



424 E Norton Rd
Springfield, Mo. 65803

Admission Checklist

- 1. Birth Certificate
- 2. Social Security Card
- 3. Medicaid Card and Information
- 4. Immunization Record
- 5. Footsteps Application for Admission:
Including notarized drug testing
consent (Need Original Mailed)
- 6. Contact Information
- 7. Approval for the maximum clothing voucher
OR When they will be able to receive one and the amount.
- 8. A brief social summary or psychosocial assessment.
- 9. Current CS-9 (Children's Division Only)
- 10. Copy of academic records or GED
- 11. Copy of Court Order placing child in CD/DYS custody.
(or most recent keeping them in custody)
- 12. Copies of Psychological Evaluations (if applicable).
- 13. Placement letter

These are necessary previous to admission. If there are any questions please feel free to contact us.



Application for Admission

Applicant's Name: _____ D.O.B.: _____ D.O.A.: _____

S.S.N.: _____ Medicaid #: _____ Date of referral: _____

Race: _____ Religious Preference: _____ Birthplace: _____

Agency making application: _____ Caseworker: _____

Address: _____ Gender: M / F (circle one)

Email: _____ Phone: _____

Fax: _____ After hours/emergency phone: _____

Reason for placement: _____

Party responsible for funding: _____

Address: _____ Phone: _____

Legal Custodian: _____

Address: _____ Phone: _____

Juvenile Officer: _____ Circuit #: _____

Address: _____ Phone: _____

Guardian Ad Litem: _____

Address: _____ Phone: _____

Father's Name: _____ D.O.B.: _____

Address: _____ Phone: _____

Mother's Maiden Name: _____ D.O.B.: _____

Address: _____ Phone: _____

Present Marital Status of Natural Parents: _____

Stepparent's Names: _____

Siblings: Name, Address, and D.O.B.

Additional contact information _____

Name of Last School Attended: _____

Address: _____ Phone: _____

Current Grade: _____ I.Q.: FS: _____ R: _____ P: _____ Date tested: _____

Tentative Plan for Applicant upon Successful Completion of Footsteps Transitional Living Treatment Program: _____

Medications:

1. Medication: _____ Dosage: _____

Time of day taken: _____

2. Medication: _____ Dosage: _____

Time of day taken: _____

3. Medication: _____ Dosage: _____

Time of day taken: _____

4. Medication: _____ Dosage: _____

Time of day taken: _____

5. Medication: _____ Dosage: _____

Time of day taken: _____

6. Medication: _____ Dosage: _____

Time of day taken: _____

Medical Examination:

	<u>Date</u>	<u>Location</u>	<u>Address</u>	<u>Phone</u>
Physical	_____	_____	_____	_____
Dental	_____	_____	_____	_____
Vision	_____	_____	_____	_____
Hearing	_____	_____	_____	_____

Insurance Company: _____ Address: _____ Phone: _____

Group #: _____ Policy #: _____

Insured Name: _____ Insured's I.D. #: _____

Applicant's Physical Description: Height: ____ Weight: ____ Hair: ____ Eyes: ____

Please list any allergies:

Vacation and Visiting Resources: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Vacation and Visiting Resources: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

**Children's Division only*

Current IAP Goals (CD94)

1. _____

2. _____

3. _____

4. _____

5. _____

Footsteps Transitional Living Facility

Consent For Necessary Medical, Surgical, Psychiatric Care

I hereby certify that I am the parent/legal guardian (please circle relationship) of _____ and give my consent for him to receive whatever medical or surgical care is necessary or becomes necessary during his stay at Footsteps Transitional Living. I also give my consent for him to receive necessary vaccinations and immunization, routine medical examinations and medications, as well as other psychiatric care not defined below.

If _____ participates in excessive noncompliance and becomes harmful to himself and/or others, I will be notified to remove him immediately from the facility, and/or to authorize and make arrangements for psychiatric hospitalization, or allow these arrangements to be made by Footsteps.

Signature of Parent, Guardian, or Legal Representative

_____ Date _____

Footsteps Transitional Living Facility

Informed Consent of Treatment and Daily Care

I affirm that I have been informed of the services available at Footsteps Transitional Living. Its members and agents have my full and free consent for admission, basic counseling, daily care, and evaluation services as are deemed appropriate by the treatment team who care for _____ (applicant's name).

