



13637 60th Street SW • Cokato, Minnesota 55321 • (320) 286-2922 • Fax (320) 286-2875

WELCOME TO VILLAGE RANCH!

Thank you for choosing services provided by Village Ranch, Inc. These services may be in the form of individual therapy, family therapy, group therapy, and skills-based therapy (CTSS), and/or a combination of any of the available services through in-home, residential or foster care placement with Village Ranch or another organization.

HISTORY

The Village Ranch began in 1988 in Cokato, Minnesota offering adolescent males a place to live (group home) as well as outpatient therapeutic services. Since then, our original group home has grown to a Residential Group Home with a 34-bed capacity and onsite school. In 2009, we expanded to Anoka, Minnesota where outpatient individual, family, group therapy, and skills-based therapy is offered. In 2010, we opened our first “Independent Living Program” for adolescent males in Hutchinson, Minnesota with 12 beds and, in 2015 we opened a similar 12-bed Independent Living Program for adolescent males in Rochester, Minnesota and, most recently in 2016 we opened our first 16 bed Residential Group Home for adolescent females with an onsite school in Annandale, Minnesota. All four of these residential locations offer a 24/7 staffed living environment, skills-based therapy services and outpatient therapeutic services. Because we agree with you that consistency in therapy is important in addressing the challenges you and your family may be having, we try to schedule therapy sessions as convenient as possible; however, we understand emergencies happen and there will be times you will need to cancel appointments.

SERVICES AVAILABLE

The following outpatient services are provided through Village Ranch Child and Family Services, Inc.: CTSS services, outpatient individual and family therapy, and diagnostic assessment services. We also offer residential group home and foster care placement which work in tandem with the outpatient therapeutic services. The children and families we support are in need of a rehabilitative mental health package and require varying therapeutic and skills-based therapy levels of intervention with the overarching design to enhance and support overall functioning.

The therapists which you and your family will be working with are all master’s level and/or licensed professionals with many years of experience in the field and use a variety of therapeutic techniques. All mental health practitioners who provide skills-based services and training meet the state requirements for training and experience in providing skills-based services to your child/adolescent.

Our philosophy is that every family system is unique, important and has strengths. We believe that working as partners through relationships, support, and caring, families are strengthened and experience greater success. The services provided, areas covered, and goals established are mutually agreed upon between client, family, and provider.



FINANCIAL RESPONSIBILITY (OUTPATIENT THERAPY SERVICES ONLY)

Copays, if applicable, are due at the time of your scheduled appointment and will be collected by your provider. The amount of your copay is listed on your insurance card.

NO-SHOW POLICY (OUTPATIENT THERAPY SERVICES ONLY)

If you are unable to keep your scheduled appointments, please notify us at least 24 hours in advance so we can offer that time slot to someone on the waiting list. You may reschedule your appointment when you call us to cancel.

If there is a second no-show you will be required to meet with your therapist and, if applicable, your county worker and others involved with your treatment to discuss options about resolving the no-show issue and possibly transfer to another agency.

LATE CANCEL POLICY

If you cancel your appointment with less than a 24-hour notice occasionally, we do understand. However, if a late cancel pattern develops, you will be required to meet with your therapist and, if applicable, your county worker and others involved with your treatment to discuss options about resolving the late cancel issue and possibly transfer to another agency.

(OUTPATIENT THERAPY SERVICES ONLY - Not applicable to residential, group home, or foster care placements)

After the first no-show appointment (without a phone call to cancel) you will receive a phone call to remind you of the missed appointment and to reschedule your appointment. You (not your insurance company) will be charged \$50 (using the credit card information that you provided to us during intake) for the time slot we were not able to fill when you were a no-show.

If there is a second no-show occurrence you will be required to meet with your therapist, county worker and others involved with your treatment to discuss options about resolving the no-show issue and possibly transfer to another agency.

We want to keep services available to you and your family. Please feel free to address issues with your therapist or skills worker so we can all work together to resolve issues.

PARENTAL INVOLVEMENT

Through our experience, as well as available research, clients who do the best in treatment have involved families or support systems. Family involvement means actively supporting the therapeutic process which may include monthly family therapy sessions and general consistent contact with the client.

Please complete all the paperwork in a timely manner.



VILLAGE RANCH

INFORMED CONSENT/CLIENT RIGHTS & RESPONSIBILITIES

CONFIDENTIALITY

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 with this facility, whether the contact is in person, by mail, email, or by phone.

Every effort will be made to keep the information clients share with Village Ranch, Inc. staff confidential. All client information is maintained as private and/or confidential, consistent with ethical guidelines of professional practice, and the statutes of the laws of the State of Minnesota. A written consent must be signed before outside persons or agencies can obtain information in records or from family workers.

The Clinical Supervisor supervises all casework and serves as a secondary source of support for families in crisis when practitioners and/or therapists are not available.

CLIENT RECORDS

The client information we collect from you, or that you authorize us to collect from others, is used for the purposes listed below. Because this list of purposes covers a variety of services and programs, some of the purposes will not apply to your information.

