



Prior to Intake Checklist

Initial

Resident Name: _____

Date: _____

- _____ 1. Social Security Number _____
- _____ 2. Birth Certificate (Copy of) _____ Mailed _____ Faxed
- _____ 3. State I.D./Permit/Drivers License Number _____
- _____ 4. Copy of Court Document Stating Official Guardianship
- _____ 5. Copy of Insurance Card or Card
 Insurance Carrier _____
 Insurance Number _____
 _____ Mailed _____ Faxed

 Family Coverage* _____ Yes _____ No
 *If family coverage – required information to verify insurance
 If Yes, Which Parent Covered _____
 Date of Birth of Parent Covered _____
- _____ 6. Prior Primary Doctor (Name) _____
 Location _____
 Phone Number _____
- _____ 7. Prior Psychologist (Name) _____
 Location _____
 Phone Number _____
- _____ 8. Prior Pharmacy _____
 Location _____
 Phone Number _____
- _____ 9. Prior Dentist (Name) _____
 Location _____
 Phone _____
- _____ 10. Prior Eye Doctor (Name) _____
 Location _____
 Phone _____
- _____ 11. S.W. Needs to do prior to their arrival at HGR
 Primary care clinic needs to be changed to ACMC/Benson before appointments can be made
 or medications picked up

**Original Forms Listed Below Must Be Signed
and Returned to HGR at Intake**

(Contact Heartland Girls Ranch at (320) 843.4815 to have
original paperwork mailed to you.

- a. Riding Instruction Agreement & Liability Release
- b. Affiliated Community Medical Centers, P.A. Patient Information,
Medical History Work Sheet, & Consent for Urine Drug Screening
- c. Woodland Centers Application for Services & Two Releases
- d. SCMC Behavioral Medicine Release of Information
- e. Counseling Associates Referral Form

HORSE ACTIVITIES COME WITH THESE WARNINGS

Name of Stable or Party Providing These Warnings

Address of Warnings Provider

SECTION I. DEFINITIONS

The term "HORSE" herein shall refer to all equine species. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "ME", "MY" shall herein refer to the recipient listed on page 2 of this form and the parents or legal guardians thereof if a minor.

THE RECIPIENTS(S) OF THIS FORM IS/ARE HEREBY WARNED AS FOLLOWS:

SECTION II. PROTECTIVE ATTIRE

- A. **Protective Head Gear** Each horse handler should consider purchasing and wearing properly fitted and secured protective headgear (equestrian riding helmet), which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163. Wearing of such headgear while driving, mounting, riding, dismounting and being near horses, may reduce severity of some of the wearer's head injuries and possibly prevent death from happening as the result of a fall and/or other occurrences.
- B. **Foot Protection** Horse handlers, riders and drivers should wear hard, smooth, full soled boots or shoes that cover the ankle and have at least 1 inch heels. Such boots or shoes provide protection for the feet in the event a horse steps on a foot, and also to assist in preventing the foot from slipping all the way through the stirrup and becoming caught while riding, mounting, dismounting, and/or other occurrences. Wearing soft socks provide additional protection against chafing and allows for easier removal of the foot from the boot.
- C. **Clothing** Horse handlers, riders and drivers should wear ankle length, flexible or moderately loose fitting pants to protect legs, and riders should also consider wearing equestrian pants, breeches or jodhpurs which have leather inner knee/calf patches, or chaps, or other leggings that provide inner leg grip and added stability in the saddle.

SECTION III. INHERENT RISKS

Nature of the Horse Horseback riding and horse driving is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider. Horseback riding/horse driving is the only sport where one much smaller, weaker predator animal, the human, tries to control and become one unit of movement with another much larger, stronger prey animal, the horse, with each having a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short; changing direction or speed at will; shifting its weight from side to side, bucking, rearing, falling, biting, kicking or running from what it perceives as danger.



PROTECTIVE EQUESTRIAN HEADGEAR AGREEMENT AND RELEASE
(TO BE COMPLETED WHEN RIDER WEARS HELMET OFFERED BY THIS PROVIDER)

Provider's name—hereinafter known as **"This Provider"**

Location _____

PLEASE READ CAREFULLY BEFORE SIGNING

PRINT NAME OF RIDER _____

ADDRESS OF RIDER _____

This Provider has offered and provided, at my request, an equestrian helmet that meets or exceeds SEI certification – ASTM F 1163 standards for use when riding or near horses.

I, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, release and discharge **This Provider** and their respective officers, directors, employees, agents, representatives, insurers, assigns, and others acting on their behalf, of and from all claims, demands, or causes of action, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of bodily injury or property damage that may be sustained, or property damage which may occur, as a result of the use of the helmet provided.

I also understand that neither **This Provider**, nor its employees can guarantee the suitability of any helmet provided.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ THE FOREGOING STATEMENT CAREFULLY BEFORE SIGNING AND DO UNDERSTAND ITS WARNINGS, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY.

DATE _____

SIGNATURE OF RIDER (SPOUSES MUST SIGN FOR THEMSELVES)

DATE _____

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #1 for _____
NAME OF RIDER (PLEASE PRINT)

DATE _____

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #2 for _____
NAME OF RIDER (PLEASE PRINT)

OWNER'S NAME
AND ADDRESS _____

OWNER'S PHONE _____

OWNER'S PHONE _____



Name DOB History#

A finance charge of 1.33% (annual percentage rate of 16%) will be applied to account balances after charges have remained unpaid for 90 days. The finance charge will be computed by applying the monthly percentage rate (.0133) to charges which have been outstanding for over 90 days, and after deducting payments made during the current billing period and prior finance charges.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: I authorize Affiliated Community Medical Centers, P.A. to release any medical information requested by insurance companies with whom I have coverage or any public agency and its agents to determine benefits for related services. I authorize the release of any information to my referring physician or any other treating physicians.

