



# HERITAGE RANCH

## Christian Children's Home

Dear Parent(s)/Guardian(s):

Welcome to Heritage Ranch! We hope to provide your family with a smooth transition through our intake and admission process. We are required by our state regulations to obtain certain information prior to a child entering our program. Please review the checklist and attached packets and let us know if you have any questions about the required paperwork. Once you have had a chance to review the required documentation and have an idea about the timeframe that these forms will be completed, please contact our office to schedule your Placement Agreement meeting. The Placement Agreement Meeting is when your child will be officially admitted to Heritage Ranch and move into the home. Please note that additional assessments by an outside psychologist may be required by our Counselor prior to admission. The results of these assessments could impact admissions to the program.

The Placement Agreement meeting will need to include all guardians and/or custody holders as well as the child being placed into our program. Siblings may also attend this meeting but this is not required. The meeting is projected to last 3 hours, however, plan to be available longer if needed.

If you are able to submit any of the completed forms ahead of the Placement Agreement meeting, this would be very helpful. **Please note that if all of the required paperwork is not completed at the Placement Agreement Meeting, your child will not be admitted to Heritage Ranch.** When you arrive for your meeting, you will turn in any required documentation we have not yet received and fill out some additional forms for the meeting. We will then meet and discuss the actual Placement Agreement and review the Resident/Guardian Handbook, as well as other orientation materials. In addition, parent(s)/guardian(s) can help their child unpack their items in their room.

A sample placement agreement is included in this packet. Please review this carefully and be familiar with the items you will be agreeing to. You do not need to complete any of the forms that are marked SAMPLE

20090 Tucker Road Zachary, LA 70791

Phone: 225.658.1800 • Fax: 225.658.1803 • [info@hrbr.org](mailto:info@hrbr.org)

*Mission: To strengthen children, their families, and the community through a Christ-centered children's home.*

*Heritage Ranch is a 501(c)(3) organization, so designated by the IRS. Donations to Heritage Ranch are tax-deductible to the full extent of the law, TAX ID #41-2118848. No goods or services are received in exchange for gifts.*

2017.12.04, FEC



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across the page; this is simply for you to read. We will sign the actual document at the Placement Agreement meeting.

Before leaving the Placement Agreement meeting, plan to schedule your family counseling sessions. These are the therapy sessions you will attend after your child has moved onto the Ranch with your assigned Counselor, Fairly Carville, LMSW. All family members living in the home with the child, or who also participate in regular visitation with the child will need to attend these session. Please note that all fees must be paid prior to leaving the Placement Agreement Meeting. Please contact our office if you have questions regarding the program fees.

To ensure a smooth transition to life at Heritage Ranch and to facilitate bonding with the houseparents, no verbal communication (phone calls or visits) will be permitted within the first 2 weeks your child is at Heritage Ranch. However, communication through mail is allowed. Please feel free to contact us with any questions or concerns.

Sincerely,

Fairly Carville, LMSW  
Social Worker

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2017.12.04, FEC

## Required Information Checklist

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*All documents on this checklist must be turned into the Heritage Ranch office prior to your child's admission to Heritage Ranch.*

### **A copy of these documents:**

- INSURANCE CARD (Please bring your card with you so we may verify that we have a copy)
- SOCIAL SECURITY CARD
- BIRTH CERTIFICATE
- CUSTODY PAPERWORK (i.e. Divorce Decree, Adoption, etc.)
- IMMUNIZATION RECORD
- SCHOOL WITHDRAWAL FORM
- COPY OF LEGAL GUARDIAN(S) DRIVERS LICENSE OR LEGAL IDENTIFICATION

### **Documents to be completed:**

- HERITAGE RANCH MEDICAL PACKET
- HERITAGE RANCH AUTHORIZATION PACKET

*All fees, including the non-refundable admission fee, must be paid at the placement agreement meeting.*



# HERITAGE RANCH

## Christian Children's Home

### ITEM LIST FOR NEW RESIDENTS

ALL ITEMS BROUGHT TO HERITAGE RANCH ARE SUBJECT TO INSPECTION ON THE DAY OF ADMISSION. HERITAGE RANCH RESERVES THE RIGHT TO MAKE ANY RESTRICTIONS TO ITEMS AT ADMISSION AND THROUGHOUT THE CHILD'S STAY AT HERITAGE RANCH.

**ELECTRONIC ITEMS ARE NOT ALLOWED AT ENTRY!**

CELL PHONE, IPAD/TABLET, PSP/DS OR ANY ENTERTAINMENT/ELECTRONIC DEVICE

**THESE ITEMS WILL BE SENT HOME.**

Each child must have AT MINIMUM the following items at the time of admission:  
(Please contact the Counselor if you are unable to provide any of the following)

#### CLOTHING/SHOES

- APPROX 4. Outfits for School (see attached dress code sheet)
- 2 Belts
- 8 T-shirts
- 10 Pairs of Underwear
- 10 Pairs of Socks
- 6 Undershirts (if desired)
- 6 Pairs of Pajamas
- 5 Pairs of Athletic Shorts
- 2 Colored Shirts (aside from school uniform)
- 3 Pairs of Shorts (Khaki, Black, Blue, Etc.)
- 3 Pairs of Blue Jeans
- 2 Pairs of Dress Pants (aside from school uniform)
- Four Pairs of Shoes
  - 1) Work/Play
  - 2) School & Church
  - 3) At least one pair of sneakers for recreation activities
  - 4) Work Boots
- 1 Swimsuit
- 1 Coat/Adequate Jacket for Winter Months

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## Christian Children's Home

### **OTHER REQUIRED ITEMS**

- 1 Pillow
- Booksack or School Bag
- Electric Razor if your child has facial hair (Standard razors are not allowed. If your child has facial hair, please provide an electric razor.)

