



P.O. Box 1135  
Robertsdale, Alabama 36567

O: 251-947-5149  
F: 251-947-2080

---

**MEMORANDUM OF UNDERSTANDING**  
**between**

Baldwin Youth Services, Inc. and the Alabama Department of Human Resources for shelter care services for children in need.

Child Name:

Child DOB:

Date of Intake:

Case Worker Initial Below:

\_\_\_\_\_ When placing a child at Baldwin Youth Services, the Alabama Department of Human Resources, County of \_\_\_\_\_ agrees to pay a rate of \$55.00 per night during the child's stay.

\_\_\_\_\_ Child's social worker understands Baldwin Youth Services, Inc. will cover and provide all basic residential services for above named child such as shelter, food, water, hygiene, education, recreation, and basic living skills.

\_\_\_\_\_ The Alabama Department of Human Resources, County of \_\_\_\_\_ agrees to provide Baldwin Youth Services with a purchase order within 3 business days of a child's completed intake. Purchase orders should be sent to Rena Tunstall at [assistantdirector@baldwinyouthservices.org](mailto:assistantdirector@baldwinyouthservices.org).

\_\_\_\_\_ The child's social worker understands that failure to provide a purchase order within 3 business days will result in the child being discharged from the program.

Case Worker Name:

Case Worker Signature:

Case Worker Phone:

Case Worker Email:



**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:** 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 \$50 per  
day. 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 3<sup>rd</sup> 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 that include but are not limited to the following:  
swimming in a lifeguard monitored area, bowling, splash pads, nature parks, kid parks, movies,  
museums, libraries, and church related functions. 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:

**Baldwin Youth Services**  
**Intervention Center - DHR**

Room# \_\_\_\_\_

Staff Completing Intake: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Time: \_\_\_\_\_ m Date Released: \_\_\_\_\_ Time: \_\_\_\_\_ m

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Race: W B H BIR Other Sex: M or F POB: \_\_\_\_\_ Received from: \_\_\_\_\_

DHR COUNTY: \_\_\_\_\_ City of last placement: \_\_\_\_\_

SS#: \_\_\_\_\_ Insurance/#: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Case# : \_\_\_\_\_

Cell #: \_\_\_\_\_ Office#: \_\_\_\_\_ Email: \_\_\_\_\_

Social Worker Supervisor : \_\_\_\_\_ Office#: \_\_\_\_\_

Supervisor Cell#: \_\_\_\_\_ On Call #: \_\_\_\_\_

*I agree \_\_\_\_\_ do not agree \_\_\_\_\_ for a Bible to be in child's room. **Signed:** \_\_\_\_\_*

1. Has this person ever attempted suicide or presently considered suicidal? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation: \_\_\_\_\_

2. Has this person been in a situation of confinement? Yes \_\_\_\_\_ No \_\_\_\_\_ (ex: hospital, detention)

Where/Date: \_\_\_\_\_

3. Any history of following: YES NO COMMENTS

A. Fighting \_\_\_\_\_

B. Lying \_\_\_\_\_

C. Stealing \_\_\_\_\_

D. Sexual Promiscuity \_\_\_\_\_

E. Uses Weapons/Fires \_\_\_\_\_

F. Hyperactivity \_\_\_\_\_

G. Running Away \_\_\_\_\_

H. Drugs/Alcohol \_\_\_\_\_

I. Property Destruction \_\_\_\_\_

J. Depression \_\_\_\_\_

4. Does this person have any physical handicaps? \_\_\_\_\_

5. Has a Psychologist/Psychiatrist ever given this person a diagnosis? Yes \_\_\_\_\_ No \_\_\_\_\_

Diagnosis: \_\_\_\_\_

6. List all medications this person is currently prescribed: \_\_\_\_\_

7. List of any known allergies: \_\_\_\_\_

8. Reason for placement: Placement \_\_\_\_\_ Respite \_\_\_\_\_ Disruption by \_\_\_\_\_ Child \_\_\_\_\_ Foster Parent

Length of stay approved for \_\_\_\_\_ days

Comments: \_\_\_\_\_

Demographics Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Distinguishable Marks: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Currently Suspended: Yes/No If yes, Reason: \_\_\_\_\_ Date of Return to school: \_\_\_\_\_

Discharged To: \_\_\_\_\_ Social Agency to Supervise: \_\_\_\_\_

08APRIL2025



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



Baldwin Youth Services  
Resident Contact List

Resident Name \_\_\_\_\_

**Restricted Persons** \_\_\_\_\_

Relationship \_\_\_\_\_

**Restricted Persons** \_\_\_\_\_

Relationship \_\_\_\_\_

**Restricted Persons** \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Permission Given By \_\_\_\_\_

Phone Calls \_\_\_\_\_

Supervised \_\_\_\_\_

Unsupervised \_\_\_\_\_

All calls time limit: 10 min.

