

# **INSTRUCTIONS**

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

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

## **TERMS OF ACCEPTANCE AND SIGNATURE**

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

### **\*SURFACE USERS ONLY – WINDOWS 10**

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

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

### **\*WINDOWS 10 USERS**

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

# Robert J. Kinsey Youth Center

## Admissions Packet

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

# Admissions Agreement

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

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

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

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

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

Emergency Shelter Care

Secure Detention

PER DIEM:

Shelter Care: DCS contracted rate-paid by DCS

Secure Detention \$130.00

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

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

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mobile/Telephone Number: (24/hr): \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Placement Agency Staff Signature:      Date: \_\_\_\_\_

\_\_\_\_\_  
Kinsey Youth Center Staff Signature:      Date: \_\_\_\_\_

# Authorization Form

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Signature: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Staff Signature Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent for Medical Treatment

I, \_\_\_\_\_ parent or legal guardian of the minor, \_\_\_\_\_

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

\_\_\_\_\_  
Parent of Guardian Signature

\_\_\_\_\_  
Date:

## Consent for Mental Health Treatment

I, \_\_\_\_\_ parent or legal guardian of the minor,

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

\_\_\_\_\_  
Parent of Guardian Signature

\_\_\_\_\_  
Date:

# Detainee Release Authorization Request for Transport

Detainee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

Court order for change in detention status

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

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

Date of hearing: \_\_\_\_\_ Time: \_\_\_\_\_

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

Transfer to Department of Corrections or other placement facility.

Time Serviced as Ordered: \_\_\_\_\_

Release/Transport is to occur on Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

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

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