

Referral for Homes for Kids Services

Name: _____ Date: _____

DOB: _____ Age: _____ Gender M F

Social Security #: _____ Race: _____

Address: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Parent /Guardian Name: _____ DOB: _____

Relationship to client: _____ Gender: M F

Home Phone: _____ Permission to contact/confirm at this #: Yes No

Cell Phone: _____ Permission to contact/confirm at this #: Yes No

Client school and grade (if applicable): _____ Medical Dr: _____

Previous Mental Health Provider and diagnosis (if known:) _____

Currently on probation: Yes No If yes, Name of P.O. _____

Are there pets in your home? Yes No If yes what kind: _____

Who referred you to Homes for Kids? _____

What agency does the referral source work for? _____

What is your current reason for seeking services at Homes for Kids? _____

Financial Information:

in household: _____ Household monthly income: \$ _____

Medicaid MMIS # (if applicable): _____

Additional Insurance Name: _____

Acknowledgment of Receipt of Homes For Kids, Inc./Child and Family Solutions Handouts

I have received a copy of the following Homes For Kids, Inc./Child and Family Solutions Handouts. By signing this acknowledgement statement, I hereby confirm that I have read the documents and understand the contents, and have asked my assessment therapist any questions that I have about these documents.

- | | | |
|--------------------------|---------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> | Initial | |
| <input type="checkbox"/> | _____ | Clients Rights Policy/Client Grievance |
| <input type="checkbox"/> | _____ | Client Care Philosophy |
| <input type="checkbox"/> | _____ | Attendance Policy |
| <input type="checkbox"/> | _____ | NEOBHIC Release |
| <input type="checkbox"/> | _____ | Working Together HFK & You |
| <input type="checkbox"/> | _____ | QI Handout |
| <input type="checkbox"/> | _____ | Notice of Privacy Practices Booklet |
| <input type="checkbox"/> | _____ | Trumbull County Privacy Notice (pertains only to Trumbull County Residents) |

Signature of Client

Date

Signature of Parent/ Guardian

Date

Signature of Staff Reviewing Handouts

Date

Homes For Kids, Inc. Consent for Mental Health Services and Publicly Funded Services Disclosure Notice

Client Name: _____

DOB: _____

I hereby authorize Homes for Kids, Inc. to provide routine evaluation and treatment services as may be deemed necessary or advisable for the diagnosis and/or care of the above-named individual.

I acknowledge that the risks and benefits of each proposed treatment, of alternative treatment and of no treatment have been explained to me. I have also been advised of my right to refuse or withdraw consent for treatment and that the implications and potential consequences of refusing or withdrawing consent have been/will be fully explained.

This consent applies to treatment services for any and all of the services identified in which the client may be enrolled or to which they may be transferred.

I also acknowledge that to receive alcohol, drug addiction and mental health services paid for by public funds, I must provide information to the appropriate Board of Mental Health so they can:

- enroll this client in the County Behavioral Healthcare Program,
- determine if the client is eligible for publicly funded services, and
- pay the provider for services for this client through the MACSIS (Multi Agency Community Services Information System) computer system, or any future replacements to MACSIS, which connects the Board to the Ohio Department of Mental Health and Addiction Services, and the Ohio Department of Human Services.

I agree that I am responsible for payment for services provided to my dependents or me by Homes for Kids, Inc. I request that payment of authorized benefits be made to Homes for Kids, Inc. for mental health services furnished by Homes for Kids, Inc. I authorize release to the indicated insurance carrier or Medicaid any medical information about me needed to determine these payments for related services. I will be fully responsible for payment for any claims my insurance or Medicaid denies and agree to pay the balance to Homes for Kids, Inc. Homes for Kids, Inc. will notify me of any services not covered by my insurance or Medicaid or changes to coverage. Homes for Kids, Inc. will not discontinue services to any individual in a critical situation until appropriate arrangements can be made for continuation of services. If the client is not covered by Medicaid or Insurance, Homes for Kids, Inc. may allow for "out of pocket" payment using a sliding scale fee.

All information will be kept confidential. Name identifying information will be used only to pay for services provided to this client. Demographic information will be kept without the youth's name attached, and reported to the State departments and Ohio Health Care Data center. This information will not be available to any other sources or used for other purposes. Billing information will only be kept for ten years after the client has received services, and only demographic information will be kept after that time.

