McCrossan Boys Ranch

47135 260th Street **Phone: (605) 339-1203**
Sioux Falls, SD 57107 **Fax: (605) 339-3144**

APPLICATION FOR ADMISSION

Required Admission Information:

1. Social Security Card
2. Certified Copy of Birth Certificate
3. Court Order (if applicable)
4. Consents
5. Medical Examination/Immunizations
6. Medical History (past & current concerns)
7. Medications (past & current)
8. Psychiatric Evaluation (most recent)
9. School Transcripts
10. Presenting Problem/Social History
11. Interstate Compact Agreement (if applicable)
12. Completed Application

Referral Source:

Name: _____

Agency: _____

Address: _____

_____

Phone #: _____

Fax #: _____

Email: _____

McCrossan Boys Ranch is open to all boys regardless of race, creed, national origin, sexual orientation or disability

All information must be completed and received prior to admission

CHILD/CLIENT'S FULL NAME:_____

1. Name of Parent/Guardian:_____ **Relationship to Child/Client:** _____

Parent/Guardian Address: _____

_____

Parent/Guardian E-mail Address:_____

Parent/Guardian Phone #:_____

2. Name of Parent/Guardian:_____ **Relationship to Child/Client:** _____

Parent/Guardian Address: _____

_____

Parent/Guardian E-mail Address:_____

Parent/Guardian Phone #:_____

Group/Residential Referral Application

All information must be completed and received prior to admission

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Social Security Number: _____

Male: ☐ Female: ☐ Race: _____ Height: _____ Weight: _____

Medicaid Number: _____
(if applicable)

CID Number: _____
(South Dakota DOC & DSS placements only)

Discharge Plan: _____
(if applicable)

Permanent Plan: _____
(if applicable)

Level of Service – Please check the level of service that is being sought for the youth.

Community Based Services	NON-PRTF SERVICES	PRTF SERVICES
☐ Out of School Time	☐ Short Term Assessment	☐ Residential Treatment
☐ Independent Living	☐ Professional Foster Care	☐ Intensive Residential Treatment
☐ Crisis Stabilization	☐ Therapeutic Emergency Foster Care	
☐ Respite Care	☐ Group Care–Short Term (30 – 120 days)	
☐ Community Reintegration	☐ Group Care–Long Term (6 to 12 months)	

Has the Child been reviewed by the State Review Team (SRT)? **(South Dakota DOC & DSS placements only)**	Yes ☐ No ☐

Date that placement is needed: ☐

Tribal Information

Tribe: _____ Enrollment Number: _____

Family Services Specialist (South Dakota DOC & DSS placements only)

Name: _____ Office: _____

Email Address: _____

Work Phone Number: _____ Fax Number: _____

Cell Phone Number: _____

Supervisor: _____

Juvenile Corrections Agent (South Dakota DOC & DSS placements only)

Name: _____ Office: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Supervisor: _____

Emergency Numbers

Mother's Name: _____ Father's Name: _____

Telephone Number: _____ Telephone Number: _____

Person to Contact in case of Emergency: Phone Number:

_____

_____

Person or Relative child has been living with: _____

Siblings

Name	Age	Address

Materials to be Included

- ☐ Removal/Commitment Order giving Custody to the State
- ☐ Latest Report to the Court
- ☐ Initial Family Assessment or Juvenile Offender Intake Summary
- ☐ Copy of the Social Security Card
- ☐ Copy of Birth Certificate
- ☐ Copy of Most Recent Psychiatric Evaluation
- ☐ Copy of Most Recent Psychological Evaluation
- ☐ Copy of Discharge Summaries From Prior Placements

School Record

Current IEP: Yes ☐ No ☐ Current Grade Level: _____ IQ Score (if available): _____

Copies of Report Cards Available: Yes ☐ No ☐

Other Services Provided:

- ☐ Speech
- ☐ Language
- ☐ Counseling by School
- ☐ Behavior Issues

Medical Records

Copies of EPSDT (Early Periodic Screening Diagnosis & Treatment), Immunization Records, TB Test, Dental, Vision, Hearing Available Yes ☐ No ☐

