



CROSSROADS

Youth & Adult Services

New Hire Checklist / Requirements

*Forms that require more than 1 copy, if married.

Application or Resume

***3 Reference letters**

(3 references per couple, print as needed)

***DHS Code of Conduct**

(Read DHS Code of Conduct under "Step 1 Qualifications", one form per person)

***Conflict of Interest**

(1 form per person)

***Medical Clearance**

(1 form per person)

Cohabitation

(1 form per couple)

***I-9**

(1 form per person)

Damages caused by client

(1 form per couple)

Proof of car insurance, policy coverage must state \$100,000. per person and \$300,000. per occurrence. **(This will be verified before a placement)**

Proof of Current Drivers License. (For all Drivers)

Employment Verification. (Tax forms, paystubs etc...)

Residential Treatment Parent Contract

Confidential & Proprietary

Pre-Service Training on Optomiser (On-line)

Emergency Relocation



CROSSROADS

Youth & Adult Services

538 Commerce Dr. Orem, Utah 84058
Phone: 801-691-1130 Fax: 801-753-0409
E-mail: info@cryouth.com

APPLICATION FOR RESIDENTIAL TREATMENT PARENT(S)

Applicant 1

Name: _____
Last First Middle

Social Security Number: _____ Birth date: _____

*Applicant 2 (*If applicable)

Name: _____
Last First Middle

Social Security Number: _____ Birth date: _____

Address: _____
Street City/State Zip Code

Phone: (HM) _____ (CEL) _____ (WK) _____

Email Address: _____

Referred by: _____

Are you employed now? If yes, where? _____

If employed can we contact your current employer? _____

Have you ever been charged or convicted of a misdemeanor or felony against children under the age of 18? _____ If yes, give details as to the offense, dates and current status within the criminal justice system. _____

EDUCATION:

High School: _____ Graduate: _____ Year: _____

College: _____ Graduate: _____ Year: _____

Major/Minor(s): _____ Degree(s): _____

Other: _____ Graduate: _____ Year: _____

Certificates, Credentials, Licensure, etc.: _____

Primary Language? _____ Secondary Language(s): _____

FOSTER CARE EXPERIENCES:

Have you ever provided Foster Care in Utah or other states? If yes, please list the companies you have previously worked for:

*2014 Office of Licensing rule requires us to call any prior companies you have provide services for, even out of state.

EXPERIENCES WITH ADOLESCENTS:

I authorize an investigation of all statements contained in this application. I understand that any miss leading, or false information of facts can be cause of termination of services. I understand that Crossroads Youth Services, will conduct a background investigation to include criminal history, references, education, experiences, licenses and other relevant information.

Signature: _____ Date: _____

Signature: _____ Date: _____

Interviewed By: _____ Date: _____



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REFERENCE FOR UTAH PROCTOR FAMILY

Your name has been given to Crossroads Youth & Adult Services as a reference by _____, who is/are applying to proctor a child. We appreciate your assistance in providing information about this family. To help us assess this application, we are asking you to answer several questions. Your candid response may assist us in determining whether to entrust the applicant with the care of a child or vulnerable youth. In accordance with section 63-2-304 of the Utah Government Records Access and Management Act, a personal recommendation concerning an individual is classified as "protected" if disclosure would jeopardize the life or safety of an individual. We will make every possible effort to keep your response confidential. Please call the individual listed at the bottom of the second page if you have any questions or concerns.

1. In what capacity have you known the applicant(s)? How long have you known them? Has your relationship been close or casual?
2. In your opinion, do you believe the applicant(s) to be stable, well-adjusted, reliable, and able to care for children? On what factors would you base your opinions?
3. Please comment on what you feel are the applicant(s) best qualities as a parent or strengths they have which would enable them to be a good parent(s). Include in your comments a description of the atmosphere of the home, values demonstrated within the home, and how they discipline their own children.
4. Are there certain kinds of problems the applicant(s) could handle better than others?
5. What limitations might this family have for providing foster and/or adoptive care?

6. What kinds of stress have you seen the family deal with, and how do they solve or handle stress?

7. Have you observed any problems in the following areas: alcohol, drugs, and financial, martial and/or family conflicts, criminal or sexual problems?

