



184 SPARROW DR
ROYAL PALM BEACH
FL. 33411
PHONE 753-2226 FAX 753- 2231

1
Placement Specialist:

CLIENT NAME _____

picture

Date of admission _____ billing _____ Time _____

Date of Birth _____ Race _____ Gender _____

Social Security _____

Medicaid Number _____

Placing Agency DCF _____

Previous Placement or Hospital _____

P.I. Name / Phone : _____ Phone _____

P.I. Supervisor/ Name Phone: _____

Case Worker: _____ **Off**

E-mail _____ @cfcpsc.org **Cell:** _____ **Fx**

Supervisor / Phone _____ **Off**

Birth Mother's Name _____

Address / Phone Number _____

Birth Father's Name _____

Address / Phone Number _____

GAL _____

Allergies _____

Primary Physician / Phone _____

School _____

Therapist _____

_____ **Car Seat** Yes _____ No _____

Visitation _____

CLIENT INVENTORY LIST

CLIENT NAME: _____

ADMISSION

DISCHARGE

ADMISSION				DISCHARGE				
Quantity		Condition		Quantity		Condition		
# Items	Good	Bad	Fair	# Items	Good	Bad	Fair	
								Pants
								Shorts
								Shirts
								Dresses
								Skirts
								Outfits
								Underwear
								Jackets
								Pajamas
								Socks
								Shoes
								Uniforms

Personal items:

Toys:

Other:

Medication at admission: Yes NO

Staff: _____ Date: _____

Client _____ Date: _____

Personal items:

Toys:

Other:

Medication at discharge: Yes No

Staff: _____ Date: _____

Client: _____ Date: _____

I PROVIDED

TO



A CHILD RESOURCE RECORD
(CRR)

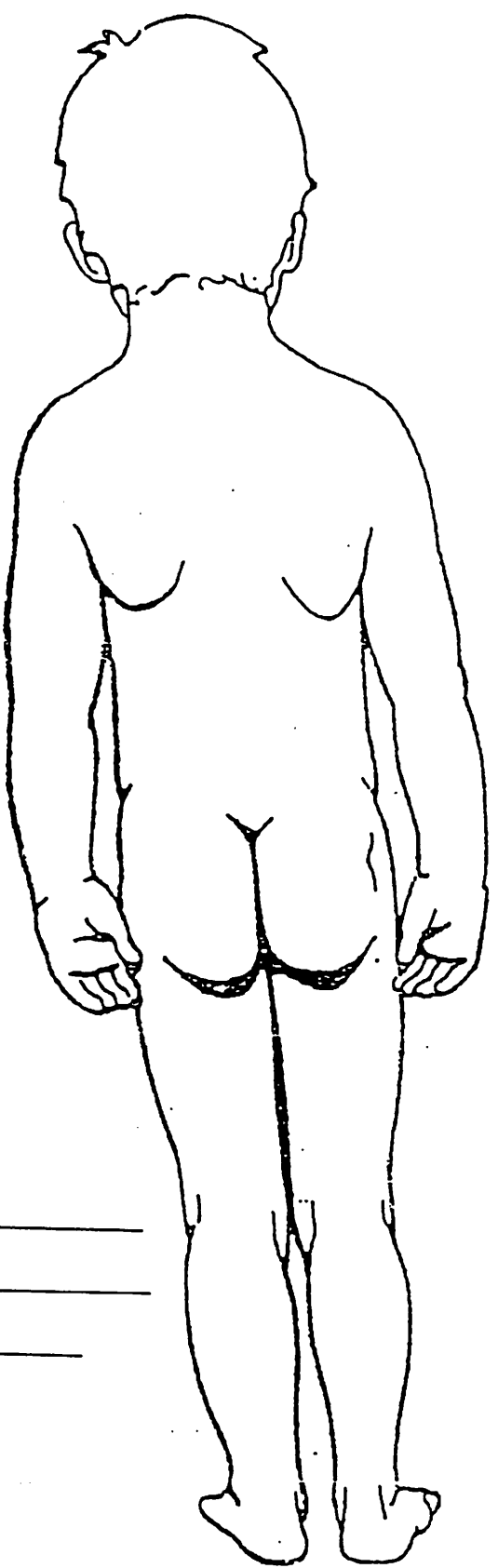
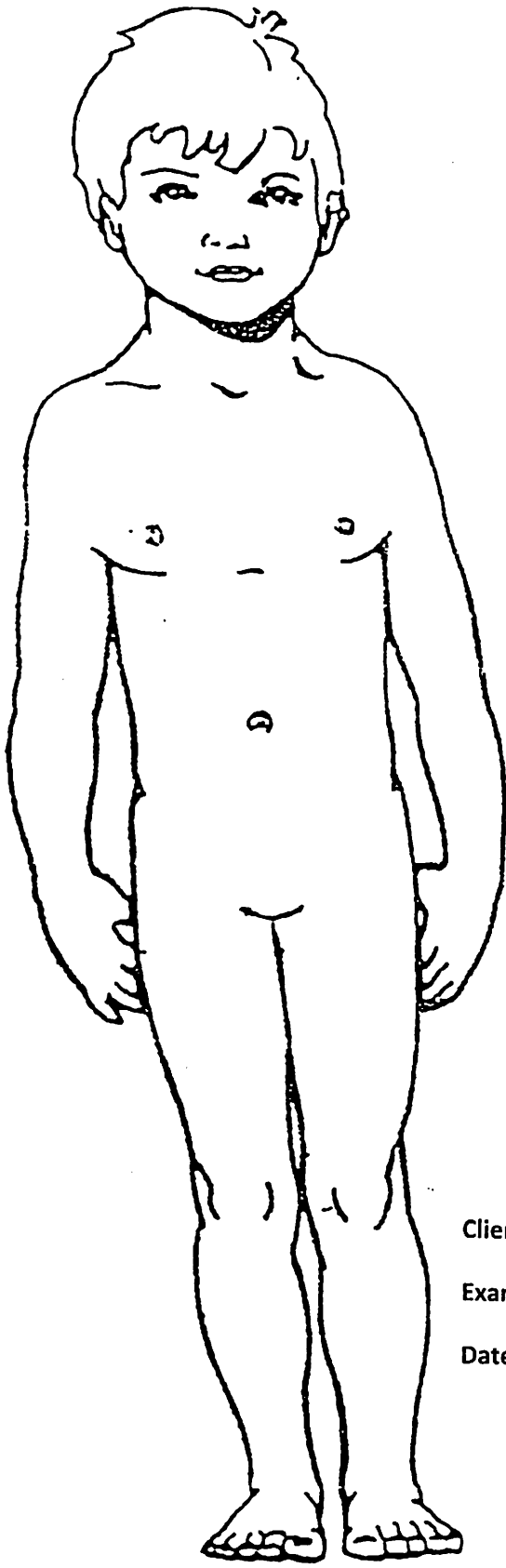
YES _____