### **SUGGESTED, NON-REQUIRED ITEMS**

- Bible
- Sports/Recreational items (fishing poles, rollerblades, skateboards, etc.) are allowed but should first be cleared with the Counselor
- Age appropriate books and/or magazine, toys, such as model cars, stuffed animals, pictures of family and friends, stationary for letter writing, are all allowed within moderation.

**Heritage Ranch provides bed linens, towels, and basic toiletries. Any specialized toiletry items should be provided by the child's family.**

**Please contact the Counselor if you have any questions regarding the above list.**

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# Heritage Ranch Authorization Packet

Admission Papers

# Heritage Ranch Authorization Packet

## Admission Papers

Dear Parent(s)/Guardian(s),

The Authorization Packet contains forms that must be filled out in order for your child to be admitted to Heritage Ranch. Per state regulations, we are required to obtain specific information and authorizations prior to admission. The following documents need to be completed and **notarized**: Authorization to Care for Child, Guardianship Affidavit, and Medical Authorization/Liability Release.

In addition, this packet includes information about Heritage Ranch fees and billing. Heritage Ranch requires that all families use automatic debit for payment of monthly fees and any other charges incurred. Monthly fees will be deducted on the 1<sup>st</sup> or 15<sup>th</sup> day of each month. In the event additional costs are incurred during the month, you will be notified 10 days before any additional costs are debited from the account on file.

If you have any questions or concerns regarding these forms, please contact me via phone, (225) 658-1800, or email, [Fairly@hrbr.org](mailto:Fairly@hrbr.org)

Regards,

Fairly Carville, LMSW

### Application Fee– Revised 02.26.2014

A \$20 non-refundable application fee is required for all **newly applying** students at the time an application is first submitted.

### Admission Fees– Revised 02.26.2014

Everyone must pay the following **non-refundable** admission fees at time of admission and every additional year at the Heritage Ranch.

- Admission fee for first time student- \$350
- Admission fee for returning student- \$250

### Room, Board, Tuition Fees– Revised 11.06.2017

The room, board, and tuition fees are determined using our sliding fee scale based on a family's adjustable gross income. The family's most recently filed tax return, along with two current pay stubs from each working parent must be submitted.

### Billing– Revised 09.22.2017

All families must authorize Heritage Ranch to automatically debit their monthly fee and any other charges incurred from a personal checking or savings account as tuition and fees become due. Benefits of this service include:

- Convenience of not having to write checks
- Elimination of postage expense and the risk of late payments
- Avoidance of late charges though prompt, timely payments
- Establishment of excellent payment and credit records

Heritage Ranch will transmit your debit information to our bank for processing. The information will then be transmitted to your bank or savings institution for withdrawal from your account. Because virtually all financial institutions participate in the direct debit program, there should be no need to alter your current banking arrangement. If your bank refuses any automatic deduction, a fee of \$25.00 may be assessed. If we are unable to deduct sufficient funds on your due date, we will request a replacement payment by check or money order. Additional fees may be imposed by your bank.



**ACH Form A—10.23.2017**

Signing the authorization at the bottom of this page, grants Heritage ranch the authority to automatically debit monthly charges to your personal checking, savings account or credit card account as tuition becomes due.

Benefits of this service include

- Convenience of not having to write checks
- Elimination of postage expense and the risk of late payments
- Avoidance of late charges though prompt, timely payments
- Establishment of excellent payment and credit records

Heritage Ranch will transmit your debit information to our bank for processing. The information will then be transmitted to your bank or savings institution for withdrawal from your account. Because virtually all financial institutions participate in the direct debit program, there should be no need to alter your current banking arrangement.

**Your first payment will be drafted on** \_\_\_\_\_

**Monthly automatic drafts will occur on the same day each month as long as your child is enrolled at Heritage Ranch.**

**Terms & Conditions**

Dishonored Payment: if your bank refuses any automatic deduction, a fee of \$25.00 may be assessed. If we are unable to deduct sufficient funds on your due date, we will request a replacement payment by check or money order. Additional fees may be imposed by your bank.

**Resident Information**

Please list all student(s) attending Heritage Ranch who are to be enrolled in the tuition payment system under your account

Resident Name: \_\_\_\_\_  
Please Print Clearly \_\_\_\_\_  
Age

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
Date

**ACH Form B (ACH Debits)—10.23.2017**

I (We) hereby authorized Heritage Ranch to initiate charges in the amount indicated below. The depository named below is authorized to debit the account I (we) have specified per this form. If the amount varies, Heritage Ranch will send written notice of the amount and the scheduled date of transfer at least ten calendar days before the scheduled transfer date.

