



# AUTHORIZATION FOR HEALTH CARE

## COLORADO DEPARTMENT OF HUMAN SERVICES DIVISION OF HUMAN SERVICES

\_\_\_\_\_ : COUNTY

I, \_\_\_\_\_, Employee of \_\_\_\_\_ County Department of Human Services, have responsibility for the foster care placement of \_\_\_\_\_ by virtue of :

- 1. A court order giving the County Department guardianship
- 2. A court order giving the County Department legal custody: or
- 3. A placement contract with the parents of said child

I do hereby authorize: **The Daisy Center** - to consent to

- 1) Ordinary medical and dental care, 2) psychological and psychiatric care: and, 3) to consent to any emergency surgical and dental treatment for said child after having made reasonable effort to contact the County Department to obtain its consent.

The County Department shall be notified by the facility no later than the following working day of any administration of emergency medical or surgical services provided under this authorization.

The Daisy Center is required to maintain a complete record of all medical or surgical services provided and drugs administered to the above-named child.

The Daisy Center will provide an up-to-date copy of the above-named medical record to the County Department at the time of the submittal of each progress report submitted at the time of the child's termination from the Daisy Center's care.

This authorization shall be in effect during the period the child is in the care of the Daisy Center.

Person Authorized to sign for child	
Date	



## Consent for the exchange of confidential Information

Case Worker Name:	
Youth Name:	

As a representative of the \_\_\_\_\_ County Department of Human Service, I authorize the Daisy Center to exchange information with the following agencies to coordinate services for the purpose of interagency coordination and collaboration.

INITIAL	for each who we can exchange information with
	The Department of Human Service
	Guardian Ad Litem
	Law Enforcement
	Prior Placements
	School District
	Mother/ Father
	Court/Judge
	District Attorney
	Division of Youth Services
	Personal Attorney/Public Defender
	Probation/Parole
	Community Evaluation Team/Delinquent Adolescent Review Team
	Employer
	Doctor/ Dentist/ Eye Doctor
	Youth therapist
	New Placement if discharged

I understand that the records of the child listed above are protected under Federal and State confidentiality regulations. This information cannot be disclosed without my written consent unless otherwise specifically provided for in the regulations. I understand that I may revoke this consent at any time, except in instances such as probation, parole, or custody, when law is based on receipt of information. This Consent will expire After the youth is discharged from the Daisy Center and all files are closed.

Date of Consent:	
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Youth Signature:	
Case Worker Signature:	



DAISY CENTER  
Placement Letter  
DAISY CENTER  
643 27 ½ Road  
GRAND JUNCTION, CO 81506

Dear Parent, Guardian, Case Manager:

This is to inform you that your daughter has been placed in a state licensed Residential Child Care Facility for adolescent girls. Every effort has been made to provide a safe and secure environment for your daughter. By law we are required to inform you that if you suspect that an incident of abuse has occurred, you may report it to the Mesa County Department of Human Services, 2952 North Avenue (P.O. Box 20,000), Grand Junction, CO 81502. Telephone: (970) 242-1211.

The Daisy Center is licensed by the Colorado Department of Human Services and is mandated to meet specific standards of care. If you have reason to believe that the Daisy Center is violating any of these guidelines, you may file a complaint with the Colorado Department of Human Services, Office of Child Care Licensing, 1575 Sherman Street, Denver, CO 80203-1714. Telephone: (844) 264-5437 State Hotline

We at the Daisy Center feel that communication is the number one tool for success. We would like you to contact us with any questions or concerns you may have. Having good communication between parents and providers helps each youth feel safe, cared for and important. We are not only invested in help your child become successful, but we are also invested in helping you as well.

At the Daisy Center, your youth could receive services such as individual therapy, family therapy, DBT therapy, EMDR therapy, horse Therapy, Neurofeedback, group therapy, time in communicate to help continued integration, medication management, and health & sex education.

Our staff strive to utilize Trauma informed care with all interactions with our youth to implement our Treatment Plan. The Daisy Center operates with a trauma-informed perspective and will make resources available to youth and families on trauma exposure, its impact, and treatment. We will engage in efforts to strengthen the resilience and protective factors of youth and families impacted by historical trauma and potential trauma by being placed in foster care. We work with families to provide them with other materials that includes our treatment and programing and where they can receive supports.

