

## INTAKE PACKET CHECKLIST

RESIDENT: \_\_\_\_\_

STAFF INITIAL & DATE

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



# PRENTICE HOUSE INC.

## NEW RESIDENT CHECKLIST

Resident: \_\_\_\_\_ Admit Date: \_\_\_\_\_ Placing Agency: \_\_\_\_\_

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

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

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

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

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

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

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

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

Serious Incident Reports **Dates:** \_\_\_\_\_

## Resident Information

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

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-Mail: \_\_\_\_\_  
\_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-Mail \_\_\_\_\_  
\_\_\_\_\_

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

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

Other: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ E-Mail: \_\_\_\_\_

Most recent school and grade level: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

Medications (prescribing physician and start date): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical History (allergies, issues, reactions, limitations): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor to notify in an emergency: \_\_\_\_\_

Dentist to notify in an emergency: \_\_\_\_\_



# PRENTICE HOUSE INC.

## ADDITIONAL CONTACTS

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

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_



# PRENTICE HOUSE INC.

## SPECIAL AUTHORIZATION FOR RELEASE

First Name	Mi. Int.	Last Name	Date of Birth
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I do hereby consent to and authorize **Prentice House Inc.** to \_\_\_ disclose to and/or \_\_\_ obtain from:

Main Street Clinic

Name of Health Facility, Individual's Name(s), Attorney, Social Worker, etc...

1001 West Main Street

Street address and/or P.O. Box

Ashland

WI

54806

City

State

Zip Code

Information from the records maintained while I am/was involved with this facility or individual(s).  
The specific information to be disclosed is as follows:

- Verbal Progress Report.
- Progress Notes.
- Substance Use Disorders Diagnostic Schedule and/or Alcohol Use Profile.
- BioPsychoSocial Evaluation and/or Multi-Disciplinary Data Base.
- Psychological Evaluation and/or psychological testing, consultation, and/or therapy summaries.
- History and Physical and/or physical testing
- Psychiatric Evaluation and/or testing, psychiatric consultation, and/or therapy summaries.
- Therapist or Counselor Discharge Summary/Aftercare Plan.
- Adolescent Home Contract.
- Medical Discharge Summary.
- Educational: Grades, testing results, behavioral observations, evaluation results and recommendations.
- Other: \_\_\_\_\_

The purpose or need for this disclosure is to aid in:

- The continuity of care.
- Evaluation and/or placement.
- Determine eligibility of insurance.
- Other: \_\_\_\_\_

I understand that authorizing the disclosure of this information is voluntary. I understand that my records cannot be released without my written consent unless otherwise specified by law. I understand that the expiration date is my discharge date at Prentice House Inc. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal privacy regulations. A photocopy or faxed copy of this consent will be accepted as an original. We reserve the right to request the original.

Resident/ Client/ Patient Signature

Date

Parent/ Legal Guardian/ Authorized Representative

Witness Signature

Note to Release Recipient: This information has been disclosed to you from records whose confidentiality is protected by federal and state law. Federal Regulations (42 CFR-Part II) and Wisconsin Statutes 51.30 and 51.61 prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of medical or other information is not sufficient for this purpose.



# PRENTICE HOUSE INC.

## SPECIAL AUTHORIZATION FOR RELEASE

First Name	Mi. Int.	Last Name	Date of Birth
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I do hereby consent to and authorize **Prentice House Inc.** to \_\_\_ disclose to and/or \_\_\_ obtain from:

Memorial Medical Center

Name of Health Facility, Individual's Name(s), Attorney, Social Worker, etc...

