



## **Guidelines for Intake Interview and Completing Intake Packet**

**Prior to beginning the intake please make sure that immunization records, Social Security Card, Medicaid Card, and IEP (if relevant) has already been given to HUH Intake Coordinator.**

**Please check each item below as it is completed during the intake session.**

### **Complete, have signed and place the following in resident file:**

1.  Client Face Sheet
2.  Client Health Record
3.  Consent for Medical/Psychological Services
4.  Consent for Photo/Video
5.  Therapist Disclosure
6.  Consent for Money Management
7.  Release for Exchange of Inform. (complete separate ones for each agency)
8.  Consent for Experiential Activities
9.  Consent for Assessment and Evaluation
10.  Release for 3<sup>rd</sup> Party Billing Information
11.  CDE documents (releases, consent for evaluations)
12.  Resident, Parent, and Referring Agent Questionnaire

### **Complete, have signed, make copies for client and parent, and put original in file:**

1.  Client Bill of Rights
2.  Physical Management Consent Form
3.  Client Treatment Contract
4.  Parent Treatment Contract
5.  72 hour Tx Plan: complete initial goals with client during intake

### **Complete, make copies for milieu, and put original in the file:**

1.  Contact Form: Place in Milieu Contact Book
2.  Medication Log: Place in Med Log
3.  Resident Orientation: Give to primary counselor to complete in first week.

**Make sure the form is put in the file upon completion with primary.**

**Hand Up Homes for Youth Inc.**

**Client Face Sheet**

\_\_\_\_\_  
Name: \_\_\_\_\_ Admission Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicaid/State ID: \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Group #: \_\_\_\_\_ Individual #: \_\_\_\_\_

Secondary Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Group #: \_\_\_\_\_ Individual #: \_\_\_\_\_

\*(Please attach copy of all insurance cards, Medicaid card, and Social Security Card)

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

Place of Birth: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Race: \_\_\_\_\_

\_\_\_\_\_  
Parents: \_\_\_\_\_ Caseworker: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Probation/Parole Officer: \_\_\_\_\_ Caseworker: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Clinical Coordinator/ Clinical Director                      Lead Counselor

\_\_\_\_\_  
Parent/Guardian    Witness

\_\_\_\_\_  
Client



Client Health Record

Client: \_\_\_\_\_ D.O.A. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Medicaid/State ID: \_\_\_\_\_ Card Physically Present at Intake: \_\_\_\_\_

Health at Intake:

Is the resident ill or injured at the time of placement or ill in the past month? \_\_\_\_\_

If Yes, Describe:

\_\_\_\_\_

Allergies to medications: \_\_\_\_\_

To food / materials: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Current Medication(s) – Dose/Time/Reason for medication (check box if present at Intake):

- Checkboxes and lines for listing current medications.

Prescribing Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are immunizations Current? \_\_\_\_\_ Are CCAR Present at Intake? \_\_\_\_\_

Are records Present at Intake? \_\_\_\_\_ Last known Physical / Dental Cleaning: \_\_\_\_\_

Other pertinent medical information/ Immediate Medical Requests:

\_\_\_\_\_

Completed by / Date: \_\_\_\_\_



**Medical:**

Resident's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

I do hereby consent to authorize any duly licensed physician/dentist to conduct such medical/dental examination and treatment, including surgery, in behalf of the above named youth as may, in his judgment, be necessary to safeguard the health of said child while in Hand Up Homes for Youth Inc.

Parent/Guardian Signature; \_\_\_\_\_ Relationship: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

**Psychological:**

I do hereby consent to and authorize any duly licensed psychological professional to conduct such examination and treatment, in behalf of the above named youth as may, in his judgment, become necessary to safeguard the health of said child while in Hand Up Homes for Youth Inc.

Parent/Guardian Signature; \_\_\_\_\_ Relationship: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

I understand that Hand Up Homes for Youth Inc. will make every attempt to contact the parent/guardian regarding any emergency.

I further understand that Hand Up Homes for Youth Inc. will not be held financially responsible for such care provided.





## Photo / Video Release

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

I do hereby consent to Hand Up Homes for Youth Inc., authorization of interviewing, videotaping, and photographing of this resident while in care at Hand Up Homes for Youth Inc. this being in compliance with the treatment and evaluation currently being done by Hand Up Homes for Youth Inc.

