

Client's Name & Record Number _____

Disposition Of Screening/Assessment

Based upon the Screening and Assessment the following recommendations were made based upon services.

___ Adolescents Alternatives will provide .1300 Residential Services for the consumer.

___ Consumer does not meet program criteria. Consumer will be referred back to LME provider.

Signature Of Director/Date _____

X Signature of Guardian/Date _____

Service Capability

After completing the assessment of this particular child, Adolescent Alternatives is confident that the treatment facility is appropriate and suitable for

_____. Adolescent Alternatives will put forth their best efforts to provide exceptional treatment and counseling to help client achieve his goals stated on his treatment plan.

(Name of Child)

**ADOLESCENT ALTERNATIVES
2207 LONGBROOK DRIVE
GREENSBORO, NC 27406**

**PHONE: (336) 370-9876
(336) 370-9876**

Parent Name
Phone #

VOLUNTARY ADMISSIONS AGREEMENT

I (We), _____ parent(s) of _____
request and give voluntary consent for my child to be placed in Adolescent Alternatives
group home licensed by the State of North Carolina. The following conditions involved in the care
and treatment of this child are understood and agreed upon:

ADOLESCENT ALTERNATIVES: SERVICES TO-BE PROVIDED:

- 1 To provide acceptable and responsible treatment to this child as outlined in an individualized treatment plan.
2. To provide proper care and supervision of this child during his/her participation in the group home program including routine medical care.
3. To assure that, whenever practical, the wishes of parent(s)/guardian with regard to a child's religious participation are honored and followed. However, no child shall be coerced in any way to attend any religious ceremony, listen to any religious lecture or participate in any activity that they find incoherent with their religious beliefs.
4. To allow the child access to family time and telephone conversations with family member when it does not interfere in the child's intervention plan or individualized service plan.
5. To keep parent(s)/guardian informed of this child's progress and welfare particularly where it pertains to implications for the child's length of stay in the program.
6. To conduct semiannual Review-of-Placement Conferences, involving the parent(s)/ guardian and, when appropriate, the child.
7. To hold all information regarding the parent/guardian and/or child strictly confidential. No information shall be released or disclosed without informed consent unless otherwise required by the law and in the best interest of this child.
8. To offer follow-up services to this child and parent(s) after his/her discharge from the group home.

ADMISSIONS AGREEMENT

11 To accept full responsibility in the event of this child's running away from Adolescent Alternatives for any damage done to other person or property while the child is AA grounds and to release AA from liability for any physical harm which might befall this child while he/she is off AA grounds.

12. To verify that this child's birth date is _____
(Date of Birth)

13. To regularly participate in counseling while this child is in the group home and to work towards making the necessary changes in the home environment so that this child might return home as soon as possible.

Permissions

1. Adolescent Alternatives is authorized to seek routine and emergency medical, dental and Psychiatric services for this child. The services listed below have most recently been used for this child's care. As indicated above, I (we) agree to be financially responsible for all needed medical care emergency or routine.

(Medical Doctor) (Phone)

(Dentist) (Phone)

(Other) (Phone)

2. The AA staff may administer prescription medication to this child according to appropriately labeled instructions. Furthermore, the staff may administer nonprescription drugs such as Tylenol, Pepto-Bismol and cough syrup according to manufacturer's direction.

3. AA has permission to transport this child to program activities (including psychotherapy, education, recreation). In the event AA vehicle is unavailable. AA has permission to transport this child in a private vehicle to program activities. In such cases AA and its staff are released from responsibility in the event of an accident.

4. This child may be released to and transported by the following person(s) while under the care and supervision AA.

ADMISSIONS AGREEMENT

CLIENT: _____

5. Adolescent Alternatives is authorized to initiate procedures to obtain birth control for this child if it is deemed appropriate after consultation with the parent(s)/guardian. If this action is refused upon consultation then the parent(s)/guardian agree to accept full responsibility for the consequences of this child's sexual behavior and release AA. from any liability in these matters.

6. Exceptions/ Additions: _____

ADMISSIONS AGREEMENT
CLIENT _____

I (we) hereby verify that I am (we are) parent(s)/legal guardian(s) of the above mentioned minor Child and as such have the responsibility and authority to arrange for the child's placement.

