**Hope Ranch of Missouri**



*Healing Hearts, Instilling Hope, Developing Confidence*

# ADMISSION FORM

### CHECKLIST FOR REFERRAL INFORMATION AND AUTHORIZATION FORMS

* + 1. Hope Ranch of Missouri

6850 Hwy JJ; Stanton, MO 63080

636-649-9901 www.hoperanchmo.org

**Client’s Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Before forwarding the requested materials to Hope Ranch, please review and answer this checklist, returning it to Hope Ranch with the other materials.

Have you completed and returned requested information entitled:

\_\_\_\_ \*Identifying Information – Face Sheet

\_\_\_\_ \*Client Rights, Rules, and Discipline Policy Sign-Off Sheet

\_\_\_\_ \*Confidentiality Policy Sign-Off Sheet

\_\_\_\_ \*Client Grievance Policy and Sign-Off Sheet

\_\_\_\_ \*Medical and Treatment Permit

\_\_\_\_ \*Consent for Visitation, Telephone, and Letter Privileges

\_\_\_\_ \*Placement Agreement

\_\_\_\_ \*Behavioral Checklist

\_\_\_\_ \*Education Contacts Data Sheet

\_\_\_\_ \*\*Application Form

\_\_\_\_ \*\*Emergency Phone Numbers

\_\_\_\_ Family Background Questionnaire

\_\_\_\_ \*\*Child Medical Coverage Information Form

\_\_\_\_ \*\*Medical History

\_\_\_\_ \*\*Telephone Permission Slip

We will also require:

\_\_\_\_ Educational Records (include individual evaluation/special education)

\_\_\_\_ \*Immunization Records

\_\_\_\_ Prior Psychological Evaluation(s)

\_\_\_\_ Prior Psychiatric Evaluation(s)

\_\_\_\_ Prior Addiction Evaluation(s)

\_\_\_\_ \*Discharge Summary(ies) from Previous Placements

\_\_\_\_ Copy of Social Security Card

\_\_\_\_ Copy of Birth Certificate

\_\_\_\_ \*Copy of Court Order (if applicable)

\*MINIMUM amount of information needed to process state referral.

\*\*MINIMUM amount in addition to \* needed to process a private referral.

### IDENTIFYING INFORMATION - FACE SHEET

Hope Ranch of Missouri

6850 Hwy JJ; Stanton, MO 63080

636-649-9901 www.hoperanchmo.org

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_SOCIAL SECURITY #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HEIGHT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEIGHT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HAIR COLOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EYE COLOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADMISSION DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF CUSTODY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASE WORKER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME COUNTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASE WORKER EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ON-CALL EMERGENCY TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUVENILE OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J. O. TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST SCHOOL ATTENDED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPELLED/SUSPENDED FROM SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S STRENGTHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S HOBBIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL INFORMATION**

PRIMARY CARE PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PSYCHIATRIST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATION/DOSAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PREVIOUS THERAPIST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IDENTIFYING MARKS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VISUAL OBSERVATIONS (cuts, bruises, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VISITATION PLAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACEMENT PLAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREVIOUS PLACEMENT HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR REFERRAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### CLIENT RIGHTS

Services shall be provided to children and their parents regardless of race, color, religion, or national origin.

Children will have access to an appropriate written discipline policy. Discipline shall be relevant to the growth and development of a child.

Physical and verbal abuse, ill treatment, and harsh punishment are prohibited.

Established written procedures shall be followed if abuse is suspected or indicated.

Work experience for children shall be appropriate to the age, health, and abilities of the child, and shall comply with Child Labor Requirements in Nonagricultural Occupations under the Fair Labor Standards Act.

Privacy of clients shall be protected. A client shall never be exploited for the benefit of Hope Ranch. Identity of a child shall be given only when a positive value accrues to the child.

Every child of school age in care over fourteen days shall be provided with a regular allowance. Savings or valuables being held for a child shall be safeguarded.

Visits between parent(s) and child shall be encouraged, and the child and parent(s) will be informed in writing of the visitation and provisions at the time of admission. Exceptions to the policy shall only be made when it is in the best interest of the child and both the child and parent(s) are informed. Denial of visitation between parent(s) and child shall not be used as punishment.

A child shall be permitted to send and receive mail without censorship. If individual exceptions are necessary, the reasons shall be a matter of record, shared with the referral agent, and the family notified of the decision.

Children shall be allowed to display personal possessions and decorations in their rooms. The written policy relating to the purpose and program of Hope Ranch specifying the types of personal property that children may possess. Individual exceptions to this policy shall be documented in the child’s case record. Suitable and accessible storage shall be provided for each child’s possessions.

Drugs shall not be used for behavior control unless authorized by a physician. In such cases, the case record shall include a clear and concise report of use, listing authority, purpose, incidence, and safeguards.

Hope Ranch will allow current clients to review only those sections of their file that contain information generated by Hope Ranch concerning only the client. The Program Director, Residential Director, or Executive Director must be present during the review. The child’s primary case manager or designee can accompany the child at the review. No third-party information will be reviewed by the child.

Telephone privileges or access to telephone conversations with parents or guardians are limited as to frequency only by the signed Telephone Permission Form included in the file. This does not include outgoing telephone calls made by the child. Incoming calls will always be placed through to the child and will not be screened in any way unless contraindicated by a treatment concern or deemed inappropriate by virtue of parental abusiveness and/or intoxication. Phone privileges will only be limited after consulting with the referring agent and such limits will be documented in the client’s file. This exception must be approved in advance by the Program Director and will be reviewed monthly if any restrictions are placed and will be further reviewed weekly.

