

Little Debbie's Second Chance Home, Inc.

Intake Procedures

1. *Little Debbie's Second Chance Home, Inc.* is open for admission and referrals Monday through Friday 9:00 am to 5:00 pm.
2. Program staff will conduct a preliminary telephone interview, which along with referral source will help to determine whether the resident is appropriate or not. A preliminary decision will be made concerning whether or not the resident meets the admissions criteria.
3. If resident is appropriate for further screening, an initial interview with resident is arranged with the referral source, family and significant others, may be requested to participate in the interview process based on clinical judgment, availability, and the resident's agreement. Preference is to conduct this initial interview at the program site. If this is not feasible, however, contractor's program staff will make every effort to complete the interview at a more convenient location (i.e. at the county hospital or jail).
4. Every effort will be made to arrange the initial interview as quickly as possible, usually within 24 hours.
5. Following this interview, a 72-hour evaluation will be scheduled if the resident is considered appropriate for admission. Every effort will be made to schedule this 72-hour evaluation as quickly as possible. Under special circumstances, the evaluation may occur on the same day as the initial interview, depending on the resident's appropriateness. During the 72-hour stay, program psychologist and staff will evaluate resident.
6. Resident must have a physical examination, TB test, CBC, immunization, and VDRL before a 72-hour evaluation can occur. The resident must arrive for the seventy-two hour evaluation with this required documentation, including a signed release of information form, and any medications, and current psychological and social history.
7. It is expected that the referral source will supply the required documentation (#6 above), and make the necessary arrangements for transportation of the resident to, and from the facility for overnight evaluation.
8. Program counselor shall review documentation and make recommendations to the Program Director regarding admission of the resident to the program. The Program Director will make the final decision regarding admission within a maximum of one week.
9. If the resident is not accepted, the Program Director will inform the resident and/or the referral source during the initial contact as to the reason(s) for denial and ensure that it is clearly documented.
10. Resident must arrive for admission with all appropriate documentation:
 - Condition of placement signed by worker
 - Commitment orders or court order
 - Current physical, TB test, Vision, Hearing and Dental (within one year), CBC, and VDRL
 - Education records, including the last school withdrawal slip, special education, and current IEP, if applicable
 - Current psychiatric and substance abuse history and discharge summary (if from detention center or RYDC) giving specific or present life situation.
 - Signed release of information/consent forms
 - Birth Certificate and Social Security Card (or number)
 - Medicaid Card
 - Minimum of two (2) weeks supply of medication
 - Social History and Psychological Evaluation
 - Treatment Plan
11. Upon admission, *Little Debbie's Second Chance Home, Inc.* staff will complete an intake assessment package for the resident.
12. A urinalysis may be given to all residents upon admission to the program.
13. Resident must read and sign house rules, resident's rights, visitation form, and other Little Debbie's Second Chance Home, Inc. forms before admission.

Admitting Staff: _____

Date: _____

Admission Application

(FULL) NAME OF CHILD: _____
Last Name First Name MI

Legal Guardian: Mother Father Both DFACS DJJ Other: specify _____

Referring Agency or Guardian(s) _____ REF. Date: _____

Resident Age: _____ DOB: ____/____/____ Gender: Male Female Place of Birth: _____
Mm/dd/yy

Where is the applicant coming from (i.e., home, detention, hospital, etc.)? _____

Social Security Number: _____ Medicaid Number: _____

Height: _____ Weight: _____ Color of Eyes: _____ Hair Color: _____

Race: _____ Religious Preference: _____

Address: _____ Phone No.: _____

City _____ County _____ State _____ Zip _____

Last School Attended: _____ Last Grade Completed: _____

City _____ County _____ State _____ Zip _____

Name of Case Worker: _____

Address of Case Worker: _____

City _____ County _____ State _____ Zip _____

Work Phone No.: (____) _____ Home Phone No.: (____) _____ Fax No.: (____) _____

Emergency Contact Number: _____ E-Mail: _____

Applicant's Public Risk # _____

Has applicant ever attempted suicide? No Yes

If yes, when: _____ Where: _____ Method: _____

Current Medications (Prescription and/or over the counter) _____

Allergies: (Meds, foods, bee stings, other): _____

Last Physical Date: _____ Where: _____

General Build: _____ Scars/Birth Marks: _____

Mental State: _____ IQ: _____

Is applicant enrolled in a special education program? Yes No

If yes, classification: _____

Is applicant adopted? Yes No

Family History

Mother's Name _____

Address: _____

City _____ County _____ State _____ Zip _____

Home Phone No. : () _____ Work Phone No. : () _____

Occupation: _____

Father's Name: _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone No. : () _____ Work Phone No. : () _____

Occupation _____

Name of closest relative: _____ Relationship: _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone No. : () _____ Work Phone No. : () _____

Family Reunification Plan

While in placement at *Little Debbie's Second Chance Home, Inc.* residents can earn and become entitled to family reunification visits. Please indicate the name of the person(s) with whom the resident will be visiting and working towards reunification with:

Name _____ Relationship to applicant _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone No. : () _____ Work Phone No. : () _____

How long has applicant been in the juvenile system? _____

1st Charge _____ Date of charges _____

Last Charge _____ Disposition of Charge _____

Previous Group Homes or Juvenile Detention Centers

1. _____

2. _____

3. _____

1. Where _____ Date Admitted _____

Date Discharged _____ Reason _____

2. Where _____ Date Admitted _____

Date Discharged _____ Reason _____

3. Where _____ Date Admitted _____

Date Discharged _____ Reason _____

Resident signature date Guardian signature date

JPPS signature date LDSCH staff date