8. Would you like to see a child in whom you were personally interested placed in this home? Explain.

9. What would be the impact on this family of adding another child(ren) to this home?

10. Do you have any concerns or reservations whatsoever about this family's ability to proctor a child?

I consent to the release of this information to Crossroads Youth & Adult Services considering this family for the placement of a child.

Print Name

Signature

Date

Questions or Concerns please contact Carey Ofahengaue @ 801-602-4039



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**PROVIDER CODE OF CONDUCT
CERTIFICATE OF UNDERSTANDING AND COMPLIANCE**

(To be signed by all DHS Providers and their employees, volunteers and subcontractors.)

I have read and been provide with a personal copy of the Provider Code of Conduct for the Utah Department of Human Services.

I understand this Code of Conduct and I will comply with it. I have had an opportunity to ask questions and seek clarification about the Code of Conduct, and my questions have been answered to my satisfaction and understanding.

Applicant 1

Signature of Employee or Volunteer

Date

Print Name: _____

Applicant 2

Signature of Employee or Volunteer

Date

Print Name: _____

Signature of Supervisor

Date

Print Name: Carey Ofahengaue

Crossroads Youth & Adult Services
Program/Facility

538 Commerce Dr.
Street Address

Orem, Utah 84058
City, State, ZIP Code



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Utah's Division of Child and Family Services
Adoption
Practice Guidelines

August 21, 2003 Integrated Version
Published April 29, 2003
Revised May 22, 2003

COHABITATION DECLARATION

Affirming Compliance with Utah Code Annotated §78-30-9 for Prospective Foster or Adoptive Parent(s) [Effective May 1, 2001] The applicant(s) affirm that they are not cohabiting in a relationship that is not a legally valid and binding marriage under the laws of this state.

Definitions:

Cohabiting means residing with another person and being involved in a sexual Relationship with that person. **Residing** means living in the same household on an uninterrupted or intermittent basis. **Involved in a sexual relationship** means sexual conduct between persons residing together.

The following applicant(s) as foster or adoptive parent(s) with the Child and Family Services of Child and Family Services

Applicant

Applicant

do solemnly swear (or affirm) that they are in compliance with Utah Code Annotated 78-30-9

Signed under oath before _____
(social worker name)

This day _____ of _____ (month) _____ (year)

This Declaration will be submitted to the court as evidence of the applicant's compliance with applicable law. This statement will become a part of the court file and the truth of the representation herein will be relied upon by the court. The submission of false statements under Oath is perjury and punishable by law.

Utah Code Annotated §78-30-9, Effective May 1, 2000

(3)(a) The legislature specifically finds that it is not in a child's best interest to be adopted by a person or persons who are cohabiting in a relationship that is not legally valid and binding marriage under the laws of this state. Nothing in this section limits or prohibits the courts placement of a child with single adult who is not cohabiting as defined in Subsection (3)(b). (3)(b) For purposes of this section, cohabiting means residing with another person and being involved in a sexual relationship with that person.



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MEDICAL REPORT FOR PROCTOR APPLICANT

(A separate medical form is needed for each applicant)

TO BE COMPLETED BY APPLICANT

(Please print)

I, _____, give consent to have the following medical information released to the above office.

Physician name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Applicant's Signature _____

TO BE COMPLETED BY PHYSICIAN

(Please print)

In order to make the best possible evaluation of each Proctor applicant, this agency will appreciate receiving the information indicated below.

1. Describe health of applicant (*present and significant past*).

Physical: _____

Emotional: _____

2. Is this individual currently under treatment? Yes No

Condition: _____

Prognosis: _____

3. Is this individual currently taking any medication? Yes No

If yes, for what condition? _____

Please list medication name: _____

How long has applicant been taking this medication? _____

How long do you anticipate this medication will be needed? _____

4. Describe any strengths or limitations that could impact the applicant's ability to parent.

5. Based upon your assessment of the applicant's physical and/or emotional health, would they be able to adequately Provide: Proctor Care Yes No

Comments:

Physician's Signature _____ Date _____



Department of Human Services
 120 North 200 West
 Salt Lake City, UT 84103
 (801) 538-4001

ATTACHMENT A

CONFLICT OF INTEREST - DISCLOSURE STATEMENT

| | | |
|---|------------|--|
| Does any employee in your organization have a conflict of interest or potential conflict of interest? | YES | <i>(Please use a separate form for each employee with a conflict or potential conflict, and complete all applicable portions of the form. Attach additional sheets as needed.)</i> |
| | NO | <i>(Please complete the signature section below.)</i> |