Visit on Campus \_\_\_\_\_

Supervised \_\_\_\_\_

Unsupervised \_\_\_\_\_

Time Limit \_\_\_\_\_

Visit off Campus \_\_\_\_\_

One Visit \_\_\_\_\_

Ongoing Visits \_\_\_\_\_

Time Limit \_\_\_\_\_

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Permission Given By \_\_\_\_\_

Phone Calls \_\_\_\_\_

Supervised \_\_\_\_\_

Unsupervised \_\_\_\_\_

All calls time limit: 10 min.

Visit on Campus \_\_\_\_\_

Supervised \_\_\_\_\_

Unsupervised \_\_\_\_\_

Time Limit \_\_\_\_\_

Visit off Campus \_\_\_\_\_

One Visit \_\_\_\_\_

Ongoing Visits \_\_\_\_\_

Time Limit \_\_\_\_\_

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Permission Given By \_\_\_\_\_

Phone Calls \_\_\_\_\_

Supervised \_\_\_\_\_

Unsupervised \_\_\_\_\_

All calls time limit: 10 min.

Visit on Campus \_\_\_\_\_

Supervised \_\_\_\_\_

Unsupervised \_\_\_\_\_

Time Limit \_\_\_\_\_

Visit off Campus \_\_\_\_\_

One Visit \_\_\_\_\_

Ongoing Visits \_\_\_\_\_

Time Limit \_\_\_\_\_

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Permission Given By \_\_\_\_\_

Phone Calls \_\_\_\_\_

Supervised \_\_\_\_\_

Unsupervised \_\_\_\_\_

All calls time limit: 10 min.

Visit on Campus \_\_\_\_\_

Supervised \_\_\_\_\_

Unsupervised \_\_\_\_\_

Time Limit \_\_\_\_\_

Visit off Campus \_\_\_\_\_

One Visit \_\_\_\_\_

Ongoing Visits \_\_\_\_\_

Time Limit \_\_\_\_\_

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Permission Given By \_\_\_\_\_

Phone Calls \_\_\_\_\_

Supervised \_\_\_\_\_

Unsupervised \_\_\_\_\_

All calls time limit: 10 min.

Visit on Campus \_\_\_\_\_

Supervised \_\_\_\_\_

Unsupervised \_\_\_\_\_

Time Limit \_\_\_\_\_

Visit off Campus \_\_\_\_\_

One Visit \_\_\_\_\_

Ongoing Visits \_\_\_\_\_

Time Limit \_\_\_\_\_



# Property Maintenance Contract

Baldwin Youth Services is a non-profit organization that was formed to give the Department of Human Resources, Baldwin County Judges, and parents an option of keeping me in the community instead of having to send me to a facility far away. By being placed with Baldwin Youth Services, I can be close to family which I would not be possible if placed outside the area.

It is expected I will not vandalize any property of Baldwin Youth Services. I understand vandalizing property is a crime and I may be prosecuted for such. If I make the choice to deface or destroy any of the property, I understand I will be forfeiting the following items, which will be sold to pay for the costs of purchasing, repairing\* and/or replacing the item defaced or destroyed.

---

If for any reason the above items are no longer available to be sold or do not cover the full costs of purchasing, repairing\* and/or replacing the items, other personal items must be sold or I will have to get a job to earn the money to pay for the items.

I understand after the purchasing, repairing\* and/or replacing of the defaced or destroyed items, should any money be left over, it will go to the petty cash fund of Baldwin Youth Services as punitive damage cost.