ASSIGNMENT OF BENEFITS: I hereby, authorize payment of benefits be made directly to Affiliated Community Medical Centers for services provided to me by Affiliated Community Medical Centers. I understand that I am financially responsible to Affiliated Community Medical Centers for charges not covered by this assignment. I authorize refund of overpaid insurance benefits where by coverages are subject to coordination of benefits. In the event of default, I agree to pay all costs of collection, including reasonable attorney's fees.

Signature of Patient

Date

*If minor, then signature of responsible party



HEARTLAND RANCH INC CONSENT FOR MEDICAL TREATMENT

I, _____ am the _____ of _____
Parent/Guardian's Name Parent/Guardian Child's Name

a minor, and have authority to consent to medical treatment for said minor. I hereby authorize the Heartland Ranch Inc. staff to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to said minor on the advice of a licensed physician or dentist. I also consent to surgery and anesthesia in a medical emergency and when I am unavailable for specific consent. It is my understanding that except in the case of emergencies my daughter will receive medical and dental care in medical/dental facilities located in the city of Benson, MN, unless other provisions have been made.

I also authorize the staff of Heartland Ranch Inc. to administer prescription medication to the above-named minor as directed and prescribed by a duly licensed physician or dentist.

In addition, I authorized the staff of Heartland Ranch Inc. to administer over-the-counter medications as approved by the local Public Health Agency, and as directed on the product label.

The above authorizations shall remain in effect so long as the above-named minor is a resident of Heartland Ranch Inc.

INSURANCE BILLING PROCEDURE:

Company Name _____

Policy/Group Number _____

Other medical costs will be borne by _____

Parent/Guardian Signature

Date



NOTIFICATION OF RESPONSIBILITY FOR MEDICAL TREATMENT

PART I:

The Heartland Girls' Ranch cannot accept financial responsibility for children in our care who need medical services. To ensure that our vendors receive payment, please sign off on the following statement:

When a child is placed without adequate medical insurance (or whose medical insurance is cancelled/terminated while at the Heartland Girls' Ranch) and who has no Medical Assistance as back-up, our vendors will be instructed to directly bill the financially responsible agency/county/parent.

Signature

Date

PART II:

The parent and/or financially responsible agency/county have the option to arrange for all medical, dental, or vision services and to provide transportation to and from appointments while the child is a resident of the Heartland Girls' Ranch.

Signature

Date

Heartland Girls Ranch Consent for Participation in the MCCA Student Data Reporting System

Heartland Girls Ranch is engaged in ongoing data collection and evaluation of its services through the Minnesota Council of Child Caring Agencies (MCCA). In cooperation with youth serving agencies throughout the state, MCCA collects information provided by member agencies on youth at intake, discharge and six months after discharge. A confidential satisfaction survey will also be sent to you at discharge. This information does not identify individual children or families by name.

You and your child are invited to participate in this evaluation process so that we may better serve all children and families. The information collected will be used in summary form to improve outcomes, complete funding report requirements, and advocate for services for children and families.

If you agree to participate, Heartland Girls Ranch agrees that:

1. All information collected will be treated as private. This will be assured through the use of identification numbers and publication of summary results.
2. The names of children/youth/parents will not appear on any data collection instrument, and will be unknown to anyone receiving the data or in any document describing the results.
3. Participation is completely voluntary. Your decision about participation will not affect your relationship with Heartland Girls Ranch. If you decide to participate you may withdraw this permission at any time.

If you agree to participate, you authorize Heartland Girls Ranch to:

1. Include information on your child/family in this data collection, evaluation and follow up program. This information will not identify your child or family by name.
2. Contact you and/or the County worker six months after discharge for follow up information.

Name of Child

Signature of Parent/Guardian

Signature of Child (if appropriate)