The Daisy Center strives to recognize the strengths of our youth and build on their strengths to develop new skills. The Daisy Center is family centered to create the best environment for youth development to provide culturally responsive and evidence-based interventions for each family. Our youth served can provide feedback to the Daisy Center on quality improvement processes for better engagement and services by completing surveys, completing the exit interview, interviews after discharge, comments in the suggestion box, and talking to us about how they feel.

Feel free to email or call with any questions: [Daisy@daisycenter.onmicrosoft.com](mailto:Daisy@daisycenter.onmicrosoft.com)

Sincerely,

Jenny Brinton, Director  
970.260. 9050

Telicia Slade  
970.361.1335

The signature below indicates that the parent or guardian received a copy of the above statements for their records.

Parent or Guardian Signature	
Date	



The Daisy Center  
Guardian Medication Consent Form

Youth Name	
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The medication authorization on this form is valid the length of stay at the Daisy Center. I authorize the Daisy Center staff to administer to my child the over-the-counter medications listed below and any prescription medications prescribed by their physician. I waive any claims I might have against The Daisy Center and its employees arising out of the administration of said medications.

I consent to medical and mental health treatment for said minor. I also authorize the Daisy Center Staff to consent to any x-ray, anesthetic, optical, medical, surgical, dental or mental health diagnosis or treatment and hospital care to be rendered to said minor on the advice of a licensed professional.

MEDICATION	DOSE	HOW OFTEN ?	SYMPTOMS? REASON
Ibuprofen	200 mg	PO every 4 -6 hours	Pain, Fever, Headache
Tylenol	325-500 mg	PO every 4 - 6 hours	Pain, Fever, Headache
Antacids	1-2 tablets	PRN	Heartburn/ stomach
Pepto Bismo	2 T	PRN	Heartburn/ stomach/ Diarrhea
Cough Syrup / drops	2 T	PO every 4-6 hours	Excessive Cough
Benadryl/ Antihistamines	25 mg	PO every 4-6 hours	Allergies
Decongestant	1- 2 tablets	PO every 4-12 hours	Cold Relief
Throat Spray	1-2 sprays	PRN	Throat irritation
Cough and Cold medicine		PRN	Cold Relief
Eye Drops	drops	PRN	Allergies/ dust/ irritation/ redness
Ear Drops	drops	PRN	Ear ache
Nasal Decongestants		PRN	Stuffy nose
Multi- Vitamins	1-2 tablets	PO every day	Good Health
Pamprin	1-2 tablets	PO every 4-6 hours	Menstrual Discomfort
Midol	1-2 tablets	PO every 4-6 hours	Menstrual Discomfort
Hydrocortisone	As Directed	PRN	Itching and Rash
Acne Medications	Topical	Daily	Facial Cleaning
Hydrogen Peroxide	Topical		Cuts/ scrapes
Rubbing Alcohol	Topical		Cuts /scrapes
Vicks	Topical	4-6 hours	Cough
Kwell / Lice Products	Topical	As Needed	Head or body Lice
Other: Melatonin	1-2 tablets	As Needed	For Sleep
Other:			

If a licensed medical professional prescribes a **new** psychotropic medication to youth named above while living at the Daisy Center, I give permission for the new medication to be dispersed to the youth according to medical orders.

<b>Signature of DHS Guardian</b>	<b>Date</b>



## RECREATION ACTIVITIES 7.709.21(D)(2)

Youth Name:	
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The Daisy Center provide many recreational activities to enhance the lives of the youth we serve. Some of these activities are potentially dangerous recreational activities and therefore we need your permission for the youth to participate in them. These activities include, but are not limited to:

Horse Back Riding	Snowmobiles	River Rafting
Boating	Boxing	Water Skiing
Skiing/ Snowboarding	Hiking	Weightlifting
Swimming	Punching Bag	Trail Bikes
Trampolines	Jet Skiing	City Biking
Martial Arts	Camping	Roller Blading

All youth will receive proper instructions and training for all activities. It will be mandatory for the youth to wear all the safety gear that is required for each activity. The youth to staff ratio in participating in any of the above activities, except weightlifting, skiing and snowboarding, will be one staff per four youth. Youth wishing to participate in skiing or snowboarding will be allowed to go to Powder Horn Ski Resort and will not be directly supervised.