1635 Maple Lane

Street address and/or P.O. Box

Ashland

WI

54806

City State Zip Code

Information from the records maintained while I am/was involved with this facility or individual(s).  
The specific information to be disclosed is as follows:

- Verbal Progress Report.
- Progress Notes.
- Substance Use Disorders Diagnostic Schedule and/or Alcohol Use Profile.
- BioPsychoSocial Evaluation and/or Multi-Disciplinary Data Base.
- Psychological Evaluation and/or psychological testing, consultation, and/or therapy summaries.
- History and Physical and/or physical testing
- Psychiatric Evaluation and/or testing, psychiatric consultation, and/or therapy summaries.
- Therapist or Counselor Discharge Summary/Aftercare Plan.
- Adolescent Home Contract.
- Medical Discharge Summary.
- Educational: Grades, testing results, behavioral observations, evaluation results and recommendations.
- Other: \_\_\_\_\_

The purpose or need for this disclosure is to aid in:

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- Evaluation and/or placement.
- Determine eligibility of insurance.
- Other: \_\_\_\_\_

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Resident/ Client/ Patient Signature	Date
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Parent/ Legal Guardian/ Authorized Representative	Witness Signature
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## SPECIAL AUTHORIZATION FOR RELEASE

First Name \_\_\_\_\_ Mi. Int. \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I do hereby consent to and authorize **Prentice House Inc.** to \_\_\_ disclose to and/or \_\_\_ obtain from:

Sateren Eye Care

Name of Health Facility, Individual's Name(s), Attorney, Social Worker, etc...

218 Main Street West

Street address and/or P.O. Box

Ashland

WI

54806

City

State

Zip Code

Information from the records maintained while I am/was involved with this facility or individual(s).  
The specific information to be disclosed is as follows:

- Verbal Progress Report.
- Progress Notes.
- Substance Use Disorders Diagnostic Schedule and/or Alcohol Use Profile.
- BioPsychoSocial Evaluation and/or Multi-Disciplinary Data Base.
- Psychological Evaluation and/or psychological testing, consultation, and/or therapy summaries.
- History and Physical and/or physical testing
- Psychiatric Evaluation and/or testing, psychiatric consultation, and/or therapy summaries.
- Therapist or Counselor Discharge Summary/Aftercare Plan.
- Adolescent Home Contract.
- Medical Discharge Summary.
- Educational: Grades, testing results, behavioral observations, evaluation results and recommendations.
- Other: \_\_\_\_\_

The purpose or need for this disclosure is to aid in:

- The continuity of care.
- Evaluation and/or placement.
- Determine eligibility of insurance.
- Other: \_\_\_\_\_

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Resident/ Client/ Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/ Legal Guardian/ Authorized Representative \_\_\_\_\_

Witness Signature \_\_\_\_\_

Note to Release Recipient: This information has been disclosed to you from records whose confidentiality is protected by federal and state law. Federal Regulations (42 CFR-Part II) and Wisconsin Statutes 51.30 and 51.61 prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of medical or other information is not sufficient for this purpose.



# PRENTICE HOUSE INC.

## SPECIAL AUTHORIZATION FOR RELEASE

First Name	Mi. Int.	Last Name	Date of Birth
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I do hereby consent to and authorize **Prentice House Inc.** to \_\_\_ disclose to and/or \_\_\_ obtain from:

Ashland Dental Clinic

Name of Health Facility, Individual's Name(s), Attorney, Social Worker, etc...

300 9th Ave West

Street address and/or P.O. Box

Ashland

WI

54806

City

State

Zip Code

Information from the records maintained while I am/was involved with this facility or individual(s).  
The specific information to be disclosed is as follows:

- Verbal Progress Report.
- Progress Notes.
- Substance Use Disorders Diagnostic Schedule and/or Alcohol Use Profile.
- BioPsychoSocial Evaluation and/or Multi-Disciplinary Data Base.
- Psychological Evaluation and/or psychological testing, consultation, and/or therapy summaries.
- History and Physical and/or physical testing
- Psychiatric Evaluation and/or testing, psychiatric consultation, and/or therapy summaries.
- Therapist or Counselor Discharge Summary/Aftercare Plan.
- Adolescent Home Contract.
- Medical Discharge Summary.
- Educational: Grades, testing results, behavioral observations, evaluation results and recommendations.
- Other: \_\_\_\_\_

The purpose or need for this disclosure is to aid in:

- The continuity of care.
- Evaluation and/or placement.
- Determine eligibility of insurance.
- Other: \_\_\_\_\_

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Resident/ Client/ Patient Signature

Date

Parent/ Legal Guardian/ Authorized Representative

Witness Signature

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# PRENTICE HOUSE INC.