It is further understood that Footsteps Transitional Living will take reasonable steps to protect the rights of the resident and the resident's family and to advise the referring agency of the above named resident's welfare throughout periodic reports during the time in residence.

Signature of Parent, Guardian, or Legal Representative

_____ Date _____

Signature of witness _____ Date _____

Footsteps Transitional Living Facility
Statement of Financial Responsibility Regarding Medical Needs

Re: _____

I, _____, do hereby assume financial responsibility for his medical/dental needs and services rendered during his placement at Good Samaritan Boys Ranch/Footsteps Transitional Living. Except in the case of emergency in which immediate care is needed, Good Samaritan Boys Ranch/Footsteps Transitional Living will notify me prior to the occurrence of such medical needs. I do also understand that I will be billed for such services rendered or medications needed by the provider of such services or in some cases by Good Samaritan Boys Ranch/Footsteps Transitional Living.

_____ is covered by the following insurance company.

(Name of Applicant)

Insurance Company: _____

Insured's Name: _____

Policy/Group Number: _____

Relationship to Applicant: _____

Signature of Parent, Guardian, or Legal Representative

Date _____

Footsteps Transitional Living Facility
Consent to Conduct Evaluations

I hereby certify that I am the parent/legal guardian (please circle relationship) of _____ and give my consent for psychosocial, psychological and/or educational evaluations to be conducted when necessary during his stay at Good Samaritan Boys Ranch/Footsteps Transitional Living. These evaluations will be for evaluative purposes, medication purposes, or purposes deemed necessary to benefit the general welfare as decided upon by the Footsteps staff.

Signature of Parent, Guardian, or Legal Representative

_____ Date _____

Footsteps Transitional Living Facility
Consent to Participate in Activities Both At and Away from Footsteps

I, _____, parent/legal guardian (please circle relationship) give my approval for _____ to participate in all activities both at and away from Good Samaritan Boys Ranch/Footsteps Transitional Living. I understand that some activities may take place out of the county.

For all out-of-state activities, written permission will be required from the resident's legal guardian (DFS or DYS worker, Juvenile Officer, Parent).

Signature of Parent, Guardian, or Legal Representative

_____ Date _____

Footsteps Transitional Living Facility Authorization of Disclosure Form

If necessary, this form will be used to obtain, from other agencies, specific information regarding the resident.

I, _____, (applicant's name) authorize
 _____ (agency to disclose information) to disclose to
 _____ (person or organization to which disclosures are to be made) the following, but not limited to: identifying data; academic work completed; level of achievement (grades, standardized achievement test scores, etc.); attendance data; scores on standardized intelligence, aptitude and psychological tests; interest inventory results; health data; immunization records; family background information; teacher, counselor and/or administrator ratings and observations; reports of any and all isolated or recurrent behavior patterns.

The purpose or need for such disclosure is _____
 _____.

This consent to disclose may be revoked by me at any time except to the extent that action has been taken in reliance thereon. This consent (unless expressly revoked earlier) expires upon _____ (date, event or condition upon which it will expire).

I have been informed, in a manner to assure my understanding, of the specific type of information that has been requested and, if known, the benefits and disadvantages of releasing the information; by signing, I indicate my voluntary consent; I have been informed that the provision of services is not contingent on my decision concerning the release of information.

The Good Samaritan Boys Ranch/Footsteps Transitional Living is also authorized to release to appropriate agencies any information that is necessary for the treatment of the above named individual.

Signature of Parent, Guardian, or Legal Representative

_____ Date _____

Footsteps Transitional Living Facility
Photo and Video Authorization for Facility Purposes

In consideration of your accepting applicant,
_____, I/We authorize Good Samaritan Boys
Ranch/Footsteps Transitional Living or it's duly appointed representatives to photograph and/or videotape the applicant alone or in groups, and to display these pictures to various groups, organizations, societies, or to publish them as promotional material. The permission is granted in an effort to cooperate and help promote Good Samaritan Boys Ranch/Footsteps Transitional Living and we do further agree to waive any and all rights, actions, causes of actions, claims or demands for the taking and displaying of the aforesaid pictures.

