

**Home On The Range
Resident Information Sheet**

Legal Name:	Date of Placement:
Nickname:	Religious Pref:
Date of Birth:	Family Religious Pref.:
Place of Birth:	Height:
Race:	Weight:
Hair Color:	Eye Color:
Complexion:	Laundry No.:
Significant Physical Characteristics:	

Insurance Information:

Company:
Policyholder:
Policy #:

Any other insurance?

Court Order Date:	Court Order Expires:
Social Security #:	Grade in School:
Classification:	Last School:
	Financially Resp. School:

Father:	Mother:
Address:	Address:

Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Date Of Birth:	Date Of Birth:

Referring Agency:
Address:
Telephone:
Contact Person:

Agency Financially Responsible:
Address:
Telephone:
Contact:

Significant Others:

Reason for Placement:

Additional Information (contact restrictions, etc.):

Social Skill Menu:

Behavior Management Techniques:

Restrictions: Yes___ No___ If Yes, list:

Social Worker/Case Manager Assignment:

Completed By: _____

NORTH DAKOTA APPLICATION FOR RESIDENTIAL SERVICES

DATE OF REFERRAL: **COMPLETED BY:**
(Signature)

NAME OF PERSON MAKING REFERRAL:

AGENCY NAME & ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

CLIENT'S NAME: **DOB:** **AGE:**

PLACE OF BIRTH: **HEIGHT:** **WEIGHT:**

SSN: **GENDER:** **RACE:**

RELIGION:

CURRENT PLACEMENT OF CHILD:

ADDRESS & PHONE #:

MEDICAID ELIGIBLE: YES { } NO { } SSI ELIGIBLE: YES { } NO { }

MEDICAID (MA) #:

COUNTY ISSUING MA#:

THIRD PARTY INSURANCE COMPANY NAME, ADDRESS, PHONE NUMBER:

POLICY HOLDER'S NAME:

ADDRESS:

PHONE NUMBER:

LEGAL CUSTODY WITH:

PROBATION OFFICER:

COURT ORDER DATE:

PHONE NUMBER:

LEGAL CUSTODIAN NAME:

ADDRESS:

PHONE NUMBER:

FAX NUMBER:

COUNTY OF FINANCIAL RESPONSIBILITY:

ADDRESS:

CONTACT PERSON:

PHONE NUMBER:

BRIEF DESCRIPTION OF PRESENT TREATMENT ISSUES & CURRENT REASON FOR REFERRAL:

CURRENT ASSESSMENT OF RUNAWAY RISK, DANGER TO SELF AND OTHERS:

**BRIEF DESCRIPTION OF PRESENT THERAPY:
LOCATION:
NAME OF PROVIDER:**

**BRIEF DESCRIPTION OF FAMILY THERAPY:
LOCATION:
NAME OF PROVIDER:**

MOST RECENT DIAGNOSIS:

AXIS I:

AXIS II:

AXIS III:

AXIS IV:

AXIS V:

FAMILY ORIGIN:

FATHER'S NAME:

AGE:

ADDRESS:

PHONE #: (W)

(H)

LEVEL OF EDUCATION:

EMPLOYED: { } YES { } NO

OCCUPATION:

RACE:

BIRTH DATE:

RELIGION:

MOTHER'S NAME:

AGE:

ADDRESS:

PHONE #: (W)

(H)

LEVEL OF EDUCATION:

EMPLOYED: { } YES { } NO

OCCUPATION:

RACE:

BIRTH DATE:

RELIGION:

SIBLINGS:

NAME	SEX	AGE	ADDRESS	RELATIONSHIP
OTHER SIGNIFICANT PEOPLE IN CHILD'S LIFE				

DOES EITHER PARENT CURRENTLY HAVE A SIGNIFICANT OTHER LIVING WITH THEM? IF YES, PLEASE SPECIFY WHICH PARENT, AND IF THE SIGNIFICANT OTHER HAS CHILDREN LIVING WITH THEM IN THE HOME:

FAMILY HISTORY (Divorce, history of physical, verbal, emotional, or sexual abuse or neglect, domestic violence, family dynamics, etc.):

FOSTER CARE ENTRY AND DISCHARGE DATES (most current first):

ENTRY	DISCHARGE	PROVIDER NAME/ADDRESS	TYPE

**IF THE CHILD IS NOT PRESENTLY PLACED IN THE BIOLOGICAL HOME,
PLEASE COMPLETE:**

NUMBER OF CHILDREN IN CURRENT FOSTER HOME, IF APPLICABLE: _____

NAME	SEX	AGE	RELATIONSHIP TO FOSTER PARENT(S)

HISTORY OF CLIENT'S BEHAVIOR:

- 1. DESTRUCTIVENESS (include fire-setting):**
- 2. AGGRESSIVENESS/SEXUAL OFFENDING:**
- 3. SOCIAL STRENGTHS AND WEAKNESSES:**
- 4. RELATIONSHIP WITH PEERS:**
- 5. RELATIONSHIP WITH ADULTS:**
- 6. RELATIONSHIP WITH AUTHORITY:**
- 7. VIOLENCE TO SELF/SIB/PIERCING/TATTOOS:**
- 8. VIOLENCE TO OTHERS (include animals):**
- 9. EATING AND SLEEPING HABITS (eating and sleeping disorder symptoms):**
- 10. SUICIDE ATTEMPTS/IDEATION (child):**
- 11. MENTAL ILLNESS HISTORY (family):**
- 12. HISTORY OF SEXUALITY (sexually active, STD's, pregnancy, etc.):**
- 13. ALCOHOL AND DRUG USAGE, INCLUDING SMOKING, HUFFING (child) - Treatment?**

Parental/Other Members - Treatment?

Has client been assessed for Fetal Alcohol Syndrome/Fetal Alcohol Effects? { } Yes
() No

If yes, what were the results? _____

14. LEGAL HISTORY:

15. RUNAWAY HISTORY (Who he/she ran with? What does he/she do on run?):

16. THOUGHT DISORDER:

17. OTHER:

ABUSE/NEGLECT HISTORY:

VICTIM OF ABUSE

TYPE OF ABUSE	KNOWN PERPETRATOR (NAME)	WHEN AND HOW LONG	INVESTIGATED	SUBSTANTIATED

CURRENT CONTACT, IF ANY, WITH KNOWN PERPETRATORS(S):

CLIENT'S NAME:

PERPETRATOR OF ABUSE:

TYPE OF ABUSE	RELATIONSHIP OF VICTIM TO CLIENT	WHEN AND HOW LONG	INVESTIGATED	SUBSTANTIATED

MEDICAL HISTORY:

1. **KNOWN MEDICAL PROBLEMS/DISABILITIES/HEAD INJURIES**
(include allergies: meds, food, insects, etc.):
2. **MEDICATIONS** (current and past):
3. **PRENATAL, INFANCY, AND CHILDHOOD DEVELOPMENT:**
4. **ADOLESCENT DEVELOPMENT:**
5. **IMMUNIZATION RECORD:**

TYPE	DATE	TYPE	DATE

DOCTOR'S NAME	CLINIC/ADDRESS	PHONE #	LAST EXAM
DENTIST:			
OPTOMETRIST:			
FAMILY DOCTOR:			
PSYCHOLOGIST:			

EDUCATION:

HOME SCHOOL DISTRICT:
SUPERINTENDENT'S NAME:
ADDRESS/PHONE #:

PRESENT GRADE LEVEL: LAST GRADE COMPLETED: ED: GED:
GED COMPLETED: GED WAIVER: FULL SCALE IQ:
PERFORMANCE IQ: VERBAL IQ: ED: LD:

EDUCATIONAL DEVELOPMENT (History of learning or perceptual problems, sensory handicaps, dyslexia, etc.):

RECEIVING SPECIAL EDUCATION? WHAT NEEDS?