Dates Of Last:

TB Test: _____ Dental Visit: _____
Vision Test: _____ Hearing Test: _____
Physical Exam: _____

List Allergies:

_____

_____

_____

Current Medications:

_____

_____

_____

Name & Phone Number of:

Child's Doctor: _____ Telephone: _____

Child's Dentist: _____ Telephone: _____

Placement History:

Name & Location of Facility	Dates of Service	Completed Successfully
	To	Yes ☐ No ☐
	To	Yes ☐ No ☐
	To	Yes ☐ No ☐
	To	Yes ☐ No ☐
	To	Yes ☐ No ☐

Abuse & Neglect History:
Yes ☐ No ☐ If yes, please explain. _____

_____

_____

Drug / Alcohol History:
Does the child have a drug/alcohol history? Yes ☐ No ☐ If yes, please explain.
Do the parent(s) have a drug/alcohol history? Yes ☐ No ☐ If yes, please explain.

Fetal Alcohol Spectrum Disorder:
Does the child have Fetal Alcohol Spectrum Disorder? Yes ☐ No ☐ If yes, please explain. _____

Who Can Child Have Contact With:			
Name	**Relation to Student**	**Monitored**	**Should this person be invited to meetings related to the student?**
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐

No Contact List		
Name	**Relation to Student**	

Type(s) of Discipline used in Last _____

What worked? _____

What did not work? _____

Date Last Monthly Reporting Form Completed: _____
(South Dakota DOC & DSS placements only)

Behaviors

Aggression	☐ Yes ☐ No	Sexual Abuse	☐ Yes ☐ No	Sexual Behaviors	☐ Yes ☐ No
Fire Starter	☐ Yes ☐ No	Suicidal Ideation	☐ Yes ☐ No	Self Harm	☐ Yes ☐ No
Run Away	☐ Yes ☐ No	Huffing	☐ Yes ☐ No	Drug Use	☐ Yes ☐ No
Alcohol Use	☐ Yes ☐ No	Car Theft	☐ Yes ☐ No	Sexually Active	☐ Yes ☐ No

If Sexual Behaviors category is marked "yes":

Was sexual offender treatment recommended, and if so has the child completed? ☐ Yes ☐ No
If yes, where was sexual offender treatment completed at?

Please list any other behaviors that the child may need services for:

Please describe or give examples of each item checked Yes or listed as other:

Additional information that would be helpful to know to provide appropriate care for the child:

Reasons For Placement / Desired Treatment Outcome:

Discharge Plan. Please indicate in as much detail as possible what the discharge plan is for this student upon completion of this program:

_____

_____

_____

_____

_____

_____

Have Parents/Immediate family been notified of this possible placement? ☐ Yes ☐ No
If No, please explain:

_____

_____

_____

In order to maintain safety and security within the facility it may be necessary to utilize seclusion and/or restraint at times.
The guidelines for the use of seclusion/restraint are enforced through licensing regulations.
Is the use of seclusion and restraint approved for this referral? Yes No

_____ _____

Name of Person Completing This Form **Date**

OUTLINE OF FINANCIAL RESPONSIBILITY

Beginning Date: _____

Approved by: _____
Worker **Agency**

***Include Title XIX numbers where appropriate**

1. **Residential services to be paid by:**

   ☐ **DSS/CPS** ☐ **Tribal**

   ☐ **DOC** ☐ **School**

   ☐ **DSS Adoption Services** ☐ **Other/Private Pay_____**

2. **Initial clothing allowance? YES or NO To be paid by: _____**

3. **School tuition to be paid by:**

   ☐ **DSS/CPS** ☐ **Tribal**

   ☐ **DOC** ☐ **School**

   ☐ **DSS Adoption Services** ☐ **Other/Private Pay_____**

4. **Major /Minor Medical coverage: _____**

5. **Dental Care coverage: _____**

6. **Optometric coverage: _____**

7. **Psychiatric Care coverage: _____**

McCrossan Boys Ranch

"New Hope For A Better Life"

