



## New Proctor Parent Information

Welcome to Crossroads Youth Services (CRYS), we are excited to be working with you in providing excellent care for our youth in custody. Here are a few reminders for you:

These are all due the last day of the month, no later than 5pm on the 1<sup>st</sup> day of the following month.

### **Monthly paperwork, which includes:** \*If needed

Time sheet

Client Allowances & Inventory – Client will receive \$2 per day the month **after** they are placed.

\*Medication log – Record all prescribed medications, dosages & times taken. Initial every day.

\*Incident Reports – This form is on Optomiser, complete **within 24 hours** of incident.

\*Mileage log – Miles must be **over** 60-mile roundtrip; Crossroads Administrator will sign the “Provider Signature”

\*Fire Drills – Complete within **24 hours** of placement & every 3 months after.

\*Reimbursements – Require original receipts; Crossroads Administrator will sign the “Provider Signature”

All forms can be found at [www.cryouth.com](http://www.cryouth.com) select “Monthly Forms”. Password: \_\_\_\_\_

### **Mandatory Requirements & Fees:**

It is the parent’s responsibility to schedule & take all clients to the doctors for a physical & dentist for an initial checkup **BEFORE 30 days of placement**. Please contact the office for Medicaid cards. **If any of the following appointments are missed before the 30-day deadline a \$100 per missed appointment will be deducted from your pay.**

It is **mandatory** for both or one parent to attend all Child and Family Team Meetings (CFTM). All CFTM are pre-scheduled, if a scheduled time does not work in your favor, then it is your responsibility to reschedule a time that works for you (this needs to be done ASAP). **If you miss a CFTM a \$100 will be deducted from your pay.**

It is **mandatory** for both or one parent to attend all court hearings, at court house or via phone. All court hearings are pre-scheduled. Court hearings **CAN NOT** be rescheduled, make arrangements to attend. **If you miss a court hearing \$200 will be deducted from your pay.**

It is the parent’s responsibility to transport all clients to Med Management & Therapy appointments. **If a Med Management or Therapy appointment is missed \$50 per missed appointment will be deducted from your pay.**

Monthly Training is held every 3<sup>rd</sup> Thursday of the month, between the times of 5:30 – 7:00pm (Times may vary). Monthly paperwork is due on the 1<sup>st</sup> by 5:00pm. **If your monthly paperwork is received after the 1<sup>st</sup>, \$50 will be deducted from your pay.**

**Your first Training/Pay Day is:** \_\_\_\_\_

Every client is assigned a Tracker, the trackers responsibility is to ensure the client’s safety and supervision, they have daily contact with you and/or the client and a daily log is kept on file. They are here to assist and answer any concerns/questions you may have.

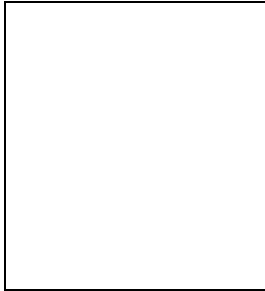
**Your Tracker is:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

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## **YOUTH RIGHT'S AND RESPONSIBILITIES INTAKE**

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### **PERSONAL INFORMATION**



Youth's Picture

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

Birth Date: \_\_\_\_\_ Religion: \_\_\_\_\_

Race: \_\_\_\_\_ Case worker: \_\_\_\_\_

Placement Date/Time: \_\_\_\_\_

Proctor Family/Phone Number: \_\_\_\_\_

Medication(s): \_\_\_\_\_

**Please include dosage and pill count.**

Allergies: \_\_\_\_\_

Please highlight if any allergies!

### **EMERGENCY CONTACT INFORMATION**

120 West Main Street, Lehi 84043

Carey Ofahengaue 801-602-4039  
Name: \_\_\_\_\_ Number: \_\_\_\_\_

Lindsay Adams 385-265-2384  
Address: \_\_\_\_\_ Name: \_\_\_\_\_ Number: \_\_\_\_\_

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

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

### **GUARDIAN INFORMATION**

Parents:    Married                      Divorced                      Separated                      Widowed  
Circle One

Guardian / Relation: \_\_\_\_\_

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

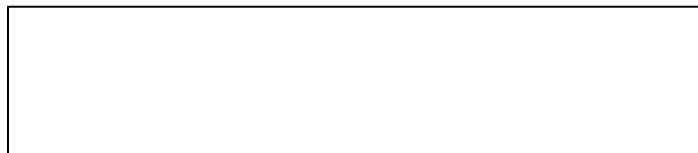
Contact Phone Numbers: 1 \_\_\_\_\_ 2 \_\_\_\_\_

### **RISK FACTORS**

Circle all that apply

Runaway                      Family problems                      Sexual problems                      Suicidal

Psychiatric                      Substance Abuse                      Assaultive                      AWOL



**Please have the child sign their name in the box &  
take a picture of the child for Optomiser.**



**NOTIFICATION**

The client's caseworker and parent(s) has been notified of Crossroads Intake process.