SPECIAL EDUCATION DISTRICT:

ADDRESS/PHONE #:

TRUANCY:

PEER RELATIONSHIPS (in school):

RELATIONSHIP WITH TEACHERS/COUNSELORS:

PAST YEAR AND PRESENT YEAR PERFORMANCE (average grades):

INDEPENDENT LIVING SKILLS CURRICULUM:

HAS SCHOOL BEEN INFORMED OF REFERRAL?

CURRENT ED IEP DATE:

CHILD'S INTEREST/SKILLS IN AREA OF VOCATION/WORK:

SCHOOL PLACEMENT HISTORY:

SCHOOL NAME/ADDRESS	DATE ATTENDED

PAST PLACEMENTS (hospitalizations, group home, out-patient services, etc.) OR

FOSTER CARE:

AGENCY NAME/ ADDRESS	DATE OF PLACEMENT	REASON FOR PLACEMENT	DATE OF DISCHARGE

F. Financial Responsibility:

Agency:
Address:
City/State/Zip:

G. Method For Resolution Of Dispute or Termination:

This contract may be terminated by either party by providing reasonable notice of the dissolution of these terms. The CONTRACTOR may terminate service based on the CLIENT's failure to cooperate with provided services and/or the stated expectations of the placement. The REFERRAL SOURCE, upon finding that the CONTRACTOR is not in compliance with any law or regulation, or applicable licensure and certification requirement, may terminate this contract upon written notice to the CONTRACTOR. Upon the termination or expiration of this contract, the CONTRACTOR shall cooperate in the orderly transition of client service and records and will grant, upon receipt of a signed release of information, copies of all requested client records generated by the CONTRACTOR.

H. Statement Of Confidentiality:

The REFERRAL SOURCE and the CONTRACTOR agree to comply with all client confidentiality requirements of the CONTRACTOR as well as state and federal law requirements.

I. Signature Block:

REFERRAL SOURCE:

Referring Agency

Date

CONTRACTOR:

Executive Director
Home On The Range

Date

HOME ON THE RANGE PLACEMENT AGREEMENT

Name of Child: _____
(Print or Type)

Youngsters who are referred to Home On The Range (hereinafter referred to as HOTR) for placement are those having difficulty in their home, school and/or community. Any youth who is referred will be considered for placement at HOTR. The goal of HOTR is to offer youth a program of service and care to meet their individual needs. If a youth is accepted, efforts will be made to help the child learn social, academic, self-maintenance and similar skills to aid him/her in a better adjustment to family, teachers, peers and members of the community. Efforts are made to return the resident to a community placement as soon as possible. Exact plans depend on the child's needs and family situation.

I have decided that the problems of my child are serious enough to warrant placement at HOTR. I understand my child will be considered for residence in the HOTR program. With this understanding, I agree to the condition of this consent form, as indicated.

I understand that I am not, nor will be, deprived of my parental rights. However I agree to extend these parental rights to the staff at HOTR. This includes signing official documents, school permission forms, medical forms, etc.

I understand at the discretion of HOTR personnel, in accordance with the treatment plan, that my child will be able to spend holidays and vacation time with me. I agree to accept responsibility for my child during such periods and will notify the staff of HOTR immediately if any evidence of difficulty should appear. For example, if my youngster runs away or becomes physically abusive or is arrested, I would agree to contact the HOTR staff immediately to inform them of such happenings. I agree to return the child "on time" in accordance with plans made with HOTR staff.

I give my permission to the staff of HOTR to use physical restraint in the event that it is necessary to protect the health or safety of him/herself or others. It is understood that physical restraint in this context means holding the arms or legs of the child to prevent damage to oneself and/or other people. I understand the Ranch has a policy of never physically abusing (hitting, spanking, kicking, etc.) a child for discipline or punishment.

I understand the HOTR provides an "All Faiths" chapel service for all youth. I also understand that youngsters other than Christian youth are never excluded from the HOTR program because of their religious preferences and that special arrangements will be made for those youth to attend community services in accordance with their personal belief. I am aware that, regardless of my child's religious preference, my child, as well as all other HOTR residents, are expected to attend a religious service each week unless they have a legitimate reason for not attending.

I understand that the HOTR program includes physical activities such as football, basketball, soccer and similar vigorous activities. Unless my child has some physical limitations that make it medically unwise to participate if he/she so desires, I authorize such participation. I also will allow him/her to travel with teams and similar groups for such participation.

I understand that HOTR is a working ranch and that it operates a farm/ranch and vocational program. I understand that while my child is at HOTR he/she may at one time or another operate machinery, equipment or vehicles as part of his/her work experience, which is a part of the HOTR program. I understand that he/she will be given proper instruction in both the use of machinery and safety procedures associated with their use and that he/she will not be allowed to operate such equipment until he/she has demonstrated competency in the operation of such equipment and machinery.

Thus, in general, I agree to the cooperative relinquishment of the control and management of my child to engage in any activity that the staff deems appropriate for my child's benefit.

I understand that, given the problems of my child, placement at HOTR is the least restrictive alternative placement.

Parent: _____

Parent: _____

Resident: _____

Referring Agency Representative: _____ Date: _____

HOME ON THE RANGE
AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, hereby freely and voluntarily authorize

Name of Person/Hospital/Agency Address City/State/Zip
to release the following information concerning _____
to _____
Name of Client Date of Birth

Name of Person/Hospital/Agency Address City/State/Zip

Information to be released:

This information is necessary for (circle): Diagnosis and Treatment / Follow-Up

Other: (specify) _____

I understand that I do not have to give this authorization to receive treatment services and that I may revoke this authorization to release information at any time by giving written notice to Home On The Range. However, I also understand that any information released prior to my revoking this authorization shall not be a breach of my Right of Confidentiality. Unless I revoke this authorization prior to such time, this authorization shall expire _____ days from the date of the authorizing signature below.

Client Signature Date Witness Date

If the client is a minor (under the age of 18 in the state of North Dakota) or has a legal guardian appointed by the court, this authorization to release information must be signed by the client's responsible parent or legal guardian and must be signed by the client if the client is over age 12.

Parent/Guardian Signature Date Witness Date

Relationship to Client

__ CHECK IF APPLICABLE - NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS: This information has been disclosed to you from records, the confidentiality of which is protected by federal law. Federal regulations (42CRF Part 2) prohibits any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

**HOME ON THE RANGE
DOCUMENTATION OF COMMUNITY / FAMILY SERVICES**

Licensing guidelines for group and residential care facilities in North Dakota, specifically Section 75-03-16-16, #4 states:

- "e. The facility shall request documentation of the services the parents or custodian will receive in the home community while the child is receiving services in the facility.**
- f. The facility shall request quarterly progress reports from the agency providing services to the parents or custodians."**

Below is a simple form for your convenience with which to document family services. Please complete and return as soon as possible.