Any child at any time can exercise the option to refuse any treatment. This may need to be reviewed by guardians and referral agent. The Leadership Team can exercise the option to make determination that such refusal, if determined to constitute real and imminent danger to the child’s health, safety, and welfare, be over-ridden and that treatment will be given until it can be reviewed by legal guardian(s) and referral agent and deemed appropriate.

A child may add a statement into his/her case record about his/her program or services he/she is receiving or may wish to respond by writing a memo and giving it to the Program Director or Residential Director. If Hope Ranch adds statements or responses to said memo, it will be done with the child’s knowledge, and he/she will receive a copy.

Children are prohibited from being used as employees at Hope Ranch. A child may not be used, employed, or solely responsible for any major phase of Hope Ranch’s operation or maintenance, such as cooking, laundering, housekeeping, farming, or repairing.

##### CLIENT’S RIGHT TO REFUSE SERVICES

Hope Ranch of Missouri only admits children for treatment with written permission of their parent or legal guardian. All children have the right to make known their feelings about receiving services at the Hope Ranch. If children voice strong opposition to receiving services at Hope Ranch, the staff shall confer with the parent or legal guardian to determine the best course of action. If the parent/legal guardian in conjunction with the Hope Ranch staff decide that treatment at Hope Ranch is in the best interest of the child, the reason shall be made known to the child. Hope Ranch staff will be sensitive to the fact that placement outside the family is difficult for most children, and children need special help in understanding the necessity for placement. During treatment, if the child voices strong opposition to continue in treatment, the same process as described above shall be followed.

####

#### DISCIPLINE Philosophy

Discipline is involved in every aspect of living, with positive and negative consequences attached to most choices and actions. The purpose of discipline is to foster acceptable behavior, in order to develop the skills and self-discipline necessary to function acceptably in society. For most children placed in residential care, structure and control is a primary need; consequently, children and staff live in unique and intensified interrelationships. Conflict will be inevitable between individuals. Discipline, therefore, can only be one component of an effective childcare program. To affect positive learning and growth, discipline must be interlaced with positive staff modeling and relationships, reasonable rules and clear structure, positive reinforcements, and opportunities for child input and individual responsibilities.

##### Essentials of Group Living

* Mutual Respect: Everyone should strive to communicate and act with respect and consideration of the feelings, rights, property, and privacy of others. This is the basic principle and ethic of group living. Most rules are extensions of this principle. Unacceptable behavior is a violation of this principle.
* Staff Control: Staff are responsible for the maintenance of order and control, to protect children from harm to themselves or others (physically and verbally), and to protect property. Staff are to be knowledgeable of the whereabouts of children at all times.
* Child Accountability: Children agree to place themselves in the care of staff, to be accountable to staff, and to utilize Hope Ranch services. Children are responsible to check in and out with staff, to stay within authorized areas, and to comply with staff directions.
* Relationships: The essence of growth producing childcare is the rapport, relationship and involvement of adult and child. All other effective interventions are built on this.

##### Disciplinary Options

Choice of option depends on staff discretion and judgment. Each situation is determined by its own merits. Some considerations are:

* Child’s capabilities.
* Child’s motivation or intent.
* Seriousness of incident, e.g. place, frequency, group context.
* How child perceives option.

Common Disciplinary Options Are:

* Conference:
	+ Discuss child’s behavior, alternatives, and future consequences: motivate to self-discipline.
* Loss of Privileges:
	+ Appropriate for abuse of a privilege.
* Individual restriction (not isolation) to a designated area:
	+ Appropriate for abuse of freedom of movement and/or inability to function with less supervision.
* Restrict personal effects:
	+ Appropriate when unable to handle personal possessions.
* Restitution:
	+ Appropriate for theft, damage to property.
* Extra Work:
	+ Appropriate for not assuming responsibilities, damage to property.
* Physical Restraint, such as gentle holding:
	+ Not utilized for discipline. Gentle holding is appropriate only to the degree necessary for control or to protect the child, self, others, or property.

##### Principles of Application

* Immediate Application: There exists a direct relationship between the timing of consequences and the deterrent effect so that children maximize their growth.
* Logical Consequences: The discipline should strive to fit the behavior so well that the discipline is seen as an inevitable outcome of the behavior and not merely an expression of staff displeasure.
* Staff Follow-up: Positive disciplinary action is not completed until after staff attempts to re-establish the relationship with the child. This demonstrates that it is the behavior and not the child that is rejected. This is a crucial time when the child may be the most receptive to adult guidance to examine the behavior and identify enough with the caring adult to try alternatives.

##### Discipline Prohibited

* Cruel and unusual punishment
* Excessive or inappropriate work
* Engaging in any form of conduct which is intended to ridicule, humiliate, degrade, insult, or otherwise undermine the dignity or self-worth of a client;
* mechanical restraints;
* Permission for a child to discipline another child
* Group punishment for one child's behavior ;
* Chemical restraints;
* Mechanical restraints
* Intentionally emotional or physical harmful or abusive practices;
* Corporal punishment including, but not limited to, slapping, hitting, spanking, paddling, shaking, belting, marching, standing rigidly in one spot, use of excessive physical exercises such as running laps or doing push-ups or any method which harms or endangers the child
* Unsupervised locked seclusion;
* Withholding of an opportunity for a minimum of eight hours of sleep in a twenty-four hour period;
* Denial of daily needs and the program provided by the individual service plan
* Withholding meals or substitution of meals or items within meals unless otherwise stated by a Health Care Professional or the client’s guardian. No food items will be used contingent upon client behaviors;
* Withholding of shelter, clothing, essential personal needs, essential program services, meals, mail, allowances, or family visits.
* Requirement that a child remain silent for long periods of time or other unreasonable verbal restrictions
* Withholding spiritual observances; and
* Withholding visits, telephone calls, or mail contacts with family, the Child and Family Services Workers, the Children’s Advocate or a client’s lawyer.

