

INTAKE INFORMATION

ITEMS REQUIRED AT INTAKE	DATE(S) REQUESTED	DATE RECIEVED		
1. COURT ORDER FOR CUSTODY				
2. 30 DAY MEDICATION SUPPLY				
3. COMPLETED JESSE’S HOUSE PLACEMENT AGREEMENT				
4. PRESCRIPTION RENEWALS				
ITEMS REQUIRED WITHIN 72 HOURS OF PLACEMENT				
IF DOCUMENTATION CANNOT BE SUPPLIED, MUST HAVE WRITTEN EXPLANATION OF WHY, AND WHEN TO EXPECT TO HAVE DOCUMENTATION ON FILE				
5. PSYCHOLOGICAL ASSESSMENT (WITHIN 2 YEARS) OR NOTICE OF SCHEDULED APPOINTMENT FOR EVALUATION				
6. PHYSICAL (WITHIN 1 YEAR) * BASIC DIAGNOSTIC LAB BLOOD WORK * URINALYSIS				
7. NEGATIVE PREGNANCY TEST				
8. TB TEST (IF NOT COMPLETED PPD READING, DOCUMENTATION OF DATE AND TIME OF TEST ADMINISTERED SIGNED BY PHYSICIAN)				
9. RECORD FROM LAST DENTAL EXAM (WITHIN 6 MONTHS)				
10. SOCIAL HISTORY (DJJ SOCIAL HISTORY OR CCFA) MAY BE TYPED PARAGRAPH BY CASEWORKER				
11. SCHOOL WITHDRAWAL FORM FROM LAST PUBLIC SCHOOL ATTENDED (IN ADDITION IF LAST PLACEMENT WAS IN DETENTION CENTER)				
12. ATTENDANCE RECORDS				
13. TRANSCRIPT				
14. DISCIPLINE REPORT				
15. IEP/ SPECIAL EDUCATION INFORMATION				
16. IMMUNIZATION INFORMATION (IN SCHOOL DOCUMENTATION)				
17. EYE, EAR, DENTAL EXAMINATION (IN SCHOOL DOCUMENTATION)				
18. BIRTH CERTIFICATE				
19. SOCIAL SECURITY				
20. MEDICAID CARD/ PROOF OF PRIVATE INSURANCE OR COPY OF MEDICAID ELIGIBILITY, OR TEMPORARY AUTHORIZATION				
21. DFCS / DJJ CASE PLAN				

OUR LICENSING REGULATIONS STIPULATE THAT ALL OF THE ABOVE LISTED DOCUMENTATION OR ITEMS ARE REQUIRED TO BE ON FILE WITH US WITHIN 72 HOURS OF ADMISSION. ***FAILURE TO PROVIDE REQUIRED DOCUMENTATION MAY RESULT IN DISCHARGE OR JEOPARDIZE AGENCY’S ABILITY TO PLACE IN THE FUTURE.***

PLACING AGENCY WORKER RECEIVING INITIAL INTAKE INFORMATION REQUEST: _____

SIGNATURE: _____

DATE: _____

Jesse's House Placement Agreement

Please be sure to complete and review entire packet. Do not leave items blank. If necessary, complete items with "N/A"

Admission Date: _____ **Time:** _____

Section I – Identifying Information:

Child's Name: _____ SSN: _____

County of Residency: _____

Age: _____ Race: _____ DOB: _____

Reason for Placement:

Child's Most Recent Placement:

Name & Phone Number of Placing Agency:

Address of Agency:

Name of Caseworker: _____ Phone: _____

Name of Caseworker's Supervisor: _____ Phone: _____

Emergency (night and weekend) contact number: _____

Other Agencies Involved (list worker, agency, and phone # including counselors, CCFA workers, CASA worker or Attorney information):

Mother's Name & Address:

Mother's Phone #:

_____ H
_____ W
_____ C

Father's Name & Address:

Father's Phone #:

_____ H
_____ W
_____ C

Sibling's Names & Ages:

Section II – Visitation Rights and Limitations:

Visitation is allowed after the third day of placement or after the resident comes off of the Entry Level. Visits are not supervised by the staff of Jesse's House. They are typically arranged for Saturday or Sunday between 8:30a.m. and 8:30p.m. On-site visitation is a maximum of two hours. **Please list people with whom residents are allowed visitation and what kind of visitation they are allowed (on-site, Day Pass or Over-Night)**

Residents may make phone calls after their third day of residence. They may not receive incoming calls from family or friends. Residents may be allowed to have an open contact list. ***Please list names of individuals with who resident may NOT have contact.***

Both incoming and outgoing mail is monitored and read by Jesse's House staff. May resident send and receive mail? _____ Are there any restrictions? _____

Jesse's House provides supervised internet access to residents for both school and personal use. May resident use the internet for school use? _____ Personal use? _____
Is she allowed to have a personal e-mail address? _____

Section III – Medical History (Please mark “N/A” if necessary. Do not leave blank)

Height: _____ Weight: _____ Does child wear corrective lenses? _____

Date of last Medical check-up _____ Date of last Dental Exam and Cleaning _____

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Special Diet: Please list any dietary restriction, allergies or special needs. A copy of these needs will be posted and the RCCW will be responsible for menu compliance. _____

_____ Vegetarian? If yes, is this for health or religious purposes? _____

_____ Peanut Allergy? If yes, what are steps for treatment? _____

Current Medications:

Must provide at least a 30 day supply of all medications. Prescribing physician can contact Goodson’s pharmacy (770-887-5040) to call-in a refill for ongoing medications.

