

Watson Children's Shelter Placement Agreement

This placement agreement is made between _____ and
(placing agency)

Watson Children's Shelter surrounding the placement of _____
(child's name)

on this date _____(placement date) with an expected length of placement of _____ days
at the current per diem rate of PGRS4 (group home care) or PSRS4 (shelter care)

Under this placement agreement, Watson Children's Shelter agrees to care for this child in compliance with licensing rules and regulations set forth by the State of Montana Department of Public Health and Human Services Licensing and Contract Divisions for youth shelter care. This includes, but is not limited to, assessment and coordination of care for the child's medical, dental, psychological and educational needs. In addition, Watson Children's Shelter staff agrees to adhere to the policies and procedures set forth by Watson Children's Shelter, Inc. Watson Children's Shelter agrees to provide the placing agency and/or parent with case plans. When the child no longer needs the level of care provided by Watson Children's Shelter, the child's best interests will be accounted for in a discharge plan. In return, it is expected that the placing agency or parent will respect and adhere to the requirements of Watson Children's Shelter made by the State of Montana Department of Public Health and Human Services for licensing and contract rules. Therefore, it is expected that the placing agency or parent will:

- ◆ Supply necessary requested documentation in a timely manner, or provide reasons for inability to do so
- ◆ Maintain a minimum of bi-monthly contact with Watson Children's Shelter to monitor the child's placement and inform WCS staff of child's status of placement
- ◆ Inform WCS staff of pertinent court hearings, collaborative meetings, appointments, custody status changes, planned visits or any related changes regarding the child
- ◆ Participate in required case planning
- ◆ Adhere to WCS visitation guidelines
- ◆ Contact WCS directly with any concerns or questions regarding placement.

Payment shall be made by the placing agency or parent at the current per diem rate. If the child is placed by DPHHS, it is the responsibility of the caseworker to submit necessary documentation through DPHHS to secure payment. If the placement is arranged through private pay, the parent or private placing authority agrees to the following payment arrangement:

Placing Agent or Parent Signature

Date

WCS Staff Signature

Date

**WATSON CHILDREN'S SHELTER INC.
COMMON APPLICATION FOR YOUTH GROUP HOME CARE**

Provider Referred to: _____

Date: _____

Provider Contact Person: _____

**PART A
ATTACHMENT CHECKLIST**

Child's Full Name: _____ Referring Agency K# or JPO# _____

LAST FIRST MIDDLE Social Security Number

DATE OF BIRTH SEX RACE

Tribal Enrollment Number Tribal Affiliation

Name and Address of Agency Making Referral _____

Name and Phone Number of Agency Representative Making the Referral _____

Document (original or copies)	Attached	Forthcoming	Not Available	Does not apply
Birth Verification				
BIRTH CERTIFICATE				
SOCIAL SECURITY				
Tribal Enrollment				
Legal Records				
DPHHS & PROBATION DISPOSITIONAL ORDERS				
CUSTODY ORDERS				
PRE-DISPOSITIONAL REPORTS				
PARENTAL AGREEMENTS				
Educational				
CUMULATIVE RECORD FILE				
IMMUNIZATION RECORD				
CST				
IEP				
Court Records/Informed Consents General Education				
TRANSCRIPTS				
IMMUNIZATION				
ATTENDANCE				
SPECIAL EDUCATION				
ED DIAGNOSIS				

Document (original or copies)	Attached	Forthcoming	Not Available	Does not apply
PSYCHOLOGICAL				
CST				
IEP				
Physical Health/Disabilities				
PHYSICAL EXMINATION/EPSTDT/WELL CHILD PHYSICAL				
IMMUNIZATION RECORD (UNLESS PROVIDED BY SCHOOL)				
VISION RECORDS				
DENTAL RECORDS				
NUTRITION				
Mental Health				
TREATMENT HISTORY				
PSYCHOLOGICAL REPORTS				
PSYCHIATRIC REPORTS				
UR CERTIFICATION				
SEX OFFENDER				
Other				
IV-E ELIGIBILITY				
PSYCHO/SOCIAL HISTORY REPORTS TO THE COURT				
DISCHARGE SUMMARIES				
SNAP Plan				
Medicaid Card				
Private Insurance Info				
Release of information other than				

Additional Information

PART B

**WATSON CHILDREN'S SHELTER INC.
COMMON APPLICATION FOR YOUTH GROUP HOME CARE**

Identifying Information

Date: _____

Child's Full Name:

Referring Agency K# or JPO# _____

LAST

FIRST

MIDDLE

Height

Weight

Religious Preference

Eye Color

Hair Color

Identify Characteristics/Scars

Child's Current Location or Placement: _____

Agency and County of Financial Responsibility: _____

I. Referring Information

1. Briefly describe your impressions of this child including present problems:

2. Briefly describe the child's strengths:

3. What length of time do you anticipate this child will be receiving services on this level of care?

4. Discharge Plan: _____

II. Custody Status

Who has custody of this child:

Mother _____ Yes _____ No

Father	Yes	No					
Guardian	Yes	No					
DPHHS	Yes	No	If yes, is it	Permanent	Yes	No	
				Temporary	Yes	No	

Have Parental Rights Been Terminated?

Mother _____ Yes _____ No _____ Unknown

Father _____ Yes _____ No _____ Unknown

Will Foster Family Members Participate In Therapy?

Can This Child Return Home? _____ Yes _____ No

Permanently _____ Yes _____ No

For Visits Only _____ Yes _____ No

Not At All _____ Yes _____ No

N/A _____ Yes _____ No

Parent(s) Mother: _____
Phone# _____

Address: _____

Father: _____

Address: _____
Phone# _____

Step-Parent(s) _____
Name _____ Phone# _____

Address: _____

Step-Parent(s) _____
Name _____ Phone# _____

Address: _____

Guardian: _____
Name _____ Phone# _____

Address: _____

Siblings: Name(s) D.O.B Residence

Other Individuals Significant To This Child:

Name	Relationship	Address	Phone
<hr/>			
<hr/>			
<hr/>			

III. Education

Highest Grade Completed: _____ Currently Enrolled: _____

District of Residency: _____

District of Current Enrollment: _____

Educational Needs:

Regular Classroom: _____

Full Special Education: _____

Part-Time Special Education: _____

Day Treatment: _____

Other: _____

Does Child Have A Surrogate? _____ Yes _____ No

If yes, provide name, address, and phone number:



IV. Juvenile Justice History

Does this child have a history of involvement with the juvenile justice system?

_____ Yes _____ No _____ Unknown

If yes: Number of referrals to Juvenile Probation: _____

Number & types of Adjudications: _____

Offenses: _____

Present Status: _____

V. Special Needs, Behaviors & Programs

Is Child Danger To Self? Yes No Unknown

Has Youth Had: a. Suicidal Gesture Yes No Unknown

b. Suicidal Attempts Yes No Unknown

Suicide Risk Assessment: High Moderate Low

Other: Explain _____

Is Child A Danger To Others? _____ Yes _____ No _____ Unknown

If yes, explain: _____

Number of Runaways: From home: _____ From Placements: _____

History of Fire Setting: Yes No Unknown

History of Cruelty to Animals Yes No Unknown

History of Explosive Behaviors Yes No Unknown

Has This Child Been Sexually Abused Yes No Unknown

If yes, briefly explain: _____

Is This Child A Sex Offender? _____ Yes _____ No
If yes, what is the risk to re-offend? _____ High _____ Moderate _____ Low
Explain Sexual Offense History _____

Special Needs Program:

Maternity: _____ Yes _____ No if yes, due date: _____
Independent Living: _____ Yes _____ No
Other: _____ Yes _____ No

If other, explain: _____

VI. Placement History

Has this child been placed away from home before? _____ Yes _____ No
If yes, how many times? _____

Placement History – End With Most Current:

This section is designed to reflect disruptions or changes in the child’s living situation. Include all agency out of home placements, independent placements, adoptive placements, and breakdowns. If the information is available in the social history, make that notation. You do not have to complete this section if the information is available on another document. Make the notation that the document is attached.

Name of Provider/Relative/Other	From – To	Reason for Termination
---------------------------------	-----------	------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. Substance Abuse

Does child have substance abuse history? _____ Yes _____ No _____ Unknown
If yes, indicate type and degree: _____

Has child received chemical dependency treatment? _____ Yes _____ No _____ Unknown

If yes, what kind? In-patient _____ Yes _____ No _____ Unknown
Out-patient/Community Based _____ Yes _____ No _____ Unknown

Current Status: _____

VIII. Abuse/Neglect History

Does child have a history with DPPHS? _____ If yes, How long? _____
Does this child have a history of abuse/neglect? _____ Yes _____ No _____ Unknown
If yes to either or both questions, please explain: _____

Does child have a Guardian ad Litem? _____ Yes _____ No

If yes, give name, address, and phone number: _____

IX. Physical Health/Disabilities

Does this child have a diagnosed or suspected health condition or disability?
_____ Yes _____ No _____ Unknown

Describe the condition/disability and treatment required, if any: _____

Does the disability fit the definition of Developmental Disabilities as defined by MCA?