NO _____

Name of the FSW (Family support worker)
transporting the child:

Print name: _____

Phone: _____



Client Name: _____
Examiner: _____
Date: _____



Description of the injury: _____

Explanation: _____



AGREEMENT TO PROVIDE SUBSTITUTE CARE FOR DEPENDENT CHILDREN

Grandma's Place, Inc., 184 Sparrow Drive, Royal Palm Beach, Florida Ph: (561) 753-2226

A licensed 24-hour Residential Group Home for Developmentally/Medically Challenged Children

Dependent Child's Name	Admission Date
Name of Facility Grandma's Place, Inc	Address of the Facility 184 Sparrow Dr. Royal Palm Beach FL, 33411

As substitute care parent(s) for Child & Family Connections, we agree to the following conditions considered essential for the welfare of this dependent child placed in the Grandma's Place residential group home.

- 1 This child is placed in Grandma's on a temporary basis and is at all times under the supervision and control of CFC.
- 2 We are fully and directly responsible to CFC for the care of the child.
- 3 We will take no action to acquire legal custody or guardianship of the child.
- 4 We will hold confidential all information about the child and his family and will discuss his/her information only with authorized representatives of CFC. Data security will be used in handling the child's files.
- 5 We will not permit the removal of the child from Grandma's, except by an authorized representative of CFC.
- 6 We will not give the child into the care or physical custody of any other person(s), including the natural parent(s) without the consent of an authorized representative of CFC.
- 7 We will cooperate with CFC in arrangements by them for visitation with the child by his parent(s) or other relatives(s).
- 8 We will participate with CFC in planning for the child, which may include adoption placement, transfer to another foster home, or reunification with parent(s) or relative(s).
- 9 We will negotiate board rate per month on behalf of the child in accordance with CFC's established uniform rate structure for dependent children.
- 10 We will notify CFC immediately of any change in our address, employment, living arrangements, family composition, or law enforcement involvement.
- 11 We will incur no expense for which we expect reimbursement without authorization by CFC.
- 12 CFC may remove the child from our home at any time but will, *whenever possible, give CFC at least two week's notice.*
- 13 We may require CFC to remove a child from the Grandma's home but will, *whenever possible, give CFC at least two weeks notice.*
- 14 We will comply with all requirements of a licensed residential group care home as prescribed by CFC.
- 15 We will immediately report any injuries or illness of a child in our care to the department and CFC.
- 16 We will be responsible for maintaining the Child Resource Record for every child placed in the Grandma's home.
- 17 We agree to obtain a minimum of eight hours of in-service training per year as approved by CFC. We agree to pass and keep current the pediatric CPR training which has been approved by the American Heart Association or the American Red Cross.
- 18 We will abide by CFC's discipline policy which we received during the MAPP training.
- 19 We will abide by CFC's policy for training in water safety should we have a swimming pool.
- 20 We will be available to receive children in our home 24 hours per day, seven days a week.
- 21 The following items are required for placement of dependent children into the Grandma's residential group home:

Please fill out Placement checklist completely and submit each item requested to Grandma's Place Thank You.

- Client Name
- Admission Date
- Date of Birth
- Placement Agreement
- Social Security Card
- Birth Certificate
- Immunization Records
- School Records
- Medicaid / Insurance Card
- Withdrawal from Current School
- Medical History / Most recent physical examination
- Psychosocial History 1 Psychological Reports (last 12 mos.)
- Predisposition Report / Court Documentation / Copy of Case Plan (if available)
- Signed Release of Medical Information - Legal Guardian
- Signed Records Release - Legal Guardian
- Admission Placement Packet
- Current Address / Phone numbers of Child's Relatives
- Current Address / Phone numbers of Agencies Involved
- Current Address / Phone numbers of Agency Contact

Signature of substitute care House parent / Staff Grandma's Place	Date
	✓

Signature and Title of Department's Representative	Date
	✓

CLIENT CONTACT INFORMATION

MOTHER'S NAME : _____ ✓

Address / Phone: _____

FATHER'S NAME : _____ ✓

Address / Phone : _____

RELATIVES' NAME : _____ ✓

Address / Phone: _____

P.I.'S NAME: _____ ✓

DCM'S NAME : _____ ✓

Phone /fax/ cell : _____

DCM supervisor's Name : _____

GAL'S NAME : _____

Phone /fax/ cell : _____

Any special instructions regarding contact:



Orientation

Grandma's Place, Orientation is designed to advise parents(s) or guardians and other approved visitors of house rules and clients rights. Our goal is to assure that participants understand their child's basic rights and how to access support services from the Department of Children and Families or provider Agencies.

1. I have read and understand Grandma's Place Discipline and Behavior Policies.
2. I understand that there are certain House Rules I am expected to respect when visiting the home. I have read and understand these rules in their entirety.
3. The Grievance Policy was explained and is very clear to me.
4. I will be visiting my child(ren) as often as the courts permit. I have read the visitation rules and understand what is expected of me.

I certify that I have read and understand Grandma's Place Orientation.

Parent or Legal Guardian

Date

Witness

Grandma's Place, Inc. Client Rights Statement

All Grandma's Place staff must be aware of Resident's Rights:

Chapter 393 of the Florida Statutes says that all residents have the right:

1. The right to be a child.
2. To dignity, privacy and humane care.
3. To religious freedom.
4. To services that protect personal liberty and provide the least restrictive environment to achieve treatment outcomes.
5. To an appropriate, quality education and training service.
6. To social interaction and to participate in community activities.
7. To physical exercise and recreational opportunities.
8. To freedom from physical harm, abuse, neglect, physical and chemical restraint.
9. The Right to consent to or refuse treatment
10. A right not to be discriminated against due to a developmental disability.
11. The right to utilize the grievance procedure.

I, or my guardian, have received a copy of my rights and have had a chance to talk about them and completely understand my rights at any time.

Client's Name

Client's Signature/Date

Parent/Guardian's Signature/Date

Staff Witness Signature/Date



House Rules

Thank you for following our house Rules. Your cooperation helps us set good examples for some -very special children.