The Daisy Center will not be held responsible for any accident, injury or death of the youth while participating in any of the above-mentioned activities.

### **Authorization to Photograph (7.714.31A (12))**

The youth named above grants the Daisy Center permission to photograph her and place her pictures in a book or in frames in the home. These pictures may also be used to identify if youth run away.

As caseworker/guardian of the above name youth, I hereby give the Daisy Center the right to photograph the above-named youth for various reasons throughout their stay in the Daisy Center. I hereby authorize the center to provide photographs to the local police and/or sheriff department to assist them in locating the youth in case of a runaway situation and/or legal identification.

Youth Signature:	
Staff Signature:	
Case Worker Signature:	
Parent Signature:	



## School Notification of Out Of Home Placement

\_\_\_\_\_ County Department of Human Services

The \_\_\_\_\_ County Department of Human Service currently has legal custody of \_\_\_\_\_

This student is currently placed in out of home placement with The Daisy Center.

Because the above-named student is currently in out-of-home placement, she qualifies for free or reduced meals.

In addition, in accordance with HB 08-1019, please waive all fees that would otherwise be assessed against the student, including but not limited to any general fees, fees for books, fees for lab work, fees for participation in in-school or extracurricular activities, and fees for before-school or after-school programs.

Both the County Department and the placement provider/facility are required to maintain a complete record of all educational reports/records and/or services pertaining to the above named student.

The \_\_\_\_\_ County Department of Human Services is requesting that the School District provide up-to-date and ongoing copies of all educational reports/records and/or services pertaining to the above-named student to the following:

Placement Provider/Facility: **The Daisy Center**  
Address: **643 27 1/2 RD, Grand Junction, Co 81506**  
Phone: **970-243-3304**

This notification/request shall be in effect during the period of time the student is in the legal custody of the \_\_\_\_\_ County Department of Human Services and in the care of said placement provider/facility.

\_\_\_\_\_ County Department of Human Services Manager: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_



## Youth Record Information- The Daisy Center

Youth Name:		Admission Date:	
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Specific Behaviors for GH level of care:	Race/ Nationality:	Date of Birth:
Gender: Female	Religious Preference:	Place of Birth
Medicaid #:	Social Security #:	Eye Color
Height:	PIERCINGS:	Hair Color:
Anticipated LOS:	Placement County:	Weight:

<b>legal Status:</b>	Depend. & Neglect	Delinquency	Voluntary	Emergency
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Name of School:	School Phone #:
Grade:            IEP:    Yes   or   No	Last Grade Completed:

Case Worker:	CW Phone #:
CW on Call Number:	Supervisor Phone # :
CW Email Address:	After hours emergency #

Mother's Name :	Mother's Phone #
Mother's Address:	Mother Phone Contact?    Yes    No
Father's Name:	Father's Phone #:
Father's Address:	Father Phone Contact?    Yes    No
Visitation Plan?            Supervised    Unsupervised    No Contact	Comments?
Visitation with other People:	

Therapist Name:	Therapist Phone Number:
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GAL Name:	GAL Phone #:
Other Approved Contacts:	Phone #:
Probation Officer Name:	Probation Phone #:
Casa Worker:	Casa Phone Number?

LAST Dental	Date :	Dentist:	Phone #:
LAST VISION	Date:	Eye Doc:	Phone #:

Physical Condition at Intake?	
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THE DAISY CENTER  
SIGNATURE PAGE

**I. Persons Designated to Implement Plan**

The Daisy Center director, Jenny Brinton, will be responsible for the implementation of the Treatment Plan and the youth counselors will help to implement the plan.

J: Youth Name	
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Youth Signature		Date	
Staff Signature		Date	
Case Worker Signature		Date	
Parent / Guardian Signature		Date:	
Parent / Guardian Signature		Date	
GAL:		Date	
Other:		Date	
Other:		Date	
Other:		Date	
Other		Date	

K: The above signatures indicate that this document was explained in a language/manner that all parties were capable of understanding.