I understand defacing the property includes the following:

- \*Writing on walls, doors, window ledges, moldings, chairs, mirror, light, vanity cabinet, commode, floor tiles, smoke alarm, or any other items within or outside the building or van.
- \*Carving into walls, doors, window ledges, moldings, chairs, mirror, light, vanity cabinet, commode, floor tiles, smoke alarm, or any other items within or outside the building or van.
- \*Peeling paint off walls, doors, moldings, window ledge, or any other item.
- \*Pulling up floor tiles.
- \*Spraying water on the floors, ceilings, walls, or furniture.
- \*Throwing food or drinks on walls, ceilings, doors, molding or any other items.
- \*Throwing spit balls that stick to the ceiling, doors walls, molding or any other items.
- \*Flushing anything down the toilet except toilet paper or Kleenex tissues.
- \*Taking apart any electrical item, including lights or smoke detectors.
- \*Sticking gum or any other sticky item on walls, floors, ceilings, window ledges, sofas, chairs, vanity cabinet, light, commode or any other items within or outside the building or van.
- \*Tearing sheets, mattress cover, pillow cases, pillow covers, bedspreads, or pillows.
- \*Setting fire to anything within or outside the building or van.
- \*Breaking a window.
- \*Destroying the ability of any item such as a window blind, television, or door lock to properly function.
- \*Removing screws or bolts from bed, chair, or any other item within or outside the building or van.
- \*Urinating, spreading feces, or putting "boogers" on the floors, walls or any other item inside the house or van. (Even clear, runny "boogers" turn brown when dry and can be detected.)
- \*Anything that causes harm to the locks or structure of the property.

I have hereby been informed the closet doors are kept locked because material belonging to Baldwin Youth Services, such as paper, clothes, chairs, etc., are contained behind the doors. Any object, except the appropriate key, stuck into the lock will cause the lock to automatically jam and will be replaced at a cost of over \$30.00.

I understand at NO time am I to have a pencil, pen, crayon, or marker of any kind in my room.

Any item "accidentally" broken or defaced will have to be paid for by me by the same arrangement stated above if it is the opinion of the staff that my carelessness or "monkeying around" caused the "accident".



I understand I am not to put a hole of any kind in the Baldwin Youth Services uniform I shall wear; therefore, I shall not put my fingers or toes through any of the cuffs or small hole that may already exist in the clothing to make it bigger. If I am caught with my fingers or toes through any hole, it will automatically be assumed I placed the hole there.

Any items belonging to Baldwin Youth Services that I "lose" will have to be replaced by me by the same arrangement stated above.

I understand I am not to push my bed against any wall. I understand I must sleep on the bed under the covers and am not allowed to sleep on top of the cover or on the floor. I understand the bedding is not to be used on the floor, although I may use the blanket to cover myself while sitting in the bedroom chair.

I understand once I eat breakfast each morning I may return to bed until I am told by staff to get up and make the bed. My bed is for sleeping at night only. I understand once I have made up my bed, I am not allowed to sit, lie, or prop my feet on it.

I understand I am not to allow any other resident in my bedroom except in a rare situation when the houseparent may allow another child to be in my room. In that situation, I am to monitor the other resident's behaviors while he/she is in my room to prevent him/her from defacing or destroying any item.

**I understand I will have 15 minutes upon initially entering my room to thoroughly search the room for any defacing or destruction, and report it to staff so that I will not be accountable for it. Any defacing or destruction not pointed out during that time will be considered to have done by me and I will have to pay for the repairs. I understand I should ask the staff to open the closet door to prove if it is or is not in operational condition upon my entrance. If it does not work when I leave, I cannot say it was that way when I entered the room.**

I understand I will be required to thoroughly clean my room before I leave Baldwin Youth Services, which will include: removing sheets, bedspread, and blanket; making up the bed to look like it did when I entered the room; sweeping and mopping the floors; cleaning out all items from inside the vanity and wiping out the vanity; cleaning the mirror, sink, vanity top, commode, bathtub; wiping off the window ledge; wiping off baseboard ledges in bedroom and bathroom; and emptying the trash and washing the trash can.

I understand the Director of Baldwin Youth Services or her designated representative will thoroughly search my bedroom at the time of discharge and any defacing and/or destruction not listed at the time of my entry will be my responsibility.

I have read the above information, had the chance to ask questions, and understand my responsibility and the cost I shall have to pay for defacing, destroying, or losing property belonging to Baldwin Youth Services.