1. Do not give gifts, candy, gum or other treats to children without permission from Staff. Children may have allergies or be on special diets.
2. No Smoking in the Grandma's Place or in vehicles.
3. No drugs, alcohol or firearms of any description are allowed on Grandma's property.
4. No use of profanity is allowed in the Grandma's Place or anywhere in the presence of the children.
5. Visitors must sign in and out and obey Visitation hours and rules.
6. All information regarding children's cases is confidential and must be kept private.
7. Show respect to all children and staff.
8. Refrain from making noise that will disturb children who are sleeping.
9. Help maintain a safe, clean and healthy environment for children.
10. Children must be supervised at all times.
11. Be patient and kind to the children and treat each one fairly.
12. Only qualified employees are allowed to give medication to children.
13. Respect Grandma's, Inc. property — do not take anything that does not belong to you.
14. Suspected child abuse or neglect must be reported (1-800-96-ABUSE).



Grievance Procedure

THE FOLLOWING GRIEVANCE PROCEDURE WILL BE USED WHEN CONFLICTS ARISE BETWEEN CHILDREN/PARENT(S)/ GUARDIANS AND GRANDMA'S PLACE. THE PROCEDURE SHALL BE EXPLAINED TO CHILDREN AND THEIR FAMILIES AT THE TIME OF ADMISSION. THIS PROCEDURE SHALL BE PROVIDED TO CHILDREN, PARENT(S), GUARDIAN, CHILD & FAMILY CONNECTIONS AND OTHERS UPON REQUEST.

- 1) The individual will notify the House Manager of his concern /complaint/ grievance and will be able to do so without fear of retaliation.
- 2) The House Manager will respond to the individual/family's concern within three (3) business days if not an emergency. The House Manager will respond to an urgent grievance within twenty-four (24) hours.
- 3) Written results of the meeting will be signed by both the individual and representative of the individual and the House Manager and placed in the Administrative File.
- 4) If the individual/family is not satisfied with the results of the meeting, the individual will be instructed to contact the social worker for Child & Family Connections or the Child's Guardian ad Litem.
- 5) CFC and GAL will provide mediation to resolve the grievance, if possible.
- 6) Should the situation not be resolved, the partnership between the individual/family and the House Parents may be terminated by either party. The House Parent/Individual or Family may contact Child and Family Connections to provide another agency for care.
- 7) IT IS OUR PHILOSOPHY THAT THE INDIVIDUAL/FAMILY HAVE ENTERED INTO A PARTNERSHIP AGREEMENT AND THAT THE INDIVIDUAL/FAMILY OR GUARDIAN IS FREE TO TERMINATE THIS PARTNERSHIP AT ANY TIME WITH THE APPROVAL OF CHILD & FAMILY CONNECTIONS AND GAL
- 8) I HAVE READ THE GRIEVANCE PROCEDURE WITH THE House Manager AND UNDERSTAND IT.

NAME _____ DATE: _____ ✓

House Manager _____ DATE: _____



Discipline, Behavior Control, Punishment, Elimination of Coercion Policy

The Grandma's Place policy for discipline, behavior control, punishment and elimination of coercion is the use of positive teaching, training, praise, encouragement, and a system of individualized reinforcement for exhibiting self-control and other desirable behavior.

This policy shall be provided to children, parent(s), guardian(s), staff, agencies and Child and Family Connections and shall include:

- a) The means for teaching and training children which emphasize praise and encouragement for exhibiting self-control and desirable behavior.
- b) Methods of protecting children or others when a child is out of control and his behavior is likely to endanger himself, other persons or property. (See Behavior Control Technique)

Natural and logical consequences, restrictions, confiscation of items, and privilege limitations shall be used. If an action on the part of the resident is considered so serious that it puts the child or other children in the home at risk, or if it entails blatant defiance over a period of time, a staff conference shall be convened involving the House Manager, CFC Caseworker and biological parent, if applicable. Additional consequences or discharge may be requested at that time. (*See Behavior Control Technique*)

DISCIPLINE

Discipline and punishment are not the same. Punishment has far more negative connotations than discipline. Discipline has to do with prevention of a problem before it occurs. Discipline involves teaching, guiding and drawing on a child's own internal controls and accepting responsibility for one's own behavior. Punishment implies being hurtful or inflicting pain.

At Grandma's Place discipline typically involves taking something away, such as a toy, TV privilege, field trip, etc. It may also involve room restriction for a period of time. It is based on the concept that the resident can, with assistance and guidance, make decisions for themselves and that in the process of decision-making, there may be errors in choices, but only through this process of trial and error can a resident truly develop sound judgment. The goal is to re-involve the child in his/her normal activities as soon as possible. Discipline must be a natural or logical consequence of the negative behavior and must be clearly explained to the child. At no time may discipline involve striking a child, ridiculing, inciting, badgering, or physically threatening a child; depriving him of meals, mail, or family visits.