The doctrine of informed consent has been explained to me. I am aware that the practice of psychotherapy, behavior modification and other treatment interventions that may be used in AA facilities is not an exact science and I acknowledge that no guarantees have been made to me as a result of treatment. I have been informed of the possible risks and benefits of treatment provided in AA Facilities. Possible risks include, but are not limited to negative influences by other residents and the failure to achieve the positive outcomes that had been expected. Benefits include, but are not limited to, improved emotional development and improved behavior.

I understand that AA staff are trained to de-escalate clients in crisis situations as a first choice whenever possible. However, in those emergency situations where a child's behavior is out of control and presents a clear and present danger to self or others, I understand staff is trained to utilize physical restraint techniques to protect my child or others from physical injury.

This agreement is a contract binding for both AA and the parent(s)guardian. Consistent disregard of the term of this agreement may jeopardize this child's placement in this program. Either party upon notification of intent may terminate this contract. Otherwise, this agreement will expire one year after the date it is signed.

Signature, Parent

Date

Signature, Parent

Date

X Signature, Guardian

Date

Signature, Guardian

Date

Signature, Director/s

Date

ADMISSIONS AGREEMENT

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Signature, Parent

Date

Signature, Parent

Date

Signature, Guardian

Date

Signature, Guardian

Date

Signature, Director/s

Date

ADMISSIONS AGREEMENT
CLIENT:

ACCEPTANCE OF GROUP CARE AGREEMENT

Adolescent Alternative hereby accept responsibility for placing _____
(Name of Child)
in a group home licensed by the State of North Carolina and operated by Adolescent Alternatives in
Guilford County, to arrange for supervision of child while he/she remains in care, and to keep
_____ informed concerning the welfare of that child.

(Parent and Guardian)

Directors of Adolescent Alternatives

School Authorization

As the parent/legal guardian I give the staff of Adolescent Alternatives the authority to sign all appropriate school documents while my child is a resident of AA, Inc., group home. I understand that this may include authorization to receive exceptional child services, participate in the development of an individualized educational plan, and receive psychological testing and other school authorization releases, etc.

Date _____

Parent/Guardian _____

ADMISSIONS AGREEMENT

CLIENT:

ADOLESCENT ALTERNATIVES CLIENT RIGHTS

1. Adolescent Alternatives will not refuse to treat someone because of their sex, race, sexual orientation, religion, or because of a handicap unless that handicap prevents them from participating in the program.
2. You have the right to receive individualized treatment.
3. You and your parents/guardian have the right to participate in the planning of your treatment and be informed about your condition and prognosis.
4. You have the right to be treated with consideration, respect and dignity at all times.
5. You and your parent/guardian have the right to be notified in advance if you are going to have significant changes made to your treatment plan. You and your parents have the right to know why these changes happen.
6. You have the right to have your opinions and recommendations considered for inclusion in the development and evaluation of the therapeutic program.
7. Your parents/guardian have the right to refuse any specific treatment recommended by the treatment team. Adolescent Alternatives reserves the right to terminate the relationship with the resident upon reasonable notice, however, when such refusal does not permit adequate treatment by the residential center.
8. You have the right to confidentiality in that confidential information gained through our personnel and treatment records not be shared with anyone outside of the facility without the written permission of your parents/guardian, as is required by law.
9. You have the right to access information regarding your treatment plan. Requests for such information may be made through the clinical supervisor.
10. Your parents/guardian have the right to be informed of the anticipated length of your treatment.
11. You and your family have the right to have an interpreter to help you talk to staff if you or your parents cannot speak English or are hearing-impaired.
12. You and your parents/guardian have the right to be informed of all discharge and aftercare plans.

Page Two Client Rights

13. You and your parents/guardian have the right to know the name and profession of all the people involved in your treatment.

14 . You have the right to be informed of use of tape recorders, audiovisuals, etc. during your treatment.

15 . You are responsible for following your treatment plan. You are also responsible for letting staff know if you do not understand your treatment plan or what is expected of you. You may obtain a copy of your treatment plan by requesting it from clinical staff.

16. You and your parents/guardian have the right to voice your concerns or grievances and receive a response within a reasonable time period. You have the right to have this grievance procedure explained to you. You may access the proper grievance form at any time during your treatment, and may thereby file your grievance.

17. You and/or your parents/guardian may file complaints with the Adolescent Alternatives Executive Directors regarding your treatment.

18. You have the right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD). This agency is designated under federal and State law to protect and advocate the rights of persons with disabilities.

19. You have the right to receive information necessary to give informed consent prior to the start of any procedure and/or treatment.