_____ Yes _____ No _____ Unknown _____ N/A

Is child currently receiving D.D. Services? _____ Yes _____ No

If yes, describe the service and provide the name and address of the provider: _____

Does the child receive any medications for this condition/disability?

_____ Yes _____ No _____ Unknown

If yes, specify drug, dosage, and length of time on this medication: _____

Name, address, and phone number of prescribing physician: _____

Does child/youth receive SSI? _____ Yes _____ No

If yes, amount: _____ Payee: _____

Name/Address

Does the child require physical therapy for this disability/condition?

_____ Yes _____ No _____ Unknown

If yes, specify type, frequency, and providers name and address: _____

Specify any additional information, which is pertinent to the physical condition/disability of this child:

X. Mental Health/Disabilities

Does this child have mental health needs, which require treatment?

_____ Yes _____ No _____ Unknown

If yes, date of most recent psychological/psychiatric evaluation: _____

DMS III-R Diagnosis:

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

Have medications been prescribed? _____ Yes _____ No _____ Unknown

If yes, specify drug, dosage, and length of time on these medications:

Name of prescribing physicians(s) and phone numbers: _____

XI. Other:

Please provide any additional information you feel is pertinent:

Signatures:

Signature of Agency Representative completing form

Date

Date: _____

TO: _____
(Referring/Placing Agency)

FROM: WATSON CHILDREN'S SHELTER GROUP HOME CARE
(Service Provider)

RE: _____
(Name of Child)

(Name of Child)

Referred by your agency, has been _____ Accepted for Services
_____ Denied Admissions

Reasons for Denial: _____

Recommendations: _____

_____ Placed in Pending Status

Reason for Pending Status: _____

Recommendations: _____

Contacted Referring/Placing Agency by:

_____ Phone _____ Fax _____ E-mail

Sent original by : _____ Fax _____ U.S. Mail

Signature Title Date

PARENT QUESTIONNAIRE

TO BE FILLED OUT BY PARENT OR PARENT FIGURES IN CHILD'S LIFE
(Not applicable if Case Worker is the only parental figure)

Child's Name _____ Date: _____

Placing Agency: _____ Caseworker: _____

What is your relationship to child?

_____ Birthmother _____ Birthfather _____ Adoptive Parent

_____ Foster Parent _____ Relative _____ Guardian

_____ Other, describe: _____

Why is this child being considered for placement with us?

What do you need from us while this child is in placement?

Do you think this child will ever live with you again? _____

Why or why not? _____

What do you think your relationship with this child will be in the future? _____

What would have to change to make that even better? _____

What would have to change for this child for her or his life to be better or more successful? _____

What problems exist for the entire family? _____

What goals do you have for this child?

A. _____

B. _____

C. _____

What are the child's strengths? _____

What are the child's challenges? _____

What do you think this child's reaction will be to placement with us? _____

What are your feelings about this child's placement with us? _____

Date of application __-____-____

Your Signature

Signature

APPLICATION FOR WATSON CHILDREN'S SHELTER
YOUTH GROUP HOME CARE
PRELIMINARY CASE PLAN

YOUTH NAME _____ DATE: _____

PLACING AGENCY _____ CASE WORKER _____

CASE GOALS:

1. _____
2. _____
3. _____

WHAT DO YOU ANTICIPATE THIS CHILD'S EDUCATIONAL NEEDS TO BE?

1. _____
2. _____

SCHOOL NAME _____

IS THIS CHILD CURRENTLY ON PSYCHOTROPIC MEDICATIONS? ____YES ____NO

IF YES, WHAT MEDS AND DOSAGES? _____

ESTIMATED LENGTH OF TIME REQUESTED IN PLACEMENT: _____MONTHS

ALTERNATIVE TYPE PLACEMENT, IF NOT ACCEPTED _____

PROJECTED TYPE PLACEMENT OUT _____

IDENTIFIED PLACEMENT OUT, IF ANY _____

ADDITIONAL NEEDS OR PLANS:

SIGNATURE OF WORKER

CASE PLAN DATE ____-____-____

WATSON CHILDREN'S SHELTER, INC.
RELEASE OF AND REQUEST FOR INFORMATION

Child's Name: _____

I give my permission to Watson Children's Shelter Inc. to RELEASE information to the following persons and/or agencies:

I give my permission to Watson Children's Shelter Inc. to OBTAIN information from the following persons and/or agencies:

The information to be RELEASED and/or OBTAINED may include:

I voluntarily allow the above named persons and/or agencies to disclose information to facilitate my appropriate involvement Watson Children's Shelter Inc. No threat or other coercive measures have induced me to sign this document. I understand that this information will not be forwarded to anyone other than those participating in my involvement in this program without my written permission.