Behavior Control

Grandma's Place will provide an unlocked, lighted, well-ventilated room of at least 50 square feet which is available to be used for separation of a child from others when he/she is out of control. The room shall be within hearing distance of a staff member and the time limit for isolation shall be 1 minute for each year of the child's age but not to exceed 4 minutes.

Under no circumstances shall staff:

- 1) Inflict physical punishment in any manner on a child
- 2) Ridicule, intimidate, or verbally abuse any child as a means of behavior control
- 3) Use chemical or mechanical restraints on child
- 4) Use cruel or humiliating treatment or other emotionally abusive behavior;
- 5) Deny food, clothing, shelter, medical care, or prescribed therapeutic activities
- 6) Restrict legal contact with family, counselors or legal representatives as a form of punishment to children

Excessive exercise or work duties which are inappropriate to a child's age or development may not be assigned to children in Grandma's Place care.

Each staff member shall be required to read and sign the statement which describes acceptable Behavior Control Techniques.

Acceptable measures used for behavior control include:

- 1) Separation from the group until the child calms down
- 2) Taking away game time or a toy depending upon the inappropriate behavior
- 3) Discussion of the behavior and consequences of continuing the behavior – when age appropriate
- 4) Redirection
- 5) Praise for good behavior
- 6) Using behavior charts

Grandma's Place maintains a strict policy that does not allow corporal punishment, humiliating or threatening a child, or the use of any kind of restraints. Any staff shown to be using such measures will be immediately dismissed, an incident report submitted, and a call shall be made to report the incident to the Abuse Hotline.

I certify that I read and Understand Grandma's Place Discipline Policy

Signature- Date

1

Grandma's Place Visitation Policy

Grandma's Place Director and houseparent will meet with the parent(s) or guardians and explain visitation procedures. Parent must agree to accept responsibility for the child while he/she is in their care and agree to supervise or be supervised with the child at all times. On grounds pre-approved visits with family members may take place with management approval. Family members may have off ground visits based on approval by CFC caseworker and input from houseparent. Resident is entitled visits based on levels and as approved by caseworker

Telephone calls will be accepted by Grandma's Place only during specific hours prearranged by the CFC caseworker. Telephone calls from an intoxicated parent using abusive language will be terminated

Parent(s) or guardians will be required to sign the resident in with childcare staff following each visit and let them know of any problems or concerns or to report the child's behavior while away from Grandma's Place, Inc. Some exceptions in visitation procedures will be made under certain circumstances

NOTE: When a resident leaves the premises without a Grandma's Place, Inc. staff member, a sign out sheet must be completed. The adult signing out a resident must also sign them in. If the Resident is taking medications, all procedures for off grounds medication administration (including form) must be followed. In case of physical illness, injury, or serious threat to the safety of a resident, staff members, or the facility (i.e. use of drugs, violations of law) contact the house manager immediately.

Incidents of fighting, runaway, misbehavior in the community, use of drugs, sexual acting out, or visitors causing problems should be brought to the attention of the Director and house manager. All aforementioned incidents require a written incident report within 24 hours. If in doubt, write an incident report and give it to the house manager.

ON GROUNDS VISITATIONS

Visitation days are Monday through Friday during the following times: 9-11am or 2-4 pm. Visitation is allowed only once per day. Telephone calls will be accepted from 9 am to 5pm.

Visitors must adhere to visitation times

- ❖ ALL VISITORS MUST SIGN IN AND OUT. UNAUTHORIZED PERSONS MAY NOT ACCOMPANY VISITORS TO GRANDMA'S PLACE.
- ❖ All visitors must respect house rules as a guest and act appropriately at all times
- ❖ **Cell phone usage is prohibited while on Grandma's Place premises**
- ❖ Any person appearing to be under the influence of drugs or alcohol will be immediately escorted off Grandma's Place premises
- ❖ **No cameras or picture phone are allowed in the facility**

CFC Caseworkers and assigned Guardian Ad Litem should always have immediate access to the resident if possible. Visitations by family and friends require caseworker and house manager approval. Visitation rules will be implemented by caseworker if parent misses a visitation without a valid reason. With the exception of the Legal Guardian, all other visitors must give prior notification of at least 24 hours. This will ensure the resident is on grounds and staff is available to meet the visitor if needed. Visitors must arrange visits in advance, as well as have permission from the house manager. House manager or houseparent in charge will determine appropriateness of duration and conditions of the visit on the grounds

My signature indicates that I have read, understand and agree to abide by Grandma's Place, Inc. Visitation Policy

Parent or Guardian

Date



Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As required by law, we maintain the confidentiality of your information. The law also requires us to notify you of our legal duties and practices. The terms of this Notice are effective April 14, 2001 we reserve the right to change the terms of our notice of privacy practices. If we make any material changes to our notice, we will provide you with a revised notice.