Dual Employment *(The notary section of this form must be completed for all dual employment conflicts of interest.)*

| | |
|---|--|
| Name of individual with dual employment: | |
| Title or position with the State of Utah or political subdivision: | |
| Title or position with the Contractor: | |
| Nature and value of the individual's interest in Contractor's business entity: | |
| Individual's decision-making authority with the Contractor and with the State: | |
| How does the Contractor protect DHS from potentially adverse effects resulting from this individual's Conflict of Interest? | |

Related-Party Transactions or Independent Judgment Impaired

| | | |
|---|---|--|
| Name and position or title of individual with Conflict of Interest: | (individual associated with Contractor): | |
| | (individual associated with other party): | |
| Relationship between identified individuals: | | |
| Description of transaction involving identified individuals and dollar amount (if any): | | |
| Decision-making authority of individuals with respect to that transaction: | | |
| Potential effect on this Contract with DHS: | | |
| How does the Contractor protect DHS from potentially adverse effects resulting from this identified Conflict of Interest? | | |

Name of Contractor:

Signature:

I hereby certify that the information I have given is true and complete to the best of my knowledge.

 (Name and Title of Person Completing Form)

 (Signature)

Date: _____

Notary: *(Must be completed for all dual employment conflicts of interest)*

STATE OF _____)

: ss.

COUNTY OF _____)

SUBSCRIBED to before me this ____ day of _____, ____.

(Seal)

NOTARY PUBLIC _____

Commission Expires _____

| | | | | | |
|-------------------|----------------------------------|-------------------------------|---|-------------------------|-------------|
| DHS/_____ Action: | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny | ** <input type="checkbox"/> Refer to BIRA | Agency Signature: _____ | Date: _____ |
| DHS/_____ Action: | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny | ** <input type="checkbox"/> Refer to BIRA | Agency Signature: _____ | Date: _____ |
| DHS/_____ Action: | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny | ** <input type="checkbox"/> Refer to BIRA | Agency Signature: _____ | Date: _____ |

*"Approve" means the Agency has no reason to question the accuracy of a "no conflicts" declaration or, in those situations where a conflict has been declared, that the Agency has taken sufficient action to determine the facts declared by the Contractor do not constitute a prohibited conflict of interest.

**DHS may refer any questions regarding potential Conflicts of Interest to the DHS Bureau of Internal Review and Audit ("BIRA").

BIRA Action Upon DHS/ Referral: Approve Deny Other: _____



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FAMILY EMERGENCY PLAN & PHONE NUMBERS