## Transportation Waiver & Release Form

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Youth Name

I, \_\_\_\_\_ hereby give permission to Daisy Center to transport my youth while they reside at the center. All insurance will be maintained on the vehicle and all youth will wear proper seatbelts.

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Guardian

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Daisy Director



CW  
Daisy Center Savings Plan:  
Started December 1, 2021

Level 1 will be saving \$1 a week

Level 2 will be saving \$2 a week

Level 3 will be saving \$2.50 a week

Started two weeks after placed at Daisy Center

This money will be stored in an envelope in a locked drawer and label with each girl's name. This money will not be accessible until the youth has left the facility or if the youth petition to have access to the money for a certain item. This will need to be approved by the Director/ Assistant Director.

If you get a paid job while working at the Daisy Center, your first check is yours to keep. After that, every check half goes to a saving envelope that is locked up till discharge.

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Youth Signature

Date

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Caseworker/ Parent Signature



## THE DAISY CENTER CONTRABAND, CAMERAS AND SEARCHES CONTRABAND

### (ITEMS PROHIBITED FROM THE CENTER)

ALCOHOL	BURNED CD'S WITH VIOLENCE OR PROFANITY
DRUGS	PORNOGRAPHIC MATERIALS
SOLVENTS	DRUG RELATED PARAPHERNALIA
WEAPONS	ANY SHARP ITEMS (NEEDLES, RAZOR BLADES, KNIFES, ETC.)
AEROSOL PAINT CANS	MEDICATIONS (MUST BE KEPT BY STAFF AND NOT IN BEDROOMS)
TATTOO MATERIALS	GANG OR ICP RELATED CLOTHING, MUSIC & ACCESSORIES
VAPES/ VAPE CATRIDGE	PIERCING EQUIPMENT
NAIL POLISH	MAKE UP ITEMS WITH MIRRORS

### CHEMICALS AND HOUSEHOLD CLEANING ITEMS:

BAGGIES	TACKS	ANYTHING FLAMMABLE
GARBAGE BAGS	FOOD EXTRACTS	HAND SANITIZERS
LAUNDRY SOAP	FOOD FLAVORINGS	COOKING SPRAYS
ALL CLEANING SUPPLIES	ALL AEROSOL SPRAYS	DISH SOAP

### PERSONAL CARE ITEMS:

ALL PERSONAL ITEMS THAT STATE KEEP OUT OF REACH OF CHILDREN MUST BE KEPT LOCKED UP, THE DAISY CENTER WILL UNLOCK THE CABINET DURING SPECIFIC TIMES AND THEN YOUTH MUST ASK FOR THE CABINET TO BE UNLOCKED WHEN NEEDED.

ALL MAKE UP IS TO BE LOCKED IN YOUR PERSONAL LOCKER AND CHECKED OUT TO BE USED IN THE LIVING ROOM OR BATHROOM BUT NOT IN ROOMS

YOUTH ARE RESPONSIBLE FOR RETURNING ITEMS TO THEIR DESIGNATED BOX AND BACK INTO THE CABINET.

YOUTH IS ALLOWED TO HAVE AS MANY CLOTHING OR PERSONALIZED ITEMS AS DESIRED. HOWEVER, IF THE YOUTH IS UNABLE TO MAINTAIN PROPERLY THE CLEANLINESS OF THEIR ROOM OR UPKEEP TO PUT AWAY LAUNDRY THEN CLOTHING AND ITEMS MAY BE RESTRICTED. YOUTH WILL BE REQUIRED TO SHOW 7 DAYS OF CONSISTENT EFFORTS TO COMPLETE THESE TASKS.