This consent is subject to the absolute conditions that:

1. The resident's identity will be kept confidential in any interviewing, if desired.
2. The resident may refuse to participate in or continue to participate in the interview and/or filming at any time.

I am aware that the laws of the State and Federal laws protect me from releasing any information to the media and that I am not required to sign this consent form. I sign this consent form willingly.

Resident's Signature: \_\_\_\_\_

To be signed by Parent/Guardian:

I hereby, as the parent/guardian of the above named juvenile, consent to the foregoing.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_



### Therapist Disclosure Statement

The practice of both licensed and unlicensed psychotherapists in Nevada is regulated by the Department of Regulatory Agencies.

Clients in therapy are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. Clients are also entitled to information about the therapist's degrees, credentials, and methods of therapy, and to seek a second opinion from another therapist.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the grievance board.

Information provided by client to a therapist is confidential within the treatment team, except in life threatening situations, suspicions of child abuse, and when the client is under 16 years of age and is the victim or subject of a crime. Therapist in Nevada are required by law to report known or suspected cases of child abuse or neglect to the County Department of Social Services and/or law enforcement agencies.

Address any questions or complaints to:

Washoe County Children's Services Division

350 Center St. Suite 280

Reno, NV 89501

(775) 337 4400

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

Degrees: \_\_\_\_\_

Credentials: \_\_\_\_\_

Licenses: \_\_\_\_\_

I have been informed of the degrees, credentials, and licenses of the therapist at Hand Up Homes for Youth Inc. and of the rights of clients in therapy.

\_\_\_\_\_  
Client Signature                      date

\_\_\_\_\_  
Therapist                                      date

\_\_\_\_\_  
Witness                                      date





## Consent for Money Management

I, \_\_\_\_\_, do hereby grant Hand Up Homes for Youth permission to manage my child's money and allowance.

Guardian's Signature: \_\_\_\_\_

Resident's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_



**Authorization for Participation in Specific Education and Experiential Activities**

-The undersigned acknowledges that Hand Up Home for Youth is a unique residential treatment center and school, which provides a variety of experiential, outdoor, and animal oriented education and therapy experiences. Unless deemed inappropriate by the treatment team, all clients are expected to participate in these activities as part of their treatment and education plans.

-The undersigned understands that these activities and other routine medical and treatment needs, may require transportation by various staff members to locations of facility grounds.

-The undersigned understands that all of the activities require residents to participate in specialized education and training specific to each activity. This may require passing a safety and/or basic skills exam prior to full participation.

-The undersigned understands that residents must demonstrate the ability and willingness to maintain safe and appropriate behaviors in order to participate in these specialized activities.

- I, \_\_\_\_\_ (parent/guardian) hereby release Hand Up Homes for Youth

and all members of its staff from any medical, personal and/or financial liability for injury which may occur from \_\_\_\_\_'s participation in any outings, trips or recreation activities while a resident of Hand Up Homes for Youth. I understand that if any medical treatment is necessary as a result of any injury while participating in any outings, trips or recreations activities, all costs of that medical treatment will be my sole responsibility. Hand Up Homes will provide reasonable and necessary supervision and safety precautions for all activities to assist in prevention of injury.

**The undersigned authorizes \_\_\_\_\_ to participate in the following activities. (Please initial those activities in which the resident is allowed to participate.)**

\_\_\_\_\_ Technology Program: Includes use of power tools and computers; may include participation in state, local, and national competitions, on and off-grounds work programs and other extracurricular activities.

\_\_\_\_\_ Equestrian Program: Includes horseback riding, competitions, equine therapy, and on an off grounds work programs.

\_\_\_\_\_ Work Programs: Includes a variety of on-grounds and off-grounds employment opportunities with individualized supervision and accountability measures.

It is understood that some residents are encouraged to seek employment as appropriate to their educational , vocational, and treatment needs. The job performance and accountability of all residents are monitored by the treatment team in cooperation with the residents employers. Hand Up Homes reserves the right to terminate a resident's employment if deemed necessary.

\_\_\_\_\_ Off grounds educational, therapeutic, or recreational day activities.

\_\_\_\_\_ Extended overnight experiential education and/or therapeutic trips in a wilderness setting. These trips may occur in or out of state. Physical activities may include skiing, backpacking, camping, rafting, etc.