Address: _____

Phone Number: _____

Emergency Call 911

Poison Control Call 1-800-222-1222

Contact Phone Numbers include name & phone number

Nearest Hospital _____ **Nearest Police Station** _____

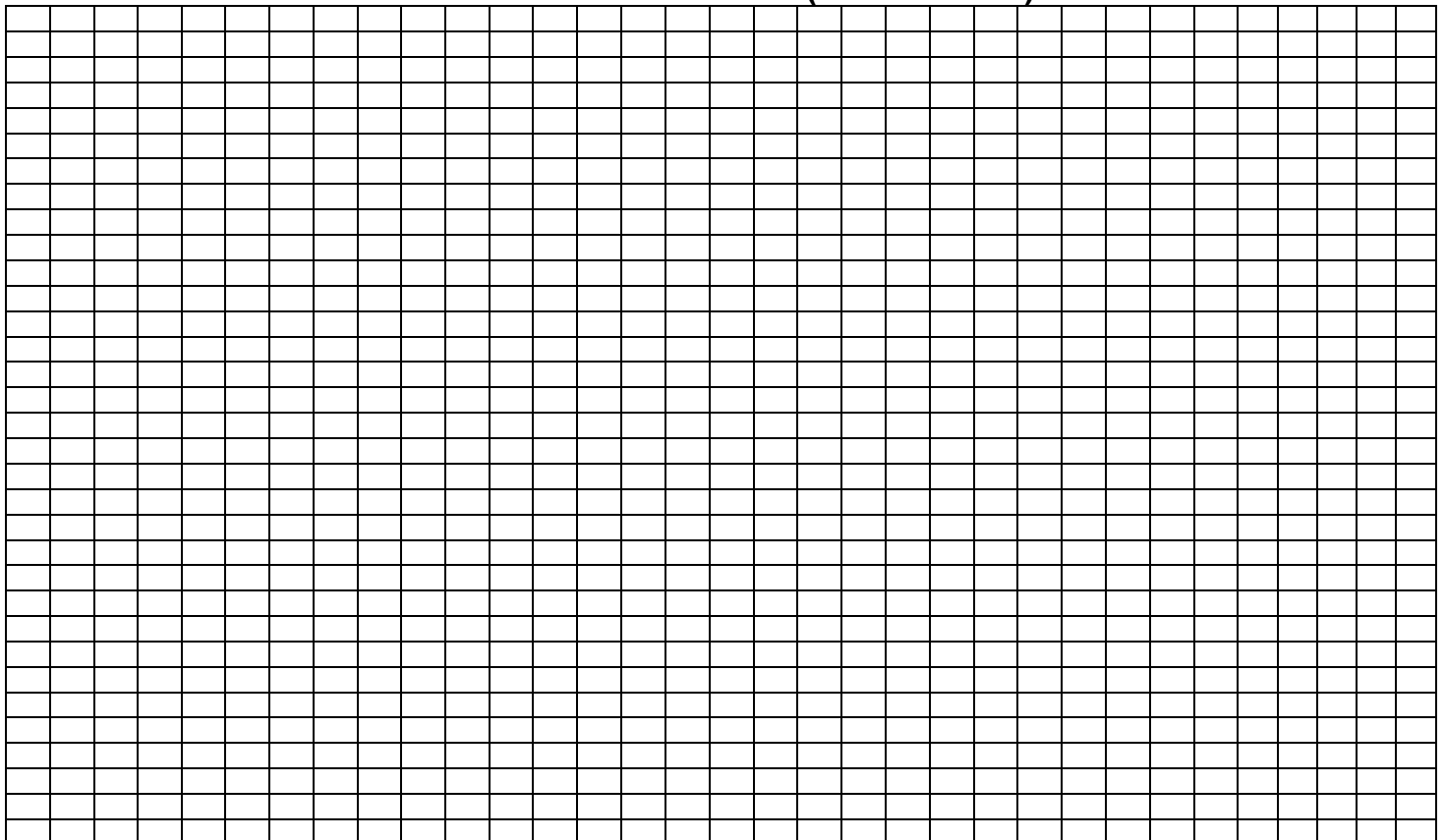
Initial Fire Drills need to complete within 24 hours of placement & quarterly thereafter.

Proctor Parents will inform the client of the disaster plan for their home within 24 hours of residence. Each proctor home will have emergency escape routes posted and a fire extinguisher easily accessible. Evacuation drills will be held quarterly. If a natural disaster does occur while the client is in the proctor home, it is the duty of the proctor parents to ensure that the client is safe and then to notify CRYs administrative staff on-call. Administrative staff will then contact the person/agency/division legally responsible for the client.

Where is the designated safe spot?

_____ In the event of a fire, indicate where you will meet outside the home.

DRAW YOUR FLOOR PLAN (Show all exits)





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HOME INSPECTION CHECKLIST

The state requires a Certified Social Worker (CSW) to come out and complete a home inspection. A CSW will be contacting you very soon to complete this inspection; these are the things she'll be looking for. Please be prepared.

- ✓ **Smoke Detectors** on each floor of your home.
- ✓ **Fire Extinguishers**, minimum of 2A10BC five point, rated multi-purpose, dry chemical.
- ✓ **Banisters** on open staircases.
- ✓ **Railings** around decks or porches off ground level.
- ✓ **Furnace/water heater safety**, no storage within 4 feet with adequate ventilation.
- ✓ **# Bedrooms**, minimum of 80 sq. ft. provided in a single occupant bedroom, and a minimum of 60 sq. ft. per child in a multiple occupant bedroom, excluding storage space.
- ✓ Each foster child has a **separate bed**, plus storage space.
- ✓ **A working window** in each bedroom.
- ✓ **First Aid Kit** in home and auto, approved by the American Red Cross (Wal-mart has First aid Kits for under \$12)
- ✓ **Medications** stored in a locked box or locked cabinet. (A \$27.00 2-drawer filing cabinet that locks works great)
- ✓ **Hazardous chemicals** stored in a locked cabinet. * **ALL** chemicals that read “**KEEP OUT OF REACH OF CHILDREN**” need to be locked, Examples: Clorox, bathroom/ cleaning sprays, Lysol etc.
- ✓ **Firearms** stored in a locked gun cabinet. Dismantled if possible, ammunition stored separately.
- ✓ **Telephone** with posted emergency numbers.
- ✓ **Auto seat belts, MUST have car insurance coverage that states \$100,000 per incident / \$300,000 per occurrence.**
- ✓ adequate number for family size.



