

Therapeutic Interventions, Inc.

Client Intake Information Sheet

Identifying Information

Client Name: _____ DOB: _____

Place Of Birth: _____ Estimated Length of Stay at TII: _____

Reason for DCS custody: _____

After Hours Emergency Contact: _____

Emergency Phone Number: _____

County of Origin: _____

DCS Worker Name: _____

DCS Office Address: _____

DCS Worker Phone: _____

Persons Not Allowed to Contact Client: _____

Physician Name, Address & Phone Number: _____

Referral Packet/Required Information

_____ Recent Psychological (within past 12 months)

_____ Recent DCS Social History (past 6 months)

_____ Current Information Including:

a. Current or most recent location

b. How the child got here

c. Why is child being referred?

_____ Discharge Summary/After Care Plan

_____ Most Recent/Current Treatment Plan

_____ Current Plan of Care

_____ Master Index Summary (DCS)

_____ Immunization Records

_____ Insurance Card (Original at Admission)

_____ Current School Grades and Records

_____ Most Recent IEP

_____ Social Security Card

_____ Birth Certificate

_____ Court Custody Order

_____ All Legal Documents/Court Orders/Legal Involvement

_____ Recent Physical Examination (past year)

_____ Medical History

_____ Current Medications and Dosages: _____

Therapeutic Interventions, Inc.

Educational Face Sheet

Client Name: _____

Date of Birth: _____ Date of Placement: _____

Foster Parent: _____

Address: _____

Phone: _____

DCS Worker: _____

Address: _____

Phone: _____

Last School Attended: _____

Address: _____

Phone: _____ Fax: _____

Regular Education: _____ Special Education: _____

Date of Last Psychological: _____

Full Scale IQ: _____ Verbal IQ: _____ Performance IQ: _____

Date of Last Individualized Education Plan (IEP): _____

Areas of Strength: _____

Areas of Weakness: _____

School District Zone (Foster Home): _____

School Address: _____

Phone: _____ Fax: _____

Home Room Teacher: _____

Guidance Counselor: _____

Completed by CM Staff): _____ Date: _____

Therapeutic Interventions, Inc.

Release of Information

Client: _____ DOB: _____

As the birth parent for the above named child, I give my permission for Therapeutic Interventions, Inc. to release medical, psychological and/or educational information to agencies providing services to the child.

This release expires 90 days after the client has terminated from TII.

Signature of Birth Parent or DCS Case Manager: _____ Date: _____

Therapeutic Interventions Staff: _____ Date: _____

Therapeutic Interventions, Inc.

Release of Information

Client: _____ DOB: _____

As representatives of the State of Tennessee, Department of Children's Services for the above named child, I give my permission for information to be released to staff or foster parents of Therapeutic Interventions, Inc.

Comments or conditions: _____

This release expires 90 days after the client has terminated from TII.

Signature of Custody Holder: _____ Date: _____

Therapeutic Interventions Staff: _____ Date: _____

Therapeutic Interventions, Inc.

Client Assessment/Preliminary Treatment Plan

Client: _____ DOB: _____ DOP: _____

Placed by (Region or Program): _____

Estimated length of placement at TII: _____

1 Immediate Physical/Medical _____

Areas of Intervention:

____ Medical/Dental/Vision Screening ____ Medication Monitory ____ Sex Education ____ A&D Education

2 Immediate Treatment Needed: _____

Areas of Interventions:

____ Outpatient Counseling ____ Alcohol/Drug Treatment ____ Mentor Program

3 Immediate Educational Needs (What is educational plan?): _____

Areas of Intervention:

____ Mteam/IEP ____ Educational Testing ____ Tutoring

4 Does this child need to be monitored closely? _____ If yes, please give detailed reasons: _____

5 Plans for discharge from TII: _____

6 Other needs or instructions for care: _____

DCS/CSA Signature: _____ Date: _____

Therapeutic Interventions, Inc.

Consent for Medical and Psychological Services

Client Name: _____ DOB: _____ DOP: _____

The State of Tennessee, custody holder for the above named child, gives authorization to employees and foster parents of Therapeutic Interventions, Inc. (TII) to secure necessary medical or psychological services for this child.

This also gives approval for psychotropic medication and/or changes in psychotropic medication as necessary. DCS will provide parental consent if necessary.

By signing below, the DCS caseworker gives consent for these services to be obtained by TII officials.