WE PROTECT THE SECURITY OF YOUR PERSONAL INFORMATION

Protecting your personal information is very important to us. The following describes the steps we take to safeguard your information.

- ❖ Our employees are trained and required to maintain our privacy policies and procedures, Employees who violate these policies are subject to disciplinary action.
- ❖ We maintain physical, electronic and procedural safeguards to protect the security of your information.
- ❖ We require all third parties to whom we disclose information to maintain adequate security standards.
- ❖ We also take steps to protect against unauthorized disclosure of your personal information.

WE MAY USE OR DISCLOSE YOUR PERSONAL INFORMATION TO CARRY OUT TREATMENT PAYMENT AND HEALTH CARE OPERATIONS.

We may use health information in your record to provide treatment to you. We may disclose information in your record to help you get health care services from another provider, a hospital, etc.

We may use or disclose information from your record to obtain payment for the services you receive.

We may use or disclose information from your record to permit us to carry out our health care operations_ These operations include activities such as reviewing records to see how services can be improved, licensing and accreditation of our program and coordinating care with other providers.

PRIVACY NOTICE

OTHER POSSIBLE USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following is a description of other possible ways in which we may and are permitted to use and/or disclose your protected health information without written authorization.

AS REQUIRED BY LAW We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when requested.

PUBLIC HEALTH ACTIVITIES We may disclose your information to public health authorities for public health activities including reports of child abuse or neglect and communicable disease exposures or to lessen a serious and imminent threat to the health or safety of a person or the public.

FAMILY INVOLVED IN YOUR CARE We may disclose to the patient or the patient's legal representative or to family members, other relatives or a close personal friend of the individual if the disclosure is directly relevant to the care of the individual and in their best interests. Only the protected health information that is directly relevant may be disclosed.

HEALTH OVERSIGHT ACTIVITIES We may disclose your information for statistical and scientific research, provided the information is abstracted in such a way as to protect your identity. Disclosure to government programs providing public benefit for eligibility or enrollment information among *such* government agencies.

JUDICIAL PROCEEDINGS Your medical information may *be* disclosed in response to a legal process such as a court order, subpoenas and certain investigations do not require any permission from an individual, however, the individual must be notified in advance of disclosure. (45 CFR 164.512)

LAW ENFORCEMENT Disclosures for law enforcement purposes, including reporting certain wounds or other physician injuries; identifying or locating a suspect, fugitive, material witness, missing person, or evidence; reporting crimes in emergencies; or criminal conduct on the premises.

OTHER disclosure to coroners and medical examiners; disclosure to funeral directors; disclosure for cadaveric organ, eye or tissue donation; to comply with workman compensation.

YOUR RIGHTS REGARDING YOUR PERSONAL INFORMATION

The following describes your rights regarding certain personal information that we maintain.

CONFIDENTIAL COMMUNICATION WITH YOU You may request that we communicate with you at an address or phone number of your choice, but it must be a reasonable request and we may request that you put that in writing.

RESTRICTION ON USE OR DISCLOSURE You have the right to limit or restrict the release or disclosure of your personal health information (PHI) to individuals/organizations for use other than "treatment, payment and health care operations". We will request that you put those restrictions in writing. In your request tell us: (1) the type of information whose disclosure you want us to limit and (2) how you want to limit our use and/or disclosure of the information.

You are also allowed to limit or restrict the use or disclosure of your PHI for "treatment, payment or health care operations", however we are not required to agree to those restrictions. There are also cases where we are not allowed to release your personal health information without prior written authorization from you.. You may revoke the written authorization at any time, but it must be in writing and will not take affect until such revocation is received by our agency. Examples are: For statistical and scientific research if your identity is included; use or disclosure of psychotherapy notes; and for marketing purposes.

INSPECTION AND COPIES OF INFORMATION You have the right to inspect information in your record, and may obtain a copy of it. Your request must be in writing and you must provide a reasonable time frame for us to comply. Internal agency protocols will be adhered to. As permitted by law, we may deny you request to inspect and copy your protected health information in certain limited circumstances. If we deny access, you do have the right to appeal.