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DHS FALSE CLAIMS DETECTION & REPORTING GUIDELINES CERTIFICATE OF UNDERSTANDING AND COMPLIANCE

(To be signed by all DHS Providers and their employees and subcontractors.)

I have read and been provide with a personal copy of the Department of Human Services False Claims Detection and Reporting Guidelines for Contractors and Employees.

I understand this Department of Human Services False Claims Detection and Reporting Guidelines and I will comply with it. I have had an opportunity to ask questions and seek clarification about the Department of Human Services False Claims Detection and Reporting Guidelines and my questions have been answered to my satisfaction and understanding.

Applicant 1

Signature of Employee or Volunteer

Date

Print Name: _____

Applicant 2

Signature of Employee or Volunteer

Date

Print Name: _____

Signature of Supervisor

Date

Print Name: Carey Ofahengaue

Crossroads Youth & Adult Services
Program/Facility

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PROPERTY DAMAGES CAUSED BY CLIENT(S)

Crossroads Youth & Adult Services will not be responsible for damages or theft caused by client(s).

It is in the proctor parent(s) best interest to lock up their valuables and complete weekly room inspections.

If a client damages or steals anything from the proctor home, it is up to the proctor parent(s) to complete an incident report and press criminal charges to be reimbursed.

We/I have been explained my rights and understand that Crossroads Youth & Adult Services is not responsible for damages caused by client(s) living in my home.

Applicant 1

Signature of Employee or Volunteer **Date**

Print Name: _____

Applicant 2

Signature of Employee or Volunteer **Date**

Print Name: _____

Signature of Supervisor **Date**

Print Name: Carey Ofahengaue

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Residential Treatment Parent Contract

Agreement the ____ day of _____ by and between Crossroads Youth & Adult Services hereinafter referred to as CRYs and _____ referred to as Residential Treatment Parent (RTP).

Under the agreement, CRYs shall from time to time refer certain youth to RTP and RTP shall accept such youth from CRYs under a structured treatment program maintained by CRYs for the purpose of Providing a residence, expediting, and monitoring treatment and rehabilitation of the referred youth.

In consideration of the mutual promised and covenants hereinafter set forth, the parties agree as follows:

- **TERM.** This agreement shall continue in full force and effect until terminated, which termination may be affected by RTP upon 30 days' prior written notice to CRYs and may be terminated at any time by CRYs.
- **RELATIONSHIP OF PARTIES.** It is agreed and understood that CRYs maintains an ongoing program of rehabilitation, which is designed to provide for a structured treatment program designed to rehabilitate troubled youth. RTP agrees that they will carry out the provisions of this Agreement on behalf of referred troubled youth, consistent with the standards and purposes of such rehabilitation program of CRYs.
Notwithstanding such commitment of RTP to fulfill the purpose of such program on behalf of such troubled youth. It is agreed that RTP is an independent contractor and free to make their own decisions on a day to day basis with respect to such troubled youth provided such action is consistent with CRYs policy.
- **REFERRAL OF YOUTH.** It is agreed that from time to time CRYs may refer to RTP a youth for placement in home of RTP and time upon the acceptance of such youth, RTP shall provide for the daily needs, and keeping of such referred youth in full compliance with all the provisions of the Agreement and procedures established by CRYs as part of its ongoing treatment program and as amended from time to time. CRYs may cause such youth to be removed from the home RTP after appropriate consultation.
- **HOME ENVIRONMENT.** RTP agrees to maintain a home for the youth that includes comfortable and sanitary bathing, sleeping, dining and toilet facilities as well as space and equipment for some recreational activities. The youth in placement should have access to a phone but subject of reasonable restrictions.
- **ONGOING SUPERVISION, SUPPORT, AND CARE.** RTP agrees to provide ongoing supervision, support and care for the youth while in placement. Elements of this support and supervision may include, but is not limited to recreational activities, parental type support and transportation as required by CRYs.
- **SUPPORT OF CRYs AGENCY.** RTP agrees to support all CRYs programs as they relate to the care of the youth in your home and shall assist in meeting identified goals in the youth's personal treatment plans and any assignments by counselor(s).