##### Reports and Documentation

The facts and circumstances of disciplinary incidents are recorded as follows:

* Child’s Individual Log - Gentle holding (length of time), restrictions over 24 hours and other discipline incidents.
* Incident Report Form
* Serious Incident Report Form
* Notes: A copy of all Incident Reports, whether minor or serious, shall be given to the Program Director, Residential Director ***and*** to the Executive Director.

Disciplinary action along with the resulting reporting and documentation may also be exercised for inappropriate behavior, not only in the home, but also in the community, school, or other public places in general.

### CLIENT RIGHTS, RULES, AND DISCIPLINE POLICY

### SIGN OFF SHEET

Hope Ranch of Missouri

6850 Hwy JJ; Stanton, MO 63080

636-649-9901 www.hoperanchmo.org

**Client’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read the Client Rights and Discipline Policy.

I/we (custodial parents and client or appropriate referring agency) have received and understand the policies regarding client rights and discipline that guide staff at Hope Ranch in this matter.

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

Signature of Parent/Guardian Date

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

Signature of Client Date

Signature Witnessed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Privacy Practices

Policy: All paper records, documents, and reports pertaining to children and to staff shall be confidential and maintained by the agency in locked, stationary files and protected against fire, theft, and unauthorized inspection. Computers storing or transmitting records, documentation, reports, and protected health information of children or staff are protected by password and firewall security system.

EVERY STAFF PERSON IS LEGALLY AND ETHICALLY BOUND TO GUARD CONFIDENTIALITY AT ALL TIMES AND IN ALL PLACES.

##### The Concept of Confidentiality

The concept of confidentiality is based on an individual’s right to privacy, express or implied, and has both legal and ethical implications. Confidentiality means that disclosures of the client to the staff person will not be revealed to others except for the purpose of treatment or as a part of the personnel/supervisory or grievance procedures.

Limits of confidentiality include:

* Threats of serious harm to self or others;
* Child abuse; whenever disclosures are made to satisfy the law, any disclosures made under these regulations must be limited to that information which is necessary to carry out the purposes of the disclosure;
* Court orders;
* Records pertinent to defend Hope Ranch or employee against litigation brought by or on behalf of a client may be disclosed as part of Hope Ranch’s defense or the person’s defense.
* Information pertaining to a criminal act.
* Consultation or collaboration with professional colleagues.

Even at these times, when releases are made, copies only will be made for authorized release by the Leadership Team. Original material will not be removed from the file and sent out.

##### The Use of Confidentiality

Home Parents and all other staff working at Hope Ranch MUST adhere to the concept of confidentiality. They may not divulge any information given to them, either during the time they work at the Home or at any time thereafter. It is the given right of every child that her/his background information be respected and guarded. Staff members are to discipline themselves and each other to prevent the private lives of children and families from becoming the subject of gossip or “table talk” or off duty conversations. All discussion of children or their families should be limited to confidential meetings arranged for the youth’s plan for development and growth while at the Home.

##### Privacy Complaints

Privacy complaints should be directed to the Site Director. Outcomes from complaints will be documented by the Site Director and placed in the appropriate case file and/or employee file.

##### RELEASE OF INFORMATION

All information released must be released by a Release of Information form or letter signed by the client, the client’s guardian, or custodian in the case of the referring agency, and in some instances of emergency, the Program Director may make a decision to release some information. The Executive Director and Leadership team serve as the Privacy Officer under HIPAA regulations and is responsible for handling requests and documenting disclosures. These releases need to be specific including the information being requested and the reason the information is being requested and the request must be dated. The Release of Information does not stay open-ended, but covers each instance, and only that instance. If the information is refused, the refusal and grounds for refusal shall be also documented. When special or unusual information about an individual client is sought, appropriate legal counsel is consulted through the Executive Director and Leadership team. Accounting of disclosures is placed in the client’s case record. Information contained in the record will not be copied without the express written consent of the Executive Director or Leadership Team. The file will then be returned to the locked, secured cabinet, safe from fire and other forms of damage.

Child abuse investigators will have access to records, as will licensing agents as they perform their licensure studies.

Staff working on Hope Ranch-approved research studies, projects, and papers will also sign a statement that they will honor all confidentiality mandates of Hope Ranch. Prior to starting their project, they will present a protocol for their research project to be reviewed by an independent group of three or more professionals. This may include a board member and/or state licensing authority. This independent group will insure that the project does not compromise any of the Hope Ranch policies, standards, or mission.

Privileged staff must sign off on knowledge of and willingness to adhere to policy as part of their orientation and the same is entered into the personnel file indicating they have read and understand the policies regarding confidentiality in their work at Hope Ranch.

Hope Ranch does not enter into any contracts that violate its policies of confidentiality.

No confidential information owned by Hope Ranch may be copied and/or taken away from the property without the express authorization of the Executive Director or Leadership Team.

###### Parent/Guardian/Former resident

Permission to access resident information must be granted through the Children’s Division and the Leadership Team. Prior to this access, the designated Director is required to examine the materials to ensure that the confidentiality of other family members and/or other clients at Hope Ranch is protected. There is a $15 handling fee plus $.35 per page copy fee for this service.