\_\_\_\_\_  
CRYS Staff

\_\_\_\_\_  
Date

**HOME VISIT CONTACT INFORMATION**

Client Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of family member requesting a visit \_\_\_\_\_

Relationship to client: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work #: \_\_\_\_\_

\*Fill out separate contact information for each approved address.

**SCHOOL INFORMATION**

School: \_\_\_\_\_ District: \_\_\_\_\_

Enrollment date: \_\_\_\_\_

Please attach proof of enrollment date; proof may be obtained from the school.

**YOUTH'S PHYSICAL CONDITION AT ENTRY**

**Important:** Response to the following questions asked should be based on normal observations and the youth's verbal response.

1. Describe the youth's physical condition \_\_\_\_\_  
\_\_\_\_\_

2. Is there any reason to suspect an immediate danger to youth's health? Explain.  
\_\_\_\_\_

3. Does the youth complain of any physical symptoms, such as fever, headache, chills etc?  
\_\_\_\_\_

4. Does youth report any dangerous allergies? \_\_\_\_\_



## CONSUMER INFORMED CONSENT

1. Consent for Treatment and Release of Information \_\_\_\_\_  
Client Signature

### YOUTH'S RESPONSIBILITIES

1. I will make a sincere effort to be evolved in the formulation of any individual treatment plan and will assume my responsibility for the following through with all treatment plans.
2. I understand that the use or possession of alcohol and drugs is prohibited.
3. I agree to abide by all federal, state and local laws.
4. I will communicate my needs and request in an appropriate and responsible manner.
5. I understand that it is my responsibility to comply with the reasonable request and decisions of my proctor(s) and/or treatment counselor. This includes, but is not limited to:
  - a. Fair share of household chores.
  - b. Following agreed upon curfews, school work and therapy appointments.
  - c. Obtaining prior permission for visitors and home visits.
  - d. Abiding by all proctor parent house rules.

### CLIENT ALLOWANCE

You will receive \$2.00 per day you are in placement, approx. \$60.00 a month.

**\$40.00 is for clothing only. The remainder will be given to the tracker/proctor parent & is to be spent on personal hygiene items**, such as deodorant, razors, gel etc... Your proctor(s) will help monitor your personal hygiene spending.

I have read and fully understand my responsibilities and monthly allowances while in Crossroads Youth Services Program.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CRYS Staff

\_\_\_\_\_  
Date

### **PROCTOR HOUSE RULES**

1. All youth will earn curfew time. All new youth to program will be placed on house arrest for the **first 2 weeks** and youth **cannot** leave the house with out proctor parent(s). After that, curfew will start at 5:00pm and must be earned one-hour ant a time.
2. Phones are only to be used to call their caseworker, therapist, and tracker. **No friends/family members** can be called from proctor's phone or phone number can be given out unless given permission by the proctor(s).
3. Youth are required to attend school daily, if school is missed notify tracker.
4. Youth will have 1 hour (more if needed) to complete their homework and then chores around the house.
5. On school days TV, video games are limited to **1 hour**.
6. Youth are required to attend weekly therapy.
7. Smoking, alcohol or drugs are prohibited.
8. Youth are required to maintain good, clean personal hygiene by showering **everyday**.
9. Bedtime is between 9pm and 10pm as directed by age and proctor rules. During the summer break youth are not to sleep past 9am.
10. Youth **must always have permission** from proctor before leaving the house. **If proctor is not available call the tracker.**
11. Youth will respect all members of the proctor family. **No touching or horse playing with proctor children.**
12. Do not touch the proctor's property unless given permission. Any damages caused by youth will come from their allowance or restitution.
13. Youth are not to ask proctors for money. Youth are given allowances every month to buy clothing and personal needs.
14. Any youth caught stealing from the proctor home will be prosecuted to the fullest.

I have read and understand the proctor house rules. I also understand that my proctor(s) may add additional house rules if needed.

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Youth Signature

Date

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CRYS Staff

Date

## **YOUTH RIGHTS/EXPECTATIONS**

- Read & have youth initial each box.

### **[ ] VISITATION AND COMMUNICATION**

Youth may have overnight visits only with prior approval by case manager and staff coordinators.

Departure and arrival time must be recorded prior to youth's home visits. Prior to a home visit the name, address and phone numbers of the person(s) responsible for the youth is to be documented and filed for our record

### **[ ] RIGHTS OF SMOKERS AND NON SMOKERS**

According to the Tobacco Control Laws, no one under the age of 19 may buy, accept or possess any tobacco product (class C misdemeanor, 76-10-105 U.C.A. 1953).

### **[ ] POTENTIAL HARM OR ACTS OF VIOLENCE TO YOUTH**

No person or entity associated with CRY5 is authorized or permitted to use physical restraint. CRY5 has adopted Utah State University's Workplace Violence procedures.

If a client is acting violent, threatening, harassing, intimidating, or conducting other disruptive behaviors the police should be notified immediately. Do not call a Crossroads staff until the situation has been properly dealt with by law enforcement and the proctor parent(s) and client(s) are safe (9 out of 10 times your local law enforcement will be there before a Crossroads staff can be) Crossroads has a no restraint policy, in the event you find yourself in a difficult situation while waiting for the police, please follow the following DO's and DON'T's as stated in CRY5 Policies and Procedures.