Date

Date

Date Revoked

Expiration Date

**INTAKE FORM
 MINNESOTA COUNCIL OF CHILD CARING AGENCIES**

1. MCCA AGENCY NO. 3800		AGENCY CHILD NO. 3800 _ _ _		2. DATE FORM COMPLETED - - - - Month Day Year	
3. SOCIAL SECURITY NUMBER		NAME OF PERSON COMPLETING FORM		4. PLACING COUNTY	
5. ADMISSION DATE - - - - Month Day Year		6. CHILD'S SEX 1. <input type="checkbox"/> male 2. <input type="checkbox"/> female		7. CHILD'S BIRTHDATE - - - - Month Day Year	
8. AGE (In Years)		9a. CHILD'S RACE (Check all that apply) 1. <input type="checkbox"/> White 3. <input type="checkbox"/> Native American 5. <input type="checkbox"/> Asian-Pacific Islander 2. <input type="checkbox"/> Black 4. <input type="checkbox"/> Eskimo-Aleutian 6. <input type="checkbox"/> Other		9b. ETHNICITY: 1. <input type="checkbox"/> Hispanic 3. <input type="checkbox"/> Somali 2. <input type="checkbox"/> Hmong	
10. PRIMARY DSM DX		11. PRIMARY REFERRAL SOURCE (√ one) 1. <input type="checkbox"/> Social Worker 3. <input type="checkbox"/> Parent(s) 5. <input type="checkbox"/> Doctor/hospital 2. <input type="checkbox"/> Probation Officer 4. <input type="checkbox"/> School Official 6. <input type="checkbox"/> Relative 7. <input type="checkbox"/> Other		13a. PERMANENT ZIP	
12. PRIMARY SOURCE OF PER DIEM FINANCIAL SUPPORT (√ one) 1. <input type="checkbox"/> County 3. <input type="checkbox"/> Parent(s) 5. <input type="checkbox"/> Indian Funds 7. <input type="checkbox"/> State 2. <input type="checkbox"/> School 4. <input type="checkbox"/> Private insurance 6. <input type="checkbox"/> Consolidated Fd. 8. <input type="checkbox"/> Other		13b. COUNTY OF RESIDENCE		14. CHILD'S PRIMARY HOUSEHOLD (√ one) 1. <input type="checkbox"/> Birth Parent(s) 3. <input type="checkbox"/> Adoptive Parent(s) 6. <input type="checkbox"/> No permanent living arrangement 2. <input type="checkbox"/> One Birth/One Step Parent or Permanent Live-in 4. <input type="checkbox"/> Foster Parent(s) 7. <input type="checkbox"/> Other 5. <input type="checkbox"/> Relatives	
15. IS PRIMARY HOUSEHOLD RECEIVING PUBLIC ASSISTANCE? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		16. IS PRIMARY HOUSEHOLD A SINGLE PARENT HOUSEHOLD? (Only one parental figure) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
17. IS CHILD A STATE WARD? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		18. HAS CHILD BEEN ADOPTED? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
19a. IF CHILD HAS BEEN ADOPTED, AGE AT FIRST ADOPTION ____ yrs. or ____ mths.				19b. NUMBER OF FINALIZED ADOPTIONS ____	
20a. INDICATE THE NUMBER OF PREVIOUS PLACEMENTS FOR EACH FACILITY:		LIVING SITUATIONS		20b. WHERE WAS THE CHILD JUST BEFORE CURRENT PLACEMENT? (check one)	
		1. Parent(s) home			
		2. Pre-adoptive placement			
		3. Independent living/living independently			
		4. Board and Care Facility			
		5. Relative/extended family			
		6. Foster care home			
		7. Group home			
		8. Shelter/shelter foster care			
		9. Residential treatment program			
		10. Inpatient psychiatric facility/hospital			
		11. Chemical Dependency treatment program			
		12. Correctional facility (jail, prison, etc.)			
		13. Detention			
		14. Other			
		15. Unknown			
22a. IS THIS PLACEMENT COURT ORDERED? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No					
↓					
22b. 1. <input type="checkbox"/> CHIPS 2. <input type="checkbox"/> Delinquency					
23. HAS CHILD EVER RECEIVED ANY OF THE FOLLOWING OUTPATIENT SERVICES?		24. DELINQUENCY HISTORY			
Intensive home-based services? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Has child ever been adjudicated/convicted for a:			
Outpatient chemical dependency treatment? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		A. status offense? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 8. <input type="checkbox"/> Unknown			
Outpatient mental health services? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		B. crime against persons? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 8. <input type="checkbox"/> Unknown			
Day treatment/partial hospitalization 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		C. crime against property? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 8. <input type="checkbox"/> Unknown			
		D. felony? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 8. <input type="checkbox"/> Unknown			

INTAKE FORM MINNESOTA COUNCIL OF CHILD CARING AGENCIES

<p>25. SCHOOL RELATED (Check all that apply)</p> <p>A. <input type="checkbox"/> Learning disabled</p> <p>B. <input type="checkbox"/> Developmentally disabled (M.R.)</p> <p>C. <input type="checkbox"/> Truancy</p> <p>D. <input type="checkbox"/> Lack of academic motivation</p> <p>E. <input type="checkbox"/> Other (Specify): _____</p> <p>F. <input type="checkbox"/> No problems</p>	<p>27. PHYSICAL CONDITION/HEALTH (Check all that apply)</p> <p>A. <input type="checkbox"/> Neurological impairment</p> <p>B. <input type="checkbox"/> Auditory impairment</p> <p>C. <input type="checkbox"/> Mobility impairment/ambulatory</p> <p>D. <input type="checkbox"/> Mobility impairment/non-ambulatory</p> <p>E. <input type="checkbox"/> Speech impairment</p> <p>F. <input type="checkbox"/> Visual impairment</p> <p>G. <input type="checkbox"/> Prenatal drug exposure (e.g., Cocaine, FAS/FAE)</p> <p>H. <input type="checkbox"/> Asthma/allergies</p> <p>I. <input type="checkbox"/> Pregnancy</p> <p>J. <input type="checkbox"/> Special medical care</p> <p>K. <input type="checkbox"/> Terminally ill</p> <p>L. <input type="checkbox"/> Seizure disorder</p> <p>M. <input type="checkbox"/> Diabetes</p> <p>N. <input type="checkbox"/> Chemical dependency</p> <p>O. <input type="checkbox"/> Other</p> <p>P. <input type="checkbox"/> No concerns</p>						
<p>26. VICTIM OF ABUSE/NEGLECT (Rate each item)</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">CODES</th> </tr> <tr> <td style="padding: 2px;">0 = NO</td> <td style="padding: 2px;">2 = DOCUMENTED</td> </tr> <tr> <td style="padding: 2px;">1 = SUSPECTED</td> <td style="padding: 2px;">8 = UNKNOWN</td> </tr> </table> <p>A. 0 1 2 8 Emotional abuse/neglect</p> <p>B. 0 1 2 8 Physical abuse</p> <p>C. 0 1 2 8 Physical neglect (Food, medical care, etc.)</p> <p>D. 0 1 2 8 Sexual abuse</p>		CODES		0 = NO	2 = DOCUMENTED	1 = SUSPECTED	8 = UNKNOWN
CODES							
0 = NO	2 = DOCUMENTED						
1 = SUSPECTED	8 = UNKNOWN						

