

Phone Call Intake Information

MUST Circle One: DHR (Social Worker) JPO (Probation Officer) BHA (Parent/Guardian)

Date: _____ Time: _____ AM / PM Info Take By _____

Name of person who called: _____ Phone#: _____

Name of Legal Custodian or Social Worker: _____

Office#: _____ Cell#: _____ County: _____

Child Name: _____ **DOB:** _____ **Age:** _____ **Sex:** _____ **Race:** _____

Current School: _____ **Grade:** _____ **Suspended Y / N** **Expelled Y / N** **IEP Y / N**

Has child been to BYS before? Y / N If yes, when? _____ **DHR Case #:** _____

SS#: _____ **Insurance:** _____ (Bring both to intake)

Current OTC's and/or RX: _____

Current or recent illness or injury: _____

Behavior Issues/Mental Health Issues: _____

Suspect any Substance Abuse issues? _____ **Possible child under influence now? Y / N**

Possibility child is pregnant? _____ **Any special precautions needed?** _____

DHR Specific Questions about Placement:

Is DHR placement requested due to disruption by child? Y / N **Disruption by Foster Parent? Y / N**

Previous placement was: _____ **OR**

New to Care & have custody signed by judge? Y / N as of Date: _____

Requested length of stay: _____ **days (MAX IS 30 & BYS usually approves for 3 days then reassesses)**

NOTES: _____

(CONTINUE ON BACK IF NEEDED)

ACCEPTED / DENIED by BYS Staff: _____

Reason for denial: _____



Inter-Agency Agreement with Department of Human Resources
Shelter Care Agreement

I am hereby requesting Baldwin Youth Services to provide care for _____
_____ in its licensed childcare facility at the Robertsdale Intervention Center,
for a temporary period starting the _____ day of _____, 20____. I hereby understand the
placement of the child will be for a short time, not to exceed 30 days. Initials: _____

Pay/Reimbursement/Purchase Order: I agree to pay Baldwin Youth Services the daily foster board
rate set by State DHR based on the child's age. If I am paying for a child who is not yet a foster child,
I agree to pay the regular Boarding Home Rate set by Baldwin Youth Services for private
placements, at \$60 per day. I understand that failure to provide a purchase order within 3 business
days will result in the child being discharged from the program. Initials: _____

Medical: I hereby understand and agree and do authorize that the child may receive any emergency
medical treatment deemed necessary in the case I or my supervisor cannot be reached. I hereby
acknowledge DHR will be responsible for payment of all emergency medical treatment or care not
covered by the insurance the child may have. Initials: _____

Education: I hereby understand that Baldwin Youth Services can not enter a child into their on
campus school, unless the child remains enrolled in their base school. **Baldwin Youth Services**
will only provide care for a child for up to 3 business days to allow DHR to re-enroll a child not
currently enrolled. I understand if the child is not re-enrolled by the end of the 3rd business day, this
shelter care agreement will end, and the child must be picked up immediately. Initials: _____

DHR Contact: I hereby understand and agree that myself, or a DHR representative, will speak to
child being placed on the phone at least 1x per week (7 days), and myself, or a DHR representative,
will visit with child being placed, in person, 1x per month (30 days). I understand that failure to
maintain this contact agreement, this shelter care agreement will end and the child must be picked
up immediately. Initials: _____

Off Campus Permission: I _____, (DHR Social Worker), do hereby give
my permission for _____, (child), a child in the custody of Alabama
DHR, to participate in off campus field trips. I understand the child reserves the right to choose not
to participate in these activities and will remain in their rooms during the outings for others.

Social Worker Signature

Date

Social Worker Phone Number:

Social Worker Email:

Social Worker Supervisor Phone Number:

Social Worker Supervisor Email:

Consent for Treatment and Release of Medical Information

ATTN: DHR Social Workers, please complete the top 3 sections. BYS staff will sign as "Staff Verification"

_____ Youth Name	_____ Legal Guardian / Parent	_____ Relationship to Youth	
_____ Address	_____ City	_____ State	_____ Zip
_____ Phone	_____ Cell Phone		

Medication

I, _____ the legal guardian of _____, a minor child, give permission for Baldwin Youth Services to administer the following prescription medication(s), as well as any non-prescription medications that may be needed for said child. Please list all medications child is currently taking:

I hereby grant permission to any Baldwin Youth Service agent(s) to consent to any medical treatment, to administer medication and, if needed, to arrange transport for the named child to any physician, hospital or dentist to provide the necessary medical treatment as in his/her opinion is necessary for the named child above. I further authorize any physician, hospital, dentist or clinic to furnish BYS any verbal or written information pertaining to the child named above. I authorize that a photocopy of this release may be considered as valid as the original. I also accept full financial responsibility for service rendered to the named child.

Signature: _____ Date: _____

Insurance Information

Insurance Company _____ Phone _____ Policy # _____

Medical condition/s: _____

Allergies: _____

Staff Verification

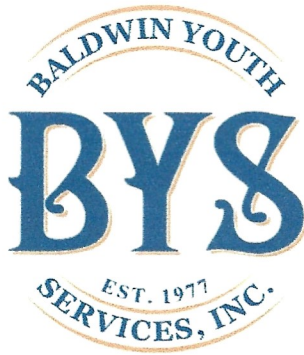
BYS Staff Signature Date

For Emergency Authorization Only

To: Authorized Physician, Dentist, Hospital or Clinic

The above named child has been placed in Baldwin Youth Services physical custody and is referred to you for medical treatment. It is requested that the bill be mailed to the legal guardian, insurance company or Medicaid as listed above.

Authorized BYS agent Date Title



Telephone Contact List

For Foster Children Under Alabama DHR

Child's Name: _____

DHR County: _____

Case Number: _____

Date: _____

Approved Telephone Contacts Only

(For communication only — not for pick-up or in-person contact)

Name of Contact	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DHR Caseworker Approval

Caseworker Name: _____

Phone: _____

Email: _____

Signature: _____ **Date:** _____

