



PERRY MULTI-COUNTY JUVENILE FACILITY

PERRY – COSHOCTON – DELAWARE – FAIRFIELD – KNOX – LICKING – MORGAN - MUSKINGUM

1625 COMMERCE DR. - NEW LEXINGTON, OH 43764 - PH: (740) 342-9700 - FAX: (740) 342-9701

Dear Parents/Guardians,

Regarding Residents who have Private Insurance:

This letter is to notify you as the parents or guardians of the facility policy regarding co-pays and deductibles. The Perry Multi-County Juvenile Facility's policy is that the parents/guardians are responsible for the payment of any co-pays or outstanding medical costs that are not covered by the policy holder's insurance plan. The facility maintains contact with many of our medical providers. Due to the fact that medications, physician's orders, and the address of the youth are also the facility address, we often receive a bill or any remaining balance related to your child's medical cost. When we receive a bill for co-payment, we will send you a copy of the bill or forward the bill to your home address and ask that you send payment to the provider. We will also supply the medical provider with your address as well, in hopes that they will directly send you a bill for payment.

If you should have any questions, please contact me and I will do my best to assist you. The facility can be reached at the number listed above. This is also a good time to remind parents to provide the facility with any updated insurance information and insurance cards so we can have accurate information in our files.

Sincerely,

Karen Brown
Director of the Perry Multi-County Juvenile Facility

Perry Multi County Juvenile Facility

Probation Officer Checklist

Forms:

- ☐ Authorization for Emergency Medical Treatment
- ☐ Community Services Waiver
- ☐ Consent for Medical Treatment
- ☐ Insurance Information Form (for residents with private insurance)
- ☐ Letter to parents regarding medical bills (signed)
- ☐ Medical Summary completed by medical professional from institution/detention
- ☐ Parent Contract
- ☐ Parent Questionnaire
- ☐ Photo Authorization
- ☐ Releases of Information medical, school, mental health
- ☐ Reporting Responsibility
- ☐ Special Accommodations Form
- ☐ Visitor Confidentiality Agreement

Required Information

- ☐ Birth Certificate (copy)
- ☐ Police Report (if available)
- ☐ Court Order/Journal Entry (makes sure school that is responsible for education cost is included)
- ☐ Social Security Card (copy)
- ☐ School Grades/Transcript
- ☐ D.I.R.
- ☐ IEP/ETR
- ☐ Psychological Evaluation (if available)
- ☐ Immunization Records
- ☐ Insurance Card and any Insurance Information
- ☐ Prior Court History/Charges

If you have any questions or need further clarification, please contact the facility Case Manager

Perry Multi County Juvenile Facility
1625 Commerce Drive
New Lexington, Ohio 43764

Phone: 740-342-9700
Fax: 740-342-9701

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1625 COMMERCE DR. - NEW LEXINGTON, OH 43764 - PH: (740) 342-9700 - FAX: (740) 342-9701

As a parent/guardian of a resident of the Perry Multi-County Juvenile Facility (PMCJF), you may have questions about the facility, program, and rules. The purpose of this letter is to provide you with information about the facility and what your child will experience. We have attached a tab on our website, www.pmcjf.com, with the resident handbook. I encourage you to read the resident handbook so you will be aware of the facility program and rules involving your child.

My first priority is ensuring the safety and well-being of our residents and staff. Your child will be treated fairly at all times. However, PMCJF is a juvenile corrections facility and all resident movements are controlled. Residents are closely supervised and follow rigid rules. Violation of facility rules and regulations will receive consequences. If you as a parent or guardian have a concern or question, feel free to reach out to the director.

The length of each resident's stay at our facility depends upon their behavior, attitude, and willingness to work the program. It is the goal of the entire staff that each resident successfully completes the program and returns to their community. We make every effort to assist each resident in making the life changes necessary to avoid future criminal behavior.

If you have any concerns about the safety of a resident pertaining to a resident being or potentially being sexually abused, you may file a third-party reporting form on behalf of the resident. You must include your name, the resident name, and your relationship to the resident with specific details concerning the allegations. This information will receive my full attention, including referral to law enforcement when warranted. If you choose, you may contact me directly by phone or mail as well.

If you have any questions or concerns, please feel free to speak with a staff member or you may contact me at any time. You may also refer to our commonly asked questions tab on the website to provide information concerning visitation times, clothing requirements, and phone call days and times.

Sincerely,

Karen Brown
Executive Director
Perry Multi-County Juvenile Facility
Karen.brown@pmcjf.com

Perry Multi-County Juvenile Facility
COMMONLY ASKED QUESTIONS

General Clothing Requirements:

Clothes must be in good condition. Please do not bring in any items unless it is needed and meets the facility criteria. Items brought to the facility will only be permitted if your child has completed a request, and the request has been approved. PMCJF staff has the final decision as to clothing appropriateness.