Please note: In accordance with section 5122.04 of the revised code, mental health services, except for the use of medication, may be provided to minors 14 years of age or older for not more than 6 sessions or thirty days, whichever occurs first without a consent for treatment form signed by the minor's parent or guardian.

A copy of my signature shall be the functional equivalent of the original. I consent to treatment and have received this information:

Parent/Legal Guardian Signature

Date

Printed Name of Member (client receiving services)

Client Signature

I have read and explained this information to the above named individual:

Agency Staff Member Signature

Date

MACSIS RESIDENCY VERIFICATION

The purpose of this form is to clarify which county is responsible for adjudicating claims for behavioral health services provided to the client being enrolled. It should be completed and provided to the enrolling board when:

- The county of the treating facility does not match the legal county of residence of the client as noted on the enrollment form (child or adult, out-of-county).
- The physical address of the client as noted on the enrollment form does not match the legal county of residence of the client (example: domestic violence shelter case, client temporarily living with relatives, child or adult, out-of-county).
- The child's physical address as noted on the enrollment form does not match the legal custodian's address (child only, in or out-of-county).

A client's or legal custodian's signature on this form shall be sufficient for documenting residency with the exception of adults who reside in specialized residential facilities or who are committed pursuant to special forensic categories referenced in the residency guidelines.*

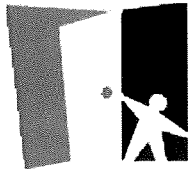
Adult

Client is an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information.	
Client Name (please print)	
Street Address for Residency Determination Purposes	
City, State, and Zip for Residency Determination Purposes	
Signature of Client	Date

Minor

Client is a Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate if child is in legal custody of the following (this is not the foster parent). <input type="checkbox"/> Parent <input type="checkbox"/> CSB <input type="checkbox"/> DYS <input type="checkbox"/> Court <input type="checkbox"/> Other (specify): _____
Client Name (please print)	
Name of Legal Custodian Marked Above	Phone No. of Legal Custodian
County of Legal Custodian	
If Parent, Address of Parent (if different from client's physical address on enrollment form)	
Signature of Legal Custodian	Date

*For the special exceptions noted, this form should not be used. Refer to the residency guidelines for more information on how to determine residency in these cases and/or what documentation is needed to provide proof of residency.



Homes For Kids Inc.
Child and Family Solutions
Opening Doors for Children & Families Since 1990

Verification of Guardianship

I, _____, attest that I am the legal guardian of

Printed Name

_____.

Printed Name of Client

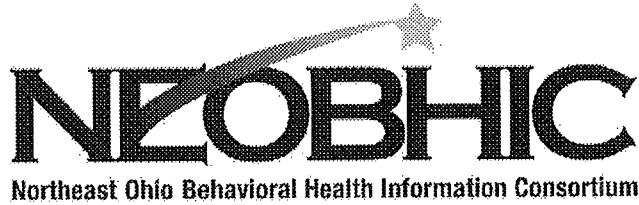
Please indicate Relationship to Client _____

Guardian Signature

Date

HFK Staff / Witness Signature

Date



Release of Information for
Northeast Ohio Behavioral Health Information (NEOBHIC) Consortium

I, _____ authorize Homes For Kids Inc
(Name of Client) (Agency Name)

and the other members of the Northeast Ohio Behavioral Health Information Consortium* to communicate with
and disclose to one another the following information:

- My name, contact information and other personal identifying information
• My status as a services recipient
• Initial and subsequent evaluations of my service needs
• Medications and allergies
• My treatment history, including mental health and alcohol/drug services
• Discharge plans and outcomes
• Billing information

The purposes of the disclosures authorized in this consent are to enable the members of the Northeast Ohio
Behavioral Health Information Consortium to better evaluate my need for services, to enable the coordination of
services provided to me and to enhance the care that I receive. All disclosures will be limited to the information
necessary to fulfill these purposes.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing
Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and the Health Insurance Portability
and Accountability Act of 1996 ("HIPAA"), CFR Parts 160 & 164, and cannot be disclosed without my written
consent unless otherwise provided for in the regulations. I also understand that records concerning behavioral
health services I receive are protected by state law and cannot be disclosed unless the disclosure is authorized by
state law.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in
reliance on it, and that in any event this consent expires automatically when I am no longer receiving services
from any member of the Northeast Ohio Behavioral Health Information Consortium and no longer have an active
case record. I understand that I can lengthen or shorten this authorization period.