Medication	Dosage Instruction	Purpose	Prescribing Doctor	Doctor’s Phone

Past Medical and/or Psychiatric Hospitalizations:

Hospital	Dates of Treatment	Phone	Reason for Treatment

Please circle any health concerns known for child or immediate family including parents and siblings.

Concern	Child		Family		Concern	Child		Family	
	History	Current	History	Current		History	Current	History	Current
Anemia	History	Current	History	Current	Heart Disease	History	Current	History	Current
*Asthma/Allergies	History	Current	History	Current	HIV/AIDS	History	Current	History	Current
Birth Defects	History	Current	History	Current	Kidney Problems	History	Current	History	Current
Hearing Disorder	History	Current	History	Current	Sickle Cell Anemia	History	Current	History	Current
Corrective Lenses	History	Current	History	Current	STD’s	History	Current	History	Current
Diabetes	History	Current	History	Current	Intestine Problems	History	Current	History	Current
Epilepsy/Seizures	History	Current	History	Current	Tuberculosis	History	Current	History	Current
Heart Murmur	History	Current	History	Current	Migraine	History	Current	History	Current
High Blood Pressure	History	Current	History	Current	Thyroid Disease	History	Current	History	Current
Alcoholism	History	Current	History	Current	Eating disorder	History	Current	History	Current
Allergies	History	Current	History	Current		History	Current	History	Current

Please explain any items noted above (*If resident has allergies or asthma, please note treatment)

Received negative pregnancy test: _____ Menstrual Concerns: _____

Sexually active: _____ (if yes, is child on Birth Control?) _____

Section IV – Treatment Plan

These initial treatment goals will help meet the resident’s immediate needs.

Goal 1: The resident will receive medical/ psychological services as needed.

Objective: To meet the resident’s dental, medical, and psychological needs.

Interventions: Staff will monitor dental, medical, and psychological needs and arrange the setting up of appointment and follow-ups.

Goal 2: The resident will have a safe and stable, nurturing environment.

Objective: Help resident adapt to Jesse’s House positively

Intervention: Staff will insure that the resident’s basic needs are met, advocate with placing agency, act as role models, and review rules/ regulations with the youth.

Goal 3: The resident will have educational needs met.

Objective: The resident will attend educational programs.

Intervention: Staff will enroll youth in school and/or have them participate in scheduled program activities associated with Jesse’s House.

Goal 4: _____

(Optional: This goal will focus on issue surrounding the need for emergency placement or original reason for placement.)

Staff Responsible: All Jesse’s House staff, as well as the staff of mental health providers, the local schools, and the medical providers. J.H. staff will record process of resident.

Frequency: As needed or required

Caseworker’s Signature: _____ Date: _____

Resident’s Signature: _____ Date: _____

Staff Signature: _____ Date: _____

This plan will expire in 30 days on: _____

Please describe any special needs for cultural, sexual, religious, national, racial or ethnic identity issues: _____

Section V – Custodial Placement Agreement (Do not leave any portion of this form blank. Complete with “N/A” if necessary)

Child’s Name: _____ DOB: _____

Legal Custodian/Parent: _____

Placement Worker’s Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Child’s Medicaid #: _____ (Attach copy of card)

Custodian’s Insurance Company: _____

Policy Number: _____

If no insurance, person responsible for bills: _____

Address: _____
Street City State Zip

I, being the lawful custodian of the above named child, do freely give my full permission and request for my child to be placed in Jesse’s House, a youth shelter. I understand Jesse’s House is not a detention facility. Therefore, I will not hold Jesse's House or its Board of Directors responsible should the above named child leave the custody of Jesse's House staff without permission. I further agree that neither I, nor any guardian, shall pursue or prosecute claims or causes of action or seek judgment against Jesse’s House staff or its Board of Directors for any injury, damage, or loss arising out of or incidental to the placement of my child in Jesse's House’s program.