Clothing:

Approved clothing colors are gray, navy, black or white.

- 4 pairs of underwear
- 4 pairs of socks
- 1 pair of economy athletic shoes
Used shoes or keep cost under \$55.00. The rubberized gym floor and concrete outdoor recreational areas wear on shoes.
- 1 pair of shower sandals
- 4 bottoms (1 pair of shorts, lounge pants, or sweatpants suitable for sleeping, 1 bottom suitable for recreation, 2 additional sweatpants or khakis for daily wear. No jeans until appropriate phase. No “Dickies” brand pants. No pockets or strings in shorts or sweatpants. No logos. Khaki pockets limited to normal pockets with no pockets on the legs.)
- 4 Tops (Sweatshirt, t-shirts: May not have hoods, pockets, strings or logos).

Note: Any items brought into the facility with pockets or strings will have strings removed and pockets sewn shut for safety and security. All concerns of gang related items will be addressed on an individual basis and may be prohibited (sports team apparel, colors, shoe type, etc.)

Visitation:

Only court and facility approved individuals are permitted to schedule visits with residents.

Visitation will occur on Wednesday evenings as arranged.

Phone calls:

Residents are only permitted to speak with approved parents and guardians on phone calls. Residents are not permitted to speak with siblings. Three-way calling is not approved.

Residents are permitted two (2) ten-minute video calls and one (1) fifteen-minute phone call. If parents are unable to accept video calls, then regular calls may be substituted. Resident’s may purchase a fourth phone call with their points from the point store.

All calls are initiated by staff to confirm identity of recipient. Residents shall be given a reasonable amount of privacy to talk with approved parties. Calls may be interrupted by staff if resident becomes upset or if a resident is suspected of talking to an unapproved party. The Central Control staff has the ability to listen in the phone line.

Unit A Tuesday, Thursday and Saturdays from 7:00pm to 9:30 pm.

Unit B Monday, Wednesday and Friday from 7:00pm to 9:30 pm.

Perry Multi-County Juvenile Facility
PARENT QUESTIONNAIRE

Child Name		
Custodial Parent/Guardian Name		Relationship to Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent <input type="checkbox"/> Aunt/Uncle Other: List _____
Home Address		Email Address
Cell Phone (____) _____	Home Phone (____) _____	Work Phone (____) _____

Secondary Parent/Guardian Name		Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle Other: List _____
Home Address		Email Address
Cell Phone (____) _____	Home Phone (____) _____	Work Phone (____) _____

Emergency Contact Information (Other than Self or Spouse)		Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent <input type="checkbox"/> Aunt/Uncle Other: List _____
Cell Phone (____) _____	Home Phone (____) _____	Work Phone (____) _____

Do you have reliable transportation to the Facility? ☐ Yes ☐ No

Are there any treatment barriers? ☐ Yes ☐ No

FAMILY RELATIONSHIPS							
	Name	Age	Address	Marital Status	Education Level	Monthly Income	Work Times
Mother				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Did not graduate H.S. <input type="checkbox"/> H.S. Diploma or Equivalent <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Tech.School/Trade School <input type="checkbox"/> AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Doc.		
Father				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Did not graduate H.S. <input type="checkbox"/> H.S. Diploma or Equivalent <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Tech.School/Trade School <input type="checkbox"/> AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Doc.		
Step-Parent(s)				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Did not graduate H.S. <input type="checkbox"/> H.S. Diploma or Equivalent <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Tech.School/Trade School <input type="checkbox"/> AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Doc.		
Other Significant Adult				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Did not graduate H.S. <input type="checkbox"/> H.S. Diploma or Equivalent <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Tech.School/Trade School <input type="checkbox"/> AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Doc.		
Sibling Adult				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Did not graduate H.S. <input type="checkbox"/> H.S. Diploma or Equivalent <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Tech.School/Trade School <input type="checkbox"/> AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Doc.		
Sibling Adult				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Did not graduate H.S. <input type="checkbox"/> H.S. Diploma or Equivalent <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Tech.School/Trade School <input type="checkbox"/> AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Doc.		

