

WILTON MANORS

CLIENT ADMISSION KIDS IN DISTRESS RESIDENTIAL PROGRAMS

DATE OF PLACEMENT: _____ KITES KCH (circle)

TIME of PLACEMENT _____

CHILD'S VITAL INFORMATION:	
CHILD'S NAME: _____	SEX _____ RACE _____
DATE OF BIRTH _____	PLACE OF BIRTH _____
MEDICAID NUMBER: _____	(must be supplied a.s.a.p.)
SOCIAL SECURITY NUMBER: _____	
LEGAL STATUS: _____	
RELIGIOUS PREFERENCE: _____	
LANGUAGE SPOKEN IN HOME: Primary: _____ Secondary: _____	
REASON FOR ADMISSION: _____	
REASON FOR REMOVAL FROM BIOLOGICAL HOME: _____	

PARENT'S INFORMATION:	
MOTHER'S NAME _____	PHONE # _____
MOTHER'S ADDRESS _____	
FATHER'S NAME _____	PHONE # _____
FATHER'S ADDRESS _____	

LEGAL RELATIONSHIP INFORMATION:	
CHILD ADVOCATE _____	PHONE _____
BSO CONTACT _____	PHONE _____

G.A.L. NAME _____ PHONE _____

COURT FILE NUMBER: _____

JUDGE: _____

DATE & TIME OF NEXT COURT HEARING _____

CASE PLAN _____

VISITATION INFORMATION

SUPERVISED VISITATION APPROVED
 FOR: _____ RELATIONSHIP _____

UN-SUPERVISED VISITATION APPROVED
 FOR: _____ RELATIONSHIP _____

NO CONTACT ORDER IN AFFECT FOR: _____

MEDICAL INFORMATION

CURRENT MEDICAL ISSUES: _____

CURRENT MEDICATIONS: _____

MEDICAL EQUIPMENT NEEDED: _____

ALLERGIES _____ DIET/FORMULA _____

ALERTS: _____

SAFETY PLAN: _____

SCHOOL INFORMATION

Current School _____ Grade Level _____

Will Child remain in this placement? (Yes or No) _____

Transportation Arrangements: _____

FORM COMPLETED BY: _____

DATE: _____



KID RESIDENTIAL PROGRAMS
Informed Consent

Client's Name: _____ D.O.B.: _____

Program: _____ Date of Admission: _____

The following is an authorization for Kids In Distress, Inc. Please be sure to read each item carefully and initial in the appropriate place for either Parent (P) or Child Advocate(C). This consent will expire 1 year from date of signature.

___ C ___ P

Consent For Treatment - I authorize any physician, dentist or hospital/clinic to provide routine preventative, including regular immunizations, diagnostic and/or minor emergency interventions as deemed necessary. This may include those lab tests recommended by EPSDT or blood testing indicated by specific symptomatology or documented history. This may also include permission for x-rays, ultra sounds, and CT scans with or without sedation as ordered by the attending physician. I also authorize this child to have access to and/or provision of necessary therapeutic intervention; diagnostic, psychological, and/or psychiatric. I authorize the furnishing of all verbal or written information pertaining to this child's past or present medical/health treatment to ChildNet or its authorized agent, Kids In Distress, Inc. (KID). I authorize the administration by KID's staff of both prescription and non-prescription drugs and vitamins as recommended by a physician. This consent excludes any test or treatment for which a separate court order and/or informed consent is required by law (i.e. surgery, general anesthesia and other extraordinary procedures.)

___ C ___ P

Parental Responsibilities - I give my consent to KID to exercise parental responsibilities with respect to decisions involving the child's daily activities and functioning such as approving school trips, recreational activities, personal hygiene (including hair cuts) and other social functions in which the child might participate.

___ C ___ P

Least Restrictive Placement - I understand that given the situation of this child, placement at KID is the least restrictive and safest alternative placement for this child at this time.

___ C ___ P

Participation in Activities - I give my general permission for this child to engage in any activity that the Residential Staff deem appropriate.

CLIENT NAME: _____

___ C ___ P

Physical Restraint - I give my permission to the staff of KID to use physical restraint in the event that it is necessary for deterring serious aggressive behavior. It is understood that physical restraint in this context means holding the arms or legs. Corporal punishment will NOT be used at any time.