AMEND OR CORRECT INFORMATION If you believe that information we hold is incorrect or incomplete, you may request, in writing, that your information be amended and must have reasonable support. As permitted by law, we may deny your request in whole or part in certain circumstances. Examples would be: information is from another source outside our agency; the information is not protected health information; is by law not available for your inspection or is accurate and complete.

SUMMARY OF DISCLOSURES You have the right to receive a summary of certain disclosures and might include disclosures made for the purposes of research, other than those you authorized in writing, or responses to court orders, subpoenas or warrants. Your request must be in writing and can not be prior to April 14, 2003 and for not more than a 6-year period form the date of your request.

YOUR RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with our office and/or with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. Telephone number (202) 619-0257 or toll free at 877-696-6775. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights and be filed within 180 days of when you knew or should have known that the act or omission occurred. Your services will not be affect and our agency will not retaliate against you for filing a complaint.

HOW YOU MAY CONTACT US

We have a designated Privacy Liaison:

Grandma's Place, Inc
184 Sparrow Drive
Royal Palm Beach, FL 33411
(561) 753-2226

CLIENTE OR CFC REPRESENTATIVE: _____ ✓
Date

STAFF SIGNATURE: _____ ✓
Date



EMERGENCY PLACEMENT POLICY

No child under the age of 12 months or over capacity placements, at the Child and Family Connection's request for emergency placement, will be placed at Grandma's Place except under the following exemptions and rules that will apply:

1. Emergency services or to prevent the separation of a family.
2. An emergency placement at Grandma's Place will be documented in the child's case record, verifying that no alternate plan of care was available at the time of admission, ensuring the child's legal rights to be least restrictive environment.
3. Continued diligent effort will be made, by Child and Family Connections to place a child under the age of 12 months in other appropriate care facilities.
4. Such plans will be made and submitted to House Manager with thirty (30) days of the child's admission.
5. Residential care for children under 12 months will be continued as part of a sibling group, as appropriate at Grandma's Place.
6. The Deputy District Administrator or his/her administrative designee must approve all placement of a child under 12 months or over capacity placements.

Parent or legal Guardian: _____

Date



Consent for Medical Care

Child's name: _____ ✓ D.O.B. _____ ✓

S.S#: _____

I hereby authorize Grandma's Place, Inc to obtain any routine medical care that it deems necessary for the child during the period the child is in the care of Grandma's Place, Inc. The consent for medical shall include, but not be limited to any x-ray, examination medical instructions of any licensed medical practitioner in Palm Beach County, or at the public clinic or private office of any duly licensed practitioner.

It is understood and agreed by the undersigned that Grandma's Place, Inc. the practitioners and hospital care facilities are release from any liability or responsibility that they may incur as a result of the care and treatment of the child. In the event the child should have an illness or an accident, the parent, guardian, placing agency or CDF will notified immediately.

While care will be taken to isolate any children who are ill, infectious diseases are easily transmitted among children. Grandma's Place, Inc. assumes no responsibility for any communicable disease contracted while the child is its care. Grandma's Place, Inc. provides a clean, safe environment with the proper supervision, universal precautions, and appropriate medical referrals while the child is in its care. However, it is impossible to ensure that childhood illness among children will not be transmitted.

Parent or Legal Guardian

Name: _____ ✓

Signature: _____ ✓

Date: _____ ✓



Consent for Release of Information

I, _____, hereby give consent to Grandma's Place, Inc. to request and receive information from other persons and agencies that have information related to _____ case or situation. I also give consent for Grandma's Place, Inc. to share information with other appropriate agencies or persons duly authorized by Child and Family Connections who are involved with my case. I understand that this information is to be treated in a confidential manner and to be obtained, used and/or released only with my knowledge.

CHILD'S NAME: _____ **D.O.B.** _____

PARENT OR LEGAL GUARDIAN: _____ **DATE:** _____ ✓

SATAFF SIGNATURE: _____ **DATE:** _____ ✓

No
More To
Be
Sign.