###### Residents Access To Case Record Information

A child currently residing at Hope Ranch may review all material written by the Hope Ranch staff concerning themselves. This review must take place in the presence of a Director on the Hope Ranch premises. Prior to this review, the designated Director is required to examine the materials to ensure that the confidentiality of other family members and/or other clients at Hope Ranch is protected. Viewable records must be records generated by Hope Ranch, not third-party records we may have collected. Permission to review third party records must be obtained from the party that generated them. Any copies made will be at the discretion of the Executive Director or designated Director based upon the decision that it is not in violation of the client’s general welfare. When the client record contains confidential information regarding family members, that part of the record will be withheld and released only upon written consent of the family member

When the Hope Ranch staff deems that the direct access would be injurious to a child, appropriate information is shared with the parent or legal guardian about Hope Ranch’s decision. Any refusal to share information for this reason is reviewed and approved in writing by the Executive Director or Leadership Team.

##### Placement of Client Material in Case Record

The legal guardian or child is permitted to insert into the record a statement about a problem or about services. Statements and/or complaints should be directed to the Executive Director and Leadership. No response is added by the Hope Ranch staff without the knowledge of the parent, legal guardian, or child.

##### Case Record Retention

Closed case records can be retained indefinitely. Records held longer than five years may be destroyed. The Program Director has the responsibility for purging the case record of un-summarized notes and observations and preparing a discharge summary prior to storage of the case record in the file room.

##### Case Record Control

All case records and other sources of client information are under the overall control of the Executive Director.

### CONFIDENTIALITY POLICY SIGN OFF SHEET

1. Hope Ranch of Missouri
2. 6850 Hwy JJ; Stanton, MO 63080
3. 636-649-9901 www.hoperanchmo.org

I have read the Hope Ranch policy regarding confidentiality and understand its contents.

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

Signature of Parent/Guardian Date

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

Signature of Client Date

Signature Witnessed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT PARTICIPATION IN PUBLIC PERFORMANCES, AGENCY PUBLIC RELATIONS, PHOTO, & PRESS INFORMATION**

Policy: (Licensure Standards 13 CSR 40-71-070.1.B.2.A)

Hope Ranch shall not use a child for solicitation of funds in any way which would be harmful or cause embarrassment to the child or their family.

Hope Ranch shall obtain the written consent of the parents, guardian, or legal custodian before using a child’s picture or name in any identifiable form of written, visual, or verbal communication for solicitation of funds. Hope Ranch will only use first names in pictures and communications. Refusing to sign in no way affects placement or treatment of the client.

Children and their parent/legal guardian are not required to give public statement of gratitude to Hope Ranch.

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

Print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not the Parent please give guardianship credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Witnessed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### PERMISSION TO RELEASE CONFIDENTIAL INFORMATION

1. Hope Ranch of Missouri
2. 6850 Hwy JJ; Stanton, MO 63080
3. 636-649-9901 www.hoperanchmo.org

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor in the state of Missouri, sign this document with the intent of allowing Hope Ranch of Missouri, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , who either has previous information or is in need of information, that will allow for the continued consistent care for this minor, to share, discuss and transmit any and all documentation that previously would have been considered confidential under state and federal laws. I understand that the information shared could include all medical records, all records pertaining to the biological family including all adults and custodians who have been involved with this minor, in as much as there may be current concerns or involvement with this minor. Again, I recognize the purpose of these disclosures is for the continued and consistent care of the minor and in the minor’s best interest.

Description of Information to be Disclosed:

\_\_\_\_\_ Assessment \_\_\_\_\_ Diagnosis \_\_\_\_\_ Psychosocial Evaluation \_\_\_\_\_ Psychological Evaluation \_\_\_\_\_ Psychiatric Evaluation \_\_\_\_\_ Treatment Plan or Summary \_\_\_\_\_ Current Treatment Update

\_\_\_\_\_ Medication Management Information \_\_\_\_\_ Presence/Participation in Treatment

\_\_\_\_\_\_Nursing/Medical Information \_\_\_\_\_ Educational Information \_\_\_\_\_ Discharge/Transfer Summary

\_\_\_\_\_ Continuing Care Plan \_\_\_\_\_ Progress in Treatment \_\_\_\_\_ Demographic Information

\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This permission to release information will be in effect for one year from the date signed or one year from the last date of service that Hope Ranch of Missouri provides for the minor.

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

Print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not the Parent please give guardianship credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Witnessed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revoked Release of Information:

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

Print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initial:\_\_\_\_\_\_\_\_

### CLIENT GRIEVANCE

1. Hope Ranch of Missouri
2. 6850 Hwy JJ; Stanton, MO 63080
3. 636-649-9901 www.hoperanchmo.org

Policy: Clients may appeal in writing any grievance to the Hope Ranch.

Definition of Grievance: A grievance is any disagreement a client of Hope Ranch has with an employee of Hope Ranch that cannot be resolved and the client feels it is important enough to be heard by the next person in Hope Ranch administration.

Procedure:

* Grievance must be in writing.
* When a grievance is unresolved it must be filed within one week with the next administrative person.
* The administrative person dealing with the grievance must reply in writing to the person making the grievance within three days of the appeal.

The following is the listing of administrative personnel that the grievance procedure may be appealed to:

* The originating person
* The Site Director
* The Executive Director

Client Grievance Policy must be reviewed and signed by client and guardian at time of admission.

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

Client Date

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

Client Guardian Date

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

Witness Date

### MEDICAL AND TREATMENT PERMIT

1. Hope Ranch of Missouri
2. 6850 Hwy JJ; Stanton, MO 63080
3. 636-649-9901 www.hoperanchmo.org

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission to Hope Ranch to employ the following standard treatment procedures as prescribed by professional staff.

ADMINISTER MEDICATION: As ordered by a physician.

Informed consent by the guardian will be obtained regarding any change in psychotropic medication, as recommended by the physician, prior to administration.