- To determine your eligibility for services provided by this agency
- To provide effective care and treatment of medical/social/psychological/educational needs
- For other purposes specifically authorized by you
- To make referrals to other agencies or professionals to provide additional services to you
- To collect reimbursement from other agencies or individuals for services we give you
- The legal or statute requirements, if any, of providing information
- To evaluate and monitor our performance as an agency licensed by the State of Minnesota
- To conduct evaluations and prepare statistical reports
- We cannot guarantee confidentiality of data transmitted (i.e., video, voice, email, etc.)

RELEASE OF CLIENT INFORMATION

Access by Client:

As a client you have access to all public and private records about yourself or your children. (See section on “Minors” for exceptions regarding children.) Upon request you may review your records in the presence of one of our professional staff and may request copies of records at your expense.

Access by Others:

The professional staff of Village Ranch, Inc. will have access to information about you when their work requires it and for purposes of billing and collection of accounts in association with other professional consultation (e.g., accountant, attorney), if necessary. For training, supervision and/or consultation purposes, some clients may be asked to have their sessions observed and/or audio/video recorded. Such observations and/or recordings will only be conducted after the client has been fully informed of the specific uses of the observations/recordings and has consented to participate. All audio/video recordings will be destroyed following the training, supervision, or consultation.

Individuals or entities outside of Village Ranch, Inc. who are authorized with a release signed by you (or guardian), may share information for purposes of consultation, evaluation, diagnosis, and program planning, when necessary to account for federal funds and program, when law enforcement personnel are investigating or prosecuting a criminal or civil proceeding, and with or without a release with appropriate personnel in an emergency.

MINORS: Under certain circumstances, minor clients have the legal right to request that client information be withheld from their parents. This request must be in writing, must explain the reasons for withholding the information, and what you expect the consequences could be if it is not withheld. Your therapist, in consultation



with the professional staff will consider the request and a decision as to whether to withhold information will be made by Village Ranch, Inc. based on the best interests of the requesting minor.

In some cases, the law permits minors to consent to treatment and to withhold information from their parents with a formal request. This may be appropriate for a minor who is over the age of 16 and is financially independent and/or married, or when services relate to pregnancy, drug abuse or sexually transmitted disease. If you have any questions about this, ask the therapist who works with you.

As a rule, we do not encourage the withholding of information from parents except when it is our clinical judgment that it would be clearly detrimental to the minor's welfare to disclose information.

MULTI-PARTY COUNSELING: If you are involved in multi-party counseling such as couples or family therapy, our staff will treat all information acquired in that process in accordance with this confidentiality policy. In addition, Village Ranch, Inc. will stress the importance of maintaining confidentiality with all members of the family or couples therapy process, but we cannot be held responsible for breaches of confidentiality by other participants. Finally, records of such session belong to all participants and cannot be released without the consent of all participants.

In some circumstances individuals participating in couples or family counseling will also be involved in individual sessions with members of our professional staff. At times an individual may share information in individual sessions, which is of central importance to the couples or family therapy process. It is our belief that the family therapist should not place himself or herself in the position of holding secrets of families or couples; thus, by signing this policy you give the therapist permission to disclose information when it is our clinical judgment that such disclosure is in the best interest of the couple or family.

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.

MANDATED REPORTING:

Although each provider uses their own judgment regarding the safety of the client and family and decisions to report are made in consultation with the Clinical Supervisor, all employees of Village Ranch, Inc. are mandated reporters and are required by law to report any of the following situations:

- Instances of abuse or neglect of a minor or vulnerable adult
- Behavior that may be a threat to one's life or that of another person
- Receipt of a court order
- Report of sexual abuse by a health professional

OUR RESPONSIBILITIES:

- To meet with you/your family in your home or our office weekly at a convenient time for you.
- To be prompt and accessible for scheduled meetings.
- To listen respectfully and be culturally sensitive.
- To provide you with appropriate support and information.
- To provide collaborating agencies or the court with reports regarding your progress.
- To provide crisis counseling during emergency situations.

YOUR RESPONSIBILITIES:

- To commit to scheduled meetings.
- To communicate and cooperate with staff respectfully.
- To report changes in your condition or symptoms.
- To participate in the choice of goals and progress towards them.
- To notify your provider at least 24 hours in advance if you are unavailable for an appointment and need to reschedule.



YOUR RIGHTS:

- To be treated with respect, dignity, consideration, and compassion
- Be informed of the qualifications of your practitioner and/or therapist (education, experience, professional counseling certifications, and license(s))
- Be informed of the limitations of the practitioner and / or therapist's practice to special areas of expertise (career development, ethnic groups, etc.) or age group (adolescents, older adults, etc.)
- Receive an explanation of services offered, your time commitments, fee scales, and billing policies prior to receipt of services.
- Confidential treatment of personal and medical records and the approval of refusal of their release to any individual outside of our agency.
- To see the contents of my file, the reasons for its retention, and any part of the file explained.
- To contest inaccuracies or incompleteness of the data maintained in the client record by submitting a written request to the author of said record. Village Ranch, Inc. replies to such requests within 30 days of receipt.
- Ask questions about the skills/therapy techniques and strategies and be informed of your progress.
- Participate in setting goals and evaluating progress toward meeting them.
- Be informed of how to contact the practitioner and/or therapist in an emergency situation.
- Request a referral for a second opinion at any time.
- Terminate the relationship at any time.
- Prompt and reasonable response to your questions and requests.
- Contact the appropriate professional organization with concerns or complaints relative to the professional's conduct.
- The right to initiate a complaint or grievance procedure and the appropriate means of requesting a hearing or review of the complaint. It is our hope that the client will approach our agency employee first to try resolving the issue directly. A complaint regarding the violation of client's rights may be filed by contacting Village Ranch, Inc. at 13637 60th St. SW, Cokato, MN 55321, or 320-286-2922. You will receive a written response by our Director in 15 working days. If you are not satisfied with the actions taken, you may register a complaint with the Dept. of Human Rights, State Office Building, St. Paul, MN 55155, or 651-296-5663, or the Division of Licensing, Dept of Human Services Building, 444 Lafayette Road North, St. Paul, MN 55155 or 651-296-3971.
- You have the right to file a complaint with the appropriate state licensing Board.
 Board of Psychology: (612) 617-2230 Board of Social Work: (888) 234-1320
 Board of Marriage & Family Therapy: (612) 617-2220 Board of Behavioral Health & Therapy: (612) 617-2178