### **[ ] FREEDOM FROM DISCRIMINATION**

CRY5 is an equal opportunity employer and will not discriminate against any youth because of race, color, religion, ethnic origin, sex, pregnancy-related condition, age disability, veteran status, or other classification prohibited by law.

### **[ ] TREATMENT OF YOUTH WITH DIGNITY**

Crossroads Youth Services (CRY5) is ground on the NASW Code of Ethics (1999) which advocates for the promotion of the well-being, dignity and worth of all human beings, through social and economic justice, cultural competency, and personal integrity. CRY5 is founded on the belief that fair, honest and equitable treatment of all persons and/or entities with which it associates is imperative to the success and fulfillment of agency mission, goals, and objectives.

Verbal punishment which may lead to emotional distress is prohibited. Name calling, sarcasm, degrading or condescending statements about the consumer, his/her family or friend is absolutely unacceptable. CRY5 administration, staff, volunteers, and interns will not use any method of behavior management, verbal or otherwise, which is designed to humiliate or frighten a consumer.



**[ ] GRIEVANCE PROCEDURE FOR YOUTH**

All youth in the care of CRY-EM should be aware that the grievance procedure is provided through CRY-EM along with the Juvenile Justice System / Division of Family Services. Any complaints or request are to be address in writing and directed to a representative of CRY-EM or JJS / DCFS representative.

**[ ] MAIL**

All youth in CRY-EM program can receive unopened and unread mail. Any suspicious or contraband will be reported to the case manager and may result in being opened for inspection of content. All youth will be informed of this policy upon entrance to the program.

**[ ] TELEPHONE**

Phone calls are only to be used to call their case worker, therapist, and tracker. Friends/Family members can call and receive calls with prior permission from proctor. Necessary long-distance calls made from proctor home will be charged to the youth.

**[ ] VISITATIONS**

Before the youth is granted a visit, he/she must earn it through the CRY-EM therapeutic level system. All youth may have guest upon case manager approval. Guest violating rules of the agency will be asked to leave. Visiting hours for family and friends will vary according to the proctor(s) schedule.

Weekly staff meetings will be the times when staff may decide to extend or suspend visits. In this case the youth can participate in the discussion at the meeting and receive an explanation of their reason for such actions. The youth have a right to meet with staff members and express his/her feelings.

**[ ] RELIGIOUS PROGRAMS**

All youth have the right to attend religious programs and activities. If a youth accompanies the proctor parents to a church program or activity due to supervision requirements, the youth does not have to participate in the program or activity.

I have read and fully understand my right's while in Crossroads Youth Services Program.

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Youth Signature

Date

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CRY-EM Staff

Date



# CROSSROADS YOUTH SERVICES

## BEHAVIORAL INTERVENTION

Youth are expected to follow program rules as outlined in the Youth Rights and Responsibilities Intake Packet. If the youth deliberately violates these program rules, limitations and restrictions will be imposed on their privileges.

**Inappropriate Behaviors may include these items:**

- ❖ Lying
- ❖ Curfew Violations
- ❖ Unexcused absences and school tardies
- ❖ Insubordinate
- ❖ Non-compliant to house rules
- ❖ Stealing
- ❖ AWOL

The following are guidelines for acceptable staff response to inappropriate behaviors.

First Offense	Verbal warning documented by proctor, copy in youth's file.
Second Offense	Verbal and written warning in youth's file, copy to case manager.
Third Offense	Verbal and written warning and restriction of privileges in youth's file, copy to case manager.
Fourth Offense	Verbal and written warning and further restriction of privileges in youth's file, copy to case manager.
Fifth Offense	Proctor, tracker, therapist, and program director decides if youth should remain in program, and what agreements must be made with youth to remain in program. Case manager may be consulted.
Sixth Offense	Written warning in youth's file indicating that if he/she re-offends and breaches his/her contract, he/she will be expelled from the program. Youth is given a last chance to make a sincere effort.
Seventh Offense	Youth is expelled from program.

Examples of methods for restricting or limiting youth privileges include:

1. Limited or restricted allowance of free time.
2. Limited or restricted use of phone to talk with friends (consumer may continue to talk with parents, case manager, physician, clergyman, and attorney).
3. Curfew set at an earlier time.
4. Constant supervision by proctor or tracker (consumer may have to go to work with proctor or tracker).
5. Limit or restriction on visits with friends, or certain friends.
6. Restriction from school activities.
7. Restriction from recreational activities.
8. Confinement to own room for a pre-determined amount of time.
9. Limited use of television and radio.
10. Limited use of play stations, Nintendo, etc.

I have read and fully understand that there are consequences for inappropriate behaviors and agree to the guidelines for acceptable staff response to inappropriate behaviors and also understand and accept the methods for restricting or limiting my privileges.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CRYS Staff

\_\_\_\_\_  
Date