\_\_\_\_\_  
Youth

\_\_\_\_\_  
Date

As the parent /legal custodian of \_\_\_\_\_ I understand the terms listed above and agree to facilitating the transfer of the items listed in the second paragraph to Baldwin Youth Services upon the direction of the Director of Baldwin Youth Services. I further agree should my child have to repay money above what is gained from the items sold, I shall not pay the money myself but will require my child to get a job to earn the money himself/herself. I will transfer the money immediately to Baldwin Youth Services upon my child's being paid, with the child retaining no funds for himself/herself out of his/her pay until Baldwin Youth Services is paid in full.

\_\_\_\_\_  
Parent/Legal Custodian

\_\_\_\_\_  
Date

\*(The cost of repairs will include materials plus cost for the maintenance man to make the repairs, at a rate of pay for him of \$15 per hour, or actual cost should a professional contractor, such as a plumber or electrician, must be called.)

**Baldwin Youth Services, Inc.**  
**Multi-Purpose Release of Information**

I, \_\_\_\_\_, parent/legal guardian of  
Print Name

Child's Name

DOB

hereby authorize Baldwin Youth Services, Inc. to exchange information with:

_____	_____
_____	_____
_____	_____
_____	_____

The purpose and need for this information are: case assessment and case management. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This consent will be valid for one year from date of signature and will expire upon discharge of the program.

Consent may be revoked at any time in writing but revoking consent will not cancel any action that has already been taken as allowed by this form.

It is understood that the duration of this consent will not be longer than would be necessary and reasonable to carry out the purpose for which it is given.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
BYS Staff

\_\_\_\_\_  
Date

# Baldwin Youth Services, Inc.

## Resident Health Screening

Resident's full name: \_\_\_\_\_

DOB \_\_\_\_\_

1) Has the resident ever:

- |                                       |     |     |    |     |
|---------------------------------------|-----|-----|----|-----|
| a. been knocked out                   | Yes | ___ | No | ___ |
| b. had concussion or blacked out      | Yes | ___ | No | ___ |
| c. had heat exhaustion or heat stroke | Yes | ___ | No | ___ |
| d. had head or neck injury            | Yes | ___ | No | ___ |
| e. had back or spinal injury          | Yes | ___ | No | ___ |
| f. fainted while doing exercise       | Yes | ___ | No | ___ |
| g. had chest pain while exercising    | Yes | ___ | No | ___ |
| h. been abused physically or sexually | Yes | ___ | No | ___ |

Explain yes to any of the above: \_\_\_\_\_

---

2) Does the resident:

- |  |     |     |    |     |
|--|-----|-----|----|-----|
| a. wear glasses or contact lenses                                | Yes | ___ | No | ___ |
| b. wear dental apparatus or hearing aid                          | Yes | ___ | No | ___ |
| c. have a chronic disease (i.e. diabetes, asthma, seizures etc.) | Yes | ___ | No | ___ |
| d. have any missing parts (i.e. kidney, finger)                  | Yes | ___ | No | ___ |
| e. have medical insurance  | Yes | ___ | No | ___ |
| f. have rotten teeth   | Yes | ___ | No | ___ |
| g. have sex or oral sex  | Yes | ___ | No | ___ |
| h. practice safe sex   | Yes | ___ | No | ___ |
| i. think they could be pregnant (last pregnancy test)            | Yes | ___ | No | ___ |

Explain yes to any of the above: \_\_\_\_\_

---

3) Has the resident ever broken a bone or had a cast on any part of their body? Yes \_\_\_ No \_\_\_

Explain if yes to above: \_\_\_\_\_

---

4) Has the resident ever:

- |  |     |     |    |     |
|--|-----|-----|----|-----|
| a. stayed overnight in a hospital                | Yes | ___ | No | ___ |
| b. had an emergency room visit                   | Yes | ___ | No | ___ |
| c. had an operation                              | Yes | ___ | No | ___ |
| d. had asthma, sickle-cell, seizures or diabetes | Yes | ___ | No | ___ |
| e. had high blood pressure                       | Yes | ___ | No | ___ |
| f. had a heart murmur or heart problems          | Yes | ___ | No | ___ |
| g. had a sexually transmitted disease (STD)      | Yes | ___ | No | ___ |
| h. been treated for drug problem incl. marijuana | Yes | ___ | No | ___ |
| i. had a mental or behavioral problem            | Yes | ___ | No | ___ |
| j. been stabbed or shot                          | Yes | ___ | No | ___ |
| k. thought about committing suicide              | Yes | ___ | No | ___ |
| l. had a plan for committing suicide             | Yes | ___ | No | ___ |
| m. tried to commit suicide                       | Yes | ___ | No | ___ |
| n. taken medicine for an extended period of time | Yes | ___ | No | ___ |