FAMILY RELATIONSHIPS continued							
	Name	Age	Address	Marital Status	Education Level	Monthly Income	Work Times
Sibling Adult				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Did not graduate H.S. <input type="checkbox"/> H.S. Diploma or Equivalent <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Tech.School/Trade School <input type="checkbox"/> AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Doc.		
Sibling(s)			<input type="checkbox"/> Same as Mother <input type="checkbox"/> Same as Father <input type="checkbox"/> Same as Guardian <input type="checkbox"/> Other	Age/Grade Level	Other Information		
			<input type="checkbox"/> Same as Mother <input type="checkbox"/> Same as Father <input type="checkbox"/> Same as Guardian <input type="checkbox"/> Other	Age/Grade Level			
			<input type="checkbox"/> Same as Mother <input type="checkbox"/> Same as Father <input type="checkbox"/> Same as Guardian <input type="checkbox"/> Other	Age/Grade Level			
			<input type="checkbox"/> Same as Mother <input type="checkbox"/> Same as Father <input type="checkbox"/> Same as Guardian <input type="checkbox"/> Other	Age/Grade Level			
			<input type="checkbox"/> Same as Mother <input type="checkbox"/> Same as Father <input type="checkbox"/> Same as Guardian <input type="checkbox"/> Other	Age/Grade Level			
			<input type="checkbox"/> Same as Mother <input type="checkbox"/> Same as Father <input type="checkbox"/> Same as Guardian <input type="checkbox"/> Other	Age/Grade Level			
Other							
Other							

Who lives within the home? _____

Is the child returning to the home upon release? ☐ Yes ☐ No

FAMILY PROBLEM AREAS: What issues do you feel your family needs to address while involved with the facility? How does your family normally relate to each other? What do other family members think about your Child’s possible incarceration? How do you and your family typically resolve conflict?

COURT INVOLVEMENT

How many times has your child been on probation? ☐ None ☐ 1 ☐ 2 ☐ More than 2

How long has your child been on probation? _____

How many times has your child been placed on House Arrest/Electronic Monitoring Device? ☐ None ☐ 1 ☐ 2 ☐ More than 2

Has you child ever attempted to or successfully escaped from a secure facility? ☐ Yes ☐ No

If yes, please explain: _____

Does your child have a history of assaults? (Answer including both legal and no legal involvement) ☐ Yes ☐ No

Explain: _____

Does your child have any unpaid fines or court costs at this time? ☐ Yes (Approximant Amount: \$_____) ☐ No

How many times has your child been sent to a Juvenile Detention Center (JDC)? ☐ None ☐ 1 ☐ 2 ☐ More than 2

Please explain your perception of the referring crime: _____

SOCIAL INFORMATION

How many of your Child's friends are/have been involved with the Court? ☐None ☐1-2 ☐3-5 ☐5+

Friends ages: ☐Mostly Older ☐Mostly Younger ☐Same Age

Has your Child had a change in friends within the past 9 months? ☐Yes ☐No

Is your Child involved with a Gang? ☐Yes ☐No ☐Not sure **Which gang?** _____

What do you think of your Child's friends? ☐Mostly Positive Influence ☐Mostly Negative Influence ☐I don't know their friends

Is your Child involved in Church or any other Organized Activities? ☐Yes ☐No

What kind: _____

Has your Child ever been involved in any other Organized Athletics? ☐Yes ☐No

What kind: _____

Has your Child ever been employed? ☐Yes ☐No

Where? _____ How long was he employed? _____

Has he ever been fired? ☐Yes ☐No

Has your Child ever been bullied or been a bully? ☐Yes ☐No

Explain: _____

Is your Child dating? ☐Yes ☐No

Do you think your Child is sexually active? ☐Yes ☐No ☐Not Sure

Do you think your Child needs information about sex, methods of birth control, &/or disease prevention?

☐Yes ☐No ☐Not Sure

EDUCATION

Name of Child's School and District

Address of School

What is the current grade level for your Child?

☐7th ☐8th ☐9th ☐10th ☐11th ☐12th ☐Not Enrolled

Is your Child in any special classes?

☐Yes ☐No Type: _____ Duration? _____

Does your Child have and IEP or 504 Plan?

☐Yes ☐No Explain: _____

Has your Child ever repeated a grade?

☐Yes ☐No If yes, which grade(s): _____

What grades does your Child usually get? ☐A/B ☐B/C ☐C/D ☐D/F

What grades do you feel your Child is capable of getting? ☐A/B ☐B/C ☐C/D ☐D/F

How do you feel your Child gets along with his teachers? ☐Good ☐Fair ☐Poor

How do you feel your Child gets along with his classmates? ☐Good ☐Fair ☐Poor

How often does your Child bring books/work home to study? ☐Daily ☐Weekly ☐Monthly ☐Occasionally

How often does your child get detention? ☐Daily ☐Weekly ☐Monthly ☐Occasionally

How often is your child absent from school? ☐Daily ☐Weekly ☐Monthly ☐Occasionally