- ❖ IF A YOUTH CUTS THEMSELVES, ALL GLASS ITEMS AND A RESTRICTION OF THE RAZOR WILL BE RESTRICTED UNTIL 7 DAYS OF NO SELF HARM.
- ❖ IF CONTRABAND IS FOUND ON A YOUTH OR IN THEIR POSSESSION, YOUTH WILL RECEIVE CONSEQUENCES. IF THE CONTRABAND IS ILLEGAL FOR THE YOUTH TO POSSESS, THE STAFF WILL DISPOSE OF THE ITEMS.
- ❖ TO KEEP THE SAFETY OF ALL YOUTH THE DAISY CENTER WILL SEARCH BACKPACKS, BAGS, SUITCASES, ET THAT ENTER THE DAISY CENTER. IF A YOUTH IS BRINGING SOMETHING INTO THE DAISY CENTER, THEY WILL NOTIFY STAFF AT THE LAUNDRY ROOM DOOR AND WAIT FOR INSPECTION.
- ❖ THE DAISY CENTER HAS RECORDING VIDEO CAMERAS ON THE PROPERTY. ALL CAMERAS ARE IN COMMON AREAS AND THE STAFF OFFICE. THE CAMERAS ARE NOT TO BE TOUCHED OR THE CONSEQUENCES WILL BE GIVEN.

<b>Youth Signature</b>	
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<b>GUARDIAN Signature</b>	
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### RELEASE OF RESPONSIBILITY

- The Daisy Center will not be held responsible for any personal items that are lost or damaged. Please do not bring any items here that may be of value to you.
- I have been advised that the use or possession of any illegal substances or paraphernalia will not be tolerated.
- I will not lend my clothing or personal items to others, if I choose to disregard this statement and my things are damaged or lost, I will take full responsibility for the loss.
  
- My room may be searched with or without my consent.
- My belongings may be searched if suspected of practicing unsafe behavior.
- I have been given a list of CONTRABAND items and realize that if I am caught with any of these items in my room or on my person, I will be given consequences and the items will be confiscated, destroyed and/or turned over to law enforcement.
  
- If I **run away** my case worker will be asked to pick up my belongings after 7 days. Any lost or stolen items will not be the responsibility of the Daisy Center.
- I have been given a copy of the grievance procedures and have reviewed them with staff.
- I have been given a copy of my rights.
  
- I may be required to submit to random drug tests, if suspected or use, either at the Criminal Justice Center or with a home testing kit. If a home testing kit is used, I understand that a hot, positive and/or suspicious test will result in my paying \$15.00 to the center for the test.

### APARTMENT STORAGE UNIT

The landlord has a storage apartment below the Daisy Center with a separate entrance that is not connected to the Daisy Center. The youth who live at the Daisy Center are not allowed to go onto the cement around the door to that unit or enter that unit for any reason. This unit is prohibited from any youth to enter as it is not a part of the Daisy Center. Any youth attempting to enter or going into this space may be charged.

### ROOM DAMAGE CHECK

I understand that I will be held financially responsible for any damage to my room. I am also aware that I may document any existing damage upon admission to the Daisy Center. No youth will be allowed to put nail holes or push pin holes in the walls without direct permission from the director. Any tampering with the alarm system or window will result in fines and possible legal charges.

Locks on the windows are installed to only allow up to 8 inches of the window to be opened. Youth are not to tamper with the locks. If a youth needs a window adjusted they must get a staff

### YOUTH ACKNOWLEDGEMENT

I certify by signature that upon admission I received and was advised of all the above information. By signing this acknowledgement, I agree to abide by the rules and to follow my individual treatment plan. If I fail to follow this agreement, I understand that I may be discharged from the Daisy Center.

Youth Signature:	
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GUARDIAN Signature:	
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## New Placement Contract

### 7-7 Rule

Daisy Center will accept \_\_\_\_\_ however a update with reassessment will occur after 7 days. If the youth is struggling to maintain appropriate behavior, Daisy will renew for another 7 days with a youth safety contract. If the youth after the next 7 days has not shown improvement, Daisy will not officially admit the youth in our program and the team will have 14 days to find a new placement. If during the 14-day period the youth seems appropriate for the milleu, she will be admitted in the program officially.

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Youth Signature

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Caseworker Signature

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Parent Signature

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Date

---

Placement Date

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7-day evaluation

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14-day evaluation

Accepted or Denied



## Significant Contacts & SUPERVISION #5

<b>Youth Name:</b>	
<b>Case Worker Name:</b>	

<b>Legal Status:</b>	Dependency & Neglect	Delinquency	Voluntary	Emergency
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Name	Phone Number	Address	Relationship w/ youth
			Parent
			Parent
			Case worker
			Probation O.
			GAL/ LAWYER
			Friend

Additional People who can visit	Phone Number / Address	Relationship to youth

People that the youth is **not allowed** to have contact with.