Youth's Name: _____ Date: _____
Parent/Guardian Name: _____
Referring Agency: _____
Referring Case Manager: _____

Community Service Provider: _____
Address: _____
Agency Contact: _____ Telephone: _____

Brief description of services provided:

Comments:

Referring Case Manager

Date

HOME ON THE RANGE COLLATERAL INFORMATION - PARENT WORKSHEET

I. Identifying Information -

Youth's Name:

DOB:

Sex: M F Race:

Address:

City:

State:

Informant(s):

Relationship:

II. History of Previous Intervention - list previous placements / interventions including counseling, foster care, group homes, residential care, psychiatric hospitalizations, etc.

Therapist/Facility

From-To

Reason For Termination

III. Presenting Problem - list a description of the precipitating events and circumstances that lead to the referral for placement

IV. Family History -

A. Youth's Biological Father:

Birthplace:

Age/DOB:

Last grade or education completed:

Occupation:

If deceased, state date and cause of death:

B. Youth's Biological Mother:

Birthplace:

Age/DOB:

Last grade or education completed:

Occupation:

If deceased, state date and cause of death:

Date of parent's marriage:

C. Father's previous and/or subsequent marriages (list names and dates)

Name of ex-spouse

Date of Marriage

Date of Divorce

D. Mother's previous and/or subsequent marriages (list names and dates)

Name of ex-spouse

Date of Marriage

Date of Divorce

E. Name and relationship of relative or other person(s) important in rearing the youth and age of the youth.

F. List all of the youth's siblings, step-siblings, etc:

Name:

Age:

Location:

G. List any history of mental illness, emotional problems, substance abuse, etc. in siblings or parents:

V. Youth's Birth / Developmental History -

A. Date of birth:

B. Place of birth:

C. Adopted?: Y N D. If yes, at what age?:

E. Any medical complications during the mother's pregnancy or delivery (premature, Cesarean, etc.):

F. What was the parent's attitude toward the birth? (sadness, joy, frustration, etc.)

G. Hospitalizations, surgery, significant illness or severe accidents during:

0 - 18 mos.:

18 mos. - 18 yrs.:

Other:

H. Developmental Milestones (Check or fill-in the following):

1. Feeding difficulty

2. Weaned at age?

3. Age resident began to walk:

4. Age resident began to talk:

5. Age resident was toilet trained:

6. During the resident's childhood, were there any problems in the following areas:

unusual fears	age?
projectile vomiting	age?
head banging	age?
temper tantrums	age?
runaway	age?
sleep disturbance	age?
eating disturbance	age?
speech difficulty	age?

VI. School History -

A. Attended pre-school / nursery school? :

Any apparent difficulties? :

B. List all schools attended:

School	Grade Attended	Location
--------	----------------	----------

C. Special Education? At what age?

D. Behavioral difficulties? (Describe):

E. Achievements? :

VII. Religious / Cultural History -

A. Current church preference:

B. Baptized?: Confirmed ?:

C. Any specific religious needs? :

D. If Native American, is the youth active in cultural activities? :

E. Enrolled tribal member?: Tribe?:

VIII. Social Patterns -

A. Does the youth have many friends?:

B. Is the youth a follower or a leader?:

C. Does the youth have any particular difficulties with peers?: (shy, aggressive, etc.):

D. Has the youth begun dating?: At what age ?:

E. Is the youth sexually active? : At what age?:

F. Are you aware of any problems directly related to the youth's dating or sexual activity?:

IX. Substance Abuse History -

A. Does the youth have a history of alcohol usage? :

Frequency?:

B. Does the youth have a history of drug usage? :

Frequency?:

C. Does the youth have a history of inhalant abuse? :

Frequency?:

X. Comments -

HOME ON THE RANGE

Education Data Form

1. Youth's Name:

Date of Birth:

Current Grade Level:

Permanent Address:

City/State/Zip:

Telephone:

Home School/ District:

Address:

City/State/Zip:

Telephone:

Please attach a current class schedule, most recent grade report, achievement test scores and immunization record. All permanent transcripts should be forwarded upon acceptance and prior to placement and will be requested by the HOTR education coordinator or the receiving school district.

2. Has the youth been identified to receive any Special Education services?

Yes

No

If yes, attach a copy of the most recent Individual Education Plan (IEP).

Parental consent is required at times in the development and implementation of special education services. If for some reason (i.e. termination of parental rights) a parent cannot provide this consent, who should be contacted to provide it?

3. Is there a history of truancy? Yes

No

Number of days absent:

4. Please describe the youth's observable classroom behavior:

Appropriate:

Inappropriate:

5. Please describe the youth's peer relations and level of social functioning:

6. Special Interests (extracurricular activities, athletics, etc.):

7. Name and address of the contact person representing the school district of financial responsibility:

Name:

Title:

School:

Address:

City/State/Zip:

Telephone:

8. Signature of person completing this form:

Signature

Title

Date

Home On The Range Medical Interview
16351 I-94, Sentinel Butte, ND 58654

Name: _____ Date of Birth: _____ Date of Interview: _____

ALLERGIES: Penicillin Sulfonamide Serum Food Other

Check blanks that apply for above named individual:

- | | | |
|---|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Frequent Depression |
| <input type="checkbox"/> Infect. Mono. | <input type="checkbox"/> Epilepsy, Convulsions | <input type="checkbox"/> Frequent Anxiety |
| <input type="checkbox"/> Viral Hepatitis | <input type="checkbox"/> Gum or Tooth Trouble | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Eye Trouble | <input type="checkbox"/> Head Injury or |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Ear, Nose, Throat Trouble | <input type="checkbox"/> Unconsciousness |
| <input type="checkbox"/> German Measles | SURGERY: | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Appendectomy | <input type="checkbox"/> Other Illness or Injury |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tonsillectomy | FEMALES ONLY: |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Hernia Repair | <input type="checkbox"/> Irregular Periods |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other | <input type="checkbox"/> Severe Cramps |
| <input type="checkbox"/> Recurrent Headache | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Excessive Flow |
| <input type="checkbox"/> Recurrent Colds | <input type="checkbox"/> Asthma | <input type="checkbox"/> Last Menstrual Period |
| | <input type="checkbox"/> Sexually Trans. Disease | <input type="checkbox"/> Pregnancy |

Have you been physically abused? Yes No

Have you ever used any of the following? (Check if Yes)

- | | | | |
|------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Inhalants | <input type="checkbox"/> Amylnitrate (poppers) |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Barbituates | <input type="checkbox"/> Cocaine | <input type="checkbox"/> LSD |
| <input type="checkbox"/> Narcotics | <input type="checkbox"/> I.V. Drugs | <input type="checkbox"/> Other Nonprescription Drugs | |