20. You have the right to be free from physical, chemical and mental abuse.

Client Signature _____

Date _____

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Client Signature _____

Date _____

ADOLESCENT ALTERNATIVES GRIEVANCE PROCEDURE

POLICY: When a consumer has a complaint or grievance with regard to their treatment or any other related activities, the most effective means of resolution usually is to discuss the situation with the staff member with whom they have a problem. Efforts will be made to resolve the issue at this point; however, the consumer may feel the complaint has not been given adequate consideration or that the solution is unacceptable. In order that consumers may further pursue consideration of their problem, the following procedure is established.

PROCEDURE:

Step One: - Staff member and Supervisor A consumer should promptly inform the staff member about any complaint or grievance. The staff member and his/her supervisor will then meet within the next five working days with the consumer to discuss the situation.

The consumer will be given a written copy of this procedure at this time and a copy of the Grievance Complaint Form. Every effort possible will be made to work out an equitable solution at this meeting.

Within five days of the meeting, the staff member and supervisor will render a decision. This will be recorded on a Grievance Form and signed by all parties involved. If the agreement is acceptable to the consumer copies will be distributed to the consumer, the staff member, the supervisor, and the Executive Director. Should the consumer be involved in a mental health contracted program, an additional copy will be sent to the Area Director of that program

In the event the decision reached is not acceptable to the consumer, he/she may move to Step Two.

Step Two: - Executive Director The consumer may appeal to the Executive Directors (Buchanan, Hansley or Smith) if procedures in Step 1 do not result in an acceptable solution. The appeal shall be made to the Executive Directors within ten days of the Grievance Form being signed. Within five working days of the Executive Director's receiving the written appeal, he/she will arrange a meeting with the consumer, staff member, and supervisor to hear testimony regarding the grievance.

Within five days of this meeting, the Executive Directors will render a decision, in writing to the concerned parties. If the consumer is involved in a mental health contracted program, a copy of this decision will be sent to the Area Director of the mental health program.

Step Three: - Adolescent Alternatives Executive Board If the decision made by the Executive Directors is not satisfactory to the consumer, he/she may appeal within ten working days to the AA Board. This appeal shall be addressed to the Chairman of the AA and a conference will be set up between the Executive Committee and all concerned parties within a reasonable time period. Within ten working days the Executive Committee shall render a final decision in writing. Appeals to the Executive Committee will be final and binding to all parties involved unless the consumer is involved in a mental health contracted program. In this case Steps Four and Five are applicable.

FOR THE CONSUMERS IN MENTAL HEALTH CONTRACTED PROGRAMS:

Step Four - Area Director of a Mental Health Program. If the decision rendered by the AA Board is not acceptable to the consumer, he/she may appeal in writing within ten working days to the Area Director. Within five working days of receipt of the appeal, the Area Director must arrange a meeting with the consumer, staff member, supervisor, and Program Director to hear testimony. The Area Director shall render a decision in writing within five working days of this conference.

Step Five - Area Board. If the decision reached by the Area Director is not satisfactory to the consumer, a final appeal in writing may be made within ten working days to the Executive Committee of the Area Board. A meeting will be arranged within a reasonable time period to hear testimony from all parties involved. Within one working day of such a hearing, the Area Board shall notify all concerned parties of their final decision. Appeals to the Area Board shall be final and binding to all parties involved within this procedure.

A copy of this policy will be posted in the central office reception area, on the staff bulletin board, and on the bulletin boards at the facilities operated by Adolescent Alternatives. The respective supervisor shall be responsible for orienting subsequently employed staff to this policy.

CONSUMER REPRESENTATION:

A consumer may choose anyone to represent him/her at any step of these procedures. Such person may have access to all relevant documents providing the consumer signs a waiver of confidentiality.

RESPONSIBILITY:

The Executive Directors for compliance with this policy is assigned to the Executive Directors of AA Grievance Complaint Forms will maintain the responsibility permanently.

*Please Note:

Any grievance issue related to a possible violation of your civil rights may be appealed to:

Civil Rights Office Division of Social Services 325 N. Salisbury St. Raleigh, NC

Any violation of your confidentiality rights and/or "HIPAA" rights may also be appealed to:

Secretary
U. S. Department of Health & Human Services Washington, DC

Parent Client Rights

I (we) had an opportunity to view and ask questions about the Client Rights of Adolescent Alternatives. Also, as a parent or guardian, I received a copy of the Client Rights. I (we) understand that _____
(Name of Child)
has these rights while residing here at Adolescent Alternatives.

X

(Parent or Guardian)

(Date)