OUR RIGHTS:

- Staff have a right to privacy and should only be contacted by a client to cancel or reschedule an appointment or in time of family crisis.
- Staff should have the right as for consultation on your case.
- Staff has the responsibility to report to authorities if the client has committed a crime or threatened to commit a crime while receiving services from Village Ranch, Inc.
- Staff have the right to not be harassed by the client, specifically sexual harassment. This includes suggestive sexual language, kissing, dating, sexual touching, sexual penetration, and/or any other type of sexual contact while they are providing treatment to you.

CONSENT TO TREATMENT: I affirm that prior to becoming a client of Village Ranch, Inc., I was given sufficient information to understand the nature of mental health services. I consent to participate in evaluation and treatment and I understand I may refuse services at any time. I am aware the service provider will participate in case consultation/ supervision, as required at the clinic. My signature below affirms my informed and voluntary consent to receive therapy/outpatient services.

	Date		Date
Client Signature		Legal Guardian Signature	
	Date		Date
Therapist/Mental Health Practitioner		Clinical Supervisor	



VILLAGE RANCH APPLICATION FOR SERVICES

Today's Date: _____

_____/_____/_____
First Name MI Last Name Date of Birth

Street Address City State Zip Code County

(____) ____ - ____ Living with: _____ Relationship to Client: _____
Phone First, Last Name (Parent, Foster Parent, etc.)

Office Location: Cokato Hutchinson Rochester Annandale

SERVICES REQUESTED:

- Individual Skills Family Skills Group Skills RISE CLIMB
Individual Therapy Family Therapy Group Therapy Sex-Specific Treatment

1) Are you currently receiving therapy or skills services? **YES NO**

(If you answered YES, please provide the name and address of the agency providing the services)

Agency Street Address/City/State/Zip

2) Have you completed a past Diagnostic Assessment? **YES NO**

(If you answered YES, Please provide the name and address of the agency with the DA on file)

Agency Street Address/City/State/Zip

B. REFERRAL REASON/GOALS:

- Supportive Services Psychoeducation Prevent Placement Reunification Assessment Only

Estimated Length of Service(s): _____

C. CLIENT AND CLIENT'S FAMILY (if applicable) STRENGTHS/ASSETS:

D. Referent:

- Self Therapist Social Worker Probation Officer Foster Parent Other:

First Name/Last Name Agency

Street Address City State Zip Code Phone (____) ____ - ____

(____) ____ - ____ (____) ____ - ____
Phone Alternate Phone Email Address



Specific needs/requirements of Village Ranch (reports, etc.): _____

E. CUSTODIAL (LEGAL) GUARDIANSHIP: Check if information is the same as above

First Name/Last Name Relationship to Client (Parent, Foster Parent, etc.)

Street Address City State Zip Code County

(____) _____ - _____ (____) _____ - _____
Phone Alternate Phone Email Address

F. FOR RESIDENTIAL AND GROUP HOME PLACEMENTS ONLY:

Placing Worker Date of Placement Placement is: Voluntary Court Ordered

Is client: Adjudicated? Yes No Registered offender? Yes No

Does client have community work service (CWS) hour or restitution obligations? Yes No

If client has restitution, can their restitution be satisfied through CWS hours? Yes No

Required hours/amount of restitution? _____

Comments on adjudication status and condition of placement: _____

Client's address prior to placement (if different from address in Section A: Client Information):

Street Address City State Zip Code County

Are there firearms in the home? Yes No

If yes, are they secure? Yes No

As Parent/Guardian it is my intention to be involved with:

Weekly Phone Calls and Visits Staffings Family Therapy Off-Grounds Visits

Other (please explain): _____



VILLAGE RANCH FACE SHEET

I. CLIENT

Client's Name: _____ Nickname: _____

Race: _____ Sex: M F Ethnicity: _____

Age: _____ Date of Birth: ___/___/___ Place of Birth: _____

Social Security Number (optional): ___-___-___ Religion: _____

Height: _____ Weight: _____ lbs. Hair Color: _____ Eye Color: _____

Special Medical Problems, Safety Concerns or Allergies: _____

_____ (____) ____ - _____
Current Address: Street City State Zip Code Phone

Current Student: Yes No

Name of Last School Attended: _____

School Contact: _____ Phone: (____) ____ - _____

Grade: _____ IEP: Yes No Currently Employed: Yes No

Employment Experience: _____

IN CASE OF EMERGENCY, CALL:

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

II. FAMILY (please complete if client is under 18 years of age)

PARENT/CAREGIVER DESCRIPTION OF THE PROBLEM (PLEASE INCLUDE FREQUENCY, INTENSITY, DURATION AND ONSET):



PARENT/GUARDIAN NAME: _____ RELATION: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____
EMAIL ADDRESS: _____ DATE OF BIRTH: __/__/____
RACE: _____ ETHNICITY: _____ RELIGION: _____ MARITAL STATUS: _____
CUSTODY RIGHTS: _____
OCCUPATION: _____ EMPLOYER: _____

=====

PARENT/GUARDIAN NAME: _____ RELATION: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____
EMAIL ADDRESS: _____ DATE OF BIRTH: __/__/____
RACE: _____ ETHNICITY: _____ RELIGION: _____ MARITAL STATUS: _____
CUSTODY RIGHTS: _____
OCCUPATION: _____ EMPLOYER: _____

=====

PARENT/GUARDIAN NAME: _____ RELATION: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____
EMAIL ADDRESS: _____ DATE OF BIRTH: __/__/____
RACE: _____ ETHNICITY: _____ RELIGION: _____ MARITAL STATUS: _____
CUSTODY RIGHTS: _____
OCCUPATION: _____ EMPLOYER: _____

=====

PARENT/GUARDIAN NAME: _____ RELATION: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____
EMAIL ADDRESS: _____ DATE OF BIRTH: __/__/____
RACE: _____ ETHNICITY: _____ RELIGION: _____ MARITAL STATUS: _____
CUSTODY RIGHTS: _____
OCCUPATION: _____ EMPLOYER: _____

=====



III. CLIENT'S COUNTY/STATE CARE TEAM

SOCIAL WORKER: _____ COUNTY: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: (____) ____ - ____ CELL: (____) ____ - ____
FAX NUMBER: (____) ____ - ____ EMAIL ADDRESS: _____

CHILD PROTECTION WORKER: _____ COUNTY: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: (____) ____ - ____ CELL: (____) ____ - ____
FAX NUMBER: (____) ____ - ____ EMAIL ADDRESS: _____

MENTAL HEALTH CASE WORKER: _____ COUNTY: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: (____) ____ - ____ CELL: (____) ____ - ____
FAX NUMBER: (____) ____ - ____ EMAIL ADDRESS: _____

PROBATION OFFICER: _____ COUNTY: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: (____) ____ - ____ CELL: (____) ____ - ____
FAX NUMBER: (____) ____ - ____ EMAIL ADDRESS: _____

GUARDIAN AD LITEM: _____ COUNTY: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: (____) ____ - ____ CELL: (____) ____ - ____
FAX NUMBER: (____) ____ - ____ EMAIL ADDRESS: _____

_____: _____ COUNTY: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: (____) ____ - ____ CELL: (____) ____ - ____
FAX NUMBER: (____) ____ - ____ EMAIL ADDRESS: _____



PAYMENT INFORMATION FOR CLIENT: _____

PARTY RESPONSIBLE FOR PAYMENT:

- County of Residence
- County Different than County of Residence
- Self-Pay
- Primary Insurance Company
- Secondary Insurance Company
- Other: _____

Responsible Party: _____ Relation: _____

Social Security Number: ____-____-____ Date of Birth: ____/____/____

Employer: _____ Work Phone: (____) ____-____

Primary Insurance Company: _____ Group #: _____

Policy/Contract #: _____ ID #: _____

RXBIN#: _____ Phone: _____

Claims Address: _____ City, State, Zip: _____

Secondary Insurance Company: _____ Group #: _____

Policy/Contract #: _____ ID #: _____

RXBIN#: _____ Phone: _____

Claims Address: _____ City, State, Zip: _____

BILLING AND PAYMENT POLICY

INSURANCE BILLING

Village Ranch, Inc. requires all insurance information be provided before services begin. This means any and all primary and secondary insurance policies on which the client is listed, i.e. mother, father, step-parents, etc., as well as medical assistance, so that claims can be properly submitted and processed.

CO-PAYS, CO-INSURANCE, AND DEDUCTIBLES

Co-Pays, if applicable, are due at the time of your scheduled appointment and will be collected by your provider. The amount of your co-pay is listed on your insurance card. If your policy is subject to a deductible, you will receive a bill from Village Ranch if you have not yet met any deductibles for your policy/policies. Any co-insurance due after claims are processed will be billed to the client as well. It is highly recommended that you apply for medical assistance, so that, if you qualify, your financial responsibility can be reduced or perhaps eliminated.

COVERAGE LAPSES

If, at any time and for any reason, your policy is terminated, it is your responsibility to inform Village Ranch immediately so steps can be taken to ensure services are not interrupted. This applies to commercial policies (ones for which a monthly premium is paid) **AND** medical assistance. If coverage is not reinstated, you will be responsible for any and all fees for services. Talk to your social worker or county contact for information regarding medical assistance lapses. If you are unable to meet these requirements, services may be suspended.