Have you ever had a blood transfusion? Yes No

Have you ever had a tattoo? Yes No

Have you ever had acupuncture? Yes No

Have you ever been sexually abused? Yes No

Have you ever been sexually active? Yes No

If yes to sexually active, have you been active with any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Person with AIDS | <input type="checkbox"/> IV Drug User |
| <input type="checkbox"/> Multiple/Unknown Partners | <input type="checkbox"/> Male/Female Prostitute |
| <input type="checkbox"/> Homosexual/Bisexual Male | <input type="checkbox"/> Hemophiliac |
| <input type="checkbox"/> ARC | <input type="checkbox"/> Positive HIV |

Have any of your relatives had any of the following? (Give relationship)

- | | |
|--|---|
| <input type="checkbox"/> Tuberculosis _____ | <input type="checkbox"/> Diabetes _____ |
| <input type="checkbox"/> Heart Disease _____ | <input type="checkbox"/> Kidney Disease _____ |
| <input type="checkbox"/> Asthma, Hayfever _____ | <input type="checkbox"/> Epilepsy/Convulsions _____ |
| <input type="checkbox"/> Alcohol/Drug Related Problems _____ | |

Have you had difficulty with school studies or teachers? (Give details) _____

Have you received treatment or counseling for a nervous condition, personality or character disorder, emotional problems, alcohol or other drug related problems? _____

Scars or tattoos: _____

Date of: Last Eye Exam: _____ Last Dental Exam: _____ Last Tetanus: _____

_____ was instructed on the medical routine at Home On The Range. He/she was advised to report any illness or injury to staff.

NOTES: _____

Signature

HOME ON THE RANGE

MEDICAL RELEASE

TO WHOM IT MAY CONCERN:

I, _____, parent/guardian of _____
(Child's Name)
for the mutual conditions of covenant and terms herein do hereby grant permission to Home On The
Range (hereinafter referred to as HOTR) and/or its administrative authorities to provide any medical
care it deems necessary for the well-being of _____.
(Child's Name)

FURTHER, should _____ develop any illness or sustain an
(Child's Name)
emergency injury requiring immediate medical care and/or hospitalization, in the judgment of HOTR
and/or its administrative authorities, permission is herewith granted by me _____
(Parent/Guardian)
for any necessary medical care.

I (we) further consent to:

1. All medical tests and immunizations deemed advisable by HOTR's medical advisors and/or consultants.
2. All medical and dental care deemed necessary by HOTR's medical advisors and/or consultants.
3. The usage of anesthesia and/or furnishing any surgical treatment by the medical advisors and/or consultants of HOTR, if in the opinion of said advisors and/or consultants such an emergency exists or may unexpectedly arise. In keeping with the concept of the importance of parental and agency awareness, every effort will be made by HOTR to secure such surgical releases when in the opinion of said advisors and/or consultants no emergency exists or may unexpectedly arise.
4. To sign all medical forms deemed necessary to obtain medical attention. These forms include but are not limited to medical treatment forms, procedural consent forms, financial responsibility, HIPAA, health insurance forms, or mental health forms.

Further, in consideration of the aforesaid payment and the added consideration of medical care granted by HOTR, its administrative authorities and/or its medical advisors or consultants, I hereby covenant that I will forever refrain for any reason from instituting, or in any way pressing any claim of any kind against HOTR, Sentinel Butte, ND, its administrative authorities and/or its medical advisors or consultants.

Furthermore, I hereby expressly stipulate and agree in consideration of the aforesaid payment in the event any claim is pressed by, or on behalf of, said minor, the undersigned will forever "stand in the shoes" and hold forever harmless HOTR, its administrative authorities and/or its medical advisors or consultants.

Parent/Guardian

Date

Referring Agency Rep.

Date

HOME ON THE RANGE
Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Home On The Range may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Home On The Range's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Home On The Range reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to HOTR Privacy Officer at 16351 I94, Sentinel Butte, ND 58654.

With my consent, Home On The Range may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as messages, permission slips, insurance items, and any call pertaining to my clinical care, including laboratory results, among others.

With my consent, Home On The Range may mail to my home or other designated location any items that assist in carrying out TPO, such as progress reports, permission slips, and patient statements, as long as they are marked Personal and Confidential.

With my consent, Home On The Range may email to my home or other designated location any items that assist the practice in carrying out TPO, such as progress reports, permission slips, and patient statements. I have the right to request that Home On The Range restrict how it uses or discloses my PHI to carry out TPO. However, the facility is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Home On The Range, use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing to the extent that the facility has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Home On The Range may decline to provide treatment to me.

Patient's Name

Signature of Patient or Legal Guardian

Date

Printed Name of Patient or Legal Guardian

HOTR Church Preference Form

Resident's Name: _____

It is the belief of HOTR that healing is aided when we address physical, psychological, and spiritual needs. Thus, our program offers a spiritual element. As the parent/guardian, please consider the following regarding your child's church attendance:

How important do you view spirituality for your child?

____ Not Important ____ Important ____ Very Important

Do you have any goals for your child's spiritual life? ____ Yes ____ No

If so, please make any comments concerning these goals and/or any religious instruction you as a parent/guardian would like this child to receive while at HOTR:

Check 1 or 2 or 3:

1. I desire my child to attend the designated community church while he/she resides at HOTR:
 ____ Catholic
 ____ Evangelical
 ____ Lutheran

2. I desire my child to attend church, but they may choose which church to attend

3. My child has my permission to decide if he/she wants to attend church.

Check 4 or 5:

4. I authorize my child to change churches without my approval.

5. I require that I be contacted to grant permission for my child if he/she desires to change churches.

If not checking 1, 2, 3, 4, or 5, then review and check option 6:

6. My child has my permission to not attend/participate in any religious events/activities while residing at HOTR*.

*If this option is chosen, I realize that my child will be required to attend a moral/character development group in place of attending a community church service and HOTR chapel.

Parent Signature

Date

NOTICE OF PRIVACY PRACTICES

THIS DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse your personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include filling your prescription.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill to your insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

If mail-out prescription services are requested by you, we will place the pharmacy's name and return mailing address on the envelope or package unless you request in writing that the pharmacy's name and/or return address not be included.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to our Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain, and we have the obligation to provide to you, a paper copy of this notice from us at your first service delivery date.
- The right to provide, and we are obligated to receive a written acknowledgement that you have received, a copy of our Notice of Privacy Practices.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 13, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make new notice provisions effective for all protected health information that we maintain. We will post, and you may request, a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. Home On The Range will not retaliate against you for filing a complaint.

Please contact us for more information:

Executive Director
Home On The Range
16351 I94
Sentinel Butte, ND 58654
Ph.: 701-872-3745

For more information about HIPAA or to file a complaint:

The U.S. Dept of Health & Human Services
Office of Civil Rights
200 Independence Ave SW
Washington, DC 20201
Ph.: 877-696-6775 (toll free)

To Whom It May Concern:

Enclosed is an information and application packet for possible admission to Home On The Range.

Our facility accepts boys and girls for placement between the ages of 12 and 19. The majority of our referrals are from a four-state surrounding area, although we accept applications from around the United States. Home On The Range is licensed by the North Dakota Department of Human Services and nationally accredited by the Council on Accreditation. We provide services to a variety of youth in need of structure, therapeutic services, and behavior management in a nurturing environment. The average length of placement is 8-10 months, however short-term programming is available. It is imperative that once a child begins placement, he or she is allowed to remain for a sufficient period of time to successfully complete our program. For current care rates, please contact the admissions office.