Parent/Guardian Signature _____
Date

Parent/Guardian Signature _____
Date

Parent/Guardian Signature _____
Date

This release is valid until: _____

APPLICANT QUESTIONNAIRE
TO BE FILLED OUT BY YOUNG PERSON BEING PLACED

NAME _____ Date: _____

Why do you think you are coming to Watson Children's Shelter Inc.? _____

Where would you go if you did not come here? _____

And how would you compare these options? _____

What do you know about us? _____

And from whom do you know this? _____

How do you get along with your mother? _____

Your father? _____

Your siblings? _____

Adults in general? _____

School? _____ Authority? _____

What do you like best about yourself? _____

What are the problems you have been having? _____

What would you want to change about yourself?

If you come to live here, what would you like from us? _____

How long do you think you'll be living at the shelter? _____

Until what happens? _____

Where will you be going to live, from here? _____

Does this differ from where you want to go? _____ Explain: _____

Who have been the important people in your life?

Names

Relationship to you

How long have you known them?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How do you feel about coming here? _____

Do you think you will be successful here? _____

Why? _____

Date of application ____ - ____ - ____

Youth's signature

SOCIAL HISTORY

For

Child's Name

REFERRING AGENCY INFORMATION INCLUDING CONTACT INFORMATION:

CHILD'S LEGAL NAME

DATE OF BIRTH

GENDER

RACE

PLACE OF BIRTH

FAMILY INFORMATION

CURRENT SITUATION AND DESCRIPTION

CUSTODY ARRANGEMENTS

INFORMATION ABOUT BIRTH MOTHER

INFORMATION ABOUT BIRTH FATHER

OTHER PARENTS OR PARENT FIGURES

INFORMATION ABOUT SIBLINGS (NAME, AGE, LIVING SITUATION)

HISTORY OF PROBLEMS IN FAMILY RELATIONSHIPS WITH DATES

HISTORY OF SCHOOL ATTENDANCE AND PERFORMANCE INCLUDING LIST OF SCHOOLS

INCLUDE MALADAPTIVE BEHAVIORS, SUSPENSIONS AND EXPULSIONS

HISTORY OF PROBLEMS IN PEER RELATIONSHIPS

DELINQUENT HISTORY

PRESENTING PROBLEMS WITH AND FOR THE CHILD

MEDICAL HISTORY (INCLUDE PSYCHIATRIC & CHEMICAL DEPENDENCY ISSUES IN FAMILY

CHILD'S SUBSTANCE ABUSE OR ADDICTION HISTORY

CHILD'S PSYCHIATRIC HISTORY

OUTPATIENT SERVICES ACCESSED

INPATIENT SERVICES (DATES AND FACILITIES)

PSYCHOTROPIC MEDICATIONS HISTORY AND DOSAGES

CURRENT MEDICATION AND DOSES

HISTORY OF MEDICAL ILLNESS AND ALLEGIES (LIST MEDICATIONS)

CHECK ALL RISK FACTORS

PAST

CURRENT

1. Domestic violence

2. Suicidal ideation

3. Victim of child abuse

4. Victim of sexual abuse

5. Eating disorder

6. Evidence of psychosis

7. Threat to others

8. Other, describe: _____

Please elaborate on any "yes" response to above risk factors:

DIAGNOSIS (by DSM IV)

AXIS I _____

AXIS II _____

AXIS III Specify

AXIS IV Specify

AXIS V Current _____

Child's Health Status

(Completion of this section assists in objective assessment of child's progress)

Date: _____ Time: _____

Describe child's general state of health at the time of intake.

Describe any chronic health problems, disabilities, limitations, or physical activities or other relevant health impairments the child may have at the time of intake.

Describe the child's emotional state at the time of intake.

Describe the child's social behavior at the time of intake.

Describe the child's general behavior at the time of intake.

Describe the child's developmental status at the time of intake.

Describe any other concerns about the child at the time of intake.