**Depository Name** (your bank): \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Bank Contact:** \_\_\_\_\_

**Bank Transit/ABA/Routing #:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Checking** (attach VOIDED check)

**Savings** (attach Deposit slip)

**Amount:** \$ \_\_\_\_\_

**Draft Date:**  1<sup>st</sup> or  15<sup>th</sup> of each month

This authority is to remain in effect until the depository has received written notice of termination and has been provided a reasonable opportunity to take action. The depository customer has the right to stop payment of debit entry by notifying the depository prior to charging the account. If Heritage Ranch initiates an incorrect debit entry to the customer's account, the customer shall have the right to ask the depository to credit the amount from that entry to the account. To obtain proper credit to the account the customer shall have fulfilled the following conditions: Notify the depository in writing of the incorrect entry within fifteen (15) calendar days following the date and the customer received the statement of account or a written notification of that entry or 60 calendar days after posting, whichever comes first.

**Parent Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Authorization to Care for Child—11.06.2017**

Name of Resident: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, am the parent or guardian of \_\_\_\_\_ (Youth) \_\_\_\_\_ (DOB), and legally entitled to grant this authorization. I grant authority, limited to the below defined powers, over \_\_\_\_\_ (Youth) to employees of Heritage Ranch Christian Children’s Home. The powers granted to Heritage Ranch are the following (check and initial):

- To authorize medical and dental care for the above child, including but not limited to medical examinations, x-rays, tests, anesthetic, surgical operations, hospital care or other treatments that are needed or useful for my child. Such medical treatment shall be provided upon the advice of and supervision by a physician, surgeon, dentist or other medical practitioner licensed to practice in the United States. \_\_\_\_\_
- To provide food and shelter for the above-named child and to make decisions regarding their day-to-day activities. \_\_\_\_\_
- To enroll the child in school and make educational decisions, including authority to consent to school-related activities and field trips, and authority to consent to Individualized Educational Plans and 504 Accommodations \_\_\_\_\_
- To transport the child, including authorization to pick up the child from school. \_\_\_\_\_
- To seek mental health services for the child. \_\_\_\_\_

*Check one:*

- This grant of authority is effective as of \_\_\_\_\_ and shall remain in effect until terminated by the undersigned parent or guardian.
- This grant of authority shall be valid for the following time period: From \_\_\_\_\_, 20\_\_ until \_\_\_\_\_, 20\_\_.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
(STAMP & SEAL)

**Guardianship Affidavit—11.06.2017**

I, \_\_\_\_\_, affirm that I have sole legal guardianship/custody of \_\_\_\_\_, and have provided Heritage Ranch with the appropriate legal and current paperwork. In the event custody is shared, I affirm I have legal physical custody and I have the legal right under the custody order to place \_\_\_\_\_ at Heritage Ranch.

I understand that this statement is being made in order to provide proof of guardianship so that the above named child may be admitted into Heritage Ranch.

I have sole custody of the above named child

I share custody of the above named child with \_\_\_\_\_

The information I have given above is true, accurate, and complete. I understand and agree that any false statements contained herein will be sufficient cause to remove the above named child from the Heritage Ranch program.

This \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public  
(STAMP & SEAL)

**Medical Authorization/Liability Release– Revised 10.23.2017**

Name of Resident: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

\_\_\_\_\_

I/we, the above named parent(s)/guardian(s) of said minor child, understand that every effort will be made to contact me/us in the event of a medical or dental emergency. However, in my/our absence, I/we do hereby authorize any one of the officers or employees of Heritage Ranch, herein after referred to as my/our Agent, upon presentation of this authorization or a copy thereof, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to said minor child under the general or special supervision and on the advice of any physician or surgeon duly licensed to practice, and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered to the said minor by any dentist duly licensed. I/we further authorize said Agent to disclose confidential health information with the appropriate medical staff when necessary. In addition, I/we hereby authorize said Agent to administer any medication to said child, as directed by a physician or by me/us, and any non-prescribed medication as may be deemed in the best interest of the child by the Agent.

I/we understand that I/we are fully responsible for any and all medical fees and expenses incurred for the care and treatment of said minor as provided for herein.

I/we further, jointly and severally, as parent(s)/guardian(s) of said minor child, and in consideration of the services provided by Heritage Ranch, do hereby release and forever discharge Heritage Ranch, its officers, directors, and employees, from any and all liability, claims, or demands arising from said child’s participation in any and all of the activities and programs of Heritage Ranch whatsoever, specifically to include any and all claims for personal injuries that occur while said minor is present at Heritage Ranch or participating in any and all planned activities and programs, including but not limited to, travel to and from such activities and programs, of Heritage Ranch, at any location whatsoever.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public  
(STAMP & SEAL)

# Heritage Ranch Medical Packet

Admission Papers

# Heritage Ranch Medical Packet

## Admission Papers

Dear Parent(s)/Guardian(s),

This packet contains forms that must be filled out in order for your child to be admitted to Heritage Ranch. Per state regulations, we are required to obtain specific medical information prior to admission. In this packet you will find a letter to your child's physician explaining the forms that must be completed and signed by the child's physician. If your child takes more than one medication and additional copies of any of the following forms are needed, please contact our office.