All of our residents attend public school in Beach, ND. There are a variety of special needs programs available for our youth. Some of these programs carry an additional fee payable directly to the school district. Tuition is also payable directly to the school. For applicable tuition and program rates for your state, please contact the Beach Public School business office at (701) 872-4161.

I hope you find this information helpful. If I can be of further assistance please feel free to contact me.

Sincerely,

Michelle Swanson, LSW
Administrative Services Director

Home On The Range is a private child care organization providing services to adolescents between the ages of 12 and 19 years. Home On The Range offers a residential program which is licensed by the North Dakota Department of Human Services to serve 72 boys and girls.

Located off Exit 7 on Interstate 94, Home On The Range is just 18 miles west of Theodore Roosevelt National Park and the majestic Badlands. The working ranch consists of 1400 acres.

History

Home On The Range (HOTR) was founded in 1950 by Father Elwood E. Cassidy as a refuge for homeless and neglected boys. In 1959, Father Cassidy became ill and Father William J. Fahlander, pastor of St. Michael's in Sentinel Butte, became acting director. Father Cassidy died in 1959 and Father Fahlander accepted the duties of superintendent, a position which he served for 26 years. Jay Johnson is the current executive director and manages the day-to-day operations of the ranch.

Throughout its history, Home On The Range has become synonymous with support, encouragement, discipline, and love for children in need of special care. As social problems change, so do the programs at Home On The Range, always striving to meet the needs of America's youth.

Mission Statement

Strengthening children and families through Christ.

Social Services

The major objective of the social service programs involve fostering an environment which will enhance self-concept, provide guidance and direction and develop responsibility. The social service programs provide for the emotional and social needs of the residents.

Program

The program approach practiced at HOTR is based on social and family related skills. The basis of the program is a responsible and successful approach to everyday living. Emphasis is placed on assisting residents to develop a successful identity. The focus remains on the present and specifically on behavior. The resident is provided with direction to assist in perceiving himself/herself accurately and to fulfill his/her own needs in a positive and productive manner. The process is coordinated through a team approach by HOTR staff. Professional individual counseling is provided for each resident on a regular basis. Other services include group therapy, evaluations, staffings, conferences, family involvement through family workshops, and individualized treatment planning for each resident.

Resource agencies and consultants assisting HOTR include area human service and mental health centers which provide psychological and therapeutic services, county social services which provide aid in aftercare planning, i.e. foster care, area public schools which provide a full range of education services, and area clinics and hospitals which provide psychiatric, therapeutic, and general health care services.

Cost

Our care rate is based on cost and is reviewed and audited every year by the North Dakota Department of Human Services.

Residents' educational tuition varies depending on grade level and educational needs. Please contact Home On The Range for assistance in determining applicable tuition costs. Since all residents attend public school and the law requires home school districts to be responsible for payment, we request that arrangements for tuition payments be made prior to placement.

Admission Procedure

See the enclosed document entitled "Home On The Range – Admission/Placement Criteria and Policy."

HOTR does not deny admission on the basis of race, color, creed, religion, or national origin.

If you wish to support or become involved with Home On The Range or are interested in more information, please contact us.

HOME ON THE RANGE PARENT INFORMATION

I. Telephone Calls

Home On The Range residents are permitted to make and receive telephone calls during evening hours. Incoming calls from parents or referring agencies are accepted anytime.

II. Mail

We encourage all residents to correspond by mail with family and significant others. Postage is paid by Home On The Range for all mail addressed to immediate family members. We also encourage family members to correspond with residents as often as possible.

All mail to non-family and family members is subject to approval by the social worker and/or referring worker. Resident mail is only opened by the resident, but conditions may be established requiring a staff member to be present.

III. Visitation

Family

We invite family members to visit the residents. We ask that the following procedure be utilized prior to a visit:

1. The family member must contact the resident's social worker regarding the visit. We ask that this inquiry occur **at least** one week prior to the proposed visit.
2. Meals are available through the Home On The Range food service.
3. Residents may be allowed off-ranch time with family at the social worker's and referring worker's discretion.
4. Residents denied off-ranch privileges may be allowed on-ranch visits with family. These visits may be supervised by staff if court-ordered or requested by the referring agency or social worker.

Home Visits

Residents may qualify for home visits after a minimum of sixty-days of placement. Home visits are an earned privilege and are at the discretion of the social worker. Prior to the visit, guidelines for parental supervision will be established as a condition of the visit. Home visits are scheduled during major school holidays and throughout the summer.

IV. Codes of Conduct (dress; haircuts; etc.)

Detailed dress codes are outlined in the Home On The Range - Residential Living Manual provided to all youth at intake. Screening of clothing items is conducted at intake. Items not allowed will be sent home. Clothing viewed as gang influenced; clothes containing alcohol, drug or tobacco slogans; "concert" shirts; and all clothing viewed as sexually inappropriate are expressly prohibited.

Specific procedures regarding jewelry are similarly addressed in the Resident Living Manual.

Detailed hair grooming policies are outlined in the Home On The Range - Residential Living Manual provided to all youth at intake.

Male residents' hair must be:

1. Off the collar.
2. Above the eyebrows and no more than halfway down the ear.

Shaving, stripes or scalp writing in the hair are prohibited.

Female residents' hair must be off the face.

Home On The Range Home Visit Policy

A resident may apply for a home visit two months after arriving at Home On The Range. At that time the home visit and the length of the visit is discussed with the social worker, parents, and case worker. Rules must be in place for the home visit.

Home visits are dependent upon level of behavior, consistency, completion of groups, residential living, social skills use, academic progress, therapeutic progress, and family circumstances.

Length of Christmas vacations will be based on the above conditions for no more than 8 days. Good behavior must be ongoing.

During the last weeks of residency at Home On The Range a gradual transition back into the family and community may be in order. Weekend stays will then be considered on an individual basis.

During the school year any home visit request will be at the discretion of the social workers with consideration of the school schedule.

An off ranch visit with parents will be allowed after 30 days. These off ranch visits must occur within the vicinity of the Beach area. All off ranch visits must be earned by the residents (i.e. behavior, school, therapy, not on restrictions, etc.) Residents who are originally from Dickinson, Glendive and other towns within a 60 mile radius are not permitted to use these off ranch visits in their home as that would be considered a "Home Visit."

All home visits must be approved during the social work meeting after consideration by the staff and approval from the referring agency. All visits are subject to Home On The Range and the referring agency discretion.

WHAT YOUR CHILD MAY BRING

- Clothing
 - Underwear (no thong)
 - Jacket & Coat
 - Hair Dryer
 - Hair Spray/Gel/Mousse (Non-aerosol & Non-Alcohol)
 - One Piece Swimming Suit or Swimming Trunks
 - Pajamas
 - Shoes
 - Boots, Hat, Gloves
 - Curling Iron
-

HOME ON THE RANGE PROVIDES

- Pillow
 - Comforter
 - Razors
 - Deodorant
 - Feminine Hygiene Products
 - Wash Cloths
 - Sheets
 - Shampoo
 - Shaving Cream
 - Combs
 - Towels
 - Soap
-

NOT ALLOWED

- Posters or Wall Hangings
 - Video Games & Controllers
 - CD or DVD Players (only Radios are Allowed)
 - Clothing with Cigarette or Alcohol Logos, Profanity, Sexual or Racial Connotations, Etc.
 - Glass Items
 - CDs, Tapes, DVDs
-

Personal items are allowed, but sentimental and/or valuable items should be left at home.