I understand that I may be denied services if I refuse to consent to disclosure for purposes of treatment, payment
or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to
disclosure for other purposes.

I have been provided a copy of this form.

Signature of Client/Legal Representative Date Client Date of Birth

Printed Name and Authority of Person Signing on Behalf of Client (if applicable)

* Attached is a current list of the individual members of the Northeast Ohio Behavioral Health Information Consortium. You
can also reference www.NEOBHIC.org

Ashtabula County:

- **Ashtabula County Mental Health and Recovery Services Board** - 4817 State Road, Suite 203, Ashtabula, Ohio 44004
- **Lake Area Recovery Center**- 2801 C Court, Ashtabula, Ohio 44004

Jefferson County:

- **Jefferson Behavioral Health System** - 380 Summit Avenue. Steubenville, Ohio 43952

Montgomery County:

- **ADAMHS Board for Montgomery County** - 409 E. Monument Avenue, Suite 102, Dayton, OH 45402
- **Addiction Services** - 1 Elizabeth Place SE 3rd Floor, Dayton, OH 45417
- **Nova Behavioral Health, Inc.** - 732 Beckman Street, Dayton, Ohio 45410
- **PLACES Inc.** - 11 West Monument Ave, 7th Floor, Dayton, OH 45402
- **Project Cure, Inc.** - 1800 North James H. McGee Blvd., Dayton, Ohio 45417

Portage County:

- **Mental Health & Recovery Board of Portage County** - 155 E. Main Street, PO Box 743, Kent, Ohio 44240
- **Children's Advantage** - 520 North Chestnut Street, Ravenna, Ohio 44266
- **Townhall II** - 155 N Water St, Kent, Ohio 44240

Stark County:

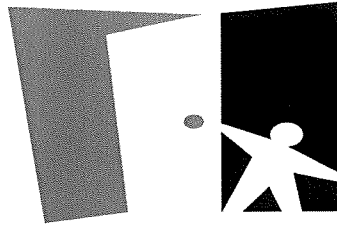
- **Stark County Mental Health & Addiction Recovery** - 121 Cleveland Avenue SW, Canton, Ohio 44702
- **Child and Adolescent Behavioral Health** - 919 Second Street NE, Canton, Ohio 44704
- **CommQuest Services, Inc.** - 625 Cleveland Avenue NW, Canton, Ohio 44702
- **Crisis Intervention and Recovery Center, Inc.** - 832 McKinley Avenue NW, Canton, Ohio 44703
- **Domestic Violence Project, Inc.** - PO Box 9459, Canton, Ohio 44711
- **Quest Recovery and Prevention Services** - 1341 Market Avenue North, Canton, Ohio 44714
- **Stark County TASC** - 1375 Raff Road SW, Canton, Ohio 44710

Trumbull:

- **Trumbull County Mental Health and Recovery Board** - 4076 Youngstown Road SE, Suite 201, Warren, Ohio 44484
- **Homes for Kids** - 165 E. Park Avenue, Niles, Ohio 44446

Wayne/Holmes Counties:

- **Mental Health & Recovery Board of Wayne & Holmes Counties** - 1985 Eagle Pass Drive, Wooster, Ohio 44691
- **Anazao Community Partners** - 2587 Back Orrville Road, Wooster, Ohio 44691



Homes For Kids Inc.

Child and Family Solutions

Opening Doors for Children & Families Since 1990

Involved Others Intake Sheet

As part of providing the best possible care we would like to be in contact with other providers and people in your life. These people might include, Primary Care Physicians, Psychiatrists, Schools, and other family members and/or friends that you may want involved in treatment. For example, if your child is experiencing difficulties in school we can communicate with the school to better help your child. If you are not comfortable involving others in treatment, it is not required. These releases can be added or revoked at any time.