Please note a Medical Treatment Release form is also included. This does not need to be signed by your child's physician, however, it requires your signature. In addition, a Dental Examination form is also included. This is to be signed by your child's dentist. If your child has had a dental examination within the past 6 months, please have your dentist complete and sign the form with the information from the last dental exam.

If you or your child's physician and/or dentist have any questions or concerns regarding the following forms, please contact me via phone, (225) 658-1800, or e-mail, [Fairly@hrbr.org](mailto:Fairly@hrbr.org).

Regards,

Fairly Carville, LMSW

# Letter to Resident's Physician

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To Whom It May Concern,

Your patient has been accepted at Heritage Ranch Christian Children's Home. As such, we are required to obtain certain medical information due to our state regulations. Please note that all medications, prescription and non-prescription, must have an order signed by the child's physician/prescribing physician.

## Medical Forms

- **Physical Form & Labs**
  - Must be dated within 30 days of admission date
  - Please provide a vision and hearing screening, as this is required. There is a spot on the form to document. You may also provide supplemental information to document that this has been completed.
- **Medication Order Form**
  - A medication order for each medication taken by the child must be submitted to Heritage Ranch. Please note the specific side-effects you wish to be notified about if observed by the staff members. Notification of side-effect observations is required by state regulations.
  - There can be **no standing orders** for prescription medications. Prescription medications must be reviewed and renewed on at least an annual basis by the child's physician.
  - Psychotropic medications must be reviewed and renewed at least **every 90 days** by the prescribing physician.
- **OTC Medication Order Form**
  - This form lists the OTC medication we keep stocked at Heritage Ranch. If the child requires other non-prescription medication, please submit an order for the medication.
  - There must be standing orders, signed by the child's physician, for nonprescription medications **with directions from the physician indicating when he/she is to be contacted**. These orders must be updated annually.
- **Asthma Release Form**
  - To completed by the Physician only if the child has asthma
- **Emergency Medication Plan of Care**
  - This is to be completed by the Physician in the event the child is prescribed medication for emergency situations (i.e. Benadryl or Epi Pen for Allergy, etc.)
- **Dietary Needs/Restrictions**
  - To be signed by the Physician in the event the child has a physician ordered dietary restriction or special needs

Please note that per our State Licensing Regulations, we are required to contact the prescribing physician if the following occurs:

- The physician ordering the medication is to be immediately notified if prescription medication is not administered as prescribed, side-effects are observed by staff or the child refuses to take the prescription medication.
- **Please note the specific side-effects you would need to be notified about if observed by staff members for EACH MEDICATION.**

If you have any questions or concerns, please contact Fairly Carville, LMSW at (225) 658-1800 or [Fairly@hrbr.org](mailto:Fairly@hrbr.org)



# General Physical Exam—11.06.2017

To be completed no more than 30 days prior to admission and at least annually thereafter

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Exam: \_\_\_\_\_  
Parents'/Guardians' Name: \_\_\_\_\_

**Medical Conditions Past and/or Current:** Please indicate by check mark if the child ever had or currently has any of the following. If checked, please give approximate date(s)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Appendicitis: _____  | <input type="checkbox"/> Polio: _____           | <input type="checkbox"/> Bed Wetting: _____               |
| <input type="checkbox"/> Asthma: _____        | <input type="checkbox"/> Rheumatic Fever: _____ | <input type="checkbox"/> Encopresis: _____                |
| <input type="checkbox"/> Chicken Pox: _____   | <input type="checkbox"/> Scarlet Fever: _____   | <input type="checkbox"/> Head Injuries: _____             |
| <input type="checkbox"/> Diabetes: _____      | <input type="checkbox"/> Thyroid Disease: _____ | <input type="checkbox"/> Frequent/Severe Headaches: _____ |
| <input type="checkbox"/> Epilepsy: _____      | <input type="checkbox"/> Tonsillitis: _____     | <input type="checkbox"/> VD: _____                        |
| <input type="checkbox"/> Heart Trouble: _____ | <input type="checkbox"/> Tuberculosis: _____    | <input type="checkbox"/> Reaction to Medication: _____    |
| <input type="checkbox"/> Measles: _____       | <input type="checkbox"/> Whooping Cough: _____  | <input type="checkbox"/> Broken Bones: _____              |
| <input type="checkbox"/> Mumps: _____         | <input type="checkbox"/> Insomnia: _____        | <input type="checkbox"/> Blood Disorders: _____           |
| <input type="checkbox"/> Pneumonia: _____     | <input type="checkbox"/> Sleep Walking: _____   | <input type="checkbox"/> Attempted Suicide: _____         |

Surgeries/Hospitalizations: list procedure(s) and date(s):  
\_\_\_\_\_  
\_\_\_\_\_