Space is limited so please use discretion as to the amount and/or size of items. This list is not all-encompassing. Other items will be reviewed on an individual basis.

Home On The Range is not responsible for lost, stolen, or damaged items.

Resident Rights, Expectations, Responsibilities, and Suggestion/Grievances

Resident Rights

As a resident of Home On The Range, your rights will include, but are not limited to, the following:

1. The right to nourishment.

All residents have a right to three nutritionally adequate meals each day.

2. The right to communicate with others.

All residents have the right to communicate with parents, guardians, lawyers, and referring workers unless that right has been restricted by law, the court, or by the referring agency.

3. The right to respect of body and person.

No resident should ever be physically, emotionally or sexually abused; humiliated; or degraded while in placement at Home On The Range.

4. The right to leave the program to return home.

This applies to voluntary placements only. This does not apply to those residents placed at Home On The Range by a court order.

5. The right to basic clothing necessities.

All youth should be provided with adequate and appropriate clothing within the HOTR dress code.

6. The right to sleep in one's own bed.

All residents will have a single, private sleeping space. Residents do share rooms with other residents.

7. The right to the natural elements.

All residents will have opportunities to get fresh air and sunshine on a daily basis. This right does not guarantee that you will participate in all outdoor activities. Some activities are based on privileges.

8. The right to have your possessions.

All residents have the right to have their own belongings, provided there's enough storage space; using the item doesn't infringe on the rights of others; the item is approved by staff; and use of the item contributes to being successful at Home On The Range.

9. The right to interact with others.

While some consequences may limit your ability to move freely around the facility, isolation from other people is not used as a consequence.

10. The right to not be given meaningless work.

Residents will not be instructed to do tasks that do not contribute to their living environment solely as a consequence.

11. The right to knowledge of, and disagreement with, file material.

With approval by your social worker / program manager, you can examine and disagree with material in your file. This does not include the log book, as other residents entries are confidential.

12. The right to privacy.

Staff will make an effort to provide as much privacy as possible, provided that privacy is helping you to be successful in your program.

13. The right to have the opportunity to work toward earning privileges at any reasonable time.

Privileges are based on appropriate behavior. You will have many opportunities each day to demonstrate appropriate behavior and earn privileges.

14. The right to freedom of movement.

Unless restricted as a consequence, you will not be restricted from areas that other residents at your level have available to them.

Right To Refusal Of Treatment

Residents of Home On The Range have the right to refuse treatment services. This does not include group or individual, social, educational or counseling activities. Rather, it means a form of treatment that is not normally used at Home On The Range. Residents should be advised that refusing treatment may:

1. Make their problems worsen or continue.
2. Result in their discharge from the program with recommendations to a more structured facility.

** Note - in some cases, the right to refuse special forms of treatment is voided by the court.

Reasonable Expectations

Home On The Range has the following basic and reasonable expectations for residents in care:

1. That all residents respect the boundaries and rights of all other individuals, including peers, staff, teachers and others.
2. That residents will make reasonable efforts to accomplish their treatment goals.
3. That all residents will make reasonable efforts to follow the rules at Home On The Range.
4. That all residents will conduct themselves as honestly and appropriately as possible, at all times.

Resident Responsibilities

All residents are expected to participate and become involved in the overall Home On The Range program. Each resident is expected to assume the responsibility for his/her overall program here at the Ranch. While residents are in placement they are expected to conduct themselves in a manner so as to not physically, verbally or emotionally abuse themselves or others.

1. Residents need to recognize that every person at Home On The Range is here to help others. No resident has the right, through their own negative behavior, to steal another resident's opportunity to receive the full benefit of their time in placement.
2. Residents will make every effort to work on their issues in order to successfully graduate from Home On The Range and should make sure that no one takes that chance away from them or slows their progress through the program.
3. Residents will make sure that their personal space is not violated by others and that they do not violate the personal space of others.
4. Residents who chose not to participate in their treatment should be respectful of those residents who have made the choice to actively participate in their treatment.
5. Residents should be free of judgment of others and their progress in treatment and should assist others who struggle to make growth within themselves.
6. Residents have the expectation that Home On The Range is a treatment program and will be free from behavior such as fighting, gang involvement, intimidation, etc. Those residents who chose to involve themselves in such activities will be limited to the choices they have in their treatment while in placement.

7. Residents can have the expectation that they will be treated as they would want to be treated based on their behavior. Negative behavior will result in negative consequences —positive behavior will result in positive consequences.

Suggestion/Grievance Boxes

There are suggestion/grievance boxes set-up throughout the facility. These boxes are for use by both residents and staff. No “formal” or “official” form needs to be used to place a suggestion or grievance in a box. The boxes are located in both dining rooms, both social work office areas, Eagle Hall East staff office, Fahnlander Hall staff office, and the Eagle Hall entryway.

The residents do not need to use a grievance form, they can use any sheet of paper. Staff should never discourage residents from submitting a suggestion/ grievance.

Suggestions and grievances can be anonymous. Anonymous suggestions and grievances will be responded to at the next All Staff Meeting or Residents Meeting— whichever is applicable. Suggestions or grievances that are signed, will be addressed as soon as possible with the resident submitting the suggestion or grievance. NOTE: Staff grievances must follow the staff grievance policy found in this manual.

The boxes are emptied daily, except weekends and holidays, by the Quality Services Director or his/her designee. All suggestions and/or grievances along with the administrative response are presented to the Home On The Range Board of Directors on a quarterly basis. Please note—retaliation is not legal and will not be tolerated. Persons submitting legitimate suggestions or grievances should do so without fear of retaliation.

Programming Offered at Home on the Range

Anger Management

The girls utilize this group to help them become more aware of their anger, the triggers of their anger, and dealing with the subsequent emotional responses. Use of both the positive and dysfunctional cycles are emphasized, as well as the social skills curriculum. The understanding that anger is a normal reaction and the development of the skills to resolve the anger appropriately are of primary focus.

Character Enrichment

This group uses videos and discussions to identify character qualities including trustworthiness, respect, responsibility, fairness, caring, and citizenship. The group is based on the Character Counts components.

Cognitive Principles and Restructuring Program

The goal of this boys group is to allow a youth to examine his criminal thinking and behavior patterns. This group allows for the client to be accountable for these patterns and begin to think and act more responsibly. Additionally, this group is designed to increase offender understanding of who was victimized by the offender and how his victims were affected. This group also entails learning anger management techniques, triggers, and cycles.

Drug and Alcohol Education

This educational group is designed for clients who do not meet criteria for drug or alcohol abuse or dependency. It is a researched based informational program designed for youth under age 21. It consists of educational components aimed at informing youth how to avoid drug and alcohol related health problems, legal issues, health issues and/or employment concerns that are often associated with drug and alcohol usage.