SLIDING FEES

If you do not have insurance or medical assistance of any kind, a sliding fee schedule is available for those who qualify. Please speak to your provider for assistance.

By signing below, I understand this Billing & Payment Policy:

_____/_____/_____
Date Signature of Client or Authorized Person

Reason client is unable to sign: Minor Deceased Other: _____



Village Ranch, Inc. and Village Ranch Child and Family Services, Inc.
RELEASE OF INFORMATION

Village Ranch Residential
13637 60th St. SW, Cokato, MN 55321
Phone: (320) 286-2922 Fax: (320) 286-2875

Village Ranch Child and Family Services, Inc.
13637 60th St. SW, Cokato, MN 55321
Phone: (320) 286-2922 Fax: (320) 286-2875

Village Ranch Foster Care
13637 60th St. SW, Cokato, MN 55321
Phone: (320) 286-2922 Fax: (320) 286-2875

Village Ranch Residential Girls Home
380 Annandale Blvd, Annandale MN
Phone: (320) 261-5186 Fax: (320) 261-5188

Village Ranch Rochester Group Home
1117 1st Ave NE, Rochester, MN 55906
Phone and Fax: (507) 258-6309

Village Ranch Hutchinson Group Home
851 Dale St SW, PO Box 305 Hutchinson, MN
Phone: (320) 587-3447 Fax: (320) 587-3967

Client's Legal Name: (please print) _____
Date of Birth: ___/___/___ Previous Names: _____
Address: _____ City, State, Zip: _____
Phone (home/main): (____) ____-____ Work: (____) ____-____ Other: (____) ____-____

1. I authorize Village Ranch, Inc. and Village Ranch Child and Family Services, Inc. to:
 Exchange information with Release my records to Obtain my records from
Person, Clinic, Organization Name: _____
Address: _____ Phone: (____) ____-____ Fax: (____) ____-____

2. I would like the following records released:
 All pertinent records, **OR** check those that apply below.
 Discharge Summary School Reports Medical Reports
 Mental Health Records Progress Notes Treatment Plans
 Evaluations/Assessments Legal Records Social History
 Social Service Records Other: _____

3. Purpose:
 Care Coordination Treatment Planning Evaluation/Assessment
 Personal Use (*mark personal and confidential*) Other: _____

4. Staff member requesting information: _____ (____) ____-____
Name Phone

- 5. I understand the following:**
- Except for psychotherapy notes (which are not included in my medical record), all records will be released to the hospital, clinic or person named above. This includes details about treatment for mental health, chemical dependency, sickle cell anemia, genetic conditions, and AIDS/HIV.
 - If I do not want these to be released, I will place a check mark here: I do not want the following records released: _____
 - If I change my mind, I may write to the address in Section 1 to stop the release of my records. This will not apply to records that have already been released.
 - This form expires one year after I sign it, or on (expiration date): ___/___/___
 - There may be a fee for releasing these records.
 - Once the records are released to the hospital, clinic or person named above, the clinic or hospital releasing my records cannot prevent them from being shared by a third party. At that point, the records may no longer be protected by state or federal privacy laws.
 - To be valid, this form must be filled out completely and signed. A copy is valid if it has not been altered.
 - If I do not sign this form, I will still be treated, unless treatment is part of a research project.

_____/_____/_____
Date Signature of Client or Authorized Person Authorized Person's Authority to Sign (proof required)

Reason client is unable to sign: Minor Deceased Other: _____



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Phone and Fax: (507) 258-6309

Village Ranch Hutchinson Group Home
851 Dale St SW, PO Box 305 Hutchinson, MN
Phone: (320) 587-3447 Fax: (320) 587-3967

Client's Legal Name: (please print) _____
Date of Birth: ___/___/___ Previous Names: _____
Address: _____ City, State, Zip: _____
Phone (home/main): (____) ____-____ Work: (____) ____-____ Other: (____) ____-____

1. I authorize Village Ranch, Inc. and Village Ranch Child and Family Services, Inc. to:
 Exchange information with Release my records to Obtain my records from
Person, Clinic, Organization Name: _____
Address: _____ Phone: (____) ____-____ Fax: (____) ____-____

2. I would like the following records released:
 All pertinent records, **OR** check those that apply below.
 Discharge Summary School Reports Medical Reports
 Mental Health Records Progress Notes Treatment Plans
 Evaluations/Assessments Legal Records Social History
 Social Service Records Other: _____

3. Purpose:
 Care Coordination Treatment Planning Evaluation/Assessment
 Personal Use (*mark personal and confidential*) Other: _____

4. Staff member requesting information: _____ (____) ____-____
Name Phone

5. I understand the following:

- Except for psychotherapy notes (which are not included in my medical record), all records will be released to the hospital, clinic or person named above. This includes details about treatment for mental health, chemical dependency, sickle cell anemia, genetic conditions, and AIDS/HIV.
- If I do not want these to be released, I will place a check mark here: I do not want the following records released: _____
- If I change my mind, I may write to the address in Section 1 to stop the release of my records. This will not apply to records that have already been released.
- This form expires one year after I sign it, or on (expiration date): ___/___/___
- There may be a fee for releasing these records.
- Once the records are released to the hospital, clinic or person named above, the clinic or hospital releasing my records cannot prevent them from being shared by a third party. At that point, the records may no longer be protected by state or federal privacy laws.
- To be valid, this form must be filled out completely and signed. A copy is valid if it has not been altered.
- If I do not sign this form, I will still be treated, unless treatment is part of a research project.

