

INSTRUCTIONS

1. Complete the Admissions Packet in it's entirely (except for highlighted fields).
2. Save the form to your desktop.
3. Attach the Admissions Packet to an email and send to:
kinsey.mailbox@howardcountyin.gov.

All highlighted fields will be completed at follow-up by Robert J. Kinsey personnel.

TERMS OF ACCEPTANCE AND SIGNATURE

By electronically signing this document, you (i.e. Placement Agency) warrants the truthfulness of the information provided in this admissions packet.

***SURFACE USERS ONLY – WINDOWS 10**

If you are using Windows 10 with a Microsoft Surface you may experience an issue signing your document. You may download a free app such as XODO.

- Install XODO
- Save the Kinsey Admissions Packet
- Open document in XODO and complete the packet

***WINDOWS 10 USERS**

You will need to access the Admissions Packet using an alternate browser, such as Chrome or Firefox.

Robert J. Kinsey Youth Center

Admissions Packet

| Child s Information | | | | |
|--|-------------------|------------|--------------|-----------------|
| First and Last Name: | | | | |
| Date of birth: | Age: | Sex: | | |
| Current address: | | | | |
| City: | State: | ZIP Code: | Phone: | |
| Height: | Weight: | Race: | SSN: | |
| Place of birth: | | | | |
| Family Background Mother | | | | |
| First and Last Name: | | | | |
| Date of birth: | Age: | SSN: | | |
| Current Address: | | | | Marital Status: |
| City: | State: | Zip Code: | | |
| Employer: | | | | |
| City: | State: | Zip Code: | | |
| Work Hours: | Allowed to visit? | | | |
| Family Background Father | | | | |
| First and Last Name: | | | | |
| Date of birth: | Age: | SSN: | | |
| Current Address: | | | | Marital Status: |
| City: | State: | Zip Code: | Phone: | |
| Employer: | | | | |
| City: | State: | Zip Code: | | |
| Work Hours: | Allowed to visit? | | | |
| Current Allegations | | | | |
| Date: | Time: | Offense: | | |
| Date: | Time: | Offense: | | |
| Date: | Time: | Offense: | | |
| Previous Referrals | | | | |
| Date: | Charge: | Detention: | Disposition: | |
| Date: | Charge: | Detention: | Disposition: | |
| Date: | Charge: | Detention: | Disposition: | |
| Health and Medical List All Prescribed Medications | | | | |
| Medication: | | Reason: | | |
| Medication: | | Reason: | | |
| Medication: | | Reason: | | |
| Has the child been exposed to any communicable diseases: Which ones: Any other medical concern, allergies, etc.? | | | | |
| Insurance Carrier: | | | Other: | |
| Medicaid: | | | | |

Admissions Agreement

_____, a licensed child placement agency, does hereby request the Robert J. Kinsey Youth Center to receive care for _____.

I believe that this child poses a threat to self or others only as described below.

I further believe that this child is under the influence of drugs or non-prescription drugs only as described below.

I agree if the Robert J. Kinsey Youth Center accepts this child for care that:

1. Said child shall remain in the care of the Robert J. Kinsey Youth Center for the time designated by the court.
2. Said child may be visited by approved visitors as stipulated below and under conditions stipulated by the Robert J. Kinsey Youth Center.
3. We, the undersigned, will be available for conferences regarding said child as requested by the Robert J. Kinsey Youth Center.
4. We, the undersigned, agree to provide written documentation of said child as requested by the Robert J. Kinsey Youth Center.
5. Any placing agency outside Howard County agrees to immediately remove any child whose removal is deemed appropriate and/or necessary by the Robert J. Kinsey Youth Center.
6. We, the undersigned, agree to make monthly payments, as billed, at the per diem rate for:

Emergency Shelter Care

Secure Detention

PER DIEM:

Shelter Care: DCS contracted rate-paid by DCS

Secure Detention \$130.00

7. We, the Placing Agency agree to assume responsibility for all medical, dental and psychiatric cost, when insurance/Medicaid information is not provided by the Placing Agency.

I believe this child to be a threat to self or others: ___ Yes ___ No

WE MUST REQUIRE THAT YOU PROVIDE A TELEPHONE NUMBER AND PERSON WHO CAN BE CONTACTED ON A 24-HOUR BASIS

Name: _____

Title: _____

Mobile/Telephone Number: (24/hr): _____

Email Address: _____

Date: _____
Placement Agency Staff Signature:

Date: _____
Kinsey Youth Center Staff Signature:

Authorization Form

Name of child: _____ Date: _____

Child's Signature: _____

Parent/Legal Guardian Signature: _____ Relationship: _____

Staff Signature Witness: _____ Date: _____

Consent for Medical Treatment

I, _____ parent or legal guardian of the minor, _____

do hereby give permission for the personnel of the Robert J. Kinsey Youth Center to take said minor child to a doctor, therapist or hospital and authorize that person to give consent for MEDICAL HEALTH treatment and sign an authorization on my behalf for any MEDICAL HEALTH treatment or procedure deemed necessary by the attending physician. I further accept all financial responsibility for costs incurred for treatment.

Parent of Guardian Signature

Date:

Consent for Mental Health Treatment

I, _____ parent or legal guardian of the minor,

_____, do hereby give permission for the personnel of the Robert J. Kinsey Youth Center to take said minor child to a doctor, therapist or hospital and authorize that person to give consent for MENTAL HEALTH treatment and sign an authorization on my behalf for any MENTAL HEALTH treatment or procedure deemed necessary by the attending physician. I further accept all financial responsibility for costs incurred for treatment.

Parent of Guardian Signature

Date:

Detainee Release Authorization Request for Transport

Detainee Name: _____

Address: _____

Date of birth: _____

The above named juvenile is to be released from the Robert J. Kinsey Youth Center Pursuant to:

Court order for change in detention status

Charges have not been filed by the prosecutor in the prescribed time period. _____

The detainee is to be transported back to another jurisdiction for a hearing.

Date of hearing: _____ Time: _____

Court order that detention is no longer necessary and the detainee is to be released. _____

Transfer to Department of Corrections or other placement facility.

Time Serviced as Ordered: _____

Release/Transport is to occur on Date: _____

Authorized Signature

Date

Robert J. Kinsey staff will contact you the next business day to follow-up on this admission and may request additional information.

In accordance with IC26-2-8 (Uniform Election Transaction Act) I understand that by affixing my name as an electronic signature in the required areas I am entering into a contract with the Robert J. Kinsey Youth Center as outlined in the Admissions Agreement