___ C ___ P

Case Records - I understand that KID maintains a case file on all of the children admitted into the program.

___ C ___ P

Licensure - I understand that the KID program is licensed by the State of Florida, and therefore subscribes to all state placement agencies' licensure standards and guidelines.

___ C ___ P

Transportation - I authorize the KID staff to provide transportation for this child for the purpose of treatment activities, recreational activities, medical or related appointments, school and program activities.

___ C ___ P

Opportunity for Explanations - I have read and have had the opportunity to ask questions about all of the materials included in this custodial guardian/parent Informed Consent.

Parent: _____ DATE: _____

Child Advocate: _____ DATE: _____

Residential Director: _____ DATE: _____

Expiration Date: _____

Notary Signature: _____ Dated: _____

Stamp:



INFORMED CONSENT FOR TREATMENT

Client Name: _____

Date of Birth: _____

For Program:

Family Counseling Clinic

Residential/ Shelter

Foster Care

Preschools

Prevention

Type of Service: _____

Authorization is hereby granted for the provision of diagnostic and therapeutic services to the above named client. Authorization is provided for services by the Kids In Distress, Inc. Treatment staff, (including therapists, student interns, psychometrists, psychiatrists and KID consultants) which are consistent with the client's treatment plan to individual, family, and group therapy, diagnostic evaluation, psychiatric consultation, developmental and educational services.

I understand that services may be observed by KID staff and/or students for quality assurance or training purposes, but no video or audiotapes will be made without my consent specific to these activities.

If the above named client is a minor, I acknowledge that I am the legal custodian and can legally consent to the treatment, and that I have indicated above the names of any additional individuals or parties who share guardianship and whose consent may also be needed prior to the provision of services. I also agree to notify Kids In Distress, Inc. immediately should legal custody change following the onset of services.

I understand that signs of abuse and neglect will be reported to the abuse registry as mandated by the Florida Statutes, and that progress reports pertaining to reported abuse or neglect will be made as required to the appropriate community based care provider, and the Courts when appropriate.

This informed consent for treatment remains in effect for one year. I understand that I have the right to withdraw my consent at any time. If I choose to withdraw my consent I further understand that it must be presented in writing and given to the appropriate records department.

Consent Provided by: _____

Print Name: _____

Signature: _____

Relationship to Client: _____

Date: _____

Expiration Date: _____

Revised 01/06



PARENTAL/GUARDIAN CONSENT FOR MEDICAL TREATMENT AND RELEASE OF MEDICAL INFORMATION Updated 12/12/06

Child's Name _____ Date of Birth _____

I hereby authorize Kids In Distress to access medical and dental services for the above named minor child. This includes ordinary and necessary medical and dental examinations and treatment, (except any test or treatment for which separate court orders or informed consent are required by law).

Ordinary and necessary medical and dental care shall consist of preventative and prophylactic care; to include immunizations, well child care, tuberculin testing, diagnostic procedures, lab tests, doctor visits for typical childhood illnesses, dental care and vision care. This does not include surgery, anesthesia or other extraordinary procedures, or recommendations by specialists, for which KID will provide a separate release form.

I further authorize any physician, dentist, hospital or clinic to provide my child's pertinent medical or dental records, in writing or through verbal reports, to Kids In Distress staff. A photocopy of this consent may be considered valid as the original.

Signature _____ Date _____ Relationship _____

Witness _____ Date _____ Relationship _____

Medicaid or Insurance Name _____ Policy Number _____

Pre-existing Condition(s) and/or Current Medication(s) _____



Confidentiality and Informed Consent Policy

Updated September 6, 2005

Updated August 15, 2007

Updated February 13, 2003

We place a high value on the confidentiality of the information that our clients share with us. This form was prepared to clarify our legal and ethical responsibilities regarding this important issue. The policy is in accordance with the Florida Statute 491.0147, which addresses confidentiality, as well as with federal HIPAA regulations.