RELEASE OF EDUCATION RECORDS

Child/Client's Name: _____

Child/Client's Date of Birth: _____

I, the undersigned parent/guardian or referring agent of the above named child/client, authorize

Name/Facility: _____

Address: _____

City, State, Zip: _____

TO RELEASE TO: McCrossan Boys Ranch
ATTN: School
47135 260th Street
Sioux Falls, SD 57107
Phone: (605) 339-1203
Fax: (605) 367-5731

THE FOLLOWING INFORMATION:

1. **Official School Records (name, address, birth date, attendance record, grade level, grades, class rank, standardized group test results, chemical abuse /dependency reports and immunization records)**
2. **Immunization and Health Records**
3. **Psychological Reports**
4. **Special Education Records**

The purpose of this request: _____

_____

I understand that this authorization expires upon discharge from McCrossan Boys Ranch or sooner if revoked in writing.

_____ **_____**

Date **Signature of Parent/Guardian, Referring Agent or Custodian**

McCrossan Boys Ranch

"New Hope For A Better Life"

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS INFORMATION

Patient's Name: _____ Patient's Date of Birth: _____

I HEREBY AUTHORIZE: Provider name: _____

Address: _____

City, State, Zip: _____

TO DISCLOSE INFORMATION TO: McCrossan Boys Ranch
ATTN: Medical
47135 260th Street
Sioux Falls, SD 57107
Phone: (605) 339-1203 Fax: (605) 339-3144

TO DISCLOSE THE FOLLOWING INFORMATION:

Service Dates: From:_____ To:_____
(beginning date) (ending date)

☐	**Complete Record**	☐	**Psychiatric Reports**	☐	**Consultations**
☐	**Discharge Summary**	☐	**Psychological**	☐	**Progress Notes**
☐	**Immunization**		**Reports**	☐	**X-ray Reports**
	Records	☐	**Chemical**	☐	**Laboratory Reports**
☐	**History & Physical**		**Abuse/Dependency**	☐	**Pathology Reports**
☐	**Operative Reports**		**Reports**	☐	**Other:_____**

I understand the information is to be used for:
☐ **Continuation of care** ☐ **Other (specific reason for release of information)_____**

I understand that this authorization expires upon discharge from McCrossan Boys Ranch or sooner if revoked in writing.

I understand that I have a right to revoke this authorization at any time by presenting a written revocation to the facility/provider releasing records. I understand that the revocation will not apply to information already released in response to this authorization and my insurance company when the law provides my insurer with the right to contest a claim under my policy. I understand the information released may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), behavioral or mental health services, or treatment for alcohol and drug abuse. I understand this authorization is voluntary and that I may refuse to sign. I need not sign this form in order to assure treatment. I understand I may inspect or obtain copies of the information to be used or disclosed, as provided in 45 CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

_____ _____
Date **Signature of Patient or Parent/Guardian, Referring Agent or Custodian**

Relationship to patient if not signed by patient: _____

Indicate why patient is unable to sign: ☐ Minor ☐ Other: _____

McCrossan Boys Ranch

"New Hope For A Better Life"

Off Campus Work Release

Child/Client's Name: _____

Child/Client's Date of Birth: _____

At McCrossan Boys Ranch work is a very important part of programming. At times residents in placement work off campus for various local businesses and individuals both for community service projects as well as paid work crews.

I give permission for my child/client to participate in work activities while in placement at McCrossan Boys Ranch.

_____ _____ _____

Parent/Guardian, Referring Agent or Custodian Signature **Date**

McCrossan Boys Ranch

"New Hope For A Better Life"

Publication Consent Form

Child/Client's Name: _____

Child/Client's Date of Birth: _____

Giving publication consent means that I give the staff at McCrossan Boys Ranch permission and consent to use information related to the residency and activities of my child/client while at McCrossan Boys Ranch. Permission and consent includes, but is not limited to, the use of the said child/client's photograph, first name, and stories concerning his residency and activities at McCrossan Boys Ranch. It also means that I waive any right that I and my child/client may have to inspect or approve the copy and/or finished product or products that may be used.

☐ Yes, I give publication consent.

☐ Yes, I give publication consent, but require prior notification and approval each time information about my child/client is published.