_____/_____/_____
Date Signature of Client or Authorized Person Authorized Person's Authority to Sign (proof required)

Reason client is unable to sign: Minor Deceased Other: _____



**Consent for Participation in the
MCCCA Student Data Reporting System**

Village Ranch, Inc. is engaged in ongoing data collection and evaluation of its services through the Minnesota Council of Child Caring Agencies (MCCCA). In cooperation with youth-serving agencies throughout the state, MCCCA collects information provided by member agencies on youth at intake, discharge and six (6) months after discharge. A confidential satisfaction survey will also be sent or given 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, Village Ranch, Inc. 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 Village Ranch, Inc. If you decide to participate you may withdraw this permission at any time.

If you agree to participate, you authorize Village Ranch, Inc. to:

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.**

Contact you and/or the County worker six (6) months after discharge for follow-up information.

NAME OF CHILD: _____

X

Client/Legal Guardian Signature Date

X

Client/Legal Guardian Signature Date



CONSENT FOR MEDICAL TREATMENT

I hereby authorize Village Ranch, Inc. Staff to consent to any routine and emergency medical care (including surgery, anesthesia, tests, etc.) to for medical, dental, and eye exams or treatment, under general or special supervision, and on the advice of a physician, nurse, dentist, or surgeon duly licensed by the State of Minnesota.

I also authorize Village Ranch, Inc. to administer medication to the below-named minor as directed and as prescribed by a duly licensed physician or surgeon.

This authorization shall remain in effect so long as the named minor below is in the care and control of Village Ranch, Inc.

Foster care and residential/group home placement please answer the next two questions:

I AUTHORIZE QUALIFIED MEDICAL PERSONNEL TO:

ADMINISTER REQUIRED IMMUNIZATIONS YES NO

ADMINISTER RECOMMENDED SEASONAL VACCINATION YES NO



ILLNESS/ALLERGY DISCLOSURE

Please indicate when and what illnesses or allergies your child has experienced and the action that was taken. Please use a separate piece of paper if more space is needed.

DATE:	ILLNESS/ALLERGIES:	ACTION TAKEN:
<i>Example: 9/25/98</i>	<i>Strep throat, chicken pox, etc.</i>	<i>Doctor, Antibiotics, Rest</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing this document, I acknowledge I have authority to consent to medical treatment for:

_____ (Child's name)

_____/_____/_____
Client/Legal Guardian Signature Date



TEXT AND EMAIL NOTIFICATIONS FROM PROCENTIVE SOFTWARE

Client's Name: _____

OVERVIEW

Procentive is the trusted electronic health records system (EHR) for behavioral health. This system allows us to communicate with parents through text and email. With the input of your text number and/or email address our system allows us to set up notifications that will be directly sent to your phone and/or email address to remind you of an upcoming appointment or to review a document that requires a signature.

HOW IT WORKS

- Text/Email Notifications: Our system will automatically send you a text and/or email reminder two (2) days before and the day of your scheduled appointment, reminding you of your upcoming appointment.
- Email Notifications: Using the kiosk feature we are also able to send documents that require a signature electronically through email. The provider will send an email with the subject line "Village Ranch Paperwork". There will be a link directing you to the document.
*(Note this document can only be opened once). Once opened you can review the document and sign it in the designated signature box using your mouse.

With your permission, we ask that you provide us with your text number and email address:

Text Number: (_____) _____ - _____

Email Address: _____@_____._____

How would you prefer to be notified for an upcoming appointment? Text Email

Client/Legal Guardian Signature

Date

Client/Legal Guardian Signature

Date



Tele-Medicine Consent Form

Client's Name: _____

I, (print name): _____

Agree and consent to the use of tele-medicine as a means of conducting mental health session within the laws and limits of the Minnesota Health Care Programs (MHCP).

Do not approve these services.

Signed: _____

Relationship to child: _____

Date:

Video Camera Consent Form

For security purposes, we have/may have video cameras installed in rooms where meetings are conducted. These cameras are video only, not audio, in an effort to protect the privacy of the individuals in the meeting. This consent confirms you understand this procedure is for the safety and protection of all individuals involved.

I, _____, understand and consent to this practice of Village Ranch, Inc. and Village Ranch Child and Family Services, Inc.

Signature

Date



Consent to participate in the AspireMN Children's Outcome Reporting and Evaluation (CORE) System

Village Ranch INC & Village Ranch CFS are part of a state-wide project with other programs that work with children and families to help improve care and outcomes. This system, called AspireMN CORE, is HIPAA compliant and securely collects demographic, assessment and intervention services data (herein after referred to as "data") provided by programs on children and families at intake, discharge, and six months after discharge. A confidential satisfaction survey is also given out at discharge.