Personal information that you share with us may be entered into your records in written form. The only individuals with access to our files are staff members who are either directly involved in providing services to you, supervising the provision of services, or performing related clerical or financial tasks. All of these persons are aware of the strict confidential nature of the information in the records. Agencies conducting audits, accreditation and monitorings may also have access to records. If any documentation with identifying information is discarded, it will be shredded prior to its disposal.

Kids in Distress will consult with legal representatives on any questionable matters that may affect confidentiality, and will maintain current information regarding the laws governing confidentiality.

RELEASE OF INFORMATION TO OTHERS

If for some reason there is a need to share information in your record with someone not employed here (for example, your physician or another therapist), you will first be consulted and asked to sign a form authorizing transfer of the information. Because of the sensitive nature of the information contained in some records, you may wish to discuss the release of this material and related implications very carefully before you sign. The form will specify the information which you give us permission to release to the other party and will specify the time period during which the information may be released. You can revoke your permission at any time by simply giving us written notice. We will maintain documentation of the confidential information that is released on a log.

EXCEPTIONS TO CONFIDENTIALITY

There are several important instances when confidential information may be released to others.

1. If you have been referred to this agency by the Court ("Court Ordered"), you can assume that the Court wishes to receive some type of report or evaluation.
2. If you are involved in litigation of any kind and inform the court of the services that you received from us (making your mental health an issue before the court), you may be waiving your right to keep your records confidential. You may wish to consult your attorney regarding such matters before you disclose that you have received treatment.
3. If you threaten to harm either yourself or someone else and we believe your threat to be serious, we are obligated under the law to take whatever actions seem necessary to protect people from harm. This may include divulging confidential information to others and would only be done under unusual circumstances where someone's life appeared to be in danger.

4. If we have reason to believe that a child or elder has been abused, neglected, or is at risk of harm, we are obligated by law to report this to the appropriate state agency. The law is designed to protect children and elders from harm and the obligations to report suspected abuse or neglect are clear in this regard.
5. In addition, there may be some other rare instances in which you waive your rights to have your records protected. If you are involved in any type of current or potential legal difficulties, we suggest that you discuss such matters with your attorney if you have concerns in this regard.
6. When KID receives a request or subpoena for client files, the requested information is reviewed by the Program Director and the Vice President of Quality Assurance before it is released.

In summary, we make every reasonable effort to safeguard the personal information which you may share with us. There are, however, certain instances when we may be obligated under the law to release such information to others. If you have any questions about confidentiality, please discuss them with us.

I, _____, understand that KID employees will maintain confidentiality except in the situations mentioned above. In accepting services and/or treatment, I give my full consent to these limits of confidentiality.

Signature of Client

____/____/____
Date

Signature of Parent or Guardian

____/____/____
Date

Signature of Parent or Guardian

____/____/____
Date

Signature of KID Staff Member

____/____/____
Date



CLIENT RIGHTS
Policy and Procedure
Updated December 15, 2005
Reviewed: September 26, 2007

Policy

Children and their families receiving services from any of the Kids in Distress programs shall have access to and timely initiation of services which address not only the presenting problems, but also their needs associated with independent functioning (when appropriate).

Children shall not be treated in isolation from their families.

Children shall have access to privacy, humane treatment, proper clothing and nutrition. Adequate shelter, essential personal care items, education, age appropriate recreational activities, and allowances are also provided to the children in our residential programs.

Agency staff will explain these rights to each child in a manner consistent with the child's level of understanding, and will make this information available to the family/legal guardian in writing.

Procedure

The following will be explained to the child and parent/guardian at the time of intake.

The staff and administration of Kids in Distress would like you to know that we consider your treatment and well being to be our primary concern. As a client in this program, your rights include, but are not limited to those listed below.

Kids In Distress (KID) will protect and promote the rights of persons served to the fullest extent of the law. At all times, persons served will be treated with respect and dignity and with sensitivity to their cultural backgrounds, social, psychological, physical, and spiritual factors.

Non-Discrimination Policy

- No person shall, on the basis of race, color, religion, national origin, gender, age, socio-economic status, disability or handicap be excluded from the participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance and administered by the Department of Children and Families
- No person meeting our entrance criteria, and capacity permitting, shall be denied access to services by Kids In Distress.