MEDICAL CARE: Including routine exams, immunological services, lab studies, as considered normal and necessary; and medical care as deemed necessary by a licensed physician or nurse.

DENTAL CARE: Routine dental exams and treatment as deemed normal and necessary by a dentist.

EYE CARE: Routine eye exams and treatment/correction as deemed necessary by an optometrist, ophthalmologist, or physician.

IMMUNIZATIONS: Updated immunizations, including the Hepatitis B series as recommended by a licensed physician or nurse.

EMERGENCY TREATMENT: As deemed appropriate by the physician at the time of the emergency. Whenever possible, consent from legal guardian will be sought for specific emergency procedures.

BEHAVIOR THERAPY: Participate in programming and interventions designed to alter maladaptive behavior.

THERAPEUTIC RECREATION: Treatment process using structured recreational activities.

INDIVIDUAL COUNSELING: Meeting with a professional staff member to resolve problems. All individual counseling will be conducted by Hope Ranch therapists. (Rare exceptions for providers can occur if agreed to prior to placement.)

FAMILY COUNSELING: Meeting with a professional staff member and family, guardians, caregivers, or supports. All family counseling will be conducted by Hope Ranch therapists. (Rare exceptions for providers can occur.)

GROUP COUNSELING: Meeting with a professional staff member and other clients to resolve problems. All group counseling will be conducted by Hope Ranch Staff.

The information on this form has been explained to me and I have had the opportunity to ask questions. I accept financial responsibility for medical, surgical, dental, or psychological treatment needed by this child, but not covered by insurance. (DFS is responsible only for payments covered by Medicaid). In the event of emergency, Hope Ranch will begin immediate attempts to notify the parent, guardian, or their designate that the emergency exists, and continue till contact is made with the primary custodian. The parents or guardian’s permission will be secured prior to any non-emergency surgery. On an individual case the client has a right to refuse medical treatment of medication.

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

Signature of Client Date

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

Signature of Parent/Guardians Date

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

Witness Date

###

### CONSENT FOR VISITATION, TELEPHONE, & LETTER PRIVILEGES

Hope Ranch of Missouri

6850 Hwy JJ; Stanton, MO 63080

636-649-9901 www.hoperanchmo.org

NAME OF CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admission Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my consent as parent/guardian for Hope Ranch:

1. To **allow** the following people to have **visitation** with my child while he/she is a resident.

Relationship/Phone # (Check if contact needs to be supervised.)

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. To **prevent** the following people from having **visitation** with my child while he/she is a resident.

Relationship/Phone #

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. To **allow** the following people to have **telephone and letter** contact with my child while he/she is a resident. Relationship/Phone # (Check if contact needs to be supervised.)

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. To **prevent** the following people from having **telephone and letter** contact with my child while he/she is a resident. Relationship/Phone #

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

### Hope Ranch PLACEMENT AGREEMENT

Hope Ranch of Missouri

6850 Hwy JJ; Stanton, MO 63080

636-649-9901 www.hoperanchmo.org

The following is an eight-part agreement contract explaining the basic relationship of and between Hope Ranch, a nonprofit corporation licensed and chartered in the state of Missouri, and you, the undersigned. You are hereby requested to read this agreement carefully and seek answers to any pertinent questions that might surface, prior to signing this agreement. You are further encouraged to read thoroughly any available brochures on Hope Ranch, to tour our entire facility, and to familiarize yourself (selves) otherwise thoroughly with the total situation at hand, prior to signing this placement contract.

The Placement Agreement serves as the written agreement for services provided at Hope Ranch.

**Medical**

 Hope Ranch, Sullivan, Missouri, is hereby requested to take care and physical custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and Hope Ranch is hereby authorized to arrange such medical, dental, and hospital care as that agency may deem to be in the best interest of the above-named client, while he/she is under the care and direction of Hope Ranch. It is understood that Hope Ranch is hereby authorized to arrange for medical care in an emergency, as indicated by a competent Doctor of Medicine. ALL MENTAL HEALTH SERVICES (non-medical in nature) WILL BE PROVIDED BY Hope Ranch THERAPISTS. Rare exceptions should be discussed prior to placement.

**Financial**

It is understood that this rate of payment shall remain in effect while the child is temporarily away from Hope Ranch, such as while participating in camping trips, vacationing, or other temporary placement arrangements.

Clothing purchases shall be assumed in the following manner: Through special request to financially responsible party where initial clothing is inadequate. On-going maintenance of wardrobe provided for in the per diem at Hope Ranch’s judgment. Parents/Guardians may negotiate special items with the client.

 Hope Ranch will be responsible to cover non-medical charges, toiletries, sundries, and normal school supplies.

**Personal Property**

As a matter of general policy regarding the possession of personal property, Hope Ranch shall not be liable for items of value, such as jewelry, heirlooms, stereo equipment, musical instruments, or other valuable personal items.

**Professional Hold Harmless**

Hope Ranch maintains a staff of well-qualified individuals, most of whom carry degrees applicable to their vocation, in addition to many collective years of experience. Hope Ranch will continually endeavor that the high quality of our staff will continue to be maintained.

Should a question ever arise concerning the conduct of a Hope Ranch staff member or affiliated representative, the undersigned specifically agree to immediately inform the Executive Director/Designee of Hope Ranch in writing and in a descriptive fashion with any and all particulars regarding said question/incident. The Executive Director/Designee of Hope Ranch shall be given a minimum of 30 days and a maximum of 90 days to investigate the question/incident and prepare a formal written response.