CHANGES:

Medication for the above named has been changed by the attending physician.

FROM: _____

TO: _____

To note DCS approval and notification of the change in treatment please sign below.

Caseworker: _____ Date: _____

Address: _____

Therapeutic Interventions, Inc.

Information About Your Personal Safety

Welcome to Therapeutic Interventions (TII)! We are very glad you are with us. TII foster parents & staff want to make you a part of our family. There are a few family guidelines or rules which all of us follow. Your TII Case Manager will discuss the items outlined below with you.

- Always let your foster parent or case manager know where you are and who you are with.
- Never let anyone into the foster home without the permission of the foster parent.
- Never get into a car with someone you do not know.
- Always get permission from your foster parent before walking at night.
- If you cannot get home by the agreed upon time, call the foster parent or case manager.
- Call your case manager or foster parent if you feel unsafe or threatened by anyone.
- Keep your case manager informed with what is going on with you. Remember, your case manager is on your side. All TII staff want to help you, but we need for you to discuss your problems or concerns you might have.

Your Body and Personal Space

- Your body belongs to you. The area or space around you is your personal space.
- You control who touches you and who enters your personal space.
- Most touches are good touches and most hugs from people you care about are good touches.
- When someone enters your personal space and makes you feel uncomfortable, you have the right to tell them that you feel uncomfortable. People who really care will understand.
- You decide who touches you or gets close to you. TII staff and foster parents respect your personal space and your right to control your body and your personal space.
- When someone touches you in a way you do not like, you have the right to say "STOP". Again, people who really care about you will make sure you are safe.
- While your entire body and personal space is private, some parts of your body are especially private. These special parts of your body are the parts covered by your swimsuit and your underwear. These areas are called your private parts.
- It is never ok for someone to force you to let them touch your private parts. If this happens, tell your foster parent or case manager immediately so that we can help.
- TII is available to help you and take care of you. Anytime you are concerned about someone touching you or doing things with you, which make you feel uncomfortable, always tell someone.

By signing below, I am indicating that I understand the above guidelines and agree to follow them!

Client: _____ Date: _____ TII Staff: _____ Date: _____

Therapeutic Interventions, Inc.

Your Rights

Welcome to Therapeutic Interventions, Incorporated (TII). We are very glad to have you as a part of our family. You have certain rights of which we want to ensure you are aware and are given. These rights include:

- *That you be respected and treated with dignity.
- *That you be given access to all services regardless of your race, color, creed, sex, religion, handicap or national origin.
- *That you be given a safe and comfortable home with all your physical needs met.
- *That you receive love and emotional support.
- *That you receive any necessary medical help including counseling or other services.
- *That you contact your family (when DCS allows).
- *That you be given an opportunity to file a grievance if you feel you have not been treated fairly.

TII Grievance Procedure

TII staff and foster parents are committed to ensuring that you are given all of the rights as previously discussed. Should you ever feel that your rights have been violated, or if you have not been treated fairly, you have the right to file a grievance. The following process should be followed when filing a grievance:

- 1) Always discuss the problem with your foster parent. This usually will resolve the problem.
- 2) If you are not satisfied with the foster parents decision, you should put your concerns or problems in writing to your case manager. The case manager will consult with the supervisor and a decision will be rendered within one week of receipt of the grievance. The case manager's response will be in writing.
- 3) If the written response of the case manager is not satisfactory, you may request a meeting with the Executive Director. The Executive Director will discuss the grievance with the Board Of Directors within 30 days and respond to you in writing as to the decision of your grievance.
- 4) If you are still dissatisfied, you should appeal to the Department of Children's Services.

Your Responsibilities

Along with certain rights, everyone has certain responsibilities. TII staff and foster parents want you to be a part of our family and we want you to realize that you are at home here. Along with this realization, it is important to remember that you have certain responsibilities which include:

- 1) You must treat the foster family and others with the same respect and dignity given to you.
- 2) You must respect the property of others as we must respect your property.
- 3) Your must keep your case manager and foster parent aware of your problems or concerns. Let us know your needs.
- 4) You must follow the rules of the foster home, and do as requested by your foster parents.
- 5) You must cooperate with TII staff and foster parents and follow your plan of treatment at TII.

By signing below, you are acknowledging receipt of this information and indicating that you understand it.

Client

Date

TII Case Manager

Date