- At all times, persons served will be treated with respect and dignity and with sensitivity to their age, gender, socio-economic status, social supports, cultural orientation, psychological characteristics, sexual orientation, physical situation, and spiritual beliefs.

Right of Individual Dignity

- Kids In Distress shall not exploit any person served, or require them to make public statements acknowledging gratitude to the agency, or perform at public gatherings.
- To be respected at all times.
- To be free from physical, psychological, or sexual abuse/harassment, neglect, and physical punishment.
- To be free from psychological abuse, including humiliating, treating, or exploitive actions.
- To be informed of crisis services available and procedures utilized by the facility, including voluntary and involuntary hospitalization procedures, and any seclusion or restraint policies.

Right To Treatment

- To receive treatment in the least restrictive setting possible.
- To be free of unnecessary drugs.
- To decline to participate in research of any kind.
- To participate/review the development and planning of services to be rendered. Persons served are encouraged to participate in the development of their treatment goals, objectives and discharge plans with the professional staff.
- Services will be individualized to each child's and family's needs.

Right To Be Free of Financial Abuse

- No person will be refused services due to an inability to pay.
- When applicable, to be assessed a fee for all services at intake which is based on a standardized Sliding Fee Schedule according to the current Federal Poverty guidelines and, when appropriate, the resources, insurance, and ability to pay.
- When applicable, to have the opportunity of a financial update annually to report any changes in financial and insurance status.
- There are auditing and adjustment procedures in place to insure that only services received are billed to the appropriate parties / funders / insurances.

Rights To Express and Informed Consent

- To consent, or not consent, in writing, once informed, to treatment/services(s), or combination of any services, and to release and/or obtain records, unless restricted by a Judge or in an emergency.
- To be informed about the nature of the treatment, and treatment options to facilitate the decision making of persons served.
- To contest to, or not to contest to, in writing, any research conducted by Kids In Distress including the right to terminate participation at any point in the research process; and the right to receive notice of all potential risks involved with the research process. All

- research conducted by Kids In Distress shall adhere to all government regulations, adhere to professional ethics, be pre-approved by the designated authority and be sensitive to the cultural and ethnic background of all participants. Written consent to participate in research activities also includes the use, disposition, and release of data.
- To refuse or terminate services at any time by contacting assigned staff in person, by phone, and/or by letter of intent, unless such services are mandated by law or court order, and persons served will be informed of any consequences of such refusal.

Right To Quality Treatment

- To receive treatment that is skillfully, safely, and humanely administered in a safe, healthy environment.
- To receive behavioral care services as are needed: medical, therapeutic, vocational, social, educational, and rehabilitative.
- To choose providers of behavioral health care services; to request second opinion; or to request a transfer of providers.
- To receive information of the expected results and side-effects of treatment and services
- To receive assistance for language interpretation, hearing impaired assistance, and other special needs services when requested.
- To receive referrals as appropriate to other service providers.

Right To Communication and Abuse Reporting

- To communicate with persons of their choice, in accordance with court orders when appropriate.
- To have access to a telephone at anytime to report abuse or neglect (1-800-96-ABUSE).
- To make complaints and receive timely response.
- To be informed of Grievance Procedures should any complaints not be resolved appropriately, which includes documenting the investigative steps and resolution of the person's grievance.

Right To Privacy

- The facility space, furnishings, and telephone shall enable staff to provide appropriate services / supervision while respecting the privacy of persons served.

Right To Confidentiality

- The right to confidentiality in all matters pertaining to your course of treatment, including all written records, in accordance with all current governing status. All persons served have the right to receive a Privacy Notice as required by federal mandate.
- To designate, if legally competent, who or which agencies shall receive or send us information about your treatment
- To know that a court order, or emergency situation, can result in information from your clinical record being shared
- To have reasonable access to your records.
- To have your record kept confidential.

Right To Designate Representative

- To designate a person to receive notices if you are admitted to a hospital or residential program.
- To access a guardian, conservator, self-help groups, and / or advocacy services or legal advocates.

Responsibility of Persons Served

As a person receiving services from Kids In Distress, you have the following responsibilities:

- To participate in development of treatment goals, objectives, and discharge plans
- To actively participate in your treatment.
- To maintain confidential information pertaining to group therapy members (when applicable).
- To inform staff of any changes of address, telephone number, medical insurance policies, or financial status.
- To keep predetermined appointments.
- To notify the agency at least 24 hours in advance of canceling an appointment.