28. PRESENTING PROBLEMS: Frequency: 0=Not True (as far as you know) 1=Sometimes True	2=Often True 8=Unknown 9=Not Applicable	FREQUENCY	"X" IF FOCUS OF TREATMENT
A. Chemical use/abuse (alcohol or drugs)		0 1 2 8 9	
B. Communication disorder, e.g. non-verbal/unable to communicate		0 1 2 8 9	
C. Compulsive, repeats certain acts over and over		0 1 2 8 9	
D. Cruel to animals		0 1 2 8 9	
E. Depressed, sad or unhappy		0 1 2 8 9	
F. Disobedient, oppositional		0 1 2 8 9	
G. Eating disorder, bulimia, anorexia		0 1 2 8 9	
H. Fights or physically attacks people		0 1 2 8 9	
I. Fire setting		0 1 2 8 9	
J. Guiltless after misbehaving		0 1 2 8 9	
K. Hyperactive, restless, can't sit still		0 1 2 8 9	
L. Impulsive, acts without thinking		0 1 2 8 9	
M. Loss or grief suffering		0 1 2 8 9	
N. Lying or cheating		0 1 2 8 9	
O. Messes pants, encopretic		0 1 2 8 9	
P. Parent/parent figure relationship difficulty		0 1 2 8 9	
Q. Peers/others own age relationship difficulty		0 1 2 8 9	
R. Phobias, unreasonable fears		0 1 2 8 9	
S. Prostitution or pimping		0 1 2 8 9	
T. Racial, ethnic identity confusion		0 1 2 8 9	
U. Reality perceptions distorted, strange ideas		0 1 2 8 9	
V. Runs away		0 1 2 8 9	
W. Verbal tantrums		0 1 2 8 9	
X. Self-mutilating, head banging, scratching, hair pulling		0 1 2 8 9	
Y. Self-esteem problems		0 1 2 8 9	
Z. Sexually assaultive, molesting		0 1 2 8 9	
AA. Sexual problems, behaviors, sexual identity (other than Z)		0 1 2 8 9	
BB. Sibling(s) relationship difficulty		0 1 2 8 9	
CC. Sleeping problems		0 1 2 8 9	
DD. Smears or plays with bowel movements		0 1 2 8 9	
EE. Stealing		0 1 2 8 9	
FF. Stubborn, sullen, irritable		0 1 2 8 9	
GG. Suicidal thoughts or behaviors		0 1 2 8 9	
HH. Vandalism, destroys property		0 1 2 8 9	
II. Verbally abusive, threatens people		0 1 2 8 9	
JJ. Wets bed or wets during day, enuretic		0 1 2 8 9	
KK. Younger acting than own age		0 1 2 8 9	
LL. Gang Involvement		0 1 2 8 9	
MM. Other		0 1 2 8 9	

29. IN GENERAL, FOR THOSE PROBLEMS MARKED "OFTEN TRUE," HOW LONG HAVE THEY BEEN EVIDENT?
 0. None marked "often true" 1. Less than 2 years 2. 2 to 3 years 3. 4 years or more

HAVE YOU CIRCLED A FREQUENCY CODE FOR EACH PROBLEM? HAVE YOU X'D PROBLEM(S) WHICH ARE FOCUS OF TX?

INTAKE FACE SHEET

Admission Date _____ / _____ / _____ Admission Time: _____ a.m. p.m.

A. BACKGROUND INFORMATION:

Name _____ D.O.B.: ____ / ____ / ____
(first) (middle) (last)

Last Known or Permanent Address: _____

Gender: _____ Weight: _____ Height: _____ Eyes: _____ Hair: _____

Age: _____ Race or Cultural Heritage: _____ Religion: _____

Social Security Number: _____ - _____ - _____ Place of Birth: _____

Scars/Tattoos: _____ County: _____

Permanent Custody: _____ Current Guardianship: _____

Languages The Resident Speaks or writes: _____

Tribal Affiliation If Any: _____

Have you ever used another name? If yes, specify: _____

B. FAMILY:

Father: _____ Phone: (H) _____ (W) _____

Address: _____
(Street) (City) (State) (Zip)

Mother: _____ Phone: (H) _____ (W) _____

Address: _____
(Street) (City) (State) (Zip)

Stepfather: _____ Phone: (H) _____ (W) _____

Address: _____
(Street) (City) (State) (Zip)

Stepmother: _____ Phone: (H) _____ (W) _____

Address: _____
(Street) (City) (State) (Zip)

B. FAMILY CONTINUED:

Siblings (Include Step-Siblings):	Age:	Living Arrangements (with mom, foster care, etc)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Others Living in the Home:	Relationship:
_____	_____
_____	_____

*People Requested for Phone Contact:	Relationship:	Telephone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(*Note: Friends are not considered until Level 4 status is achieved)

People Requested for Visiting:	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____

C. WORKER INFORMATION:

Social Worker: _____

Mailing Address: _____

Office Phone: _____ Home Phone: _____

Supervisor's Name: _____ Supervisor's Phone: _____

After Hours Contact Number: _____

E-Mail Address: _____



C. WORKER INFORMATION (cont'):

Probation Officer: _____

Mailing Address: _____

Office Phone: _____ Home Phone: _____

Supervisor's Name: _____ Supervisor's Phone: _____

After Hours Contact Number: _____

E-Mail Address: _____

Detention Center Preference: _____

Hammergren Warning: Yes _____ No _____ (If so, need copy for file)

Guardian ad Litem/Other: _____

Mailing Address: _____

Office Phone: _____ Home Phone: _____

Supervisor's Name: _____ Supervisor's Phone: _____

After Hours Contact Number: _____

E-mail Address: _____

Additional (Ex. Tribal Worker, Mental Health Worker, etc):