How often is your child late to school? ☐Daily ☐Weekly ☐Monthly ☐Occasionally

How often does your child get suspended from school due to behavior? ☐Weekly ☐Monthly ☐Occasionally

Has your child ever been expelled? ☐Yes ☐No Explain (When and why): _____

Is your child involved in extracurricular activities? ☐Yes ☐No What kind? _____

SUBSTANCE USAGE

How often does your child drink Alcoholic Beverages? ☐Daily ☐Weekly ☐Monthly ☐Occasionally/Never

How often does your child come home drunk/high? ☐Daily ☐Weekly ☐Monthly ☐Occasionally/Never

How often has your child passed out from drinking too much? ☐Daily ☐Weekly ☐Monthly ☐Occasionally/Never

How old was your child when he first drank alcohol? _____

How old was your child when he first used drugs? _____

How frequently does your child use drugs? ☐Daily ☐Weekly ☐Monthly ☐Occasionally/Never

What kinds? _____

Has your child ever sold drugs? ☐Yes ☐No

Has your child ever purchased drugs? ☐Yes ☐No

Has your Child ever overdosed from drug usage? ☐Yes ☐No If yes, give date: _____

What do you think about your child's alcohol or drug usage? ☐No Problem ☐Minor Problem ☐Major Problem

Has your Child ever received Substance Abuse Treatment? ☐Yes ☐No

☐Outpatient Where? _____ ☐Residential Where? _____

Why do you think your child uses alcohol or other drugs? _____

How often do you drink alcohol? ☐Daily ☐Weekly ☐Monthly ☐Occasionally/Never _____

How often do you use drugs? ☐Daily ☐Weekly ☐Monthly ☐Occasionally/Never _____

MENTAL HEALTH

Has your Child ever been to a counselor? ☐Yes ☐No Where? _____

When? _____ Why? _____

Do you feel it helped? ☐Yes ☐No Why/Why not? _____

Has your Child ever:

Been a patient in a Psychiatric Hospital? ☐Yes ☐No

Attempted suicide? ☐Yes ☐No

Threatened to kill someone else? ☐Yes ☐No

Been cruel to animals? ☐Yes ☐No

Beat someone up? ☐Yes ☐No

Stolen from family members? ☐Yes ☐No

Witnessed domestic violence? ☐Yes ☐No

Does your child see things others don't? ☐Yes ☐No

Threatened to kill themselves? ☐Yes ☐No

Engaged in cutting/self-mutilation? ☐Yes ☐No

Had problems with Fire Setting? ☐Yes ☐No

Run away? ☐Yes ☐No

Had an explosive temper? ☐Yes ☐No

Been a victim of physical abuse? ☐Yes ☐No

Been a victim of sexual abuse? ☐Yes ☐No

Does your child hear things others don't? ☐Yes ☐No

Please describe a time when he lost his temper. What did he do? What happened?

Has your Child experienced any of the following Life Stresses in the past 12 months?

Please check all that apply:

☐ Change in school

☐ Change in living arrangements

☐ Death of friend

☐ Death of pet

☐ Death of parent

☐ Death of sibling

☐ Parent separation

☐ Parent divorce

☐ Parent remarriage

☐ New sibling

☐ Family financial problems

☐ Chronic illness of family member

☐ Other major changes: _____

Does anyone in the home/family have mental health issues? ☐Yes ☐No Explain: _____

MEDICAL INFORMATION

Allergies

- ☐ Food/ Other Allergies Describe: _____
- ☐ Medication Allergies Describe: _____
- ☐ Special Diet Describe: _____

Exams/Past Treatment

1. Has your Child ever experienced or been diagnosed with any of the following? And if so when?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Asthma: _____ | <input type="checkbox"/> Diabetes: _____ | <input type="checkbox"/> Epilepsy/Seizures: _____ | <input type="checkbox"/> Heart Murmur: _____ |
| <input type="checkbox"/> Arthritis: _____ | <input type="checkbox"/> Strokes: _____ | <input type="checkbox"/> Weight Gain/Loss: _____ | <input type="checkbox"/> Cirrhosis: _____ |
| <input type="checkbox"/> Cancer: _____ | <input type="checkbox"/> Hepatitis: _____ | <input type="checkbox"/> Herpes: _____ | <input type="checkbox"/> Gonorrhea: _____ |
| <input type="checkbox"/> Other STD's: _____ | <input type="checkbox"/> Pancreatitis: _____ | <input type="checkbox"/> Fainting: _____ | <input type="checkbox"/> Frequent Vomiting: _____ |
| <input type="checkbox"/> Lung Problems: _____ | <input type="checkbox"/> Kidney Disease: _____ | <input type="checkbox"/> Thyroid: _____ | <input type="checkbox"/> Rheumatic Fever: _____ |
| <input type="checkbox"/> Headaches: _____ | <input type="checkbox"/> Mumps: _____ | <input type="checkbox"/> Scarlet Fever: _____ | <input type="checkbox"/> Pneumonia: _____ |
| <input type="checkbox"/> Whooping Cough: _____ | <input type="checkbox"/> Diphtheria: _____ | <input type="checkbox"/> Tuberculosis: _____ | |
| <input type="checkbox"/> High Blood Pressure: _____ | <input type="checkbox"/> Covid-19: _____ | | |
| <input type="checkbox"/> Other Illness or Disease: _____ | | | |