I have read the above rights and responsibilities and I understand them. I hereby agree to abide by them fully.

Client's Name

Client's Signature Date

Parent's Signature Date
(if applicable)

Guardian/ChildNet Signature Date
(indicate relationship)

KID Staff Signature Date



CLIENT GRIEVANCE POLICY for CHILDREN
POLICY and PROCEDURE
 Updated September 21, 2005
 Reviewed: September 26, 2007

POLICY

Your satisfaction with the services you receive at Kids in Distress is very important. The staff and administration at Kids in Distress wants to know if you have any concerns related to the services you receive here. We will address each concern and let you know what we will do to correct or change it whenever possible. Reporting your concern will not negatively affect your care in any way.

PROCEDURE

- Please tell a staff member if you have any concern about your treatment, care, or any service you receive here at Kids in Distress. You may also write your concern and give it to a staff member.
- The staff you inform will then tell their Supervisor or Director about your concern.
- The Supervisor or Director will address the situation and get back to you within 3 days. All appropriate corrections or changes will be made as deemed appropriate.
- If the Director cannot address the concern, he or she will bring the situation to Administration, and will inform you of the result within 3 days.
- If you report any maltreatment by a staff member, or any situation involving safety, the situation will be assessed immediately and appropriate actions taken to assure your safety, and the safety of all the children, in accordance with our policy on this subject.

My signature below indicates that I have read, and/or was explained, my rights to express any concerns I have while receiving services at Kids In Distress.

 Client's Name

 Signature/Date
 (If possible due to age and skills)

 KID employee name

 Signature/Date



NOTICE OF PRIVACY PRACTICES (HIPAA)

Effective April 14, 2003

Updated April 20, 2005

Reviewed September 26, 2007

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information and provide a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction.

USE AND RELEASE OF MEDICAL INFORMATION

We may use and release your medical information (clinical and billing) for:

- Payment, Treatment, and Healthcare Operations
- Business Associates
- Appointment Reminders
- Health-related Benefits or Services
- As required by law to State/Federal Agencies
- Entities assisting in Disaster Relief

YOUR HEALTH INFORMATION RIGHTS

Although your client files physical property of KID, you have the *Right* to:

- Request Information
- Request Amendments
- An Accounting of Disclosures
- Request Privacy Restrictions
- Request Alternate Communication
- File Complaints
- Obtain a Detailed Copy of this Notice

Please refer all requests to our Privacy Officer.

Access:

You have the right to inspect and copy information that may be used to make decisions about your care. Usually, this includes the information in your Designates Record Set (Client File), but there are limited circumstances in which we can deny your request. These denials must be provided to you in writing, and you may request a second review in writing.

Amend:

If you feel that the information we have about you is incorrect or incomplete, you may ask us to amend, or add to the information. You have the right to request and amendment for as long as the information is kept by or for the physician.

A PAPER COPY OF THIS NOTICE:

You have the right to detailed paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

COMPLAINTS

If you believe your privacy rights have been violated you may file a complaint with us by contacting the Privacy Officer with the Secretary of the Department of Health and Human Services. All Complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or release medical information about you, you may withdraw that permission, in writing, at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the practice and include the effective date. We can provide additional copies of the notice when you check in for future appointments, at your request.

If you have any questions about this notice, would like to request a form or have any complaints, please contact:

Privacy Officer:
Carrie Cohen
(954) 390-7654 x1251

We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial in writing.

AN ACCOUNTING OF DISCLOSURES:



**DISCIPLINE
POLICY AND PROCEDURE**
Updated January 11, 2006
Reviewed September 26 2007

POLICY:

Kids In Distress utilizes only appropriate and therapeutic behavior management and discipline techniques in conjunction with the Non-Aggressive Physical and Psychological Interventions (NAPPI) philosophy and procedures. Corporal punishment, the denial of food, seclusion, mechanical restraint and locked seclusion are strictly prohibited and are not utilized under any circumstances.