## Physical Evaluation:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_ BMI (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ Respiration: \_\_\_\_\_  
Chest & Lung: \_\_\_\_\_ Abdomen: \_\_\_\_\_ Musculo-Skeletal \_\_\_\_\_  
Genitalia: \_\_\_\_\_ Skin & Lymph Nodes: \_\_\_\_\_ Scabies:  Positive  Negative  
Neurological: \_\_\_\_\_ DSM Diagnosis: \_\_\_\_\_

**Vision Test:** W/O Correction: RT: 20/\_\_\_\_ LT: 20/\_\_\_\_ With Correction: RT: 20/\_\_\_\_ LT: 20/\_\_\_\_

**Hearing Test:**  Normal  Further Examination Required **Speech Screening:**  Normal  Further Examination Required

Does child have current immunization shots?  Yes  No  Form Attached **Date of Last Tetanus Shot:** \_\_\_\_\_

Allergies (please list):  
\_\_\_\_\_  
\_\_\_\_\_

**General Assessment:** \_\_\_\_\_

**Current Medications** (please list):  
\_\_\_\_\_  
\_\_\_\_\_

**Condition Necessitating Specialist Referral:** \_\_\_\_\_  
\_\_\_\_\_

Do you consider the patient physically fit to participate in activities at school and at Heritage Ranch?  
\_\_\_\_\_  
\_\_\_\_\_

Would you advise any limitations of physical activity? If yes, what activities and why?

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**Required Laboratory Studies– Revised 11.06.2017**

A drug screen is required for all applicants of Heritage Ranch. Please attach or fax lab results (225-658-1803).

Drug Screen Attached

Drug Screen will be faxed

If in your exam or in the patient history you have concern or reason to believe that there could be evidence of an infectious, communicable, or sexually transmitted disease, or cause to further test to ensure patient is in good health; then we would require additional examination and test as required to screen for those items. (WBC, RBC, Cyeis, Vaginitis Test, Chlamydia, etc.)

I, \_\_\_\_\_, have examined the patient and have reviewed the patient’s history and feel that further testing **IS NOT necessary** at this time. The patient in my opinion is of good health.

I, \_\_\_\_\_, have examined the patient and have reviewed the patient’s history and feel that further testing **IS necessary** at this time. The patient in my opinion is of good health.

Other laboratory studies needed/reason for further study: \_\_\_\_\_

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*If any additional laboratory studies are recommended by the physician, the results must be attached or faxed to Heritage Ranch prior to admission.*

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Name of Practice: \_\_\_\_\_

Physician: \_\_\_\_\_

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

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

Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

# Medication Order Form

## TO BE COMPLETED BY LA LICENSED PRESCRIBER

### PART 1: TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Resident Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent or Legal Guardian Name (print): \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART 2: TO BE COMPLETED BY LICENSED PRESCRIBER

1. Relevant Diagnosis: \_\_\_\_\_

2. General Health Status: \_\_\_\_\_

3. Medication: \_\_\_\_\_

4. Strength of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Check Route:  By mouth  By inhalation  Other

Frequency \_\_\_\_\_ Time of each dose \_\_\_\_\_

5. Duration of Medication Order: \_\_\_\_\_

6. Desired Effect: \_\_\_\_\_

7. Medication Side Effects About Which I Should be Notified:

\_\_\_\_\_

\_\_\_\_\_

8. Next Visit Is: \_\_\_\_\_

Prescriber's Name (Printed)

Address

Phone and Fax Numbers

Prescriber's Signature

Credentials

Date

*Each medication order must be written on a separate form. Any changes in directions for a medication order will require a new medication order. If the medication is to be discontinued, a written order must be submitted.*

## Standing Orders for Over-the-Counter Medication

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

*In the event the individual named above experiences any of the following minor discomforts or needs that does not necessitate a doctor's visit, prescription, or visit to the emergency room, the list of medications that follow may be administered according to the manufacturers' labeled use unless otherwise indicated by a physician on this form. Orders must be reviewed and signed by a physician annually. Each OTC medication that is approved for the above named individual should be checked by a physician.*

Mild Headache/Muscle Ache/Mild Pain/Fever <ul style="list-style-type: none"> <li>○ Tylenol/Acetaminophen</li> <li>○ Ibuprofen/Motrin</li> </ul>	Nasal Congestion/Cold Symptoms <ul style="list-style-type: none"> <li>○ Phenylephrine HCl/Sudafed congestion or generic equivalent</li> <li>○ Dayquil Cold and Flu or generic equivalent</li> <li>○ Nyquil Cold and Flu or generic equivalent</li> </ul>
Itching/Seasonal Allergies <ul style="list-style-type: none"> <li>○ Benadryl or generic equivalent</li> </ul>	Mild Cough <ul style="list-style-type: none"> <li>○ Guaifenesin (Mucinex or generic equivalent)</li> <li>○ Cough drops</li> </ul>
Mild Stomach/Digestive Discomfort <ul style="list-style-type: none"> <li>○ Bismuth subsalicylate / Pepto-Bismol or generic equivalent</li> <li>○ Antacid/ Tums or generic equivalent</li> </ul>	Outdoor Activity <ul style="list-style-type: none"> <li>○ Sunscreen</li> <li>○ Bug Spray</li> </ul>
Mild Rash (Poison Ivy/Oak or Insect Bite) <ul style="list-style-type: none"> <li>○ Hydrocortisone Cream 1%</li> <li>○ Benadryl Cream</li> </ul>	Mild Abrasion/Cut <ul style="list-style-type: none"> <li>○ Triple Antibiotic Ointment/Neosporin or generic equivalent-Use as Directed</li> <li>○ Bactine Pain Relieving Cleansing Spray</li> </ul>