The undersigned acknowledges that there are inherent risks in Residential Child Care Services and Treatment Services, including but not limited to accidental injury, actions of other clients, and the possibility that care and treatment may not be successful in achieving goals. The undersigned, for itself and for the client, releases Hope Ranch and agrees to hold Hope Ranch harmless from and indemnify it against all liability, loss and costs, including attorneys’ fees and other costs of defense, that Hope Ranch may incur or for which it may become responsible as a result of claims or judgments arising out of or in any way resulting from any act, transaction or occurrence causing or claimed to cause property damage, bodily injury, physical, mental or emotional pain or suffering, or any other harm to the client, including but not limited to harm caused by or claim to have been caused by the negligence of Hope Ranch or any of its officers, agents or employees, PROVIDED that this release, indemnity and hold harmless clause shall not be asserted by Hope Ranch or by any insurance company claiming through Hope Ranch by subrogation or otherwise, to the extent the claim, liability, loss and costs are within the coverage of any liability insurance policy.

**Visitation**

The basis of visitation arrangements, vacations, and the like will be laid forth in the client’s Master Service Plan, and managed by the Program Director.

**Conferences**

The client’s parent(s) or legal guardian shall be involved in regularly scheduled interviews with designated staff through Permanency Planning Meetings, held every 90 days.

**Research**

Hope Ranch is constantly trying to better its services to help create the best outcomes for children and their families. Research and follow-up have a vital role in determining the effectiveness of our services. Upon placement, Hope Ranch reserves the right to contact a child’s caseworker, the child, or the child’s family to determine the placement status of the child up to 1 year after discharge. By signing this Placement Agreement, you and/or your agency agree to cooperate with Hope Ranch by releasing information with regards to placement status up to 1 year after discharge from Hope Ranch.

**Allowance**

Each client in residence over 14 days will receive an appropriate allowance that will not be withheld for punitive reasons and will not be determined by behavior.

**Discharge**

1. Either party may terminate the placement at any time, with adequate notice and an adequate explanation of the reason for the termination.
2. If the undersigned decides to terminate the client placement at Hope Ranch, sufficient notice shall be given Hope Ranch to assure proper preparation of the client for phasing out; and, that transportation costs related to departure and that of belongings shall be disbursed by the party(ies) assuming such obligations at that time.
3. Should it become necessary for Hope Ranch to discharge a client because of behavioral problems, Hope Ranch is granted the authority to take such action immediately.

**SIGNATURE OF RESPONSIBLE PARTY(IES)**

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

Parent/Guardian/Legal Custodian

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

Address

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

Date

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

Referring Agency

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

Signature of Caseworker

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

Date

### BEHAVIORAL CHECKLIST

Hope Ranch of Missouri

6850 Hwy JJ; Stanton, MO 63080

636-649-9901 www.hoperanchmo.org

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check those behaviors that are interfering with this child’s learning:

ACADEMIC PERFORMANCE:

\_\_\_ Lower grades, lower achievement \_\_\_ Frequently behind in class

\_\_\_ Alibis, elaborate excuses \_\_\_ Lack of motivation, apathy

\_\_\_ Decrease in problem solving \_\_\_ Decreased attention

and thinking ability \_\_\_ Decrease in quality and

\_\_\_ Change in penmanship quantity of work

EXTRACURRICULAR ACTIVITIES:

\_\_\_ Dropping of activities \_\_\_ Loss of eligibility

\_\_\_ Increasing lack of involvement

ATTENDANCE:

\_\_\_ Increased absences from class \_\_\_ Absent from class but in school

\_\_\_ Tardiness \_\_\_Put on restrictions

\_\_\_ Frequent need to leave the classroom

PHYSICAL INDICATORS:

\_\_\_ Smelling of alcohol or cannabis \_\_\_ Having unsteady gait

\_\_\_ Lack of coordination \_\_\_ Glassy, bloodshot eyes

\_\_\_ Slurred speech \_\_\_ Nausea, vomiting

\_\_\_ Numerous physical complaints \_\_\_ Poor personal hygiene

 or injuries or grooming

\_\_\_ Puffy, reddish skin around eyes \_\_\_ Drowsiness or sleeping in class

\_\_\_ Flushed face \_\_\_ White, pasty skin

\_\_\_ Pinpoint pupils \_\_\_ Dilated pupils

\_\_\_ Tremors or shakiness \_\_\_ Excessive nervousness

\_\_\_ Excessive sniffling \_\_\_ Stumbling and weaving

DISRUPTIVE BEHAVIORS:

\_\_\_ Verbally abusive or belligerent \_\_\_ Threats of physical violence

\_\_\_ Defiance of rules \_\_\_ Bizarre, uncontrolled behavior

\_\_\_ Consistent need for discipline \_\_\_ Giggling and giddiness

\_\_\_ Difficulty accepting correction \_\_\_ Defiant

\_\_\_ Difficulty accepting criticism \_\_\_ Blaming

\_\_\_ Irresponsibility \_\_\_ Cheating

\_\_\_ Fighting, sudden temper outbursts \_\_\_ Lying, obvious

\_\_\_ Abusive to physical equipment \_\_\_ Throwing objects

 and/or property \_\_\_ Obscene language and gestures

\_\_\_ Crying \_\_\_ Trouble staying in designated areas

ATYPICAL BEHAVIORS:

\_\_\_ Erratic day-to-day behaviors \_\_\_ Sudden mood changes

\_\_\_ Change in friends, usually negative

COMMENTS:

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

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###

### TECHNOLOGY USE AGREEMENT

Hope Ranch of Missouri

6850 Hwy JJ; Stanton, MO 63080

636-649-9901 www.hoperanchmo.org

##### Access to the Internet and Use of Technology

### While at Hope Ranch you may have permission to access the internet and use smart phones, tablets, and computers for school, work, or recreation. During the times you are accessing the internet you will be supervised by the Teaching Parents or Alternate Teaching Parent and your activity will be monitored by our IT Administrator; to verify that content being consumed aligns with safety, values, and treatment while at Hope Ranch. Including but not limited to messages sent and received, websites visited, media viewed, or files downloaded and uploaded. Suspicion of misuse may result in further investigation involving youth and appointed Hope Ranch staff to determine age appropriate content and conduct is being upheld. Misuse may be defined by: accessing explicit material, sending profane messages, using technology to abuse, harass, or bully others, violating state or federal statutes, creating false or alternative accounts, changing login information to prevent Hope Ranch staff from monitoring, or engaging in other unsafe practices.