PROCEDURE:

1. In all instances where discipline is necessary, it must be administered so as to heighten the child's understanding, personal reflection, and insight. Discipline should be used as an opportunity to teach the child desirable and pro-social behaviors. In no instance should punishment be administered for its own sake or be imposed as the result of impulse and anger, or without affording the child the consideration of simple due process. KID staff shall not:
 - a) Use "physical" or corporal punishment, inflicted in any manner on a child's body.
 - b) Ridicule, intimidate, or verbally abuse children; including harsh or abusive language or voice tone.
 - c) Use immobilizations other than to hold a child to prevent injury to the child (self), KID staff, or peers. NAPPI procedures will always be followed.
 - d) Employ cruel, frightening, or humiliating treatment or other emotionally abusive behavior.
 - e) Assign excessive exercise or work duties that are inappropriate for the child's age or development.
 - f) Assign group consequences for an individual's behavior.
 - g) Deny food, clothing, shelter, medical care, or contacts with family, counselors, or legal representation as a form of punishment.
 - h) Utilize medication of any kind, seclusion, mechanical restraints, or painful, adverse stimuli as a consequence.
 - i) Associate discipline with rest or toileting.

2. Progressive discipline will be administered in the following manner:
 - a) KID staff will use progressive, age appropriate consequences as a means to correct negative or inappropriate behaviors in children (consequences should coincide with active behavioral management programs). These consequences will be done in a logical and common sense fashion in conjunction with the use of positive reinforcement with the goal to induce and teach positive, adaptive behaviors.
 - b) Some of the progressive consequences include:
 1. Verbal Redirection
 2. Verbal De-escalation
 3. Point Loss (in accordance with behavior plans)
 4. Privilege Restriction
 5. Time Out/Stimulus Reduction
 6. Activity Restriction
 7. Outing Restriction (only for safety reasons)
 8. Manual Restraint when a child is a danger to themselves or others
3. Only KID employees who have been trained and certified in NAPP/ assess and implement manual restraints.
4. Behavior management interventions that produce any adverse side effects will be immediately discontinued.
5. Employees who harm, abuse or neglect any client or family member will be terminated.

Client's Name

Client's Signature/Date

Parent Signature/Date
(If applicable)

Guardian (ChildNet)
Signature/Date

KID Staff Signature/Date



VISITS ON CAMPUS
POLICY AND PROCEDURES

June 6, 2005

Reviewed September 26, 2007

Policy

Kids In Distress will accommodate visits for the children on the KID campus whenever possible and appropriate. A KID staff member will be assigned to be responsible for all visits, even when ChildNet is supervising the visit, and will ensure the visitation area is left clean and neat and that the visitors remain only in the visitation area. If ChildNet staff is permitted to supervise visits on the KID campus, they will also be responsible for ensuring that the visitation area is left neat and clean, and that all visitors remain in the assigned areas and maintain appropriate behavior (i.e. no running through hallways, yelling, throwing things). Their signature below indicates that they have read and understand this policy.

Procedure

- Appropriate KID employees (typically case managers) will schedule visits and reserve visitation areas.
- The employee who arranges the visit will be the contact person for the visitors, unless they will be unavailable and they appoint another KID staff member to be responsible. They must communicate this to the Child Advocate and the KID receptionist as well.
- The KID employee must escort the Child Advocate and the visitors to the designated area. Only KID employees have unattended access to the KID campus.
- If a ChildNet Child Advocate is permitted to supervise a visit on the KID campus, the coordinating KID employee (or their designee) is still ultimately responsible and must be within earshot during the visit.
- The Child Advocate should ensure that the visitation area is left neat and clean, and with garbage disposed of properly.
- After the visit, the KID employee will escort the visitor and the Child Advocate out of the building and campus, and will check the visitation area to ensure it is neat and clean.
- Absolutely no guests or visitors are permitted access to undesignated parts of the KID campus, and must remain in the assigned visitation area.
- Violations to this policy may result in the denial of supervised visits on the KID campus.

My signature below indicates that I have read and understand this policy.

ChildNet Child Advocate

Date

KID Employee

Date



CODE OF ETHICS

Amended June 7, 2005

Kids in Distress expects all employees to adhere to the following code of ethics, in conjunction with the codes of ethics that apply to each profession.