☐ No, I refuse publication consent.

_____ _____

Parent/Guardian, Referring Agent or Custodian Signature Date

McCrossan Boys Ranch

"New Hope For A Better Life"

Authorization For Emergency & Routine Medical Care

Child/Client's Name: _____

Child/Client's Date of Birth: _____

I hereby give my permission to the staff at McCrossan Boys Ranch to authorize and obtain emergency medical treatment for my child/client, should such intervention be necessary and routine medical care for my child/client. Routine medical care includes, but is not limited to medical appointments needed for illnesses or minor injuries, dental, vision and psychiatric care. I understand that McCrossan Boys Ranch will notify me of all medical issues and that no psychotropic medications will be given without my separate permission.

_____ _____

Parent/Guardian, Referring Agent or Custodian Signature **Date**

McCrossan Boys Ranch
ACCESS AND CONFIDENTIALITY AGREEMENT

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU OR THE CHILD CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

McCrossan Boys Ranch is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to PHI. McCrossan Boys Ranch is also required to abide by the terms of the version of this notice currently in effect.

Uses and Disclosures of PHI: McCrossan Boys Ranch may use PHI for the purposes of treatment, payment, and health care operations, in most cases without the child's or your written permission. Examples of our use of PHI:

- For treatment. This includes such things as obtaining verbal and written information about the child's medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to the child. We may give their PHI to other health care providers involved in their treatment, and may transfer their PHI by telephone to the hospital or clinic.
- For payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to the child, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.
- For health care operations. This includes quality assurance activities, licensing, accreditation, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.
- For scheduled transportation and information on other services. We may also contact you to provide you with information regarding any scheduled appointments or to provide information about other services we provide.

Use and Disclosure of PHI Without Your Authorization. McCrossan Boys Ranch is permitted to use PHI *without* your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats the child;
- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in the child's care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your child's best interests;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence;
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions

undertaken by the government (or their contractors) by law to oversee the health care system;

- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If your child is an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals;
- We may also use or disclose health information about your child in a way that does not personally identify them or reveal who they are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, your child will have a number of rights with respect to their PHI, including:

The right to access, copy, or inspect their PHI. This means they may inspect and copy most of the medical information about them that we maintain. We will normally provide them with access to this information within 30 days of their request. We may also charge them a reasonable fee for them to copy any medical information that they have the right to access. In limited circumstances, we may deny them access to their medical information, and they may appeal certain types of denials. We have available forms to request access to their PHI and we will provide a written response if we deny them access and let them know their appeal rights. They also have the right to receive confidential communications of their PHI. If they wish to inspect and copy their medical information, they should contact our privacy officer.

The right to amend PHI. You or your child has the right to ask us to amend written medical information that we may have about the child. We will generally amend information within 60 days of your request and will notify you and the child when we have amended the information. We are permitted by law to deny your and the child's request to amend medical information only in certain circumstances, like when we believe the information you or the child have asked us to amend is correct. If you or the child wishes to request that we amend the medical information that we have about them, you/they should contact our privacy officer.

*The right to request an accountin*g. You or the child may request an accounting from us of certain disclosures of their medical information that we have made in the six years prior to

the date of their request. We are not required to give them an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share their health information with our business associates, like our billing company or a medical facility from/to which we have taken the child for services. We are also not required to give them an accounting of our uses of protected health information for which you or they have already given us written authorization. If you or the child wishes to request an accounting, contact our privacy officer.

The right to request that we restrict the uses and disclosures of PHI. You and the child have the right to request that we restrict how we use and disclose the child's medical information that we have about them. McCrossan Boys Ranch is not required to agree to any restrictions you or the child request, but any restrictions agreed to by McCrossan Boys Ranch in writing are binding on McCrossan Boys Ranch.

Revisions to the Notice: McCrossan Boys Ranch reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You or the child can get a copy of the latest version of this Notice by contacting our privacy officer.

Your Legal Rights and Complaints: You or the child also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you or the child believe their privacy rights have been violated. You and the child will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to our privacy officer.