* + 1. Please provide login information for any Email addresses, social media platforms, streaming, etc.

|  |  |  |
| --- | --- | --- |
| **Website/Platform:**  | **Website/Platform:** | **Website/Platform:** |
| **Username:** | **Username:** | **Username:** |
| **Password:** | **Password:** | **Password:** |

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| --- | --- | --- |
| **Website/Platform:**  | **Website/Platform:** | **Website/Platform:** |
| **Username:** | **Username:** | **Username:** |
| **Password:** | **Password:** | **Password:** |

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| **Website/Platform:**  | **Website/Platform:** | **Website/Platform:** |
| **Username:** | **Username:** | **Username:** |
| **Password:** | **Password:** | **Password:** |

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| **Website/Platform:**  | **Website/Platform:** | **Website/Platform:** |
| **Username:** | **Username:** | **Username:** |
| **Password:** | **Password:** | **Password:** |

### I have read the Hope Ranch policy regarding Internet use and understand its contents.

* + 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Signature of Parent/Guardian Date
		3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		4. Signature of Client Date

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Signature Witnessed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### EDUCATION CONTACTS DATA SHEET

1. Hope Ranch of Missouri
2. 6850 Hwy JJ; Stanton, MO 63080
3. 636-649-9901 www.hoperanchmo.org

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home state, if other than Missouri: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District of Residence:

District Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

Special Education Unit:

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

Director’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Unit Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###

# Treatment Forms

### EMERGENCY CARE CHECKLIST

1. Hope Ranch of Missouri
2. 6850 Hwy JJ; Stanton, MO 63080
3. 636-649-9901 www.hoperanchmo.org

AT SIGN IN:

 1. Face sheet (With emergency, insurance, & medical information)

MUST HAVE WITHIN ARRANGED TIME:

 1. Initial Service Plan (within 15 days)

 2. Physical exam on Hope Ranch Form, if possible dated 30 days prior to Sign in or 24 hours after admission.

 3. Immunization records (within 14 days)

 4. Clothing Inventory Form (completed by Home Parent on first day of placement, copy filed within 2 days.)

COLLECT IF APPLICABLE:

 1. Copy of Birth Certificate or Birth Certificate Number (within 5 days)

 2. School Transcripts including: evaluations, IEP’s, disciplinary & health records (within 5 days or in summer months before school starts)

### CLOTHING INVENTORY - FEMALE

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider of Clothing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### CLOTHING ITEM DESCRIPTION Recommended Incoming Departure

 **Minimum**

TOPS Casual Short Sleeve 3

 Long Sleeve 3

 T-Shirts 5

COATS Winters Heavy 1

 Light Weight 1

 Play Coat 1

JEANS School 4

 Play 2

PAJAMAS

ROBE Summer \*

 Winter \*

SHOES Boots (waterproof) \*

 Dress 1

 School Tennis 1

 Play Tennis 1

 House Slippers 1

SHORTS Walking 4

 Play 3

SKIRTS Dress \*

SLACKS Dress 3

SOCKS Panty Hose/Tights/Dress3

 Sport 7

SWEATERS Pullover 5

SWEATSHIRTS Knit 3

SWEATPANTS Knit 2

SWIMSUITS One piece 1

UNDERCLOTHING Bras 5

 Underwear 7

 Slips, Half \*

 Slips, Full \*

WINTER HATS 1

WINTER GLOVES 1

WINTER SCARVES 1

CHURCH OUTFITS Dresses 1

 Skirts \*

 Blouses \*

**RESIDENTIAL CLIENT CLOTHING POLICY**

Client clothing should be appropriate for the event and place to which they are worn. Children should be properly dressed. Shoes should always be worn outside. Staff make final approval when clothing is in question. Staff will approve any clothing with pictures and words on it.

### CLOTHING INVENTORY - MALE

Fill in at intake

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider of Clothing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### CLOTHING ITEM DESCRIPTION Recommended Incoming Departure

 **Minimum**

BELTS Casual/Dress 2

COATS Winter, School 1

 Light Weight 1

 Play Coats 1

JEANS School 4

 Play 2

OTHERS PANTS Casual 1

PAJAMAS \* \*

ROBE \* \*

SHIRTS Dress Shirts 3

 School 5

 T-Shirts 5

SHOES Boots (waterproof) \*

 Dress 1

 House Slippers 1

 Work Shoes 1

 School Tennis 1

SHORTS Walking Shorts 4

SOCKS Dress Socks 2

 Tube 7

SUIT Dress Jacket/Slacks \*

SWEATERS Pullover 5

SWEAT SHIRTS Knit 3

SWEAT PANTS Knit 2

SWIMMING TRUNKS-Regular 1

TIES 1

UNDERCLOTHING Briefs 7

 T-Shirts \*

WINTER HATS 1

WINTER GLOVES 1

WINTER SCARVES 1

**RESIDENTIAL CLIENT CLOTHING POLICY**

Client clothing should be appropriate for the event and place to which they are worn. Children should be properly dressed. Shoes should always be worn outside. Staff make final approval when clothing is in question. Staff will approve any clothing with pictures and words on it.