EAGALA

EAGALA (Equine Assisted Growth and Learning Associations) group utilizes a team of three including a therapist, horse professional, and a horse. The purpose of EAGALA is to provide clients with activities that are used to allow the clients to identify meaningful metaphors and analogies useful in the therapeutic process. We are currently providing a girls group, boys group and a co-ed group for our HOTR youth. We also do an EAGALA activity in the family workshop sessions that are conducted at HOTR.

Independent Living

This group is designed for HOTR youth ages 16-18. It includes several activities, resources and speakers to address areas including housing, employment, insurance, budgeting, community resources, and safety. It is provided to both boys and girls.

Low Intensity Drug and Alcohol Program

This program uses the “Power Source Taking Charge of Your Life” written by Bethany Casarjian and Robin Casarjian. This program is focused on the client getting to know him/herself regarding issues including anger, shame, guilt, high risk behaviors and how the youth works through them. The participants get to know themselves very well and gain understanding in how they deal with problems and how this relates to their usage. The group also uses educational videos to help the kids understand the dangers of drugs and alcohol. Meditation is a tool utilized in LIDA to assist the participants in learning relaxation techniques.

New Heart

A New Heart is designed to address the Spiritual component of who we are and how we are made. The units of this group include spirit-soul-body, comfort zones and ones willingness to step out of them, thinking errors, recognizing your need for change, victim mentality, the walls we build, and guilt and blaming. A New Heart provides spiritual enrichment with groups for boys, girls, and a co-ed group.

Orientation

This group is designed to assist new residents in becoming acquainted with HOTR living and issues related to residential life. It also includes units on bullying, conflict resolution, over the counter medication misuse, the “choking game”, relationship issues, and team building.

Strengthening Family Workshop

This is a family group designed to assist families in identifying their strengths and challenges. It consists of several youth (typically 3-6) and their families, HOTR social worker(s), residential specialist, and therapist. The group begins with a prayer, then an EAGALA activity (weather permitting) and then follows up with group discussion related to the activity. The workshop is then dedicated to working with each family in a client driven manner to address the family’s issues and progress. The workshop is utilized by youth and families in all stages of placement. The families gain support and learn from one another.

Survivors

This girls group is aimed at discussing personal boundaries, support systems, self-esteem, abuse, puberty, communication skills, and personal safety. It is designed for teenage girls who have survived abuse, or have a tendency to put themselves in high-risk situations.

Values and Choices

This educational program is designed to teach facts, increase awareness, promote healthy attitudes and values, and develop appropriate relationship skills. Developing an understanding of human sexuality, a positive self-esteem, and a healthy value system provides the framework for discussion and education. Other areas discussed include puberty, sexual attraction, responsibility, respect, decision making, dating, teenage pregnancy, etc.

Outcome Measures

Home On The Range uses the Adolescent Psychopathology Scale (APS) as a pre-test and post-test to help evaluate the success of our programming. The APS questionnaire consists of 346 questions that the client completes. The resulting clinical score report examines four domains of psychopathology and psychosocial problems that may suggest the need for direct and expeditious intervention. The report details 40 specific scales, a few of which are: conduct disorder, adjustment disorder, PTSD, panic disorder, anger, aggression, suicide, and bulimia nervosa. The report then lists the domains of concern in the categories of Subclinical Symptom Range, Mild Clinical Symptom Range, Moderate Clinical Symptom Range, and Severe Clinical Symptom Range. The pre-test is used as a baseline and in the development of the initial treatment plan. Upon the client's discharge, this post-test provides Home On The Range with an objective view of each youth's improvements from point of entry to completion of programming at Home On The Range.

HOME ON THE RANGE

Admission / Placement Criteria and Policy

Revised January 1, 2007

Home On The Range accepts children based on the following criteria only. No child is denied admission on the basis of race, color, creed, religion, or national origin.

Referral Guidelines

Referrals for placement at Home On The Range must meet the following general pre-placement guidelines. Some specific differences may be noted based on the individual requirements of each facility.

1. Youth referred must be between the ages of 12 - 19.
2. Youth must currently function at 40 or above on the Axis V, GAF scale as outlined by Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV) of the American Psychiatric Association.
3. Youth must be able to demonstrate an understanding of cause and effect and participate in verbal therapy.
4. Youth will be given the opportunity to participate in the spiritual component of programming.
5. Incidents of physically/sexually assaultive or self-injurious behavior will be evaluated on an individual basis.
6. Parents or guardians of the youth must be prepared to make reasonable efforts to participate in Strengthening Family Workshops if return home is a part of discharge planning. Family therapy in the community can be arranged as needed.
7. Youth must be prepared to participate in all specialized outpatient therapy services and/or day treatment educational services, as deemed necessary.
8. Youth referred by managed care companies must have pre-authorization.

Application Requirements

In addition to the completed application packet provided by Home On The Range, we request the following information regarding the referral:

1. Complete Social History -- This is best done by a representative of a social service agency or juvenile court, after consultation with the custodial parent.

2. Medical/Medication Records and History -- This should include current medical status; physical examination within 30 days of the projected date of placement; immunization records; current medical insurance policy number, group number and authorization information (a 30 day supply of all applicable medication, as well as a written physician's order are required upon placement) and any other pertinent medical information. Home On The Range requires all female youth to have a current pregnancy test completed with results sent to Home On The Range prior to placement. Enclosed you will find a health questionnaire, and a medical release form. These must be completed and returned to Home On The Range prior to placement. The Health Tracks Health History form must be signed—it will be completed by the Home On The Range nurse upon placement in the facility.
3. Complete Transcripts of School Records -- This is to include a complete transcript of all permanent school records. Recent records and a current Individual Education Plan (IEP) for special education youth are required. We are also interested in achievement test results. We require a written report from the school last attended describing the applicant's behavior, attitude, ability, achievement and social functioning. An education report outline is enclosed. A school counselor, principal or administrator should complete this report.
4. Clinical History, Psychological/Psychiatric -- This is to include any psychological and psychiatric evaluations, consultations or clinical interviews.
5. Reports from Previous Placements -- This is to include any reports, summaries, discharges, etc. from any other previous placements that the applicant has participated in (i.e. treatment centers, group homes, etc.).
6. Current Court Order -- This includes the custodial order, as well as all applicable legal charges.
7. Documentation of any apparent need of special consideration of sexual, cultural, religious, national, racial or ethnic identity issues.

Candidates for Application

Our current program is designed to serve the following types of residents:

1. Pre-delinquent/Problematic - Youth who are beginning to act out, and are experiencing difficulties in their school setting, home environment, or community setting.
2. Disadvantaged/Neglected - Youth who lack the necessary home setting, financial resources, social skills and/or those that have been abused or neglected and otherwise may not have the opportunity for a successful and productive future.
3. Unruly/Youth In Need Of Care - Youth who have been adjudicated as unruly or youth in need of care may be accepted provided they meet necessary referral criteria outlined above, and have not demonstrated a history of chronic failure to function appropriately in a structured setting.
4. Delinquent / Youth In Need of Supervision - Youth who have been adjudicated as delinquent or youth in need of supervision may be accepted. Individual referrals will be reviewed for any history of physical aggression/violence/sexual assault and the apparent ability of the youth to function in a non-secure environment without jeopardizing the safety of residents or staff. (Additional restrictions in the review of delinquent youth may apply.)