Parent/Guardian	Date	Resident	Date

Caseworker	Date	Witness	Date



## Informed Consent for Assessment and Evaluation

Name: \_\_\_\_\_ Admission Date: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

I do hereby consent to authorize Hand Up Homes for Youth Inc., including its agents, representatives, and affiliates to conduct psychological and psychosexual assessment and evaluation for purpose of treatment and disposition planning of my case.

I further consent to authorize Hand Up Homes for Youth, including its agents, representatives, and affiliates to release information to the following persons and/or agencies.

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

\_\_\_\_\_ I understand that assessment and evaluation procedures vary widely and may include techniques such as interviews, paper and pencil test, oral or verbal test, observational assessments, collateral contacts and the exercise of experienced clinical judgment. I further understand that any assessment and evaluation will be performed only by individuals who are qualified to conduct such assessments or under supervision by someone who is qualified. Only recognized and standardized procedures will be used for the purpose of my assessment and evaluation except when appropriately documented and used with such recognized procedures. You will be informed, and may inquire about the qualifications of the person who will be conducting the evaluation measures.

\_\_\_\_\_ I understand that assessment and evaluation procedures may include, but may not be limited to procedures designed to elicit information about level of cognitive functioning, emotional strengths and coping styles, motivation, goals, career interest, personality style, clinical syndromes, psychiatric disturbance, trauma-reactivity, sexual interest and fantasy, psychopathy, victim and offense characteristics, responsiveness to treatment and intervention, need for medications, and risk for reoffense. I understand that treatment recommendations and diagnostic impressions may be made based on the findings of these assessment measures, and that my honest and active participation in these procedures is necessary to assure the accuracy of these recommendations.

\_\_\_\_\_ I understand that confidentiality is limited in case of known or suspected child abuse and that mental health and child care professionals are required to report any new information to appropriate authorities.

\_\_\_\_\_ I further understand that my consent to authorize such assessment and evaluation does not include my consent to participate in experimental research or the use of experimental procedures in treatment, for which a separate statement of informed consent must be signed by me. This does not however, prevent, Hand Up Homes for Youth from using any assessment and evaluation data anonymously in non-experimental, investigative, or program evaluation research in which there is no experimental control design. I also understand that the use of assessment and evaluation data in such non- experiment research will include no risk of consequences or detriment to me whatsoever.

\_\_\_\_\_ I understand that I have the right to review the results of any evaluation measures by a appropriately qualified professional.

\_\_\_\_\_ I reserve the right to rescind this waiver of confidentiality at any time by providing my therapist with written notification.

\_\_\_\_\_  
Signature

Date

\_\_\_\_\_  
Witness

Date



### Consent/Release for 3<sup>rd</sup> Party Billing

Client: \_\_\_\_\_ Medicaid/State ID: \_\_\_\_\_

I hereby authorize Hand Up Homes for Youth Inc. to release information in my client record to:

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

This data shall include information necessary for 3<sup>rd</sup> party billing

I understand this information will be used for: **billing purposes only**

I hereby give permission to HUH to submit claims for and receive any benefits for which I(or client) may be eligible for services rendered under the auspices of said center.

The doctrine of informed consent has been explained to me and I understand the contents to be released, the need for the information, and that the statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on the consent has been taken.

\_\_\_\_\_

Signature of Client

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent /Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Date