The Kids in Distress code of ethics includes the following

- The health, safety and well-being of children are our primary concerns and priorities, and are of utmost importance.
- Family reunification will be nurtured and pursued whenever possible and appropriate.
- Stability and permanency for each child is always the goal for the children we serve.
- Clients and their guardians will have informed consent and participation in decisions related to service, care and or treatment when appropriate and possible.
- Kids in Distress does not conduct clinical studies or research with clients. However, if this situation ever arises, clients and guardians have the right to refuse to participate.
- Privacy and confidentiality are of significant importance at Kids in Distress, as is compliance with HIPAA regulations. All possible protections for the clients will be implemented consistently. (Please refer to the policy on confidentiality, as well as HIPAA policies and procedures.)
- Services and treatment are determined individually for each and every client, and such decisions are based on the diagnostic and/or service needs of each client.
- Treatment and service decisions are determined by the multidisciplinary team for each client. Any differences regarding service or treatment plans will be addressed in treatment team meetings or staffings.
- Kids in Distress has fiscal systems in place to monitor the relationship between the use of services and financial arrangements. The vast majority of services are based on contracts which specify the relationship between the services and the financial arrangements.
- Clients and guardians have the right to file grievances at any time they do not agree with service or treatment plans. (Please refer to the Clients' Grievance policy and procedure. There is a separate policy specifically written for children.)

Parent/Guardian

Date

KID Employee

Date



PROFESSIONAL CODES OF ETHICS
POLICY AND PROCEDURE
Updated February 20, 2006
Reviewed September 26, 2007

Policy

Kids in Distress requires professional personnel to be familiar with and to abide by the professional codes of ethics of their professions.

Procedure

- Directors/Supervisors will review codes of ethics with new employees, and will have such documents readily available to employees.
- Directors/Supervisors will review and reinforce applicable, professional codes of ethics in individual or group supervision.
- In-service trainings are made available to review the different professional codes of ethics.

Parent/Guardian Date

KID Employee Date



RESIDENTIAL PLACEMENT AGREEMENT

Please be advised that the State of Florida licensing standards (65-C) mandates that this facility maintain an individual case record for each child registered in our facility. The following documents are required to be in the case record. It is the responsibility of the assigned Child Advocate or Palm Beach CFC case worker for the child to provide the following documents to Kids In Distress Residential Programs as soon as they are acquired:

1. Immunization Record
2. All existing medical records
3. Shelter Order for shelter placement and/or disposition order for group home placement
4. Order of the court indicating who may or may not visit the child/ren.
5. Copy of Medicaid card or Medicaid eligibility form
6. Name of school and school records and transportation when applicable
7. Up to date CRR

I understand that I need to provide the above listed documentation to Kids in Distress as soon as possible to ensure compliance with Florida licensing requirements.

Signature

Date



PERMISSION TO EVALUATE

Dear Parent/Guardian,

With admission to a Kids In Distress, Inc. program your child will automatically receive a developmental assessment. In addition, you child will be screened by a Speech Pathologist, Occupational Therapist, Physical Therapist, and an Early Intervention Specialist, to ensure that you child is performing at age appropriate levels. Parent/Guardians will also receive copies of these evaluations.

If your child is exhibiting developmental delays, he/she may be eligible for the Early Intervention Program, also known as Part C, at Children's Diagnostic and Treatment Center (CDTC). Through this program, CDTC will monitor your child's development from the ages of birth to three years. In addition, it will provide necessary services which will enhance your child's development. If your child is eligible for the Part C program, you will be contacted by the Early Intervention Specialist at Kids In Distress. At this time, you will receive a further explanation of services available at CDTC.

I give Kids In Distress, Inc. permission to complete the above evaluations to monitor my child's development.