List any known allergies: \_\_\_\_\_

**Please attach an order for any Non-Prescription medications not listed on this form taken by the patient to this form. Parents are responsible for providing ordered non-prescription medications that are not listed above.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Medication Plan of Care

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<b>Resident Name:</b>	<b>Date of Plan:</b>
<b>Medication Name:</b>	<b>Dosage:</b>
<b>Method of Administration:</b>	
<b>Symptoms that indicate need for medication:</b>	
<b>Action to take once symptoms occur:</b>	
<b>How to use medication:</b>	
<b>Printed Name of Medical Personnel:</b>	

# Asthma Release

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

DOB: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

This is to inform Heritage Ranch that the above listed child **has NOT** been diagnosed with asthma and does not require the use of an inhaler.

**Parent(s)/Guardian(s) Signature(s):** \_\_\_\_\_

This is to inform Heritage Ranch that the above listed child **has been** diagnosed with asthma and does not require the use of an inhaler.

*If checked, the following information must be filled out by the child's prescribing physician.*

The above patient requires the following medication and medical assistance/procedure:

Type of Medications:

- |          |            |                  |
|----------|------------|------------------|
| 1. _____ | Dose _____ | Frequency: _____ |
| 2. _____ | Dose _____ | Frequency: _____ |
| 3. _____ | Dose _____ | Frequency: _____ |

The above patient's asthma may be triggered by the following:

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Strenuous Activities            |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Heat                            |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Being outdoors during the day   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Being outdoors during the night |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Smoke                           |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Grass/Trees                     |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Perfume                         |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Medication                      |
|  | List: _____                     |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Chemicals                       |
|  | List: _____                     |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Foods                           |
|  | List: _____                     |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Other                           |
|  | List: _____                     |

The above patient requires the following in the event of an asthmatic attack: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Asthma Release

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The above patient may participate in all of Heritage Ranch's activities that may include being exposed to some or all of the above activities and/or allergens. He requires one of the following:

May carry asthma inhaler on his person at all times  YES  NO

May only carry asthma inhaler when participating in strenuous activities  YES  NO

Medication may be kept by staff and administered as needed  YES  NO

Physician Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I understand that if \_\_\_\_\_ (resident name) is required to have an asthma inhaler on his person, it is possible that he may misuse and/or share this medication. I understand that if this happens the appropriate actions will be taken which may include legal action. I understand that in this circumstance, Heritage Ranch cannot be held responsible for monitoring the use of the inhaler at all times.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Dietary Needs/Restrictions—11.06.2017**

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

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

Any known food allergies: \_\_\_\_\_

Are you a diabetic? \_\_\_\_\_  Type 1  Type 2

Any special dietary needs prescribed by your doctor?  Yes  No

*If yes, please list below and attach an order from the prescribing physician:*

**From the items listed below, check what your favorite way to have them prepared**

**Beef:**  Fried  Grilled  Baked  Sautéed

**Chicken:**  Fried  Grilled  Baked  Sautéed

**Pork:**  Fried  Grilled  Baked  Sautéed

**Seafood:**  Fried  Grilled  Baked  Sautéed

**Favorite Ethnic Food (you may check more than one):**

Mexican  Italian  American  Chinese  Other: \_\_\_\_\_

**Check your favorite dessert below:**

Cake  Cookies  Pie  Brownies  Other: \_\_\_\_\_

**Favorite Snack(s):** \_\_\_\_\_

**Any other dietary needs we should know:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



**Medical Treatment Release—11.22.2017**

Listed below are the local Urgent or Immediate Care Clinics that are in Zachary and closest to Heritage Ranch. Local hospitals and emergency rooms are also listed for your information. *Please be advised that not all Urgent or Immediate Care centers accept Medicaid or certain types of private insurance. Please contact your provider to identify which center your child may be served at prior to identifying below.*

**Please check the urgent/immediate care facility we may take your child in the event of illness or injury. Please check any and all that you approve.**

I wish for my child, \_\_\_\_\_ to be served at the following facility(ies).

**FASTLane Clinic of Zachary**  
19900 Old Scenic Highway  
Zachary, LA 70791

**Lake After Hours**  
18989 Old Scenic Highway  
Zachary, LA 70792

These are the local hospitals where we may take your child in an emergency or if you child’s insurance will not cover any of the above. Please indicate your hospital of choice. We will make every attempt to bring your child to your hospital of choice if time permits, however, your child will be brought to the nearest emergency room in an emergent situation.

**Lane Regional Medical Center**  
6300 Main Street  
Zachary, LA 70791

**Our Lady of the Lake**  
5000 Hennessy Blvd  
Baton Rouge, LA 70808

**Baton Rouge General Medical Center (Mid City)**  
3600 Florida Blvd  
Baton Rouge, LA 70806

**Baton Rouge General Medical Center**  
8585 Picardy Ave  
Baton Rouge, LA 70809

**Oschner Medical Center**  
17000 Medical Center Dr  
Baton Rouge, LA 70816

In the event that your child needs medical attention, non-emergency or emergency, per our policy you will be contacted by our staff to inform you of the situations as soon as possible. If you are unavailable or the situation requires immediate attention, we will obtain medical care for you child.

Heritage Ranch will not be responsible for any charges for obtaining necessary medical care for your child. Charges that are not paid at the time of service will be billed according to your insurance policy and policies of the clinic/hospital. If Heritage Ranch is required to make payment at the time of service, we will add these charges to your monthly fee for the next billing cycle.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*This letter will be kept in your child’s case record. You can amend at any time by completing a new form.*

**Dental Examination—11.06.2017**

*To be completed no more than 6 months prior to admission and at least annually thereafter*

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

Date of Exam: \_\_\_\_\_

**Services Performed:**

Dental Assessment

Cleaning

Fluoride Treatment

X-Rays: \_\_\_\_\_

Extraction

Filling

Crown

Root Canal

Bridge

Other: \_\_\_\_\_

**Overall Dental Assessment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Currently is there any evidence of dental cavities or other repairs that need immediate care?  No  Yes

If "yes" what plan has been made to correct the problem?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Next Appointment: \_\_\_\_\_

Does child need or is receiving any orthodontic treatment?  No  Yes  Currently Receiving

Name of Orthodontist: \_\_\_\_\_

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

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Dentist Name: \_\_\_\_\_ Name of Practice: \_\_\_\_\_

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

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

Fax Number: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_

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

# Heritage Ranch Placement Agreement

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THIS AGREEMENT made and entered into by and between \_\_\_\_\_  
Hereinafter referred to as "Custody Holder(s)" and Heritage Ranch.

WHEREAS, the Custody Holder(s) is/are the parent(s)/guardian(s) of  
\_\_\_\_\_, age \_\_\_\_\_, born \_\_\_\_\_, the same being referred to as the  
"Child", and

WHEREAS, the parties desire to define the obligations of the Custody Holder(s) to Heritage  
Ranch and to the Child, and

WHEREAS, the parties desire to cooperate and coordinate their efforts in the best interest of the  
Child,

NOW THEREFORE, in consideration of the mutual promises and benefits accruing to each of the  
parties and to the child,

## **THE CUSTODY HOLDER(S) AGREE(S) AS FOLLOWS:**

1. To immediately notify the Child's counselor of any change of address, telephone number, e-mail address, change of employment, custody, family structure, or living arrangement(s).
2. To provide clothing for the Child during his/her residency at Heritage Ranch.
3. To pay the agreed monthly amount for services while the child is in the Heritage Ranch program. The Custody Holder(s) understand that this amount will be withdrawn directly from their bank account as per the monthly payment contract. In the event that the Custody Holder(s) are not able to pay, or funds are returned, Custody Holder(s) will immediately contact Heritage Ranch to arrange for alternative plans to make the current payment and/or any past due payments.
4. To be responsible for damage done by Child to Heritage Ranch property, including personal property of houseparents and/or other residents.
5. To pay for all of the child's school supplies and school activity expenses.
6. To ensure all required medical and dental exams/reviews are completed by required time frame and will submit requisite paperwork directly following my child's appointment.
7. To coordinate all scheduling of and transporting of the Child to all necessary medical, dental and psychological appointments, as well as coordination of transportation for any extra-curricular school-related activities.
8. To be responsible for all medical, dental, and psychological expenses incurred on behalf of the Child.
9. To abide by Heritage Ranch regarding weekends home, scheduling pick up and drop off according to the set times.
  - a. If someone other than the parent/guardian must pick up or drop off the child, a written note or email from the guardian must be provided and the houseparents must be communicated to verbally of the change prior to the time of pick up/drop off.
  - b. Weekend home schedule may be changed at the discretion of the program (Ranch wide changes due to schedule conflicts) or by the Counselor (for specific therapeutic instances, house events, etc.)
  - c. I understand I will be charged a late fee in the event I am late to pick up my child from Heritage Ranch for a home visit.
10. To communicate any travel plans of the parent/guardian ahead of time to both the Counselor and Houseparents. Any travel outside of a reasonable distance will require approval by the Executive Director for said travel plans. If travel outside of a reasonable distance occurs, a family member must be designated as a point of contact.
11. To actively participate in family counseling as directed by the counselor, including, but not limited to:

# Heritage Ranch Placement Agreement

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- a. Attend sessions with Counselor at a minimum of 2 sessions per month
  - b. Attend all family and parent support group meetings as directed
  - c. Maintain regular contact with the Child's counselor and adjusting Custody Holder(s) schedule to accommodate counseling and support group sessions.
12. To actively communicate with the houseparents in order to obtain their child's schedule of activities regarding open house and parent/teacher conferences, and/or educational plan meetings, and to attend those activities.
- a. Custody Holder(s) agree to pay a fee for transportation (mileage and/or staff travel time) to and from the suspension center in the event the child is suspended from school.
13. To attend activities provided by Heritage Ranch in support of the Child
- a. Planned activities with my child's home or other activities as invited by Heritage Ranch.
14. To maintain regular contact (at least once a week) with the Child's houseparents by telephone and/or e-mail, and to truthfully complete the Heritage Ranch Guardian Visit Report form explaining the family's activities and progress during all times the child is at home.
15. To maintain and foster a co-parenting relationship with the staff of Heritage Ranch. Specifically, the staff at Heritage Ranch shall be an extension of the Custody Holders' authority and the Custody Holder(s) will be an extension of the Heritage Ranch program, including, but not limited to:
- a. Supporting the treatment team in decisions regarding the Child and family
  - b. Communicate with the counselor, houseparents, and direct care worker and will collaborate with these staff members to make recommendations regarding discipline when these issues arise
  - c. Custody Holder(s) will enforce discipline earned by the child while at Heritage Ranch and will inform Heritage Ranch in the event the Child earns discipline at home which should continue at Heritage Ranch.
16. As an active member of the treatment team, Custody Holder(s) will communicate directly with the Houseparents and/or Counselor in the event Custody Holder(s) are in disagreement with any Heritage Ranch staff and will not involve the Child in the middle of any conflict.
17. Custody Holder(s) will strive to resolve the conflict and support the decisions of the houseparents and any Heritage Ranch staff. In the event the Custody Holder(s) elect not to support the decision of the treatment team, Custody Holder(s) agree to confer with Vicki Ellis, Executive Director, to coordinate the withdrawal of the Child from Heritage Ranch.
18. To hold the Child accountable through graduation from Heritage Ranch and to make every effort to abide by the recommendations of the treatment team in the event graduation is not achieved.
19. Custody Holder(s) understand that legal custody of the child will remain with them and that Custody Holder(s) give Heritage Ranch temporary care. Custody Holder(s) further understand that Heritage Ranch does not accept legal custody.
20. Custody Holder(s) agree to keep confidential all personal information about any resident and their family and will not share and/or discuss such information with anyone outside of appropriate Heritage Ranch staff.

Custody Holder(s) Initials: \_\_\_\_\_

# Heritage Ranch Placement Agreement

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## HERITAGE RANCH AGREES AS FOLLOWS:

1. Provide room and board watchful oversight in a residential setting.
2. Provide counseling within the scope of the Ranch program (by staff), according to the needs of the family. The Ranch reserves the right to refer resident and family to outside professionals.
3. Establish and maintain contact, and act as liaison, with school officials for those children in Elementary School (Northeast Elementary School) or High School (Northeast High School).
4. Furnish educational supportive services when needed and available.
5. Offer and monitor religious training and worship opportunities whether on campus or in local churches.
6. Permit participation in religious and cultural activities in accordance with the child's cultural and ethnic heritage (Parent/Guardian is responsible for the transportation to and from these activities)
7. Discipline the child in ways free from physical abuse and in accord with Heritage Ranch written and defined disciplinary and emergency safety intervention plan.
8. Maintain contact with the Custody Holder concerning the child's adjustment and progress.
9. Notify the Custody Holder, in advance if possible, if dismissal from this agency is necessary
10. Emphasize the importance of the family unit.
11. Provide children with opportunities to participate in special activities such as attending sporting events, special outings and vacations, being featured in our newsletter, etc.
12. Offer regular on-campus recreation and periodic off-campus activities with authorized staff only.
13. Maintain client confidentiality.

Custody Holder(s) Initials: \_\_\_\_\_

## CHILD AGREES AS FOLLOWS:

1. Attend school daily at Northeast Elementary School, Northeast High School, or Zachary School System.
2. Maintain acceptable academic performance in school and maintain acceptable behaviors within Heritage Ranch program and school parameters. Continued school difficulties may result in a family/agency planning conference and/or dismissal from Heritage Ranch.
3. Attend youth group and worship services offered by the agency.
4. Perform house chores daily and be responsible for the care of his/her room.
5. Cooperate with house rules, such as bedtime, television/telephone use, study life, life skills training, etc.
6. Abide by the Heritage Ranch dress code.
7. Be involved in family counseling facilitated by his/her Heritage Ranch Counselor.
8. Actively work on therapeutic goals both while at the Ranch and during breaks home.
9. Abstain from the use of all alcohol, illegal or improperly administered drugs, and tobacco products.

Custody Holder(s) Initials: \_\_\_\_\_

Child's Initials: \_\_\_\_\_

# Heritage Ranch Placement Agreement

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*IN WITNESS WHEREOF*, the parties have read the list of expectations and requirements and agree that the child's placement at Heritage Ranch is appropriate, hereunto set their hand and affixed their seals to this Agreement, this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

**Admission Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Custody Holder Signature: \_\_\_\_\_

Custody Holder Signature: \_\_\_\_\_

Intake Counselor Signature: \_\_\_\_\_

SAMPLE