Record #: \_\_\_\_\_

## **Treatment Contract**

### **Informed Consent and Waiver of Confidentiality**

---

1. \_\_\_\_\_ I know that I have sexually abused someone else or done sexually inappropriate things.
2. \_\_\_\_\_ I have been given a chance to work on my sexual problems. I know that I can stay in this treatment program if I follow all expectations in this contract. I know that I must also cooperate with helpers and complete all assignments that are given to me.
3. \_\_\_\_\_ I know that because I am working on my sexual problems that I cannot have contact with children or other people I might be able to hurt. This includes brothers, sisters, cousins and other family members. I know that I can only visit, talk to, write to or communicate with people that are approved by my containment team. Only my containment team can review and approve any changes in my contact list.
4. \_\_\_\_\_ I know that while I am in treatment I cannot use alcohol or illegal drugs, including cigarettes.
5. \_\_\_\_\_ I know that I cannot have a weapon of any kind while I am in treatment.
6. \_\_\_\_\_ I know that I cannot do anything illegal or associate with people who have done illegal things except for those people that I am in treatment with or as approved by my containment team. I know that I have to tell someone if I engage in any illegal activities or know of others who have that I must report that to a helper. If I do not tell someone, I could be asked to leave the treatment program before I have learned everything I need to learn. I know that my therapist has to report any criminal behavior and such reports may lead to criminal charges against me.
7. \_\_\_\_\_ I agree that it is in my best interest to participate in treatment and accept containment so that I may be accountable and not engage in illegal and/or sexually inappropriate behaviors. I will be accountable for my thoughts, feelings, behaviors and location and report these to my helpers, family and containment team.
8. \_\_\_\_\_ I agree to participate in and cooperate with this treatment program that focuses on sexually inappropriate behaviors, being sexually abused, sexual arousal, growing up, thinking and hurtful or illegal behavior problems.
9. \_\_\_\_\_ I agree not to have sexual contact with my peers while in treatment whether they say it is OK or not. I agree to have any friendships or sexual contact with appropriate persons reviewed and approved by my containment team.
10. \_\_\_\_\_ I understand that one of the reasons I am in treatment is to understand and reduce the impact of my sexually abusive behavior on the people that I hurt and to

increase my safety. It is my job to know and be aware of how my past behaviors caused harm, fear and concern to the people I hurt and to others. To understand this I must complete my treatment assignments or projects (disclosure, safety planning, cycle of abuse, clarification, etc.) as they are given to me. I know that just completing these projects does not mean that I am safe or that I have gotten everything out of treatment that I need to learn and that my containment team will make such decisions.

11. \_\_\_\_\_ I know that I have kept my sexually abusive or inappropriate behaviors a secret from people that care about me and that could help me. I know that I need to share all of my secrets in order to get better, make right choices and have healthy relationships.
12. \_\_\_\_\_ I know that my therapist cannot keep some things private (confidential). My therapist has to report any known or suspected abuse, both that I have done or that may have been done to me, to legal authorities. This report may result in criminal charges against me.
13. \_\_\_\_\_ I know that my therapist may have to share private things about me in order for me to get help that I need. If I am harming myself or someone else my therapist has to share this private information.
14. \_\_\_\_\_ I agree that part of my participation in treatment includes accurately reporting what I think about when I am aroused. Sharing this information may help my therapist to develop helpful tools that reduce my risk to others.
15. \_\_\_\_\_ I agree that it is in my best interests to be accountable for everything that I do, including where I have been and who I have been with. These reports must be approved by my containment team. This includes planning activities in advance, not going on unplanned trips or activities, accepting feedback from my containment team and checking in afterwards as I am asked to do so.
16. \_\_\_\_\_ I agree to learn a lot in treatment. I agree to cooperate and complete assignments and projects about my sexually abusive or inappropriate behavior. I agree to use these things that I learn in the right way and not to misuse them when I am acting out.
17. \_\_\_\_\_ I understand that I have kept my sexually inappropriate and abusive behaviors a secret and that the information shared with my therapist is also a secret. I understand that it will help my treatment for my therapist to be able to share information about my life and behavior with people that are helping me in my treatment. I am giving permission (waiving confidentiality) for my therapist to discuss my life and behaviors with people that are relevant to my treatment. Some of these people might include past therapists, victim therapists, past caseworkers, probation officers, police, employers, family members, neighbors,



Record #: \_\_\_\_\_

teachers, friends, coaches, pastors/preachers/spiritual leaders and helpers in the program.

- 18. \_\_\_\_\_ I agree that if I do not follow this treatment contract it must be reported to my therapist immediately. Depending on what I did, I may be placed on a probationary status, suspended or asked to leave the treatment program. Any time I do not follow the treatment contract it will be reported to my containment team and any other proper authorities.
- 19. \_\_\_\_\_ I understand that if I do not make progress in treatment or fail to follow the guidelines and expectations of the treatment program that I may be asked to leave before I have learned everything that I can.
- 20. \_\_\_\_\_ I understand that I can say that I do not want to follow this contract anymore by writing it down on paper and giving it to my therapist. I understand that such a decision may mean that I have to leave the treatment program and may affect my probation and permission to go into the community.

