

TO ALL SOCIAL WORKERS: Enclosed is a check list of items that we will need in order to admit a resident to the Ranch.

WE MUST HAVE ALL THESE ITEMS PRIOR TO ADMISSION.

Please check each item and initial the ones you have given us.

- _____ Certified copy of Birth Certificate
- _____ Copy of Insurance Card
- _____ Copy of Social Security Card
- _____ Court Order Placement
- _____ Interagency Agreement
- _____ Current ISP – NO CHILD SHALL BE ADMITTED TO OUR PROGRAM
WITHOUT A CURRENT ISP
- _____ Pre-placement Survey
- _____ Immunization Forms
- _____ Intake Evaluation – NO CHILD SHALL BE ADMITTED TO OUR PROGRAM
WITHOUT A CURRENT INTAKE EVALUATION
- _____ Social Summary
- _____ Psychological
- _____ DHR 1878
- _____ DHR 724
- _____ Contact and Visitation Sheet
- _____ Intake Interview
- _____ Form 362 EPSDT Referral
- _____ School Records

Interagency Agreement

This agreement is entered into between the _____ County Department of Human Resources and the _____ (name of child care facility.)

Under the terms of this agreement the _____ (name of child care facility) agrees to provide group care for the following child (the word child throughout this document also means “children” where the agreement places siblings and consequently more than one child is named in the agreement.)

Name of Child _____ Date of birth: _____

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The _____ County Department of Human Resources has temporary custody of the above-named child by order dated _____ and rendered by the

_____.

(name of the court as it appears on Custody Order.)

Pursuant to the court order(s) attached hereto and made part hereof the _____

County Department of Human Resources hereby gives consent for emergency medical, surgical, dental, and hospital services, treatment, and care as determined by a physician, surgeon or dentist, to be necessary for the immediate health and well-being of the above-named child, provided effort is made to notify the said County Department of Human Resources. The

_____ County Department of Human Resources agrees to keep

_____ (name of child care facility) informed of current home and

business telephone numbers of its employee or employees designated to receive notification of the above described emergency medical treatment for the said child. For ordinary, non-emergency or elective medical, surgical, and dental treatment and care, prior permission must be obtained from the _____ County Department of Human Resources by the _____ (name of child care facility) except that the said child Care Facility is hereby given permission by said County Department of Human Resources to obtain an annual physical examination and annual dental examination of the said child (more frequent examinations when recommended by physician or dentist) and to obtain medical and dental treatment for said child when he is in pain or is exhibiting other symptoms which shows the child's need for medical or dental examinations, treatment or care.

The _____ County Department of Human Resources hereby gives permission for the above-named child to participate in recreational, social, or educational activities offered or approved by the _____ (name of child care facility) and taking place inside the state of Alabama. The said County Department of Human Resources gives permission for the said child to participate in such recreational, social, and educational activities outside the state of Alabama when prior approval has been obtained from the _____ County Department of Human Resources by the said child care facility. The permission includes participation in recreational activities approved by the said child care facility and supervised by staff members designated by the said child care facility or by other persons approved by the said child care facility.

Pursuant to Alabama Department of Human Resources policies and regulations this facility will comply with policies and regulations promulgated by the Department of Human Resources in accordance with R.C. v. Petelos, U.S.D.C. CY-88-H-1170-N and all other applicable policies and

regulations of the Alabama Department of Human Resources. Payment by the Alabama Department of Human Resources shall be contingent upon compliance with said policies and payment may be withheld if said facility fails to comply with policy.

Any differences between the court order(s) attached hereto and made a part hereof and the terms set out on the face of this agreement shall be resolved in accordance with the current court order(s). It is understood that the parties to this agreement are bound by the court order(s) attached hereto and made a part hereof.

Date: _____ COUNTY DEPARTMENT
OF HUMAN RESOURCES

By: _____

As Director of _____ County Department of Human Resources and as agent of the Department of Human Resources of the State of Alabama.

Date: _____ Name: _____
(Child Care Facility)

By: _____ As its _____ and agent.
(Title)

*This does not apply to children placed by agencies other than Department of Human Resources.

Eagle Rock Boy's Ranch PRE PLACEMENT SURVEY

Line 1 – To be completed by person child most recently lived with for substantial amount of time.

Line 2 – To be completed by placing authority.

CHILD'S NAME: _____

A. To your knowledge has said child ever attempted suicide, talked seriously about attempting suicide, or expressed other suicidal ideation? If so, please explain.

1. _____

2. _____

B. To your knowledge has said child ever been the victim of sexual abuse, assault or molestation? If so, please explain.

1. _____

2. _____

C. To your knowledge has said child ever sexually abused, assaulted or molested another person (male or female, adult or child)? If so, please explain.

1. _____

2. _____

D. To your knowledge does said child have any history of starting fires for the purpose of harming others? If so, please explain.