- o. had joint pain
- p. been diagnosed with ADD or ADHD
- q. had problem with certain smells or sounds

Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_

Explain yes to any of the above: \_\_\_\_\_

5) Does the resident have:

- a. medical complaint today
- b. allergies (i.e. grass, medication or food,)
- c. chest pains
- d. headaches or sinus problems
- e. abdominal or stomach pains
- f. a penile discharge or burning urination
- g. back or joint problems
- h. complete immunizations (last Tetanus)
- i. dental problems
- j. contagious condition

Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_

Explain yes to any of the above: \_\_\_\_\_

6) Does the resident:

- a. take any medications right now
- b. smoke cigarettes
- c. dip powdered tobacco
- d. drink alcohol
- e. smoke marijuana
- f. use drugs including prescriptions that are not yours
- g. if drug use describe types, methods of use, amount, frequency of use date of last use and problems

Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_

incurred when drug use ceased \_\_\_\_\_

Explain yes to any of the above: \_\_\_\_\_

7) Family History (Mother, Father, Blood Siblings)

- a. drug or alcohol problems
- b. diabetes, sickle-cell, cancer, seizures
- c. heart disease / high blood pressure
- d. sudden unexpected death
- e. been shot or stabbed to death
- f. been physically abused
- g. been sexually abused

Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_  
 Yes \_\_\_ No \_\_\_

Explain yes to any of the above: \_\_\_\_\_

## Mental Health Screening

(Any question answered with a yes should be explored for what, when, where, why and how)

1) Have you recently or in the past received treatment or been hospitalized for any mental disturbances, depression, or anxiety? Yes \_\_\_ No \_\_\_

---

---

2) Do you have a problem sleeping at night? Yes \_\_\_ No \_\_\_

---

---

3) Have you ever tried to hurt yourself or commit suicide? Yes \_\_\_ No \_\_\_

---

---

4) Have you ever tattooed, pierced or cut yourself? Yes \_\_\_ No \_\_\_

---

---

5) Were you drinking or on drugs when you got in trouble? Yes \_\_\_ No \_\_\_

---

---

6) Is the reason you are here involve an assault or threatening behavior or the use of a weapon? Yes \_\_\_ No \_\_\_

---

---

7) Were you ever abused physically: hit slapped kicked or shoved by your caregiver Yes \_\_\_ No \_\_\_

---

---

8) Were you ever abused verbally: called bad names, belittled by your care giver? Yes \_\_\_ No \_\_\_

---

---

9) Did anyone ever touch you in a way that made you feel uncomfortable or force you to touch in a way that made you feel uncomfortable? Yes \_\_\_ No \_\_\_

---

---

10) Have you ever heard voices that no one else could hear? Yes \_\_\_ No \_\_\_

---

---

11) Have you ever participated in activities that would make you at risk for the AIDS virus?

For example IV drug use, unprotected sex/ oral sex.

Yes \_\_\_\_ No \_\_\_\_

12) Have you or your parents ever seen a psychologist or counselor for any reason?

Yes \_\_\_\_ No \_\_\_\_

Resident

Date

I have received instruction as to the procedure for obtaining health care (medical, dental and mental health). It has been explained to me and I understand how to obtain health care.

Resident

Date

**BYS STAFF TO COMPLETE: Observations**

Normal	Abnormal	Behavior (state of consciousness, mental status, appearance, conduct, tremor sweating.)
Yes	No	Body deformities, conditions of the skin (needle marks, trauma markings, bruises, Lesions, jaundice, rashes, infestations, and missing hair)
Yes	No	Checked for head lice.

Additional Comments:

**Disposition**

- \_\_\_\_ 1. Housed with general population and instructed to make sick call for medical and / or dental care.
- \_\_\_\_ 2. Housed with general population and prompt referral appointment with health provider
- \_\_\_\_ 3. Referred to appropriate health provider on an emergency basis.
- \_\_\_\_ 4. Housed with general population, NO special medical problems apparent nor reported
- \_\_\_\_ 5. Staff notified of special problems.

Screening Staff

Date