I have fully read, or have been read to, understood, or had explained, to my understanding the above listed items regarding my participation in this treatment program, including expectations for my behavior, mandatory reporting of known or suspected cases of child abuse or criminal behavior, and times when information about me cannot be kept a secret. I have initialed each item, showing that I agree with and understand each of the items. My signature below indicates my intent to participate in and cooperation with to the best of my ability, the treatment program at Hand Up Homes for Youth Inc. I understand that I may review this document by making an appointment with my therapist, and that I have the right to have the items or content explained to me if needed. I further understand that this contract is an agreement between my treatment/containment team and me and that violations of the terms of this contract may result in consequences up to and including being asked to leave the treatment program before I am ready and I have learned everything that I can to stay safe.

This document takes the place of all prior treatment contracts or other documents about participating in treatment, informed consent, and waiver of confidentiality.

_____	_____	_____	_____
<i>(Client Signature)</i>	<i>(Date)</i>	<i>(Parent/guardian/witness)</i>	<i>(Date)</i>
_____	_____	_____	_____
<i>(Caseworker)</i>	<i>(Date)</i>	<i>(Court Counselor)</i>	<i>(Date)</i>
_____	_____	_____	_____
<i>(Treatment Coordinator)</i>	<i>(Date)</i>	<i>(Milieu Coordinator)</i>	<i>(Date)</i>



Parent Treatment Contract

We expect both parents and youth to sign and comply with a treatment contract. Refusal to sign this contract may impact a parent or guardian’s ability to participate in treatment and/or visitation. As the parent(s) of a youth participating in our treatment program, your effective participation is critical to your child’s success. We ask you to read the following Parent’s Treatment Contract, discuss its content with the treatment team, and sign your name in the space provided:

- 1. I acknowledge that my son has been sexually abusive and requires treatment for such behavior.
2. I agree to be an active member of my son’s treatment team, and accept that I am an integral part of his treatment.
3. I will attend all scheduled therapy appointments and staffing. I will only cancel therapy sessions in the event of unanticipated or emergency circumstances and will give at least 24 hours notice for cancelled or rescheduled appointments.
4. I will responsibly fulfill any financial obligations related to my child’s participation in treatment.
5. I will be open, honest, and accountable for my current and past behaviors/actions and take full responsibility for any behaviors that may negatively impact my child or family.
6. I will encourage my child to approach treatment with a positive and open attitude. Under no circumstances will I knowingly encourage my child to adopt oppositional, defiant, or counter-treatment behaviors.
7. I will neither keep secrets nor hold secrets for my child or any other family member. “Secrets” in this context refers withholding any information relevant to treatment.
8. I understand that the process of therapy is emotionally challenging and not necessarily predictable. I will do my best to tolerate the frustrations inherent in this process and be open to discussing issues with the treatment team.
9. I agree to learn my child’s entire treatment curriculum and complete family “homework” assignments.
10. Under no circumstances will I allow my child to have phone, email, written, or personal contact with victims, unless such contact has been approved by the entire treatment team.
11. Should I become dissatisfied or angry with a member of my child’s treatment team, I will make every effort to resolve the conflict in a responsible, non-abusive, and expedient manner.
12. I acknowledge that at times it may be necessary to “agree to disagree” with members of the treatment team.
13. I agree to follow and uphold all court orders.
14. I acknowledge that for all new HUH clients, family visitation begins at a “staff supervised” level.
15. I will not allow my child to have contact with individuals who have verbally, physically, or sexually harmed them in the past.
16. If so recommended by the treatment team, I will seek a psychiatric, substance abuse, or medical evaluation.
17. If so recommended by the treatment team, I will participate in my own individual or marital therapy outside of my child’s treatment.
18. I understand that this contract may be modified by the treatment team as treatment progresses, and that such changes will be discussed and agreed upon by all parties.
19. I reserve the right to refuse to sign, or to withdraw this treatment contract at any time by first providing my son’s therapist with written notification.

Signatures:

Admission evaluator (date)

Caseworker (date)

Parent(s)/Guardian(s) (date)

Probation Officer (date)

G.A.L. (date)

Other (date)





**Resident Questionnaire**  
(to be completed upon admission by Client)

---

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please describe, in your own words, the events that led to your referral to Hand Up Homes.

---

---

---

Please describe, in your own words, any problems you might want to work on.

---

---

---

What benefits do you hope to experience as a result of your placement here?

---

---

---

Describe the best things about your family.