### PERSONAL INVENTORY

FILL IN AT INTAKE

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  ITEM PHYSICAL DESCRIPTION NUMBER BROUGHT NUMBER DEPARTURE |
| KNICK KNACKS |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| PERSONAL CARE ITEMS |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| JEWELRY |  |  |  |
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|  |  |  |  |
| ELECTRONIC DEVICE |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ITEMS IN STORAGE |  |  |  |
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|  |  |  |  |
| MISC. |  |  |  |
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|  |  |  |  |

Child is responsible for his/her own personal items and clothing. Children are requested not to lend or borrow things from other residents. If they have things that are valuable they should ask staff to lock them up. Hope Ranch will not hold personal items or clothing for more than 30 days after a resident has left the Children’s Home.



MISSOURI DEPARTMENT OF SOCIAL SERVICES CHILDREN'S DIVISION

**MEDICAL EXAMINATION REPORT FOR RESIDENTIAL TREATMENT AGENCY FOR CHILDREN AND YOUTH PROVIDER/STAFF**

|  |
| --- |
| **I. IDENTIFYING INFORMATION (TO BE COMPLETED BY PATIENT)** |
| NAME | BIRTHDATE |
| ADDRESS(STREET, CITY, STATE, ZIP CODE) | TELEPHONE NUMBER( ) |
| NAME OF RESIDENTIAL TREATMENT AGENCY WHERE EMPLOYED |
| **II. TO BE COMPLETED BY A LICENSED PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A LICENSED PHYSICIAN** |
|  | YES | NO |
| This individual will be in contact with children, ages \_\_\_\_\_ through \_\_\_\_\_, receiving childcare outside their own homes. S/he may be responsible for the physical care and social development of young children during daytime and/or nighttime hours. Some lifting of young children may be required.On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) I examined this patient and certify -- |  |  |
| 1. That s/he is in good physical and emotional health and free of communicable disease.

If recommended by a physician, a TB test, chest x-ray, and/or a follow up examination was completed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). |  |  |
|  B. To the best of my knowledge s/he is free of impairment due to the use of medication; |  |  |
|  C. To the best of my knowledge s/he is free of current drug or alcohol dependency; and |  |  |
| Does the patient have any physical or mental conditions which might endanger the health of children or that might prevent him/her from providing adequate care for children? If yes, explain below. |  |  |
| Are there any restrictions on children’s ages, numbers of children or hours of care? If yes, explain below.. |  |  |
| Remarks/Restrictions, if any: |
| > |  | > |
| Signature of Physician or Registered Nurse under the Supervision of a Physician | Date | Physician’s or Nurse’s Name (Please Print |
|  |  |
| Name of Clinic, Group Practice, Other | If Nurse is Supervised by a Physician, indicate Physician’s Name |
|  |  |
| Address (Street, City, State and Zip Code) | Telephone Number  |

**THIS REPORT IS TO BE KEPT ON FILE AT THE RESIDENTIAL TREATMENT AGENCY OR CHILD PLACING AGENCY**

|  |  |
| --- | --- |
| MO 886-3334RPU-10C(REV. 06-14) |  |

###

### PHYSICIAN’S REPORT

Hope Ranch of Missouri

6850 Hwy JJ; Stanton, MO 63080

636-649-9901 www.hoperanchmo.org

**THIS FORM IS TO BE FILLED OUT BY A PHYSICIAN!**

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

The Hope Ranch’s licensure standards REQUIRE that each client have a physical examination on file no more than 30 days old at time of admission. If this is not possible, a physical examination will be done within 72 hours of admission to Hope Ranch and billed to the financially responsible party.

Name of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_

Temp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pulse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BP: \_\_\_\_\_\_\_\_\_\_\_\_

1. DEVELOPMENTAL HISTORY OF PATIENT:

Are there any abnormalities in the developmental history?:

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

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2. PAST MEDICAL HISTORY:

Hospitalization or Surgery:

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

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Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. FAMILY HISTORY:

Are there any abnormalities in the family history?:

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

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1. POSITIVE ROX RESPONSES:

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

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5. PHYSICAL EXAMINATION:

As a result of your examination, are there any physical abnormalities noted?

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

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6. NEUROLOGICAL EXAMINATION:

As a result of your examination, are there any neurological abnormalities noted?

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

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7. LABORATORY OR X-RAY STUDIES:

Please list results:

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

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8. Are there any further physical, neurological or laboratory examinations that should be completed? If yes, please specify:

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

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9. In your opinion, are there any significant physical abnormalities that are or could affect this child’s emotional behavior and adjustment? If yes, please specify:

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

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10. Are there any physical disabilities that may limit this child’s engagement in strenuous physical activities? If yes, please specify:

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

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11. Has an HIV -III sample been drawn? \_\_\_\_ Yes \_\_\_ No.

12. Results of TB testing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment recommended:

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

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Signature of Physician Date

### MEDICAL and DENTAL APPOINTMENT REPORT

1. Hope Ranch of Missouri
2. 6850 Hwy JJ; Stanton, MO 63080
3. 636-649-9901 www.hoperanchmo.org

Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor/Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1) Reason for Appointment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

2) Describe Medical Findings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

3) Medication(s) Prescribed and/or Amounts Changed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Drug: Expected Result:

#2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Drug: Expected Result:

#3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Drug: Expected Result:

Doctor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Name Dosage & Frequency of Administration**.

4)Were Any Special Instructions Given? If so, give details. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) Follow up Appointment Needed? Yes/No\_\_\_\_\_\_\_\_\_\_

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

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (of person who took child to appointment)