Mailing Address: _____

Office Phone: _____ Home Phone: _____

Supervisor's Name: _____ Supervisor's Phone: _____

After Hours Contact Number: _____

E-Mail Address: _____

E. PREVIOUS PLACEMENTS: (most recent first)

Placement:

Reason for Discharge:

_____	_____
_____	_____
_____	_____
_____	_____

F. COMMENTS/CONCERNS: _____

G. HEARTLAND GIRLS' RANCH—EMERGENCY BACKUP PLAN

(Please attach any court orders for emergency response)

1. Emergency After Hours Phone Numbers for Social Worker/Probation Officer:

Home Number: _____

Other Number: _____

Supervisor's Name: _____

Phone Number: _____

Other Number: _____

2. Detention Center Available for Emergency Placement: _____

Phone Number: _____

Address: _____

Transportation Plan: _____

Phone Number: _____

G. EMERGENCY BACKUP PLAN CONTINUED:

3. Crisis Center Available for Emergency Placement: _____

Phone Number: _____

Address: _____

Transportation Plan: _____

Phone Number: _____

4. Other Plan Available for Emergency Placement: _____

Phone Number: _____

Address: _____

Transportation Plan: _____

Phone Number: _____

An emergency plan must be in place for each child for response to a crisis situation, out of control behavior and unsafe behavior.

H. SIGNATURES:

Signature of Resident

date

Signature of Person Placing Resident

date

HEARTLAND RANCH INC. PLACEMENT AGREEMENT

This is placement agreement between _____ located at _____, an Agency duly authorized by the State of Minnesota to place children into substitute care, hereinafter called the "Agency" and Heartland Ranch Inc., a Department of Corrections licensed facility, hereinafter called "HGR." In consideration of the agreement herein made between the Agency and HGR, HGR accepts _____ for services for the period beginning ___/___/200__ and tentatively ending on or about ___/___/200__.

A. HGR agrees to the following:

- To assume responsibility for giving care and supervision to the child in a properly licensed facility.
- To develop within 30 days, in conjunction with the Agency's designated representative, an individualized written treatment plan for the child.
- To provide casework services to the child and arrange for educational, psychiatric, medical, dental and other necessary treatment services.
- To obtain parental/guardian written permission for major medical treatment or surgery except in emergency situations in which neither parents or guardians can be contacted.
- To arrange for any necessary detention or in-patient crisis mental health services for the child.
- To provide the Agency's designated representative with periodic written reports, no less than every 90 days, as well as periodic phone contacts.
- To submit claims for financial reimbursement to the Agency on a timely basis for services directly provided or arranged.

B. The Agency agrees to the following:

- To cooperate with HGR in the development of an individualized written treatment plan within 30 days of the child's admission to HGR.
- To participate in appropriate staffings held with regards to the child.
- To arrange and pay for transportation of the child to HGR for initial placement and discharge.
- To arrange for the initial clothing allowance in conformity with the prevailing Department of Human Services rates based upon the age of the child.
- To directly pay or reimburse HGR for any costs of detention or in-patient crisis mental health services determined necessary by HGR.
- To reimburse HGR at the current host county approved per diem rate.

For purposes of detention and in-patient crisis mental health services, HGR needs to contact the following Agency persons for any necessary prior authorizations:

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

After customary business hours, the contact should be made with:

Name: _____ Title: _____ Phone: _____

The purpose of this document is to formalize the agreement between the Agency and heartland Girls' Ranch when a child is placed at the Ranch:

 Referring Agency Representative Phone Date

 Heartland Girls' Ranch Representative Phone Date



Heartland Ranch School - Student Information Sheet

Student Name: _____
(First) (Middle) (Last)

Last School Attended: _____

Other Schools Attended (8th-12th grade):

Grade	School Name	City, State

Student's Date of Birth: _____ Grade: _____

Ethnicity: _____

Does student receive special education services? _____ Yes _____ No

Primary Disability: _____

Court ordered: _____CHIPS _____Delinquency _____Voluntary Placement



Parent's Name: _____

Parent's Address: _____
(street address)

(city, state, zip)

Phone: _____ Phone: _____

Does parent have Legal Custody? (Can they sign documents pertaining to education of child? Example: signing of consent forms and IEPs) _____ Yes _____ No

If "No", state Legal Custodian/Guardian: _____

Address: _____
(street address)

(city, state, zip)

Phone: _____

Is the status of the parents of the student any of the following (check all that apply)

_____ Parental rights terminated by court order **(please attach court document)**

(this also includes parental rights terminated through the tribal courts)

_____ Parent is no longer living within the state of Minnesota.

_____ No district of residence can be established.

_____ Parent having legal custody of the child is an inmate of a Minnesota correctional facility or is a resident of a halfway house under the supervision of the Commissioner of Corrections.

Name of person completing this form: _____

HEARTLAND RANCH INC.

YOUR PRIVACY RIGHTS INFORMATION ABOUT YOUR RIGHTS UNDER THE MINNESOTA DATA PRACTICES ACT

The Minnesota Data Practices Act seeks to protect the privacy of the individuals when governmental agencies or private agencies under contract with public agencies collect data about them. The Minnesota Data Practices Act also helps people get information that is public. The information on this sheet applied to your current and future contacts with this facility, whether the contact is in person, by mail, or phone.

When we ask you to provide us with private or confidential information about yourself, you will be told:

- The purpose and intended use of the data within this agency;
- The legal requirements, if any of providing information;
- The consequences of providing or refusing to provide the information requested; and
- The identity of other persons or agencies authorized by statute to receive the information.

PURPOSES:

The purposes of collecting information from you are:

- To determine your eligibility for services provided by this agency;
- To provide effective care and treatment of your medical/social/psychological/educational needs;
- To make referrals to other agencies or professionals to provide additional services to you;
- To conduct evaluations and prepare statistical reports;
- To collect reimbursement from other agencies or individuals for services we give you;
- To determine whether you or your children need protective services;
- To evaluate and monitor our performance as an agency licensed by the State of Minnesota.

LEGAL REQUIREMENTS:

In most cases, you are not legally required to provide the information requested. If there is such a legal requirement, you will be informed of the specific law that requires it. Generally, if you do not provide the information requested, the Court and/or your caseworker will be notified.

MINORS:

If you are a minor (a child under eighteen years of age), you have the right to request that private data about you be kept from your parents. You must make this request in writing. You must explain why you want this information to be withheld and what you expect the consequences to be if it is not withheld. If the Heartland Ranch Director agrees that withholding the information from your parents is in your best interest, it will not be shown to them.

SHARING INFORMATION:

The information you provide will be shared only under the following circumstances:

- With employees of the Heartland Ranch for diagnosis, case consultation, billing and record keeping, supervision, evaluation, and administration.
- With other professionals working with the Heartland Ranch for case consultation, evaluation, diagnosis, and program planning.
- With any individual or agency or institution or organization, where you authorize sharing by signing a consent for the release of information. You have the right to revoke your consent at any time before the information is actually shared.
- With a court when the court issues a court order.
- With the federal government when necessary to account for federal funds and programs.
- With appropriate people in an emergency.
- With authorized representatives of the county human services agency or probation agent who are responsible for your care and treatment.
- With representatives of either law enforcement or human services when a child or vulnerable adult is in danger.

Details about how the information will be shared may be provided on the forms you are asked to complete. Additional information is available from the staff people helping you.

OTHER RIGHTS:

- You have the right to know what information is being kept by the Heartland Ranch about you.
- You have the right to see all public and private information about you kept by the Heartland Ranch. This includes the right for you to authorize other people or agencies to see it.
- You have the right to have this data explained to you.
- You have the right to challenge the accuracy or completeness of any private information about your records. If you want to challenge any information, write to the person who wrote the report. You may also talk with the person at the Heartland Ranch who works with you. You will get an answer within 30 days.

I have read this explanation of my private right and I understand the purposes and consequences of giving the information and who is authorized to see it.

Client/Resident—Data Subject Signature

Date

Parent/Guardian Signature

Date

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

The information regarding race, color, or national origin designation is requested in order to assure the Federal Government, that Heartland Ranch complies with Federal Laws prohibiting discrimination on the basis of race, color, or national origin. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your request for services or to discriminate against you in any way. However, if you choose not to furnish this information, we are required to note your race/color/national origin on the basis of visual observation or surname.

Please check the appropriate information below:

RACIAL CATEGORIES:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

ETHNIC CATEGORIES:

- Hispanic or Latino
- Not Hispanic or Latino

Resident's initials for HGR identification: _____

Date: _____

File:
Resident's File
USDA Racial/Ethnic Participation File

RESIDENT RIGHTS AND BASIC SERVICES

Basic Rights:

A resident has basic rights including, but not limited to, the rights below.

- A. right to reasonable observance of cultural and ethnic practice and religion;
- B. right to a reasonable degree of privacy;
- C. right to participate in development of the resident's treatment and case plan;
- D. right to positive and proactive adult guidance, support and supervision;
- E. right to be free from abuse, neglect, inhumane treatment, and sexual exploitation;
- F. right to adequate medical care;
- G. right to nutritious and sufficient meals and sufficient clothing and housing;
- H. right to live in clean, safe surroundings;
- I. right to receive a public education;
- J. right to reasonable communication and visitation with adults outside the facility, which may include a parent, extended family members, siblings, a legal guardian, a caseworker, an attorney, a therapist, a physician, a religious advisor, and a case manager in accordance with the resident's case plan;
- K. right to daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene;
- L. right of access to protection and advocacy services, including the appropriate state-appointed ombudsman;
- M. right to retain and use a reasonable amount of personal property;
- N. right to courteous and respectful treatment;
- O. if applicable, the rights stated in Minnesota Statutes, sections **144.651** and **253B.03**;
- P. right to be free from bias and harassment regarding race, gender, age disability, spirituality, and sexual orientation;
- Q. right to be informed of and to use a grievance procedure; and
- R. right to be free from restraint or seclusion used for a purpose other than to protect the resident from imminent danger to self or others, except for the use of disciplinary room time as it is allowed in the correctional facility's discipline plan.

Signature

Date

HEARTLAND RANCH INC RELEASE OF INFORMATION

I, _____, hereby give permission to the Heartland Ranch Inc. to obtain any required information concerning (child's name) from the following agencies:

- SCHOOL: _____
- COURT: _____
- LAW ENFORCEMENT AGENCY: _____
- HUMAN SERVICES: _____
- MENTAL HEALTH AGENCY: _____
- EMPLOYER: _____
- MEDICAL RECORDS: _____
- PROBATION OFFICE: _____
- _____

I also permit Heartland Ranch Inc. to release information and have personal/telephone contact concerning (child)_____ to the above agencies with the exception of the following:_____. A photo static copy of this authorization is to be given the same force and effect as the original. This consent may be with drawn formally by notifying the Heartland Ranch Inc. Director. (Expires upon termination of placement at the Heartland Ranch Inc. or one year from date signed.)

_____ Resident	_____ Date	_____ Parent/Guardian	_____ Date
_____ Heartland Ranch Director		_____ Date	

RESIDENT AND PARENTAL/GUARDIAN AUTHORIZATION AND ACKNOWLEDGEMENT

Name of Resident: _____

Resident's Initials:	Parent's Initials:	Worker's Initials:
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AUTHORIZATION TO USE PHOTOGRAPHS:

I hereby authorize the Heartland Ranch to use a photograph containing my child in brochures, newsletters, or other publications. Confidential information about the child shall not be used/released with any photograph.

Resident's Initials:	Parent's Initials:	Worker's Initials:
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AUTHORIZATION TO TAKE PHOTOS & MAKE THEM AVAILABLE TO OTHER RESIDENTS AND STAFF:

I hereby authorize the Heartland Ranch to take photographs of my child, both individually and/or as part of a group. I also authorize that the photographs maybe purchased by other residents/staff who are at the ranch at the same time as my child. Only residents who are in a picture may purchase a picture that has another resident in it.

Resident's Initials:	Parent's Initials:	Worker's Initials:
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INCOMING AND OUTGOING MAIL:

Mail will be given to each resident personally. Staff will require to open mail in the presence of staff to ensure that no contraband is being brought in. Staff will scan all incoming and outgoing mail. If staff has reasonable cause to suspect that the contents of mail poses a threat to a resident (i.e. plans to run, etc.), mail may be read by staff. In cases where mail is withheld due to court order or safety reasons, written notice will be given to the resident and the mail will be filed in the resident's file until discharge at which time it will be given to the person.

Resident's Initials:	Parent's Initials:	Worker's Initials:
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TELEPHONE CALLS:

Each week residents are given a card to make one (1) phone call. Depending on which level a resident is on and how many days they pass that week determines the number of additional cards they can earn. Phone Cards are given out on Fridays. Residents can use these cards during the week to call people on their phone lists. When a resident makes a phone call, the card must be turned in to staff.

TELEPHONE CALLS CONTINUED:

Residents may still receive incoming calls from approved callers for 10 minutes. The ranch will pay for calls to social workers, probation officers, attorneys and guardians.

Resident's Initials:	Parent's Initials:	Worker's Initials:

PERSONAL BELONGINGS AGREEMENT:

I hereby agree and understand that I am fully responsible for the property (including clothing, money, and any other personal belongings), which I may bring with me during my stay at Heartland Ranch. I will take full responsibility for losses and damages. The Heartland Ranch is not responsible for any losses or damage of my property.

I further understand that it is my responsibility to remove all such property when I leave or am discharged from the Heartland Ranch. Any property of mine, which is at Heartland Ranch for a period exceeding ten days following my discharge I leave with the express intent that it becomes the property of Heartland Ranch. I agree not to hold Heartland Ranch responsible in any way for such property and expressly approve Heartland Ranch's use or disposal of such items in any way it wishes.

Resident's Initials:	Parent's Initials:	Worker's Initials:

AUTHORIZATION TO SUPERVISE RECREATIONAL AND WORK ACTIVITIES:

I hereby authorize Heartland Ranch to supervise the recreational and work activities of my child and to permit her attendance at/or participation in sports, bowling, swimming, horseback riding, museums, softball, other ball sports, and any other outings that the representatives of Heartland Ranch may deem appropriate. I also extend my permission to include the Benson School system for field trips or course work offered in settings other than the designated building areas.

I realize that Heartland Ranch intends to take precautions against injuries and accidents. Nevertheless, I agree absolutely that Heartland Ranch and all of its employees are free from any responsibilities for any accident, injury, or other mishap that may occur with my child. This authorization expires upon discharge from Heart Ranch program.



Resident's Initials:	Parent's Initials:	Worker's Initials:

AUTHORIZATION FOR RESTRICTIVE PROCEDURES:

I hereby authorize Heartland Ranch to use restrictive procedures to protect the safety of my child, other residents, and staff according to the Heartland Girls' Ranch Policy and my child's individual treatment plan.

I would like to be contacted:

- ___ When full restraint applied.
- ___ When any restrictive procedure is used.
- ___ Other: _____.

I would like to be notified when a restrictive procedure has been used with my child: ___ Immediately ___ Next business day

Resident's Initials:	Parent's Initials:	Worker's Initials:

CONTRABAND:

When found anytime throughout placement these items will be confiscated and destroyed:

- Tobacco Products
- Lighters/ Matches
- Drugs/ Alcohol
- Permanent Markers
- Cell Phones
- Compact Discs (Ranch supplies this)
- Ipods/ MP3 Players
- Weapons
- Nail Polish (Ranch supplies this)
- Nail Polish Remover (Ranch supplies this)
- Inappropriate Pictures
- Inappropriate Clothing (gang related, profanity, etc)
- Others as appropriate

The Following items need to be in lock-up while at the ranch:

- Pump Sprays
- Product containing alcohol
- Perfume
- Razors (Ranch supplies a bladeless one)
- Others as appropriate



Resident's Initials:	Parent's Initials:	Worker's Initials:
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GENERAL REQUIREMENTS AND TIME FRAME FOR GRADUATION:

This is a 5 level program. We have two different programs – short and long. The difference between the two programs is the focus of treatment. The length of stay for the short program is 4 – 6 months and long program 5 – 11 months. The length of time you spend in the program is based on your commitment to and work on daily requirements, goal work, activity participation and placement work. The fastest time frame in which you can graduate is 120 days. The average length of stay is 11 months. There is no appropriate amount of time to graduate. It is based on individual needs and issues.

_____	_____
Resident	Date
_____	_____
Worker	Date
_____	_____
Parent	Date

SCARS, TATTOS, PIERCINGS

Name: _____ **Admission Date:** _____

Scars: _____

Tattoos: _____

Piercings: _____



Heartland Girls Ranch Admit Health Screening Form

Resident Name _____ Date _____

Date of Birth _____ Staff Completing Form _____

MEDICAL INFORMATION

Primary Doctor / Clinic prior to admit: _____

Psychiatrist prior to admit (if applicable): _____

Pharmacy filling admit prescriptions: _____ Contact Made: Yes No
(Circle One)

Medications:

<u>Name of Med</u>	<u>Strength (mg)</u>	<u>Dosage / Directions / Time</u>	<u>For</u>	<u>Count</u>	<u>Refills</u>
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*Med Sheet / PRN Sheet Completed (Staff Initial): _____

**Custodial Parent / Guardian to contact for med changes if resident prescribed psychotropic or behavioral medications: Name _____ Phone _____

Past and Present Medical Information:

(Please answer the following Yes or No. *If Yes, describe.* Use back of sheet if more space needed.)

Allergies to Medications: _____

Allergic to Bees: _____

Allergies to Foods: _____

Seasonal Allergies: _____

Chemically Dependent: _____

Chronic Illnesses: _____

Physical Injuries / Problems: _____

Gynecological Problems (Last Pap): _____

Birth Control: _____

Surgeries: _____

Dental Problems (Braces): _____

Hearing Problems: _____

Vision Problems (Wears Glasses or Contacts): _____

Lice Check: _____

MISSING PERSONS REPORT

Swift County Sheriff's Department

Name: (Last, First Middle)					Photo Available: (Yes / No) Yes	
Address: Heartland Girls Ranch, 189 Hwy 9 NE Benson, MN 56215				Phone Number: 320.842.4472/320.843.4815		
DOB:	Sex:	Race:	Eye Color:	Hair:	Height:	Weight
Beard/Mustache:			Complexion:		Build:	
Scars, Marks, Tattoos, Piercings, Deformities:						
Mental/Emotional Status:						
Medications Taken:						
Missing Since: (Date/Time)				Last Seen at: (Location)		
Last Seen with:				Possible Destination:		

Clothing Description:

Coat	Dress	Shirt / Blouse	Skirt
Pants	Shoes	Hat	Jewelry



**Missing Person Report
Swift County Sheriff's Dept.**

Reporter Information:

Reported by: (Last, First, Middle)	Date of Birth:	Relationship:
Address:		Phone Number:

Heartland Girls' Ranch Info:

Court Ordered Placement: Yes No	If yes, what County:
Probation Officer's Name:	Probation Officer's Phone Number:
Social Worker's Name:	Social Worker's Phone Number:
Ranch willing to transport juvenile back from where located? Yes No	

Details:



**Missing Person Report
Swift County Sheriff's Dept.**

I certify that the person described in this report is absent due to the following reason and that the information is true and correct to the best of my knowledge:

- D Missing Person Disability** - person of any age who is missing and under proven physical/mental disability or is senile, thereby subjecting himself or others to personal and immediate danger.
- E Endangered** - person of any age who is missing under circumstances indicating that his physical safety may be in danger.
- I Involuntary** - person of any age who is missing under circumstances indicating that the disappearance was not voluntary, i.e. abduction or kidnapping.
- V Victim** - person of any age who is missing after a catastrophe.
- J Juvenile** - a person who is missing and who is not declared emancipated and **who does not meet the criteria for entry under any other record type.** This code is used for juvenile runaways.

Date: _____

Reporter's Signature

Date: _____

Investigating Officer's Signature

Date Entered into NCIC:	Entering CCO's initials:	2nd check CCO's initials:
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Located/Returned: (Date/Time)	Located at: (Address)
Located by:	Investigating Officer's Signature:
Date Cancelled NCIC:	Cancelling CCO's initials

To: Hennepin County Social Service Workers

Re: Utilization Review Paperwork

Heartland Girls Ranch requires that all Hennepin County referrals must have the completed Utilization Review paperwork at intake.

After discussion with Larry Molstad, it was made clear that Hennepin County is requiring Utilization Review paperwork in Hennepin County files. This may be linked to vendor payment in the near future. We cannot accept Hennepin County Social Services cases without this paperwork.

If you have any questions, please contact us at 320.843.4815.

Thank you!



RESIDENT INTAKE FORMS CHECKLIST

**Initial upon
Completion**

Resident Name: _____ **Date:** _____

Prior to Intake Check List – Page 1

Original Forms – Page 2

- a. Riding Instruction Agreement & Liability Release
- b. ACMC Patient Information, Medical History Worksheet, & Consent for Urine Drug Screening
- c. Woodland Centers Application for Services & 2 Releases
- d. SCMC Behavioral Medicine Release of Information
- e. Counseling Associates Referral Form

Horse Activities Come with These Warnings – Pages 3 - 4

RProtective Equestrian Headgear Agreement & Release – Page 5

ACMC Insurance Release – Page 6

HGR Consent for Medical Treatment – Page 7

Notification of Responsibility for Medical Treatment – Page 8

Consent for Participation in the MCCA Student Data Reporting System – Page 9

Intake SDRS (Student Data Reporting System) – Page 10 - 11

Intake Face Sheet – Page 12 - 17

Heartland Ranch Placement Agreement – Page 18

Student Information Sheet – Page 19 - 20

Privacy Rights under Minnesota Data Practices Act – Page 21 - 22

Civil Rights Act of 1964 – Page 23

Resident Rights and Basic Services – Page 24

HGR Release of Information – Page 25

Approved Caller and Visitor List – Page 26

Resident and Parental Authorization and Acknowledgment – Page 27 - 30

Scars, Tattoos, and Pierced Areas – Page 31

Health Questionnaire / Admission Medications – Page 32

Pictures and Form for Law Enforcement (Copy to Law Enforcement) – Page 33 - 35

Inventory Sheet – Page 36

Copy of Utilization Review (Hennepin County only) – Page 37

Resident Intake Forms Check List – Page 38