1. _____

2. _____

E. In your opinion what incidents, offenses, or problems have led to your belief that the child is in need of residential care such as offered at Eagle Rock Ranch?

1. _____

2. _____

Other information you believe to be important regarding said child. Please use a blank page if needed.

1. _____

2. _____

Summary of pre-placement visit: (child's mood, opinion, etc....)

1. Signature _____ Date _____
2. Signature _____ Date _____

Eagle Rock Boy's Ranch RESIDENT FACT SHEET

Child's Name: _____

Date of Birth: _____ Date of Admission to ERBR: _____

Child's Social Security #: _____ Case #: _____

Child is in legal custody of: _____

Placing Agency Or Entity: _____

Contact Person (Normally the Case Worker): _____

Contact Person Phone Number: _____

Medical Insurance Company and Policy Number:

Contact Person (Agency) Address: _____

Emergency Contact and Procedure: _____

Medical History or Problems ERBR should be aware of: _____

Child's Medication (please list all medication and medicines child is currently taking or has taken on a regular basis. Please list dosage, prescribing physician and problem being treated.)

Name of Child's Family Members (use back of sheet if needed):

Birth Mother: _____ Birth Father: _____

Adoptive Mother: _____ Adoptive Father: _____

Maternal Grandparents: _____ Paternal Grandparents: _____

Aunts: _____ Uncles: _____

Siblings: _____

REASON FOR REFERRAL:

Social Security Administration

CONSENT FOR RELEASE OF INFORMATION

To: Social Security Administration

CLIENT NAME: _____

DOB: _____ SSN: _____

LEGAL GUARDIAN NAME: _____

I authorize the Social Security Administration to release information or records about me and my child to:

EAGLE ROCK BOY'S RANCH

832 BURGESS ROAD

ATTALLA, AL 35954

256 538 1687

**I WANT THIS INFORMATION RELEASED BECAUSE THE CHILD ABOVE IS
BEING PLACED IN THE CARE OF EAGLE ROCK BOY'S RANCH.**

Please release the following information:

Social Security Number

Identifying information (date and place of birth, parent's name)

Monthly Social Security Benefit Amount

Monthly Supplemental Security Income Payment Amount

I am the individual whom the information or record applies, or that person's parent (if a minor) or legal guardian. I know that if I make any representation that I know is false to obtain information from Social Security records I could be punished by a fine or imprisonment or both.

Signature Date Relationship

Eagle Rock Boy's Ranch

Consent for treatment and release of medical information – Policy #4c-20

RESIDENT'S NAME: _____ DOB: _____

I hereby authorize any physician, hospital, or dentist to provide any examination and/or treatment as, in his/her opinion, is necessary for the above named child. I further authorize any physician, dentist, hospital or clinic to furnish the child care facility or its authorized agent any verbal or written information pertaining to my child. I authorize that a photocopy of this release may be considered as valid as the original.

_____	_____	_____
Signature	Date	Relationship to Youth

Witness

Address: _____

_____ Phone: _____

Insurance Company: _____ Phone: _____

Policy Number or Medicaid Number: _____

Pre-existing Medical Conditions: _____

Allergies: _____

Current Medications: _____

To authorized Physician, Dentist, Hospital or Clinic:

The Above Named Child is referred to you for medical treatment. It is requested that the bill be mailed to Medicaid as listed above.

_____	_____	_____
Authorized Agent	Date	Title

Address: _____

Eagle Rock Boy's Ranch

Contract Obligations and Ancillary Services

Eagle Rock Boy's Ranch is contracted with the State Department of Human Resources to provide basic residential care that also includes:

- Two hours a week tutorial services (education enrichment)
- Two hours a week of behavioral aid services as needed.
- Five hours a week of crisis intervention treatment as needed.

Services beyond these core services must be paid for by the county department.

- 1) Art or Karate lessons offered at Eagle Rock Boy's Ranch when recommended in the ISP. Billable under Medicaid cod z5236 and z5237.
- 2) Summer camps, church camps, and sports camps as approved in advance. Also includes fees related to band or sports teams. Also payment of extraordinary expenses such as musical instruments.
- 3) Mental Health Counseling. Two individual and two group units a week. Consistent with ISP. Medicaid code z5231 and z5233.

Case Manager Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Special note: Eagle Rock Boy's Ranch is one of very few programs in the state that can provide eligible residents with a car and valuable driving experience. The ranch strongly recommends that the County Department of Human Resources purchase a Global Position Satellite system to be placed in the child's vehicle. They allow caseworker and ranch staff instant online access to the vehicle's location and driving habits. Therefore, they not only create accountability and peace of mind but also reduce caregiver liability. At this point this is only a recommendation but in many cases it will determine whether or not the child receives a vehicle.