Placement Agreement Checklist

Client Name: _____

Admission Date: _____

Date of Birth: _____

REQUIRED ITEMS

In file		1st Request	2nd Request	3rd Request
	Placement Agreement			
	Placement Authorization			
	Client Profile			
	Social Security #			
	Birth Certificate			
	Medicaid #			
	Immunization Records			
	School records			
	Medical records			
	Psychological Reports			
	Court Documents			
	Case Plan			
	Signed Release medical Info.			
	Signed Records Release			
	Client contact list			

DCM _____

Phone

Cell

Fax



REQUIRED CLIENT RECORDS

184 Sparrow Dr.
 Royal Palm Beach, Fl. 33411
 Phone 561 753-2226 Fax 561 753-2231

From: Louise Taggart, Executive Director
 Jackie Alvarez, Supervisor

To: DCM _____ **FAX:** _____

Client Name: _____

Admission Date: _____

REQUIRED ITEMS

In file	1st Request	2nd Request	3rd Request
Placement Agreement			
Placement Authorization			
Client Profile			
Social Security #			
Birth Certificate			
Medicaid #			
Immunization Records			
Medical records			
Psychological Reports			
CBHA			
CRR			
School records			
Signed Release Medical Info.			
Signed Records Release			
Client contact list			
Court Legal Documents:			
Shelter Petition			
Shelter Order			
PDR			
PDS			
Case Plan			
Case Plan Dispo Order			
Judicial Review			
JR Order			



Admission Policy

The Target Population accepted as clients of Grandma's Place, are specifically limited to Developmentally Disabled Children who do not meet the criteria for Medical/Therapeutic or Traditional Foster Care. The Target Age Group of these clients is ages birth to 12 years old. Grandma's Place will accept emergency placements only at the Child and Family Connection's request. [See Placement Agreement, Emergency Placements Policy and Grandma's Place criteria].

GRANDMA'S PLACE PRE-ADMISSION AND CRITERIA:

1. The Admission Team will review all applications submitted. Those that do not meet admission criteria will be notified verbally and then in writing within 30 days of request.
2. An interview will be scheduled for those candidates who meet admissions criteria. Prior to scheduling an interview, the referring party will be informed of the anticipated date of the next projected opening.
3. Once the admissions team has held the initial interview, they will recommend or not recommend placement within 48 hours. The Admissions Chair will inform the referring party.
4. If a child is approved, the following materials and forms will be required at time of admission.
 - A. Placement authorization
 - B. Social security card
 - C. Birth certificate
 - D. Immunization records
 - E. School records
 - F. Medicaid / Insurance Card
 - G. Withdrawal from current school
 - H. Medical history / most recent physical examination report; must have had a physical within the last year prior to admittance
 - I. Psychosocial history / psychological reports {within the last 12 months}
 - J. Predisposition report / court documentation / copy of Case Plan
 - K. Signed release of medical information – legal guardian
 - L. Signed records release – legal guardian
 - M. Admissions placement packet
 - N. Current addresses / phone numbers for relatives, agencies involved and for other agency contacts

GRANDMA'S PLACE ADMISSION PROCEDURES:

1. P.I. or Dependency Worker, not police, bring the child to the home.
2. Houseparent / Staff meet with the child, explain what is happening, and determine the degree of trauma. Administration requests assistance of the therapist if it is determined to be necessary.
3. Administration will arrange for a physical examination within one year from the date of the child's last physical examination, per Medicaid coverage guidelines.
4. Guardian ad Litem will be requested from the Dependency Case Manager.
5. Staff, Houseparent and administration will review the following policies with the Case Manager/ biological family:
 - a. Visitation Policy
 - b. Grievance Policy
 - c. Residents Rights
 - d. Discipline Policy
6. Inventory of personal items child brings upon admission

GRANDMA'S PLACE CRITERIA:

- 1) Visitation hours are Monday through Friday and hours of Visitation will be prearranged with Administration, houseparent / Case Manager.
- 2) All visitors will respect the house rules as a guest and act appropriately at all times.
- 3) Reunification process is part of the ongoing work through visitation so that when the case plan is complete, there should be no further work to reunify the family.
- 4) All family members/ visitors must receive prior approval from the administration before bringing gifts/ food to the client.
- 5) Grandma's Place will not accept any telephone calls from the parent if the parent is intoxicated or abusive.
- 6) Grandma's Place has a specific time allotment for parents to call their children, if approved by the administration. Phone calls can be accepted during the hours of visitation from 9:00am to 11:00am and from 2:00pm to 4:00pm.
- 7) Visitation rules will be implemented by the caseworker if the parent misses a visitation Without good reason

LIMITATIONS REGARDING CHILDREN UNDER AGE 6:

Children under the age of 6, or the age of enrollment in the first grade of school, are admitted to Grandma's Place only when that is the best alternative for the child at the time of admission. An emergency placement of a child under 6 years is documented in the child's case record, which verifies that no alternate plan for care is available at the time of admission.

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NAME: _____

DATE	DOCTOR	PURPOSE	OUTCOME/ RECOMMENDATION