Signature of Parent, Guardian, or Legal Representative

_____ Date _____

Footsteps Transitional Living Facility
School Related Photo and Video Authorization

I/we authorize _____ (name of applicant) to be photographed or videotaped for the purpose of inclusion in school yearbooks or school videos, for sports teams, extracurricular activities, organizations, or other specified groups the resident is a part of during his stay at Footsteps Transitional Living.

Signature of Parent, Guardian, or Legal Representative

_____ Date _____

Footsteps Transitional Living Facility

Authorization for Drug Testing

I hereby certify that I am the parent/legal guardian (please circle relationship) of _____ (name of applicant) and give my consent for Good Samaritan Boys Ranch/Footsteps Transitional Living to arrange for testing in regard to drug screenings. A drug screening will be arranged if a resident is suspected of drug use. This will be in addition to tests given at regular and random intervals.

Signature of Parent, Guardian, or Legal Representative

_____ Date

Signature of witness _____ Date

State of Missouri

ss.

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

Footsteps Transitional Living Facility
Written Authorization to provide full services for child in care

Child: _____

Birthdate: _____

TO WHOM IT MAY CONCERN:

The above name child is in the custody of

The Missouri Department of Social Services, Children's Division / Division of Youth Services
 (circle one)

and is assigned to Footsteps Transitional Living for Case Management services effective _____ (Date).

Case Managers are responsible for providing case planning and services to foster children and are authorized to enroll children in school, to seek routine medical care and mental health care, give authorization for treatment and obtain documents regarding the family and child, including medical records, birth certificates and school records.

Telephone#: (w) _____

Email: _____

Printed Name: _____ Position: _____

Authorized Representative

Signature: _____

Authorized Representative

Date: _____

This authorization does not extend to surgical procedures requiring Emergency Surgery or General Anesthesia.

Footsteps Transitional Living Facility

Consent for HIV Testing

HIV testing will be conducted on all Good Samaritan Boys Ranch/Footsteps Transitional Living residents who have been placed in high risk situation for the possible contraction of HIV.

HIB testing will be conducted on any resident not previously tested who is involved in an incident with body fluid exposure.

Resident _____

Signature of Parent, Guardian, or Legal Representative

_____ Date _____

Signature of witness _____ Date _____

State of Missouri

ss.

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

Good Samaritan Boys Ranch

Grievance policy for Residents

I. POLICY

During his stay at GSBR/Footsteps Transitional, if a resident feels he has been treated unjustly by a staff member he has the right to file a written grievance.

II. PURPOSE

The purpose is to ensure that the resident's rights are not violated, and to give him a specific course of action to follow if he feels his rights have been violated.

III. PROCEDURE

- A. When the incident occurs, the resident should make contact with the staff member involved and try to arrive at a solution.
- B. If the resident still feels that the problem has not been resolved, he then puts his grievance in writing by accessing the Resident Communication Form and submits it to the supervisor of the staff member involved.
- C. The written grievance will be reviewed. The resident and staff member involved will meet together with the staff member who is reviewing the complaint, and the three will work toward a resolution. If a resolution is not obtained at this level, it may be reviewed at the next level until it has finally been resolved.
- D. The written grievance will be placed in the resident's permanent file.
- E. The resident may also file his grievance with his referral agency social service worker or Juvenile Officer.
- F. Grievances involving school will be handled by the current school the resident is attending.

Footsteps Transitional Living Facility

Grievance Policy for Residents

Footsteps desires to equip residents with the knowledge and tools necessary to succeed outside of institutions. As a part of this preparation the residents at Footsteps are given the opportunity to partake in problem solving procedures. In the case of incidents at Footsteps, the residents have the responsibility to complete and submit a Resident Communication Form.

The Resident Communication Form is a document that allows the resident to inform the Director of Footsteps of situations that are deemed unacceptable to the resident. This may include an incident with staff when the resident feels he has been treated unjustly. The RCF should also be used to make inquiries to the Director in regard to Policy and Procedures at Footsteps Transitional Living.

The Resident Communication Form is one tool the residents are given to assist in their learning the appropriate way to deal with conflict and handle problems that may occur in their life. This form is intended to not only protect the resident from unfair treatment, but to help him increase his knowledge of functioning in society outside of Footsteps.