If you agree to share your data, Village Ranch INC & Village Ranch CFS agrees that:

1. All data collected will be protected. In some cases, demographic data may be shared across service providers for the purpose of connecting records.
2. Only Village Ranch INC & Village Ranch CFS and the researchers who work on behalf of AspireMN will have access to private data for evaluation purposes. This secured data will be maintained for ongoing research and to inform practice.
3. Participation is completely voluntary. Your decision to participate or not will not impact the services provided to your child or family or your relationship with Village Ranch INC & Village Ranch CFS.
4. Even after agreeing to participate, you can discontinue participation in this data system at any time by contacting Village Ranch INC or Village Ranch CFS.

If you agree to participate, you authorize Village Ranch INC & Village Ranch CFS to:

1. Include data on services, outcomes, and satisfaction about your child and family in the AspireMN CORE system.
2. Contact you, your child, and the person that referred your family/child six months after discharge for follow-up information.

Name of child

Signature of parent/guardian

Date

Opt-Out

I do not agree to participation in the AspireMN CORE system.

Signature of parent/guardian

Date



RESIDENTIAL ONLY FORMS



4. Village Ranch shall inform the Agency within one (1) working day when the child is absent from Village Ranch. A mutual agreement shall be reached within one (1) working day between the Residential Facility and the Agency as to how long the recipient's bed shall be held. All verbal communication must be confirmed in writing by the Agency within five (5) working days.
5. Village Ranch shall provide Social Service Progress Reports to the Agency each quarter after the staffing. Written progress reports will be supplied upon request.
6. Village Ranch agrees to provide the Agency and the child's family with information relative to the procedures at the Residential Facility.
7. The Agency must provide Village Ranch with the following information in writing prior to placement:
 - a) Social history on child and family;
 - b) Results of recent psychological and/or physical consultations;
 - c) Results of physical examination which has been given within the last year as well as history of health problems and immunization records;
 - d) Educational data which would include achievement scores;
 - e) The Agency case record number and when available, the Medical Assistance number or statement of financial responsibility for medical services.
8. The Agency's participation is required at the time of placement, the Intake Staffing and Reviews. The Agency is responsible for implementing and carrying forth work with the family and to provide reports indicating the goals and objectives of family treatment and the time limits in which they will try to reach them.

At the time of placement, the Agency will have completed a Face Sheet provided by Village Ranch. He/she would also have the consent forms relative to placement signed by the parents or guardian.

Agency Worker Signature

___/___/___
Date

Print Name

Village Ranch, Inc. Signature

___/___/___
Date

Print Name



VILLAGE RANCH BANKING CONTRACT

As a resident of Village Ranch (Hutchinson or Rochester), you are expected to attain a job as quickly as you can, when staff feel you are ready. Part of this employment experience is learning to balance your spending money and, at the same time, saving money for your future. It is our desire to help you with this so the following is an agreement we are asking you to sign to allow us to assist you in this.

- You may keep 20% of your paycheck for personal spending either in cash or a debit card.
- A spending register may be required of you if staff feel you need to keep better track of how much you spend.
- You will put 80% of your paycheck into a general savings account that the House maintains. A record of your deposits will be kept.
- When you are discharged from the Village Ranch, you will be given any savings you have accrued during your time with us.

Client/Legal Guardian Signature

Date

Client/Legal Guardian Signature

Date



VILLAGE RANCH CELL PHONE CONTRACT

During your stay with us at Village Ranch (Hutchinson or Rochester), you may earn the privilege to purchase and keep a cell phone, once certain requirements and levels are met. This privilege comes with responsibilities and accountability. This contract is to ensure you understand and agree to the expectations of your responsibilities and accountability so we may assist you in keeping and learning the privilege of a cell phone.

Below is what is expected of you.

- The privilege of having a cell phone may be earned once you have attained Level 2 of our program.
- You must purchase the cell phone with your own money or you may keep one you have previously purchased.
- If your cell service is on your parent’s plan you will be expected to send them money each month to assist with paying your bill. The amount depends on your plan and service.
- You may also be expected to pay Village Ranch an additional \$5-\$10 each month for the accountability/monitoring service we use. Our monitoring service allows us to view your text messages, emails, messages, phone calls, web activity, photos, videos, social networking activity, and track whereabouts, etc.
- If you do not already have a cell phone, staff will assist you with purchasing one as well as setting up the account with the provider of your choice.
- Cell phones are to be turned off and placed on a charger by the fireplace each night at bedtime (9:30 p.m.).
- Cell phones are not to be brought to school. You may not use your cell phone until after school.
- You will lose your cell phone, for a time determined by staff, if you misuse it by:
 - Accessing inappropriate websites
 - Using your cell phone to harass another person
 - Use your cell phone to contact anyone you are prohibited to contact

By signing below, you are agreeing to the terms states above for having and maintaining the privilege of a cell phone and cell phone service.

Client Signature

Date

Legal Guardian (if applicable) Signature

Date

Village Ranch Staff Signature

Date

VILLAGE RANCH INTERNET/SOCIAL MEDIA INFORMATION

EMAIL	Login	Password

FACEBOOK	Login	Password

TWITTER	Login	Password

INSTAGRAM	Login	Password

OTHER	Login	Password



VILLAGE RANCH DISCLAIMER OF RESPONSIBILITY

I, _____, do hereby release Village Ranch, Inc. and its employees from responsibility (either monetary or replacement) for personal items that I insist upon keeping rather than returning to home. If any personal item is broken or stolen, I will bear sole responsibility for its loss and/or replacement.