---

---

---

Describe any healthy recreational activities that you enjoy.

---

---

---

Where will you go after your successful discharge from Hand Up Homes?

---

---

---

List anything you can think of that might interfere with your success at Hand Up Homes.

---

---

---

Completed by:

---

(Signature)

---

(Date)

---

(Signature)

---

(Date)



**Family Questionnaire**  
(to be completed upon admission by family member)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please describe, in your own words, the events that led to this referral to Hand Up Homes.

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

In your own words, describe the most important problems.

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

What are the immediate expectations for your child when he enters the program?

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

Describe what strengths and weaknesses your family adds to the treatment process.

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

Where do you want your child to go after successful discharge from Hand Up Homes?.

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

What issues might interfere with the successful outcome of this placement?

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

**Please check each problem behavior that your child has exhibited and specify.**

- |                          |                                     |                         |
|--------------------------|-------------------------------------|-------------------------|
| ANIMAL ABUSE             | FIRE SETTING                        | SELF-INJUROUS BEHAVIORS |
| ASSAULT                  | GANG INVOLVEMENT                    | SEXUAL MISCONDUCT       |
| AUTHORITY PROBLEMS       | HALLUCINATIONS / DELUSIONS          | SLEEP PROBLEMS          |
| CULT / OCCULT ACTIVITIES | TROUBLE FALLING OR REMAINING ASLEEP | SUICIDAL TALK/ATTEMPT   |
| DRUG / ALCOHOL USE/ABUSE | NIGHTMARES                          | THEFT                   |
| BEDWETTING / SOILING     | PROPERTY DISTRUCTION                | FORGETS WHO HE IS       |
| FIREARMS / WEAPONS       | RUNAWAY BEHAVIORS                   | OTHER _____             |

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



Record #: \_\_\_\_\_

### **Voluntary Consent for Polygraph Examination**

Hand Up Homes for Youth uses the polygraph examination as a therapeutic tool to facilitate full and complete disclosure. The examination is used for treatment purposes only and is considered to be a form of treatment compliance. The risks of taking the polygraph include further disclosure and release of secrets that may or may not lead to further criminal investigation and charges. No outcome can be guaranteed. The benefits of taking the polygraph include being able to do comprehensive relapse prevention and repairing relationships with significant others. Information obtained from polygraph results also helps informed supervision by identifying populations at risk for further abuse by the client. Polygraph exams also help to identify victims and providing access to therapy services as needed.

By signing below, you as the client understand the risks and benefits of consenting to and taking a polygraph examination.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

By signing below, you as the legal guardian understand the above risks and benefits of the polygraph examination. Your signature below also indicates that you are accepting the burden of paying for polygraph examinations. The current cost per exam is \$250 but is subject to change. The client will be asked to take at least one polygraph examination during his stay at Hand Up Homes for Youth. Should the client fail a polygraph, more financial cost may be accrued by the family in order to pay for subsequent polygraphs. Maintenance examinations may also be requested depending upon the client.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



### Physical Management Consent

Client: \_\_\_\_\_ D.O.A.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

I, \_\_\_\_\_, understand that it may be necessary for me to be physically restrained during my treatment stay at Hand Up Homes for Youth, Inc. this would be necessary if I become out of control and demonstrate dangerous behaviors to myself, others, or destroying property. Hand Up Homes for Youth uses the Cornell method of restraint as outlined in policies and procedures. You have the right to ask someone to review this policy with you if you have any questions about it.

In the past when I have become angry and destructive, I have or have not been able to calm myself down in the past have been:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

I, \_\_\_\_\_, will make every effort while at Hand Up Homes for Youth to learn to manage my thoughts, feelings, and behaviors in a way that does not require my helpers to have to physically take control of me. I do, however, understand that in the event that I become out of control it will be necessary for this to occur. I also understand that when physical restraints are necessary, my helpers will help me regain control of myself slowly and help me gain a better understanding of my thoughts, feelings, and behaviors, and tools I can use in the future.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Caseworker