Admissions Staffing

Upon receipt of the above information our admissions / discharge committee will review the materials and conduct an admission staffing. Every attempt will be made to expedite this process and the referring agency will be notified regarding acceptance as soon as possible. If all the necessary materials are received, a decision should be made within one to two weeks after the application materials are received.

In the case of out-of-state placements, an Interstate Compact Agreement must be completed prior to placement by the referring agency.

Conclusion of Review

Notification will be given to the referring agency regarding the decision of the admissions committee. Should the placement request be denied, a written notice of denial will be forwarded promptly. Upon acceptance, a tentative intake assignment (date and time) will be designated. The following must accompany the youth upon intake:

- All required application paperwork and documentation (evaluations, etc.) as designated in the referral criteria.
- A reasonable amount of personal effects. Guidelines regarding specific policies are available upon request from the facility in reference.
- A thirty-day supply of all applicable medication, as well as a written physicians order prescribing the medications. **Note - Medication will not be dispensed without the written order. Home On The Range utilizes a policy of informed consent with regard to medication.**
- All applicable school records, including IEP, CST and immunization. Tuition agreement and applicable education funding approval forms are required.
- All relevant medical data and records—including a signed Health Tracks Health History form.
- Out-of-state referrals must meet all Interstate Compact requirements prior to placement.

Pre-placement Visits

In an effort to include the youth in the placement process and prepare for admissions, Home On The Range requests that each youth referred participate in a pre-placement visit. If distance or emergency need exist, the pre-placement visit may be facilitated on the day of admission. Should the referring agency wish to waive the pre-placement visit, appropriate documentation must be signed by the youth and provided prior to placement.

When an applicant is accepted, the parents and/or a representative are to accompany the applicant during admission.

Waiting Lists

Youth accepted for placement by Home On The Range may be placed on a waiting list, based on the immediacy of program placement openings. Youth will be placed on the waiting list, and subsequently placed in the program, in the order in which the admissions committee approves them. Referrals are reviewed by the committee in the order in which they are received. Failure to provide required documentation might result in a referral being "held" pending receipt of the missing documents. Lower priority for placement on the waiting list may be given to an incomplete referral.

Emergency Placements

Emergency placements, as defined in relation to the Home On The Range admissions and intake policy, means any placement that is made without the completion of the outlined referral process. This does not include the operation of contracted Emergency Shelter Care. Placement of a resident on short notice may be considered based on the immediate need of the child and the appropriateness of the referral. All required paperwork must be received by Home On The Range within 30 days of acceptance of a resident.

SHORT-TERM STRUCTURE PROGRAM (STS)

The Short-term Structure Program (STS) is designed to meet the needs of youth who fall between community based programs and long term programming; who need supervision over the summer; are in need of structure and/or social skills development; who are demonstrating short-term therapeutic needs; whose risk assessment indicates a need for intervention; or who can benefit from the specialized educational programming (day treatment, GED, etc.) STS is available for boys and girls age between the age of 12 and 18. Summer components include horsemanship, vocational and recreational activities, and summer school when available.

**HOME ON THE RANGE
MEDICAL DATA AND HEALTH HISTORY
QUESTIONNAIRE**

In order to facilitate quality medical care for youth placed at Home On The Range, the following information **must** be provided. Please answer all questions as accurately and completely as possible. This questionnaire should be completed by either a parent or legal guardian that is familiar with the youth's medical and physical status. **Youth will not be admitted without the following information.**

I. APPLICANT DATA:	
_____ Youth's Name	_____ Date Of Birth
_____ Name Of Person Completing This Form	_____ Relationship To Youth

II. INSURANCE DATA:

A. Medicaid/Medical Assistance

1. Is Medicaid/Medical Assistance the primary insurance coverage for the youth?

Yes No

Medicaid/Medical Assistance # : _____

**Note – All North Dakota Medical Assistance numbers should be verified prior to placement. Current Montana Medicaid certificates are required upon placement. Montana residents will be exempted from the Montana Medicaid Passport Provider program if possible.

Private Insurance

1. Is a parent/guardian's private insurance the primary or secondary coverage for this youth?

Primary Secondary Not Applicable

2. Company Name -
Address -
City/State/Zip -
Telephone # -

- 3. Name Of Policyholder -
Date Of Birth -
Social Security # -
Policy Number -
Group Number -
- 4. Are pre-authorizations required? Yes No
If "Yes", attach a copy of the authorization procedure.
- 5. Does the private insurance include coverage for (check those applicable):
 - Medical Prescription Medication
 - Dental/Orthodontal Vision
 - Mental Health

III. CURRENT HEALTH CARE DATA:

- A. Does the youth have existing medical conditions that require immediate or ongoing care? Yes No
(List):

- B. Medications currently prescribed:

****Note – Home On The Range requires a written physician’s order to dispense prescribed medications. All youth must also have a physical examination within thirty days prior to the date of placement. All female youth must have an up-to-date gynecological examination and pregnancy test prior to placement.**

- C. Non-prescription medications taken regularly:

- D. Recent Exams/Medical Care:

- 1. Dental –
 - Date of exam/care:
 - Provider:
 - Address:
 - City/State/Zip:
 - Telephone:

2. Vision –
 - Date of exam/care:
 - Provider:
 - Address:
 - City/State/Zip:
 - Telephone:

3. Medical –
 - Date of exam/care:
 - Provider:
 - Address:
 - City/State/Zip:
 - Telephone:

4. Mental Health –
 - Date of exam/care:
 - Provider:
 - Address:
 - City/State/Zip:
 - Telephone:

IV. HEALTH HISTORY:

A. Please check any applicable and list the year:

- | | | |
|--|--|---|
| <input type="checkbox"/> chicken pox _____ | <input type="checkbox"/> measles _____ | <input type="checkbox"/> rubella _____ |
| <input type="checkbox"/> scarlet fever _____ | <input type="checkbox"/> whooping cough _____ | |
| <input type="checkbox"/> mumps _____ | <input type="checkbox"/> frequent colds _____ | |
| <input type="checkbox"/> ear infections _____ | <input type="checkbox"/> eczema _____ | <input type="checkbox"/> kidney infection _____ |
| <input type="checkbox"/> rheumatic fever _____ | <input type="checkbox"/> epilepsy/seizures _____ | |
| <input type="checkbox"/> convulsions _____ | <input type="checkbox"/> diabetes _____ | <input type="checkbox"/> heart disease _____ |
| <input type="checkbox"/> congenital conditions _____ | | |
| <input type="checkbox"/> enuresis (bedwetting) _____ | | |
| <input type="checkbox"/> other: _____ | | |

B. Any history of surgery, serious accident/illness, or head injury?

C. Any pertinent family medical history (e.g. cancer, diabetes, heart disease) that can be predisposing to the youth?

D. Allergies:

1. Medications –
2. Foods -
3. Insect stings, etc. -
4. Respiratory conditions (asthma, hay fever, etc.) -

V. IMMUNIZATION:

- A. Please attach a copy of the youth's immunization record and EPSDT screening.

VI. RESTRICTIONS:

- A. Please list any activity restrictions, etc. that are indicated due to medical concerns:

VII. COMMENTS:

VIII. SIGNATURE:

Signature Of Person Completing Form

Date