Signature of Custodian: _____ Date: _____

Section VI - Emergency Discharge Policy

When considering a request for discharge, each resident will be reviewed on a case-by-case basis. When it is determined that an attempt to maintain placement at Jesse’s House would be in the best interest of the child, Jesse’s House will request a mandatory team meeting that must include resident’s DFCS worker and/or DJJ probation officer, parent or guardian (when applicable), CASA worker, and Jesse’s House Administrative staff. An action plan for maintaining placement will be developed with the collaboration of all parties. Caseworkers, please initial that you have read the discharge process: _____

The following is a list of disruptive behaviors that would require request for discharge or movement to a psychiatric facility;

- Assaulting another resident or staff
- Sexual contact or other inappropriate touching or acting out
- Possession of a weapon
- Repeated chemical abuse, alcohol, drugs, or smoking
- Bringing prohibited items or contraband into Jesse’s House and creating a dangerous living environment
- Any disruptive behavior that jeopardizes the safety of others
- Suicidal, psychotic or self-harmful behavior
- Frequent or repeated medication refusal
- Failure of Placing Agency to provide required Documentation

According to rules effective July 1, 2007 “In a situation where a discharge is the result of a determination by the [Placing Agency] and [Jesse’s House] that the placement is no longer safe, or appropriate for the child or other children in the program, the child should be removed immediately or the situation otherwise resolved in a manner designed to ensure that no child remain in a placement in violation for the health and safety stand of the Department’s Office of Regulatory Services (ORS).”

Caseworker’s Signature: _____ Date: _____

Resident’s Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Section VII – Authorization for Release of Information

Resident’s Name: _____ DOB: _____

I hereby authorize Jesse's House to obtain the following information on the above named resident. These records are needed for the following reasons:

- _____ Case Assessment
- _____ Placement Planning

Records to be released:

- _____ School Withdrawal/IEP
- _____ Immunization Records
- _____ Birth Certificate
- _____ Medical/Dental
- _____ Psychiatric/Psychological
- _____ Family History
- _____ Social History

Guardian’s Signature: _____ Date: _____

Section VIII – Authorization for Communication

Resident’s Name: _____ DOB: _____

I, the guardian of the above named child, do give my consent for the faculty and staff of the resident’s school system, this child’s personal doctor, dentist or mental health provider to communicate with the staff of Jesse’s House in regards to this child. I also give my permission for the staff of Jesse's House to discuss pertinent information with the aforementioned agencies, as the need arises.

Guardian’s Signature: _____ Date: _____

Section IX – Authorization for Treatment

I, _____(parent or guardian), authorize Jesse’s House staff and their representatives to obtain any medical, dental, and psychiatric treatment, medication, and emergency surgery indicated for _____(resident). I hereby release the Jesse’s House staff members of non-negligent responsibility for illness, injury, or dental problems that may occur while the resident is at the agency. Jesse’s House agrees to seek necessary medical, dental, or psychiatric care when need is indicated and to immediately advise the legal guardian of any serious illness, injury, or hospitalization.

I further understand that state regulations require a physical examination for my child within 72 hours of admission and that I am financially responsible for that examination.

I also understand that any medical, dental, or psychiatric assessments or treatments that are not covered by the insurance will be my responsibility. **The billing statement pertaining to such treatments should be sent to the following person/address:**

Parent/Guardian Signature: _____ Date: _____

Jesse’s House Staff Signature: _____ Date: _____

Section X – Permission to Transport

I grant permission for the above named resident to be transported by agency staff and volunteers for the purposes of educational, medical, and recreational activities and any other services provided during the course of the child’s stay. I hereby release Jesse’s House from any liability in the performance of the above duties.

Guardian’s Signature: _____ Date: _____

Section XI – Permission to Participate in Mentoring Program

The mentoring program at Jesse’s House is a program to foster positive youth-adult relationships, provide positive, fun activities, as well as provide emotional support to the residents during their stay at the shelter. Examples of activities a mentor might engage a shelter resident in would be a one-on-one activity in the shelter, a walk at the local park, movies, dinner, clothes shopping, etc. Mentors are all shelter volunteers who have expressed interest in providing one-on-one support to a resident. Volunteers who are selected to participate in the mentoring program are screened and are required to complete a criminal background check and training prior to contact with residents. Mentors are prohibited from taking a child to her home prior to review and written approval from Placing Agency.

I grant permission for _____ to participate in the mentoring program. I understand adult volunteers supervise this program, as well as provide transportation to off site activities.

Guardian’s Signature: _____ Date: _____

Resident’s Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Section XII – Permission to Participate in Activities

I grant permission for the above named child to participate in extra-curricular activities such as school sponsored field trips, sporting events, employment, community activities, recreational activities, cultural events and volunteer work. I understand that all extra-curricular activities that the program plans, or participates in, are supervised by adult staff or volunteers.

Guardian’s Signature: _____ Date: _____

Section XIII – Permission to attend Religious Services

At Jesse's House, the residents are given an opportunity to attend church services on Sunday, participate in bible study, and attend other church activities. These activities are optional and occur at the resident’s request. Volunteers who have gone through criminal background investigations supervise, as well as provide transportation to, these activities. I grant permission for the above named resident to participate in these activities.

Guardian’s Signature: _____ Date: _____

Resident’s Signature: _____ Date: _____