\_\_\_\_\_  
Witness



## Client Bill of Rights

- You have the right to participate in your treatment process no matter what race, religion, or background you come from.
- You have the right to be treated as a unique and special individual.
- You have the right to successfully leave this program before your court - ordered agreement.
- You have the right to live in an environment that is clean and safe. Your environment should only be as restrictive as necessary to keep you and others safe.
- You have the right to an individual treatment plan, to have this plan reviewed often, to take part in the planning of your treatment, and to have an individually planned education program.
- You have the right to ask for an in center review of your life and treatment progress, or at your own expense, a private review from a professional in the community.
- You have the right to have your stay at Hand Up Homes and your treatment records kept confidential and safe from loss or destruction.
- You have the right to know the staff members who are responsible for your care, to take time to build healthy relationships with all your helpers.
- You have the right to the greatest consistency of all helpers working with you, with the least disruption of those relationships possible.
- You have the right to be informed of how your helpers will work with you, what to expect, and to know why we believe these things are necessary.
- You have the right to ask and know about other types of treatment in the community that may be helpful to you.
- You have the right to no longer live at Hand Up Homes if you fail to make progress in treatment. Your containment team would let you know where the most helpful /appropriate place for you would be.
- You have the right to know how long the average young person stays at Hand Up Homes to successfully leave. You also have the right to fully participate in your life and make your stay shorter.
- You have the right to personal privacy in a manner that is respectful to you, yet also keeps you within appropriate supervision and follows program guidelines.
- This is your LIFE, you have the right to help plan for your future.

- You have the right to participate in your identified spiritual belief system. At times, it may be appropriate to go off campus to do so, in the event that you are not safe enough to be in the community, you may be able to practice on campus during appropriate times.
- You have the right to send and receive mail to people in which you have HEALTHY relationships with. After clarification work is complete, your therapist and other members of your containment team will determine the appropriateness of contact with your victims.
- You have the right to use the telephone within the guidelines of the program and your own personal treatment plan. You have the right to contact members of your containment team: parents, caseworker, probation officer, spiritual leader, or physician without restriction. The only exception to this is if it's written into your treatment plan that you may not have contact with one or both of your parents.
- As your helpers, we will help to keep your personal belongings safe. Belongings that are important to you and that you wish to not take chances with should be left at home.
- You get to learn about money management here. You will have different opportunities to spend your money and learn to manage it in a way you take care of any court cost and restitution, yet still get to buy some fun things.
- You have the right to keep your known victims and potential undisclosed victims safe. The way you participate in this is by initially only having frequent and consistent visits with your parents. Once you have been COMPLETELY honest about whom your victims are it may be appropriate to begin having contact with your siblings.
- You have the right to practice the skills and tools you are learning at Hand Up Homes. You should do this every day and sometimes even go on outings in the community to practice as well.
- Your privacy is important; you have the right to have your photo kept in house.
- You have the right to refuse to participate in any kind of research project or study that may be conducted here. If you chose to participate you have the right to know what it is, how it is believed to be helpful, who will review its content, and to be informed of the outcome.
- You have the right to not speak nicely of this program. You will however, be challenged around this and we will work together to make this the most successful enjoyable place it can be for you.
- You have the right to learn about your medications and how they will benefit you, how they will help you, any risk and side effects and the reasons why these particular medications were chosen for you. You also have the right to refuse to take your medications. Keep in mind that it may affect you in ways that are not helpful if you chose not to take your medications.
- You get to go to the doctor and the dentist when you need to. It is important that you take care of your teeth and your body.
- You have the opportunity to work on campus while living at Hand Up Homes. Your salary will be minimum wage. Your supervisor will inform you of all job duties and expectations. You have the right to do an awesome job.

- While living at Hand Up Homes, you will always be protected under the Child Protection Act.
- You have the right to know program guidelines and regulations. You even get to talk about the ones you don't like and propose change. This gives you the opportunity to learn to make change through healthy negotiation, rather than doing what you want, when you want it regardless of the rules.
- You have the right to talk about the concerns you have with your client representative, and to be helped in using this right.
- If you are 18 years old, you have the right to register to vote.
- If it is necessary to transfer you out of Hand Up Homes, you have the right to notice prior to being transferred.
- You have the right to request to see your treatment records. You should do this with your therapist. If for some reason this request is denied, it will be fully explained to you.
- You have the right to add written comment about your current treatment or any addition treatments you would like to receive, in your chart, in your own words. If you choose to use this right, your treatment team has the right to respond as deemed necessary.
- You have the right to learn how to be a safe person in the community. This includes accountability to your containment team, learning and using TOOLS, and committing to life-long honesty.
- You have the right to ask for a review of these rights if you feel like they are being abused or neglected.
- You have the right to refuse participation in your life and in your treatment. Please note that if you exercise this right over an extended period of time, your containment team may deem it necessary to remove you from the program.
- You have the right to ask for help in understanding all of this stuff. We will do our best to explain it to you in terms and in language that you understand.