- **LIABILITY AND OTHER INSURANCE COVERAGE.** RTP agrees to provide own liability insurance coverage for their personal property and personal auto while contracted as RTP. RTP shall maintain at least the minimum automobile insurance coverage as required by Utah law. CRYs will not provide property or liability insurance coverage for RTP. If RTP wishes to have personal property insurance coverage, they will provide it themselves. CRYs will not be liable for damage, theft, or personal injury caused by the youth. CRYs is not responsible for any damages, injuries, losses, obligation, or any liabilities incurred by RTP as a result of the youth actions while in placement.
- **EMERGENCIES AND/ OR UNUSUAL BEHAVIOR OF YOUTH.** RTP agrees to notify CRYs immediately of any unusual behaviors, events or circumstances related to the youth or of any illness, injury, accident, or social, emotional, legal or family related problems. If a youth leaves the placement without permission, refuses to comply with program rules or does not return to the placement at a reasonable and agreed upon time, RTP agrees to notify CRYs staff IMMEDIATELY.
- **RECORDS.** RTP agrees to maintain weekly records describing youth progress and behavior with subjective and objective entries. RTP also agrees to record any significant or unusual occurrence, either positive or negative, that may occur while youth is in placement in the home.
- **VACATION, JOB, TRAVEL, ETC.** RTP agrees to provide CRYs notice of vacations, at least one month in advance and shall inform CRYs whether they will take youth with them or require supplemental coverage while on vacation.
- **MEETING/ TRAINING, ETC.** RTP agrees to participate in staff meetings, training sessions or other meetings that may be required by CRYs. If training is incomplete CRYs has the right to withhold pay, until training is completed. Fees will apply for missing/late trainings.
- **POLICIES AND PROCEDURES OF CRYs.** RTP agrees to read, periodically review and discuss with CRYs supervisory staff, all policies and procedures as found in CRYs policy and procedures packet, CRYs Residential Treatment Packet and Utah State Department of Social Services Provider Code of Conduct as well as other recommended training materials.
- **CONFIDENTIALITY.** RTP agrees to treat all information related to the youth as confidential and shall release information only to authorized personnel as identified by CRYs policies.
- **CHARGES FOR SERVICES.** CRYs agrees to provide reimbursement to the RTP for their services at a monthly rate prorated daily to be agreed upon at the time placement.
- **REMOVAL OF A YOUTH.** If the RTP request for the youth to be removed from the home, Form OH100 Division of Child and Family Services, Notice of Agency Action Removal of Foster Child must be completed. RTP will continue providing services, for no more than 10 days, allowing CRYs/Caseworker to relocate the youth to a new placement.
- **CONTRATUAL DOCUMENTS.** This instrument contains all agreements and understanding between the parties with respect to the subject matter thereof. Representations and agreements not expressly contained or incorporated herein shall not be binding as warranties or obligations of either party. All additions and modifications to this agreement shall be executed in writing.

 CRYs Representative Date

 Residential Treatment Parent (RTP) Date

 Residential Treatment Parent (RTP) Date



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Confidential & Proprietary
CROSSROADS YOUTH & ADULT SERVICES AGREEMENT

In consideration of my contracted services with BBGC Services Inc., or its subsidiaries or related companies (hereafter referred to as “Crossroads Youth & Adult Services”) and of the salary, wages, or other compensations paid for my services in the course of such contracted services, I agree that:

- A. **Contracted Service Duties.** I agree that I shall perform all duties that are hereafter assigned to me by Crossroads Youth & Adult Services. The position and the duties associated therewith may be modified or changed by Crossroads Youth & Adult Services. Crossroads Youth & Adult Services shall have the right to change from time to time the nature and scope of my duties, my titles (if any), and the place where such duties shall be performed.
- B. **Best Efforts and Full Devotion of a Contracted Servicer.** I agree that I will faithfully at all times, and to the best of my ability, experience and talents, perform all of my duties that are required of me under this Agreement, including devoting my full business time to and for the exclusive benefit of Crossroads Youth & Adult Services and keeping free from conflicting enterprises or any other activities which would be detrimental to or interfere with the business of Crossroads Youth & Adult Services to the devotion of my full business time to Crossroads Youth & Adult Services. I further agree to use my best efforts to comply with any and all instructions from Crossroads Youth & Adult Services that Crossroads Youth & Adult Services may give me from time to time to promote and maintain the success, quality, professionalism and reputation of Crossroads Youth & Adult Services, including but not limited to policies and procedures defined in Crossroads Youth & Adult Services’ policy & procedure manual, if any.

I acknowledge that if Crossroads Youth & Adult Services does develop or have an employee manual at any time during my contracted services with Crossroads Youth & Adult Services that said manual will set forth various policies, practices and procedures of Crossroads Youth & Adult Services, that such manual may unilaterally change from time to time by Crossroads Youth & Adult Services, and that neither such manual, nor any of the policies, practices or procedures contained in such manual constitute a part of this Agreement or constitute a separate contract or agreement between Crossroads Youth & Adult Services and me relating to me “at will” contracted services by Crossroads Youth & Adult Services.

- C. **Term of Contracted Services and Termination.** I agree that I shall be an “at will” contracted servicer of Crossroads Youth & Adult Services. I expressly acknowledge that this Agreement does not confer upon me any rights with respect to continuation of contracted services by Crossroads Youth & Adult Services or to modify in anyway my “at will” contracted servicer status with Crossroads Youth & Adult Services. I further agree that this Agreement shall not interfere in any way with my rights or Crossroads Youth & Adult Services’ right to terminate my contracted services with Crossroads Youth & Adult Services at any time and for any reason.

Either Crossroads Youth & Adult Services or I, by submitting a written notice of termination, may terminate my contracted services at any time. I acknowledge and agree that the terms and conditions contained in Section A, B, C and E shall apply and be binding on me beyond the termination of this Agreement.

I further acknowledge and agree that the terms and conditions contained on Section A, B, C, D and E of this Agreement shall apply and be binding on me beyond any termination of my contracted services with Crossroads Youth & Adult Services.

D. **Compensation.** I agree that compensation by Crossroads Youth & Adult Services shall be paid in accordance with Crossroads Youth & Adult Services' then current payroll/reimbursement policy. I further agree that Crossroads Youth & Adult Services may, in its sole discretion, modify my compensation from time to time, based upon changes in my job description or upon such other factors as Crossroads Youth & Adult Services may determine. Crossroads Youth & Adult Services may modify the time of payment or the number of payment periods per month in accordance with changes in Crossroads Youth & Adult Services' standard policies.

Additional compensation in the form of insurance coverage, vacation, and other fringe benefits may be provided in accordance with Crossroads Youth & Adult Services policy, which may be changed unilaterally by Crossroads Youth & Adult Services from time to time in its sole discretion and without notice to me.

E. **Confidentiality.** Except as required in the performance of my contracted work for Crossroads Youth & Adult Services, I agree that I will not use or disclose any Confidential Information of Crossroads Youth & Adult Services, either during or after my contracted services with Crossroads Youth & Adult Services.

CRYS Representative Date

Residential Treatment Parent (RTP) Date Residential Treatment Parent (RTP) Date



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Emergency Relocation

Natural disaster's come unplanned and unexpectedly, as a foster parent, it is our responsibility to not only care for your family but to provide the same care and safety for all foster children placed in our homes. It is very important to plan in case of such an emergency. *Please take into consideration the number of clients placed in your home and their basic needs such as medications, limitations etc. when choosing a temporary safe house.*

1st Choice: In case of an emergency evacuation my plans are to relocate to:

Name(s) & Phone Number

Address & Miles away from your current residence.

2nd Choice: In case of an emergency evacuation my plans are to relocate to:

Name(s) & Phone Number

Address & Miles away from your current residence.

3rd Choice: In case of an emergency evacuation my plans are to relocate to:

Name(s) & Phone Number

Address & Miles away from your current residence.

Nearest Red Cross Emergency Center nearest you:
