



**GEORGE JUNIOR REPUBLIC
ADMISSIONS PACKET**

YOUTH'S NAME _____ DOB _____ COUNTY _____

SOCIAL SECURITY NUMBER _____

I. Description of factors relative to request for residential placement at this time. Include recent Court and/or Children and Youth involvement contributing to this request.

II. State the Goals and Objectives of placement for this youth.

- 1.
- 2.
- 3.
- 4.
- 5.

In lieu of a Birth Certificate at admission, I, as a representative of this agency, verify that
_____ date of birth is _____.
(Child's name)

My signature provides certification of placement and authorization of care of
_____ at George Junior Republic on this date _____.
(Child's name)

A Court Order specifying this will be forwarded to George Junior Republic upon its receipt.

Signature of County Representative/Caseworker/Probation Officer

Date



Dear Probation Officer/Caseworker:

It is important that the staff at George Junior Republic have access to an emergency telephone number during evenings, weekends, and holidays. Please list below a number where we may reach your office after hours.

Emergency Telephone Number

County/State

Agency Representative



FATHER: _____ Date of Birth ____/____/____

School grade completed _____ Occupation _____

Deceased, Divorced, Remarried _____

Present address _____

MOTHER: _____ Date of Birth ____/____/____

School grade completed _____ Occupation _____

Deceased, Divorced, Remarried _____

Present address _____

OTHER LIVING RELATIVES:

Please list below living grandparents and other relatives with complete addresses.

MATERNAL GRANDPARENTS: _____

Address _____

PATERNAL GRANDPARENTS: _____

Address _____

OTHER RELATIVES:

NAMES

ADDRESS



**GEORGE JUNIOR REPUBLIC IN PENNSYLVANIA
GROVE CITY, PA 16127**

In order for our medical staff to treat a student intelligently, we must have full and complete medical background information. Please, therefore, fill this form in as completely as possible, getting information from your clinic, doctor, or nurse when possible.

STUDENT'S FULL NAME _____

HEALTH HISTORY OF STUDENT'S FAMILY: (Check if applicable)

Tuberculosis Epilepsy Nervous Disorder Diabetes
 Heart Disease Allergy Venereal Disease Cancer
 Other

EXPLANATION: _____

HEALTH HISTORY OF STUDENT: (Please check and note date or age student had illness)

Asthma Enuresis Mumps Scarlet Fever
 Chicken Pox Epilepsy Meningitis Small Pox
 Chorea Kidney Disease Poliomyelitis Tonsillitis
 Deafness Measles Pneumonia Typhoid
 Diabetes German Measles Rheumatic Fever Tuberculosis

Allergies, including those to medications (please list name of medication) _____

Physical abnormalities, injuries, operations? _____

Under regulations of the Pennsylvania Department of Health, all students attending school are required to provide proof of having received all the following immunizations:

3 doses of DPT or DT (Protection against tetanus and diphtheria)

3 doses of ORAL POLIO VACCINE, or if prescribed by a physician, 4 doses of Salk Polio Vaccine. (Students 18 years of age and older are exempt.)

1 dose of live attenuated RUBELLA (German Measles) vaccine or a blood test showing immunity.

1 dose of live attenuated MUMPS vaccine, or a signed statement from a physician stating that your child had the disease. (The vaccines for measles, rubella, and mumps must be given at 12 months or older.)



MEDICAL CONSENT

1. In consideration of the care given and to be given to _____ by George Junior Republic: I hereby give permission for this, my child, to be provided routine health care while in placement at George Junior Republic. I understand routine health care to mean child health examinations, dental care, vision care, hearing care, and treatment for injuries, illnesses and immunizations.
2. I understand that a separate, written consent must be obtained by the parent, legal guardian, or if the parent or legal guardian cannot be located, by Court Order, for each incident of non-routine treatment such as elective surgery and experimental procedures.
3. I understand that consent for emergency medical care or treatment is not required. If a child needs emergency medical care or treatment, medical personnel do not need consent to provide treatment in life threatening conditions.
4. I understand that my child will be provided social work services on an ongoing basis. In addition, psychological testing and/or psychiatric evaluations may be provided on an as-needed basis.

SIGNATURE Parent/Guardian _____
Date

INSURANCE INFORMATION

Primary Insurance Name _____
Policy/Agreement # _____
Group # _____ Coverage _____
Name of Policy Holder _____ Employer _____

Secondary Insurance Name _____
Policy/Agreement # _____
Group # _____ Coverage _____
Name of Policy Holder _____ Employer _____

Child is currently receiving Medical Assistance from the State? Yes No

HMO INSURANCE INFORMATION

Primary Care Physician _____
Address _____ City _____ State _____ ZIP _____
Phone # _____ Provider Number _____



CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____, do hereby consent to authorize _____ to disclose to George Junior Republic in Pennsylvania, PO Box 1058, 233 George Junior Road, Grove City, PA 16127, information pertaining to myself:

- Presence in treatment, including admission and discharge date.
- Diagnosis, brief description of progress and prognosis.
- Medical history and physical.
- Psychiatric/Psychological Consultation.
- Biopsychosocial Assessment.
- Treatment Plan.
- Discharge Summary.
- Continuing Care Plan.
- Other: _____

This information is needed for the following purposes:

- To provide ongoing treatment/continuing care.
- To enable judges, attorneys, probation/parole officers to support treatment goals or make legal decisions on my behalf.
- Other: _____

I understand that the above information is protected by Federal Regulation 42, CFR, Part 2. "Confidentiality of Alcohol and Drug Abuse Patient Records." And cannot be disclosed without my written consent unless otherwise provided for in the regulation. I understand that I need not consent to the release of information in order to obtain treatment services. I choose to do so willingly and voluntarily for the purposes specified above. The duration of this authorization is no longer than one year unless I specify a date, event, or condition upon which it will expire sooner. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically in one year.

(Specify date, event, or condition upon which this consent will expire sooner.)

(Signature of Patient)

Date

(Signature of Parent/Guardian)

Date

(Signature of Witness)

Date



CONSENT/RELEASE FORM

Parent or Guardian of _____

Please use check mark to indicate consent/release for below listed items.

- I hereby give my permission for my son to engage in the religious, recreation activities, and athletic program of George Junior Republic.
- I give my permission for my son's picture to appear in a George Junior Republic publication.
- My son is permitted to wear his watch or have his radio/stereo or electric razor under the condition that George Junior Republic is not responsible for anything that happens or may happen to the above-mentioned objects.
- I hereby give my permission for my son to take Drivers Training at the George Junior Republic, and I also give Richard L. Losasso, CEO, permission to sign in loco parentis for the Learner's Permit.

Parent/Guardian _____ Date _____



**SEARCH and SEIZURE
&
DRUG and ALCOHOL TESTING**

It is the policy of George Junior Republic to conduct drug and alcohol testing and conduct searches and the seizure of illegal or illicit materials. Youth in the residential program will be drug tested after home passes, at the order of the court or request of the placing agency and at random if suspicion of chemical abuse has occurred. Likewise youth returning from a home pass will be searched and any illegal or illicit material will be confiscated.

All searches and seizures and drug testing will be conducted within a controlled environment and with the permission of an administrative staff member. Please refer to the attached policies and procedures regarding these two issues prior to signing this form.

I understand that as part of the residential program George Junior Republic will conduct drug and alcohol testing and searches and seizures within the guidelines as spelled out in the policy and procedures. I consent to drug and alcohol testing and to search and seizure as necessary.

_____/_____
Resident's Signature Date

_____/_____
Parent Signature Date

_____/_____
Placing Agency Representative Date

Revised: August 1, 2005



George Junior Republic **Search and Seizure Procedures**

Search and seizure is defined and limited by the Chapter 3800 Child Residential and Day Treatment Facilities Regulations of the Department of Public Welfare. This particular regulation reads as follows: “A child has the right to be protected from unreasonable search and seizure. A facility may conduct search and seizure procedures, subject to reasonable facility policy.” A written policy is required and must be followed in each case in which a search or seizure is implemented.

This policy is in effect for all units and facilities operated by George Junior Republic and must be followed in all instances where a staff member is conducting a search of a youth’s room, person or possessions. A search or seizure of a youth property or person for the purpose of securing weapons, contraband or other illicit items must be conducted only under the following guidelines: Searches and Seizures may be instituted for the purpose of confiscating illegal or dangerous substances or weapons. Keep in mind that searches are for the purpose of protecting the youth and others.

1. No searches of buildings, rooms, possessions, or persons may be conducted without prior permission of the Campus Director.
2. Room and building searches may not be conducted without reasonable cause.
3. A search must take into consideration the privacy and the value of the possessions of a youth. At no time may staff members destroy or dispose of a child’s possessions without the consent of the Campus Director.
4. At no time may a staff member or members conduct a search in such a manner that they destroy or tear apart a youth’s room, possessions or property.
5. If the search of a child is approved by the Campus Director, for the purpose of security and safety, a second staff member must be present to witness the search.
6. At no time is a staff member of the opposite sex permitted to search or serve as the witness to the search of a child’s person.
7. Searches requiring the removal of a clients clothing may only be conducted in the event that the youth is suspected of possession of an illegal or dangerous substance or a weapon. Staff may not remove client’s clothing other than items containing pockets, cuff, and liners. Again, the Campus Director in advance of the search must approve all searches.
8. All searches must be conducted privately in an area of the building, which provides for privacy and security.
9. At no time may another child be present during a search.
10. A child must be informed why a search is being conducted i.e. what the staff suspects the youth has in hiding. Prior to conducting a search the child must be given the opportunity of turning in the suspected item or items.
11. A youth searched must be treated with dignity during the search. No rude or derogatory comments toward the youth are permitted.
12. It is suggested that a staff member request the assistance of another staff in completing a room or cottage search.



13. Illegal, dangerous or restricted items found during a search must be secured and locked until turned over to the Campus Director.
14. Under no circumstances may other youth assist staff in a search of a room, building, or person.
15. A search should be reasonable in nature. I.e. if you are searching a youths possessions for a particular item do not conduct a search of the other youth unless you have reason to believe that the item may have been transported to others prior to the search.
16. For purposes of hygiene and safety all youth returning from a vacation are required to shower prior to returning to the home. While the youth is showering his clothing will be searched for contraband and or weapons.
17. Staff should escort all youth who return by car to the gymnasium for processing through the check in procedure. Do not let the youth walk down to the gymnasium unescorted. All youth must have their luggage searched after a home visit and prior to the youth receiving the luggage. (The cottage personnel must search his luggage.)
18. In searching a youth's luggage after vacation clothing should be carefully checked for contraband, i.e. Pockets, hems, collars and cuffs should be examined to ensure that small items, drugs weapons etc. are not hidden.

Revised September 19, 2001



**Grove City Area School District
George Junior Republic School**

233 George Junior Road, Grove City, PA 16127

724/458-9330, FAX: 724/458-7455

Tammi S. Martin, Principal
Mark D. Truran, Assistant Principal

Brian C. Lawson, Guidance Counselor
Kelly S. Nan, Guidance Counselor

REQUEST FOR PERMISSION FOR RELEASE OF RECORDS

I hereby authorize the appropriate school official or designated representative of the Grove City Area School District to obtain school records / psychological or psychiatric evaluations for the following student:

Student Information:

Student's Name:	
Release information to:	George Junior Republic 233 George Junior Road Grove City, PA 16127
For the purpose of:	Treatment

Release of Records: (Please complete)

Parent / Guardian Signature OR Student Signature (if 18 years of age or older)	
Date:	
Please send me a copy of the information released:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have any questions or concerns, call: Tammi Martin, Principal George Junior Republic School (724) 459-9330.

(For office use only)

Date Released: _____ Released by: _____

Equipping all our students for their futures.



RECOMMENDED CLOTHING LIST

The following items of clothing, *in good condition*, are necessary for each youth upon admission to George Junior Republic. Usually, youth wear clothes similar to what they would wear or should wear in their community. Excessively expensive clothing should **not** be brought into placement.

TROUSERS

- 1 Pair permanent press dress slacks like Dockers, Khakis
- 4 Pair Jeans
- 2 Pair Shorts
- 1 Pair Athletic Shoes (optional)

SHIRTS

- 5 Casual shirts such as button shirts, Polo style shirts, pocket T-shirts, design T-shirts

UNDERCLOTHING

- 7 Pair Underwear

SOCKS

- 6 Undershirts
- 6 Underpants (briefs or boxers)
- 7 Pair crew socks

SHOES

- 2 Pair tennis shoes
- 1 Pair dress shoes
- 1 Pair boots

OUTDOOR WEAR

- 1 Light jacket
- 1 Winter Coat (Seasonal October through April)
- 2 Sweatshirts
- 1 Pair winter gloves
- 1 Winter hat

Revised 4/8/05



NO SMOKING POLICY

Pennsylvania State Law #6505 regarding the sale of tobacco is as follows:

Section 6305. Sale of tobacco.

(a) Offense Defined. A person is guilty of a summary offense if he:

1. Sells tobacco, in any form, to any minor under the age of 18 years;
2. By purchase, gift or other means, furnishes tobacco, in any form, to a minor under the age of 18 years; or
3. Knowingly and falsely represents himself to be 18 years of age or older to another for the purpose of procuring or having furnished to him tobacco in any form.

(b) Penalty. A person who violates this section shall, upon conviction be sentenced to pay a fine of not less than \$25.00 for a first offense and not more than \$100.00 for a subsequent offense.

Section 3. This act shall take effect immediately.

Approved February 14, 1990.

In accordance with this law, George Junior Republic has a no tobacco policy for youth in placement. Residents will not be able to smoke or use tobacco products of any kind. In addition, George Junior Republic does not sell tobacco on our campus. Staff members are not permitted to purchase or tobacco for youth while in placement, and we strongly encourage each parent or guardian to do the same.



Safe Crisis Management and Time-Out Utilization
Parental Notification and Acknowledgement

It is the policy of The George Junior Republic passive restraints will only be utilized as an emergency measure of the last resort in order to ensure the safety of all children and our staff. The George Junior Republic believes restrictive procedures may only be used after all attempts to anticipate and de-escalate a resident's behavior have occurred and the resident has become a physical danger to himself or others. Less intrusive interventions include the use of verbal and non-verbal de-escalation techniques by trained staff, such as, reducing environmental stimuli, providing a quiet/comfort room and allowing the resident to verbalize his concerns. Restrictive procedures will respect the dignity of the resident and shall only be applied by trained staff in emergency situations. A physical restraint is defined as the application of physical force by one or more individuals which reduces or restricts an individual's ability to move their arms or legs freely. Physical restraints are utilized only to interrupt a resident's behavior which becomes a danger to himself or others and assist him in regaining personal control. The George Junior Republic supports the philosophy of self-management by providing its residents with the skills and supports needed to appropriately manage their own behaviors such as anger and anxiety. As a result, the resident will be in fewer situations where external controls are needed or his behavior is misinterpreted thus, reducing the use of restraints. However, if a resident becomes a danger to himself or others and can not be subdued utilizing safe crisis management techniques, it then becomes the George Junior Republic's obligation to protect the life of your child as well as others through the utilization of passive restraints. Additionally, the George Junior Republic may place a child in "Time-Out" which is defined as the restriction of a resident for a period of time in a designated area from which the resident is not physically prevented from leaving, for the purpose of providing the resident an opportunity to regain self-control. A staff member is present and directly supervising the child throughout the time the child is in the time out room.

As the parent or guardian of _____ I have read and understand
(Resident)

the aforementioned use of Safe Crisis Management and Time Out. I understand should my child need to be protected from self or from endangering the lives of other staff and residents that the George Junior Republic will utilize Safe Crisis Management techniques or time out with my child to ensure his safety and security. I further acknowledge, I have been given the opportunity to ask questions specifically regarding Safe Crisis Management and the utilization of Time Out and have made an informed decision as evidenced by my signature acknowledgement.

Signature of Parent

Date

Witness

Date