---

Client

---

Parent

---

Witness



Record #: \_\_\_\_\_

**Resident Orientation**

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

**DOA:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Intake Paperwork Completed:** \_\_\_\_\_

**Tour of Facility:** \_\_\_\_\_

**Personal Belongings Checked In:** \_\_\_\_\_

**Containment Team Identified:** \_\_\_\_\_

**Introduction To:**

a) **Status System** \_\_\_\_\_

b) **Containment Treatment** \_\_\_\_\_

c) **Education Team** \_\_\_\_\_

d) **Group Treatment** \_\_\_\_\_

e) **Tools** \_\_\_\_\_

f) **Chores** \_\_\_\_\_

g) **Safety Planning** \_\_\_\_\_

h) **Off Campus Guidelines** \_\_\_\_\_

i) **Visitation Guidelines** \_\_\_\_\_

j) **Treatment Notebook** \_\_\_\_\_

**Grievance Procedures Identified:** \_\_\_\_\_

**Knowledge of Daily Schedule:** \_\_\_\_\_

**As a new resident of Hand Up Homes, I have been orientated to the guidelines and expectations of the program. I know the members of my containment team and how to contact each person as necessary.**

\_\_\_\_\_  
**Resident**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff**

\_\_\_\_\_  
**Date**





# Approved Contact Form

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

Name/s: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- |            |   |  |
|------------|---|--|
| Approvals: | <input type="checkbox"/> Telephone calls to | <input type="checkbox"/> Telephone call from |
|            | <input type="checkbox"/> On grounds visit   | <input type="checkbox"/> Off grounds visit\  |
|            | <input type="checkbox"/> Overnight pass     | <input type="checkbox"/> NO CONTACT          |

Name/s: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- |            |   |  |
|------------|---|--|
| Approvals: | <input type="checkbox"/> Telephone calls to | <input type="checkbox"/> Telephone call from |
|            | <input type="checkbox"/> On grounds visit   | <input type="checkbox"/> Off grounds visit\  |
|            | <input type="checkbox"/> Overnight pass     | <input type="checkbox"/> NO CONTACT          |

Name/s: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- |            |   |  |
|------------|---|--|
| Approvals: | <input type="checkbox"/> Telephone calls to | <input type="checkbox"/> Telephone call from |
|            | <input type="checkbox"/> On grounds visit   | <input type="checkbox"/> Off grounds visit\  |
|            | <input type="checkbox"/> Overnight pass     | <input type="checkbox"/> NO CONTACT          |

Name/s: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- |            |   |  |
|------------|---|--|
| Approvals: | <input type="checkbox"/> Telephone calls to | <input type="checkbox"/> Telephone call from |
|            | <input type="checkbox"/> On grounds visit   | <input type="checkbox"/> Off grounds visit\  |
|            | <input type="checkbox"/> Overnight pass     | <input type="checkbox"/> NO CONTACT          |

## Allowable Inventory

8-9 Shirts Any combination of t-shirts, button up shirts, polo shirts, etc...  
8-9 pairs of pants. This includes shorts in the count. It is NOT 8-9 pairs of pants or 8-9 pairs of shorts. It is a combination of the two.)  
2 pairs of Pj's  
12 Underwear or Boxers  
12 pairs of socks  
2-3 Sweaters or sweatshirts (Any combination)  
1-2 Coats (any combination)  
3 Pairs of Shoes any combination  
1 pair of Shower Shoes  
1-2 Hats any combination

1 Disc Man  
1 personal tape player  
1 set of headphones  
12 Cds  
4 Personal Books  
Deck of Cards  
Treatment Binder  
1 School Binder  
1 Personal Binder  
1 Water Bottle  
1-2 Journals  
2 Stuffed animals

Any belongings above and beyond the allowable numbers of inventory items should be approved by the Lead Counselor

Things that are not allowed and need to be placed in storage:

Personal Boom Boxes  
All action figures  
Duffel bags  
Boxes  
Any CD that has a parental advisory warning  
Magic Cards