## SPECIAL AUTHORIZATION FOR RELEASE

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First Name Mi. Int. Last Name Date of Birth

I do hereby consent to and authorize **Prentice House Inc.** to \_\_\_ disclose to and/or \_\_\_ obtain from:

SOCIAL WORKER

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Name of Health Facility, Individual's Name(s), Attorney, Social Worker, etc...

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Street address and/or P.O. Box

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City State Zip Code

Information from the records maintained while I am/was involved with this facility or individual(s).  
The specific information to be disclosed is as follows:

- Verbal Progress Report.
- Progress Notes.
- Substance Use Disorders Diagnostic Schedule and/or Alcohol Use Profile.
- BioPsychoSocial Evaluation and/or Multi-Disciplinary Data Base.
- Psychological Evaluation and/or psychological testing, consultation, and/or therapy summaries.
- History and Physical and/or physical testing
- Psychiatric Evaluation and/or testing, psychiatric consultation, and/or therapy summaries.
- Therapist or Counselor Discharge Summary/Aftercare Plan.
- Adolescent Home Contract.
- Medical Discharge Summary.
- Educational: Grades, testing results, behavioral observations, evaluation results and recommendations.
- Other:  
\_\_\_\_\_

The purpose or need for this disclosure is to aid in:

- The continuity of care.
- Evaluation and/or placement.
- Determine eligibility of insurance.
- Other:  
\_\_\_\_\_

I understand that authorizing the disclosure of this information is voluntary. I understand that my records cannot be released without my written consent unless otherwise specified by law. I understand that the expiration date is my discharge date at Prentice House Inc. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal privacy regulations. A photocopy or faxed copy of this consent will be accepted as an original. We reserve the right to request the original.

---

Resident/ Client/ Patient Signature

Date

---

Parent/ Legal Guardian/ Authorized Representative

Witness Signature

Note to Release Recipient: This information has been disclosed to you from records whose confidentiality is protected by federal and state law. Federal Regulations (42 CFR-Part II) and Wisconsin Statutes 51.30 and 51.61 prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of medical or other information is not sufficient for this purpose.

## SPECIAL AUTHORIZATION FOR RELEASE

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First Name	Mi. Int.	Last Name	Date of Birth
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I do hereby consent to and authorize **Prentice House Inc.** to \_\_\_ disclose to and/or \_\_\_ obtain from:

EXTRA

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Name of Health Facility, Individual's Name(s), Attorney, Social Worker, etc...

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Street address and/or P.O. Box

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City	State	Zip Code
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Information from the records maintained while I am/was involved with this facility or individual(s).  
The specific information to be disclosed is as follows:

- Verbal Progress Report.
- Progress Notes.
- Substance Use Disorders Diagnostic Schedule and/or Alcohol Use Profile.
- BioPsychoSocial Evaluation and/or Multi-Disciplinary Data Base.
- Psychological Evaluation and/or psychological testing, consultation, and/or therapy summaries.
- History and Physical and/or physical testing
- Psychiatric Evaluation and/or testing, psychiatric consultation, and/or therapy summaries.
- Therapist or Counselor Discharge Summary/Aftercare Plan.
- Adolescent Home Contract.
- Medical Discharge Summary.
- Educational: Grades, testing results, behavioral observations, evaluation results and recommendations.
- Other: \_\_\_\_\_

The purpose or need for this disclosure is to aid in:

- The continuity of care.
- Evaluation and/or placement.
- Determine eligibility of insurance.
- Other: \_\_\_\_\_

I understand that authorizing the disclosure of this information is voluntary. I understand that my records cannot be released without my written consent unless otherwise specified by law. I understand that the expiration date is my discharge date at Prentice House Inc. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal privacy regulations. A photocopy or faxed copy of this consent will be accepted as an original. We reserve the right to request the original.

---

Resident/ Client/ Patient Signature

Date

---

Parent/ Legal Guardian/ Authorized Representative

Witness Signature

Note to Release Recipient: This information has been disclosed to you from records whose confidentiality is protected by federal and state law. Federal Regulations (42 CFR-Part II) and Wisconsin Statutes 51.30 and 51.61 prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of medical or other information is not sufficient for this purpose.

## Nonmedical Consents

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

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

Name – Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last, First, MI) (mm/dd/yyyy)

A. I give my permission for my child to be photographed, video taped or digitally recorded in some other manner. All media use will comply with the patient’s rights. It may be used for treatment purposes or entertainment. Signing this consent does not allow the agency to use media for advertising in agency announcements, flyers, handbooks, placed on a social media site, the internet, etc.

\_\_\_\_\_ **SIGNATURE – Parent** \_\_\_\_\_ **SIGNATURE – Child** (Required if 14 years old or over.)

B. I give my permission for my child to participate in sports activities.

\_\_\_\_\_ **SIGNATURE – Parent** \_\_\_\_\_ **SIGNATURE – Child** (Required if 14 years old or over.)

C. I give my permission for my child to participate in school activities such as school sports, choir, plays, etc.

\_\_\_\_\_ **SIGNATURE – Parent** \_\_\_\_\_ **SIGNATURE – Child** (Required if 14 years old or over.)

D. I give my permission for my child to be transported by the agency as needed to court, school, activities, etc.

\_\_\_\_\_ **SIGNATURE – Parent** \_\_\_\_\_ **SIGNATURE – Child** (Required if 14 years old or over.)

E. I give my permission for my child to attend field trips.

\_\_\_\_\_ **SIGNATURE – Parent** \_\_\_\_\_ **SIGNATURE – Child** (Required if 14 years old or over.)

F. I give my permission for my child to receive haircuts as needed / requested by my child.

\_\_\_\_\_ **SIGNATURE – Parent** \_\_\_\_\_ **SIGNATURE – Child** (Required if 14 years old or over.)

G. I give my permission for the agency to request necessary school records, IEP records, etc.

\_\_\_\_\_ **SIGNATURE – Parent** \_\_\_\_\_ **SIGNATURE – Child** (Required if 14 years old or over.)

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

**NOTE:** Consent will expire at date of discharge. This consent can be revoked at any time.

\_\_\_\_\_ **SIGNATURE – Parent** \_\_\_\_\_ **Date Signed**

## MEDICAL SERVICES CONSENT

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

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

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

Name – Child (Last, First, MI)

Birthdate – Child (mm/dd/yyyy)

### A. Routine Medical Services Consent and Exclusions

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

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

### B. Routine Emergency Medical Services Consent and Exclusions

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

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

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

### C. Parent / Guardian Information

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

Telephone Number – Home

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

Telephone Number – Work

Address – Other (Specify)

Telephone Number – Other (Specify)

Address – Other (Specify)

Telephone Number – Other (Specify)

**SIGNATURE** – Parent / Guardian

Date Signed

**SIGNATURE** – Child (age 14 and over only)

Date Signed



# PRENTICE HOUSE INC.

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## PROMOTION/MEDIA COVERAGE RELEASE

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

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

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PARENT/LEGAL GUARDIAN SIGNATURE

DATE

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

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

---

CLIENT SIGNATURE

DATE





# PRENTICEHOUSE INC.

## FIREWOOD FINE & RESTITUTION PROGRAM

Prentice House Inc. residents have the ability to earn money to pay off court ordered restitution debts and fines through the production and sale of firewood that is sold to community members. Residents who choose to participate in this program will be reimbursed for what they produce at a rate equal to the rate of sale per cord, and any money earned will be issued in a Prentice House Inc. check, payable to the agency or entity that the resident is in debt to. Firewood produced and rates of reimbursement are to be documented on a Prentice House Inc. "Firewood Compensation Form" which is to be turned into the Business Manager upon completion.

### SUPERVISION

- Per Prentice House Inc. Policies and Procedures: Supervision of residents will be appropriate to the resident's age, maturity, behavior, and developmental level as well as sufficient to ensure the safety of all residents in the group home.
- Residents producing firewood will always be under direct staff supervision.
- Residents are never to be left alone while producing firewood.
- Resident use of tools for producing firewood will be limited to non-mechanical devices such as hand saws and splitting mauls.
- Tools used for wood production will always be secured in a locked location and inaccessible to residents when not in use.