Primary Care Physician: _____

Address _____ Phone _____

Psychiatrist: _____

Address _____ Phone _____

School: _____

Address _____ Phone _____

Family Member: _____

Relationship _____ Phone _____

Friend: _____

Relationship _____ Phone _____



Ohio Mental Health Consumer Outcomes System

Ohio Youth Problem, Functioning, and Satisfaction Scales

Parent Rating – Short Form

P

Child's Name: _____ Date: _____ Child's Grade: _____ ID#: _____
Completed by Agency

Child's Date of Birth: _____ Child's Sex: Male Female Child's Race: _____

Form Completed By: Mother Father Step-mother Step-father Other: _____

Instructions: Please rate the degree to which your child has experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
	1. Arguing with others	0	1	2	3	4
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total _____

Instructions: Please circle your response to each question.

- Overall, how satisfied are you with your relationship with your child right now?
 - Extremely satisfied
 - Moderately satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Moderately dissatisfied
 - Extremely dissatisfied
- How capable of dealing with your child's problems do you feel right now?
 - Extremely capable
 - Moderately capable
 - Somewhat capable
 - Somewhat incapable
 - Moderately incapable
 - Extremely incapable
- How much stress or pressure is in your life right now?
 - Very little
 - Some
 - Quite a bit
 - A moderate amount
 - A great deal
 - Unbearable amounts
- How optimistic are you about your child's future right now?
 - The future looks very bright
 - The future looks somewhat bright
 - The future looks OK
 - The future looks both good and bad
 - The future looks bad
 - The future looks very bad

Total: _____

Instructions: Please circle your response to each question.

- How satisfied are you with the mental health services your child has received so far?
 - Extremely satisfied
 - Moderately satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Moderately dissatisfied
 - Extremely dissatisfied
- To what degree have you been included in the treatment planning process for your child?
 - A great deal
 - Moderately
 - Quite a bit
 - Somewhat
 - A little
 - Not at all
- Mental health workers involved in my case listen to and value my ideas about treatment planning for my child.
 - A great deal
 - Moderately
 - Quite a bit
 - Somewhat
 - A little
 - Not at all
- To what extent does your child's treatment plan include your ideas about your child's treatment needs?
 - A great deal
 - Moderately
 - Quite a bit
 - Somewhat
 - A little
 - Not at all

Total: _____

Instructions: Please rate the degree to which your child's problems affect his or her current ability in everyday activities. Consider your child's current level of functioning.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4



Ohio Mental Health Consumer Outcomes System

Ohio Youth Problem, Functioning, and Satisfaction Scales

Youth Rating – Short Form (Ages 12-18)

Y

Name: _____ Date: _____ Grade: _____

ID#: _____
Completed by Agency _____

Date of Birth: _____ Sex: Male Female Race: _____

Instructions: Please rate the degree to which you have experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total _____

Instructions: Please circle your response to each question.

- Overall, how satisfied are you with your life right now?
 - Extremely satisfied
 - Moderately satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Moderately dissatisfied
 - Extremely dissatisfied
- How energetic and healthy do you feel right now?
 - Extremely healthy
 - Moderately healthy
 - Somewhat healthy
 - Somewhat unhealthy
 - Moderately unhealthy
 - Extremely unhealthy
- How much stress or pressure is in your life right now?
 - Very little stress
 - Some stress
 - Quite a bit of stress
 - A moderate amount of stress
 - A great deal of stress
 - Unbearable amounts of stress
- How optimistic are you about the future?
 - The future looks very bright
 - The future looks somewhat bright
 - The future looks OK
 - The future looks both good and bad
 - The future looks bad
 - The future looks very bad

Total: _____

Instructions: Please circle your response to each question.

- How satisfied are you with the mental health services you have received so far?
 - Extremely satisfied
 - Moderately satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Moderately dissatisfied
 - Extremely dissatisfied
- How much are you included in deciding your treatment?
 - A great deal
 - Moderately
 - Quite a bit
 - Somewhat
 - A little
 - Not at all
- Mental health workers involved in my case listen to me and know what I want.
 - A great deal
 - Moderately
 - Quite a bit
 - Somewhat
 - A little
 - Not at all
- I have a lot of say about what happens in my treatment.
 - A great deal
 - Moderately
 - Quite a bit
 - Somewhat
 - A little
 - Not at all

Total: _____

Instructions: Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and circle the number that best describes your current situation.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

(Add ratings together) Total _____