Parent/Guardian Signature

Date

Child Advocate/Agency

Date

Thomas Tomczyk, President/CEO; Lesley Mitchell Jones, Chairperson; Edward Hirschberg, Chair-Elect; Dale Baker, Vice-Chair; Alan Tinnor, Secretary; Lou Fraglas, Treasurer; Gale Butler, Member at Large; Mike Levin, Member at Large; Lee Sheffield, Past Chair; Derrick All, Gene Berna, Elliot Barkson, Rob Cottat, Terry Delahanty, George Fuzwell, Scott Hunter, Jara "Papa" Lopez, John McKeary, Steve Palmer, State Representative Nahn Rich, Steven Sudako, Nancy Turner, J. Kenneth Tate

819 Northeast 26th Street, Fort Lauderdale, Florida 33305
(954) 390-7620 • Fax (954) 537-2056 • www.kidsindistress.org





REFERRAL FORM

Date: _____

Referred to: Kids In Distress FCC

Address: 819 NE 26 Street Wilton Manors, FL 33305

Telephone: 954-954-390-7654

From: _____ Title: _____ Telephone #: _____

Agency: _____

Address: _____

CLIENT AND FAMILY INFORMATION

Client's name: _____ DOB: _____ SS#: _____

Medicaid #: _____ Telephone #: _____

Address: _____

Parent/ Guardian's name: _____

Reason for Referral:

819 Northeast 26th Street, Fort Lauderdale, Florida 33305
(954) 390-7654 • Fax (954) 390-7618 • www.kidsindistress.org



RESIDENTIAL PLACEMENT AGREEMENT

Please be advised that the State of Florida licensing standards (65-C) mandates that this facility maintain an individual case record for each child registered in our facility. The following documents are required to be in the case record. It is the responsibility of the assigned Child Advocate or Palm Beach CFC case worker for the child to provide the following documents to Kids In Distress Residential Programs as soon as they are acquired:

1. Immunization Record
2. All existing medical records
3. Shelter Order for shelter placement and/or disposition order for group home placement
4. Order of the court indicating who may or may not visit the child/ren.
5. Copy of Medicaid card or Medicaid eligibility form
6. Name of school and school records and transportation when applicable
7. Up to date CRR

I understand that I need to provide the above listed documentation to Kids in Distress as soon as possible to ensure compliance with Florida licensing requirements

Signature _____

Date _____

RESIDENTIAL PROGRAM SAFETY PLAN

- 24 HOUR AWAKE SUPERVISION IS PROVIDED IN ALL KIDS IN DISTRESS RESIDENTIAL PROGRAMS
- CHILDREN ARE UNDER CONSTANT SUPERVISION DURING WAKING HOURS
- CHILDREN RECEIVE 15 MINUTE BEDCHECKS WHILE ASLEEP
- STAFF WILL BE PARTICULARLY SENSITIVE TO THE BEHAVIORS OF CHILDREN WHO HAVE A KNOWN HISTORY OF SEXUAL OR PHYSICAL ABUSE
- WITH THE EXCEPTION OF INFANTS, CHILDREN WILL SLEEP IN A ROOM WITH OTHER CHILDREN OF THE SAME SEX ONLY
- ALL CHILDREN WHO ARE PLACED IN RESIDENTIAL CARE WILL BE REFERRED FOR THERAPY TO ADDRESS THE ISSUES SURROUNDING THEIR OUT OF HOME PLACEMENT
- RESIDENTIAL STAFF WILL ADHERE TO THE TREATMENT PLAN SET FOR THE CHILD AND WILL KEEP THE CHILD'S CLINICIAN(S) INFORMED OF THE CHILD'S PROGRESS
- RESIDENTIAL STAFF WILL NOTIFY THE RESIDENTIAL SUPERVISOR AND/OR CLINICAL COORDINATOR OF ANY ABNORMAL BEHAVIORS DISPLAYED BY A CHILD AS WELL AS DOCUMENT SUCH BEHAVIOR IN THE CHILD'S DAILY RECORD AND FILE AN INCIDENT REPORT IF NECESSARY. RESIDENTIAL DIRECTOR WILL BE NOTIFIED BY THE RESIDENTIAL SUPERVISORS AND/OR CLINICAL COORDINATOR.
- CHILDREN WHO ARE KNOWN TO DISPLAY INAPPROPRIATE SEXUAL BEHAVIOR OR WHO ARE KNOWN TO BE PHYSICALLY AGGRESSIVE WILL BE STAFFED WITH APPROPRIATE PARTIES AND WILL RECEIVE AN INDIVIDUALIZED SAFETY PLAN