Privacy Officer Contact Information:

Privacy Officer
McCrossan Boys Ranch
47135 260th Street
Sioux Falls, SD 57107
(605) 339-1203

*Effective Date of the Notic*e: April 14, 2003

_____ _____

Parent/Guardian, Referring Agent or Custodian Signature **Date**

McCrossan Boys Ranch

"New Hope For A Better Life"

Policy Information

Name of Child/Client: _____ Date of Birth: _____

McCrossan Boys Ranch has informed me of the following policies and procedures which can be accessed on the McCrossan Boys Ranch web site, www.mccrossan.org. If I am unable to access the policies and procedures online, I understand that I can request a copy of these policies and procedures from McCrossan Boys Ranch, 47135 260th St., Sioux Falls, SD 57107, (605) 339-1203.

1. Intake - Admission, Reception, Orientation Policy
2. Treatment – Available Services & Programs Policy; Classification, Treatment Planning, & Progress Reports Policy
3. Discharge – Release Preparation Policy
4. Discipline – Rules of Conduct and Sanctions Policy; Disciplinary Hearings Policy
5. Confidentiality – Confidentiality of Information Policy
6. Reporting suspected child abuse and neglect within the facility – Protection from Harm/Abuse Policy; Critical Incident Protocol Policy
7. Use of seclusion and personal restraint, if used by the facility – Restrictive Procedures Policy
8. Health care of children – Access to Medical Care Policy; Mental Health Services Policy; Health Screening and Special Medical Needs Policy; Eye/Vision Care Policy; Physical Examination Policy; Dental Screening and Care Policy; Specialized Medical Care Policy; Wellness Policy
9. Emergency procedures in case a child is injured – Serious Illness, Surgery, Injury or Death of Resident Policy; Critical Incident Protocol Policy
10. Reasonable and prudent parent standard – Reasonable & Prudent Parenting Policy

_____ _____

Signature of Parent, Guardian, Referring Agent or Custodian Date

CLOTHING / PERSONAL NEEDS

This is a suggested year-round clothing list. Please go by these guidelines since we do follow a dress code and some items are not allowed.

CLOTHING NEEDS
Undergarments (10-14 pair)
Socks (10-14 pair)
T-shirts (5-10)
Long sleeved shirts (3-4)
Sweatshirts (2)
Blue jeans/pants (4-5 pair)
Sweatpants (2 pair)
Shorts/gym shorts (3-4 pair)
Sleepwear
Tennis shoes (2 pair)
Belt
Coat, gloves and stocking cap (depending on the weather)

ITEMS PROVIDED BY McCrossan
Toothbrush
Toothpaste
Comb
Deodorant
Shampoo
Towels & washcloths
Bedding
Quilt
Pillow

PERSONAL ITEMS
Photographs of family and friends
Ribbons/trophies
Radio
Alarm clock

CONTRABAND
The following items are considered contraband and visitors and residents are not allowed to bring these items on facility grounds: firearms, ammunition, explosives, illegal drugs, and alcohol.

In addition, the items listed below are also considered contraband and residents should not bring these items to McCrossan Boys Ranch when they are admitted to the facility or possess these items while they are a resident. If these items are brought into the facility by visitors, they should be kept locked up or kept in the visitor's possession. These items should not be given to residents by visitors.

- Legal drugs (over-the-counter & prescription), huff-able substances, aerosol cans, and tobacco.
- Items which could be used as weapons such as knives, tools, etc.
- Compact discs, videos, and DVD's that have no rating or that are not labeled PG-13, PG, or G.
- Video games rated "M."
- Clothing that promotes alcohol, drugs, tobacco, sex, violence, or gangs including bandanas.
- Sunglasses, unless prescribed by a doctor. (May be allowed based on level.)
- Jewelry, except medic alert bracelets. (Some forms of jewelry may be allowed based on level and program.)
- Cell phones, ipods, ipads, computers. (Some electronic items may be allowed based on level and program.)
- Electric appliances including electric blankets, irons, and electric razors. (Some electric items may be allowed based on program.)
- Sunflower seeds or gum.
- Any other item deemed improper and inconsistent with the Ranch program and image.