### SAFETY TRAINING AND EQUIPMENT

- Residents choosing to participate in this program will receive direct instruction from a Prentice House Inc. staff member on the proper use of a hand saw and splitting maul.
- Residents participating in this program, staff members providing safety instructions, and the resident's legal guardian will sign these policies and procedures in the designated space below before the resident is allowed to produce firewood. Signed Firewood and Restitution Program Policies and Procedures will be kept in the residents file.
- Residents will be required to wear safety glasses and gloves at all times while producing firewood.

\_\_\_\_\_ has received safety instructions on the proper use of a  
 RESIDENT NAME  
 hand saw and splitting maul by staff member \_\_\_\_\_.  
 STAFF NAME

\_\_\_\_\_  
RESIDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE  
SIGNATURE

\_\_\_\_\_  
DATE



## RESIDENT RIGHTS AND RESPONSIBILITIES

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

**TREATMENT RIGHTS** - Every resident has the right to:

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

**RECORD PRIVACY AND ACCESS**

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

**COMMUNICATION RIGHTS** - Every resident has the right to:

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

**PERSONAL RIGHTS** - Every resident has the right to:

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

**PRIVACY RIGHTS** - Every resident has the right to:

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

**MISCELLANEOUS RIGHTS** - Every resident has the right to:

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

**All residents at Prentice House also have the right to:**

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

**Limitation or Denial of Resident Rights:**

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

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

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

**Informed Consent**

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

**Grievance Procedure**

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

**Informal**

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

**Formal**

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

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

**Family Planning**

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

**Statement of Non-Discrimination**

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

**House Rules and Behavior Interventions**

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

**House Rules**

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

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

**Behavior Interventions/Consequences**

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

**Behavior Interventions/Consequences that may be used:**

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

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

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

Social Worker: \_\_\_\_\_

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

Prentice House Staff: \_\_\_\_\_

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



# PRENTICE HOUSE INC.

## FIRE EVACUATION PLANS

### Fire Evacuation Plan PH I

Evacuation routes for emergencies and drills:

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

### Fire Evacuation Plan PH II

Evacuation routes for emergencies and drills:

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

### Fire Evacuation Plan PH III

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

If prescribed exits are blocked by fire the occupants:

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

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

Date \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date \_\_\_\_\_



## **Request for Random Urine Analysis (U.A.)**

RESIDENT \_\_\_\_\_

PLACING AGENCY \_\_\_\_\_

SOCIAL WORKER \_\_\_\_\_

### **JUST CAUSE FOR REQUEST**

\_\_\_\_\_ History of drug and alcohol abuse

\_\_\_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Social Worker/Agency Representative

\_\_\_\_\_  
Date



# PRENTICE HOUSE INC.

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## DENTIST VISITATION FORM

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

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

Dentist Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# PRENTICE HOUSE INC.

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## OPTOMETRIST VISITATION FORM

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

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

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# PRENTICE HOUSE INC.

## CLOTHING AND POSSESSION INVENTORY

Personal Item	Min. Req.	Date																	
socks	8																		
u-wear	8																		
shoes	1																		
shorts	3																		
gym shorts	1																		
s-pants	1																		
s-shirt	1																		
shirts	7																		
pants	4																		
w-jacket	1																		
w-hat	1																		
w-gloves	1																		
boots	1																		
belt	1																		

To keep track of the residents clothing and personal items of value list them in the left hand column. Make note of the minimum requirements to make sure they have what they need. When a resident brings in new items or goes on a home visit, this form needs to be updated. Simply put the date in the column and mark what items are going out with an "O" or in with an "I". At the bottom make a note of the reason such as HV – home visit, N – new, W – worn out. This is the client's responsibility to fill out and keep updated, we are not responsible for items that are lost, stolen, traded, or sold while the resident is in our care.



# PRENTICE HOUSE INC.

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## POSSESSIONS AT DISCHARGE

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

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

\_\_\_\_\_  
Staff Signature Date

Medications Released at Discharge:

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