage on the East Side of the house so all occupants can be accounted for.

Client Signature: _____ Date _____

Staff Signature: _____ Date _____



Request for Random Urine Analysis (U.A.)

RESIDENT _____

PLACING AGENCY _____

SOCIAL WORKER _____

JUST CAUSE FOR REQUEST

_____ History of drug and alcohol abuse

_____ Other (specify) _____

Signature of this request gives authorized personnel to conduct Random U.A.'s on the resident named above for the duration of his placement at Prentice House Inc.

Signature of Social Worker/Agency Representative

Date



PRENTICE HOUSE INC.

DENTIST VISITATION FORM

Name: _____

Date Seen: _____

Dentist Signature: _____

Comments: _____



PRENTICE HOUSE INC.

OPTOMETRIST VISITATION FORM

Name: _____

Date Seen: _____

Signature: _____

Comments: _____



PRENTICE HOUSE INC.

POSSESSIONS AT DISCHARGE

_____ has received all personal possessions and does not have any personal items
Resident Name
remaining at Prentice House Inc.

Client Signature

Date

Staff Signature

Date