(No Contact) Name	Phone Number / Description	Comments:

Social Media	Response
<b>Youth Can have Access to social media on House Tablets &amp; Public Library</b>	
<b>Youth Can Not have Access to social media on House Tablets &amp; Public Library</b>	

### SUPERVISION

Daisy Center is not a line-of-sight facility. Youths start out the program on Orientation for three days and will be checked every 15 minutes if not in common areas. Youth move to level 1 after 3 days and will continue to have staff check in every 15 minutes. Youth can petition for level 2 after two weeks of placement. If level 2 is granted, Caseworker/Guardian must sign off- this will allow staff checks in every 30 minutes out of Common areas. Youth can be in the community unsupervised for up to 1 hour. Youth can petition for level 3 after two weeks of being on level 2. If level 3 is granted, Caseworker/Guardian must sign off- this will allow staff checks in every 60 minutes out of Common areas. Youth can be in the community unsupervised for up to 3 hours.

Case Worker Signature:	
Parent Signature:	
Staff Signature:	



**The Daisy Center QRTP Referral Intake #6**  
**643 27 ½ Road, Grand Junction, CO 81506 (970) 243.3304**

Youth Name		Date of Birth and Age	
Person Making Referral		Phone #	
Case Manager Name		Placement County	
Date Placement needed:		Referral Date :	
CANS Assessment Scheduled Date:		Independent CANS Assessment Completed Date:	
If a youth is accepted into our program the independent CANS Assessment must be completed within 14 days of admission. If the youth does not meet QRTP eligibility requirements the county will have an additional 30 days to find appropriate placement or negotiate rate for county paid services			

Projected length of Placement:	
Presenting Reason for Placement	
Circumstances that led to Placement?	
How long has youth been in placement?	
Short term Stabilization Needs?	
Current Functioning?	
Required Special Accommodations?	

School Attending		Current Grade	
School Special Transportation needed			
Does youth have an IEP or special needs in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has youth ever been suspended or expelled from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How is school attendance?	<input type="checkbox"/> Bad	<input type="checkbox"/> OK	<input type="checkbox"/> Good <input type="checkbox"/> Excellent

Medical Diagnosis:	
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What is the youth's sexual Orientation?	Heterosexual	Bi- sexual / Lesbian/ Transgender
What does the Youth identify As?	Male	Female They/Them

Is youth on Probation or ever been on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probation officer:	Phone Number:	
Any upcoming court dates? Community Service?		
Last time youth used Drugs or Alcohol?		
Does the youth have a history of drug use? Vaping? Cigarettes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the drugs used?	<input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Meth <input type="checkbox"/> Inhalants <input type="checkbox"/> Other	
Has youth ever damaged or destroyed property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is the youth physically aggressive/ Violent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the youth been hospitalized for Mental Health? If yes, Why?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does youth have a history of running away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the youth had self-harming behaviors? Suicidal Idealization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the youth have poor sexual boundaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the youth traded sex for money or been Trafficked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to any of the Questions Above – Please Explain:		

Reason for Transfers from prior Placement:	
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**Risk Factors - Behavioral Characteristics Rate (L) Low (M) Medium (H) High (A) Alert**

	Disrespectful/ Defiant		Excessive Swearing		<b>Losing Temper- Tantrums</b>
	Poor Sexual Boundaries		Poor Hygiene		Lying Excessively
	Behavioral Problems		Verbally Threatens Others		ADHD/ ADD/ Autism
	Conflict with Peers		Eating Issues		Sleeping Issues
	Trade Sex for Money- Trafficked		Tests limits and rules		Trauma Experiences

Comments about any Significant Behaviors / Trauma/ Emotional Regulation

What services and Trauma Based Treatment would you like from The Daisy Center?

Coping Strategies and successful Interventions	
<input type="checkbox"/> Acceptance into Program	<input type="checkbox"/> Declined Acceptance into Program
<input type="checkbox"/> Need Therapy/ Treatment prior to reevaluate for acceptance into Daisy program	