If I acquire additional items during my stay at Village Ranch, which includes any clothing or personal items, I am fully responsible for informing staff and documenting the changes on my inventory sheet immediately.

_____/_____/_____
 Client/Legal Guardian Signature Date

_____/_____/_____
 Client/Legal Guardian Signature Date

MEDICATION MANAGEMENT

Resident's Name _____ Date of Birth: ____/____/____

TYPE OF MEDICATION	DOSAGE	QUANTITY UPON ADMISSION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

- Has parental/guardian verbal/written consent been given? YES NO
- Has Village Ranch nursing staff been notified: YES NO
- Has the medication been verified by prescribing pharmacy? YES NO

Please advise how the medication was verified and give documentation of parental/guardian consent:

_____/_____/_____
 Village Ranch Staff Signature Print Name Date

_____/_____/_____
 Parent/Guardian Written Consent Date



Village Ranch Rochester House Drug Use Policy

The Village Ranch Rochester House prohibits any use of illegal or non-prescribed drugs or medications of any type or sort.

If a client is found to be using, distributing, or in possession of illegal drugs, while a resident of the Rochester house, he will lose privileges and receive consequences determined by staff.

The guidelines of said loss of privileges and consequences will be as follows. However, these are not conclusive and may be altered at the discretion of staff.

The House staff will take into consideration a client’s amenability to treatment and time frame between infractions of this expectation when determining consequences for offenses.

Use of illegal drugs or non-prescribed medications – 1st offense:

- Loss of all privileges in the House
- Table time – determined by staff
- Reduced to Level 1
- Loss of any extracurricular school activity or events
- Loss of any House off campus non-supervised activity

Use of illegal drugs or non-prescribed medications – 2nd offense: *(In addition to consequences above)*

- Loss of job
- Rochester “House Arrest”
- An emergency staffing will be arranged to discuss the potential options for the Client.

Use of illegal drugs or non-prescribed medications – 3rd offense:

- Unsuccessful discharge from the Rochester House

Possession of or bringing illegal drugs or non-prescribed medications onto Rochester House property:

- Unsuccessful discharge from Rochester House

Distribution (give, sale or trade) of illegal drugs or non-prescribed medications:

- Unsuccessful discharge from Rochester House

The Village Ranch Rochester House reserves the right to discharge a client unsuccessfully at any time for any reasons of non-cooperation with our program.

Client Signature _____ Date ___/___/___

Worker Signature _____ Date ___/___/___

Staff Signature _____ Date ___/___/___

RESIDENT BASIC RIGHTS

- 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.

Client Signature

____/____/____
Date



VILLAGE RANCH GRIEVANCE POLICY & PROCEDURES

A. INTERNAL PROCEDURE:

1. Residential Home Staff will provide a Resident who wishes to report a grievance with a copy of the Grievance Form.
2. Resident Grievance Forms completed will be delivered by the staff without reading, altering, interference, or delay to the Chief Executive Officer.
3. Upon receipt of the Resident’s Grievance, the Chief Executive Officer will conduct an investigation (*if the grievance is not frivolous*) into the Resident’s complaint. The Chief Executive Officer will submit a written report of findings and recommendations, if any, to the Grievance Committee within three (3) working days from the time the grievance was received.
4. When a grievance is of an emergency matter, the Chief Executive Officer will conduct an investigation into the Resident’s complaint and complete a written report and the action taken, if any, within 24 hours from the time the grievance was received.
5. The Chief Executive Officer will provide the Resident reporting the grievance with a copy of his findings and recommendations.
6. The Grievance Committee will consist of a member of the Village Ranch Board, a probation/law enforcement officer and the Residential Home Chaplain.
7. The Grievance Committee will:
 - a. Review the Chief Executive Officer’s investigation and findings.
 - b. Hear any added information or rebuttal from the Resident reporting the grievance.
 - c. Discuss possible corrective plans of action with the Chief Executive Officer and complaining resident.
 - d. Decide on the Chief Executive Officer and Residential Home staff to take steps necessary to implement the corrective plan of action and report back to the Committee on the results of said plan within 30 days.

B. EXTERNAL PROCEDURES

1. Residential Home staff will provide a Resident who wishes to report a grievance with a copy of the Grievance Form.
2. Resident Grievance Forms, if not submitted to the Chief Executive Officer will be mailed to the Residential Home Board according to procedures applying to regular correspondence/private mail.
3. The Residential Care Staff will provide postage to Residents who wish to mail grievances to the Chief Executive Officer or Village Ranch Board.
4. The Residential Care Staff will cooperate with the Grievance Committee in order to resolve the grievance issues.

Client/Legal Guardian Signature

___/___/___
Date



Additional Forms Needed for Treatment

**Please Print or
Complete During
On-site Intake
Meeting**



Strengths and Difficulties Questionnaire

S 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

Your name.....

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others, for example CD's, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather be alone than with people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often offer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side



Overall, do you think that you have difficulties in any of the following areas:
emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Signature

Today's Date

Thank you very much for your help



Strengths and Difficulties Questionnaire

P 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Your child's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example CD's, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees chores or homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side



Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Mother/Father/Other (please specify:)

Thank you very much for your help



Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever** ...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score