Immediate Family Members please indicate who and when:

- | | | |
|---|---|--|
| <input type="checkbox"/> Heart Disease: _____ | <input type="checkbox"/> High Blood Pressure: _____ | <input type="checkbox"/> Diabetes: _____ |
| <input type="checkbox"/> Tuberculosis: _____ | <input type="checkbox"/> Stroke: _____ | <input type="checkbox"/> Asthma: _____ |

Mental Health Issues, please identify who and specific diagnosis: _____

Cancer, please identify who and location: _____

2. Date of Child's last Tuberculosis test: _____

3. List your Child's most current:

- | | | |
|-------------------------------|----------------|--|
| Physical Exam: Date: _____ | Doctor: _____ | Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Optical Exam: Date: _____ | Doctor: _____ | Retainer: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dental Exam: Date: _____ | Dentist: _____ | Hearing Loss: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hearing Exam: Date: _____ | Doctor: _____ | |
| Specialist Visit: Date: _____ | Doctor: _____ | |

4. Does your Child have any physical limitations? ☐ Yes ☐ No If yes, please list: _____

5. Has your child ever been seriously injured in an accident/incident? ☐ Yes ☐ No If yes, please list: _____

6. List any past surgeries and dates? _____

List all prescribed medications and pills your Child takes:

Medication	Dosage	
		Is your child currently taking this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Is your child currently taking this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Is your child currently taking this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Is your child currently taking this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Is your child currently taking this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Is your child currently taking this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Is your child currently taking this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No

What would you like to see changed about your Child? _____

Do you have any other comments or questions? ☐ Yes ☐ No _____

Signature of Parent/Guardian Completing this form: _____

Date: _____

Relationship to the child: _____

Perry Multi-County Juvenile Facility
INSURANCE INFORMATION

Resident's Name		Date of Intake
Custodial Parent/Guardian Name		
Home Address		
Cell Phone (____) _____	Home Phone (____) _____	Work Phone (____) _____

Is this a different address than your child: ☐ Yes ☐ No

Do you have insurance coverage on this child: ☐ Yes ☐ No

Name of Insurance Company: _____

Group/Plan Number: _____

Name of Employer: _____

Address: _____

Phone: _____

Notification for parents/guardians with private insurance:

The Perry Multi-County Juvenile Facility's policy is that the parents/guardians are responsible for the payment of any co-pays or outstanding medical costs that are not covered by the policy holder's insurance plan. The facility maintains contact with many of our medical providers. Due to the fact that medications, physician's orders, and the address of the youth are also the facility address, we often receive a bill or any remaining balance related to your child's medical cost. When we receive a bill for insurance co-payments, we will send you a copy of the bill or forward the bill to your home address and ask that you send payment to the provider. We will also supply the medical provider with your address as well, in hopes that they will directly send you a bill for payment.

Do you give consent that the facility can use your insurance to provide for medical treatment for your child and bill you for any remaining co-pays or outstanding medical costs not covered by insurance? ☐ Yes ☐ No

If there is insurance on this child, please attach a copy of the insurance card to this form.

Parent/Guardian Signature

Date

Perry Multi-County Juvenile Facility
AUTHORIZATION FOR EMERGENCY TREATMENT OF MINORS

Child Name		Date of Birth
Custodial Parent/Guardian Name		
Home Address		
Cell Phone ()	Home Phone ()	Work Phone ()

Child's Medical Information:

Allergies: _____

Drug Allergies: _____

Past Illnesses: _____

Regular Medications: _____

Date of last Tetanus (Lock Jaw): _____

Child's Home County Physician: _____

IF THE ABOVE PHYSICIAN IS NOT PMCJF'S MEDICAL PROVIDER, WE CONSENT TO HAVE PMCJF'S MEDICAL PROVIDER OR THE EMERGENCY ROOM PHYSICIAN SEE OUR CHILD: ☐ Yes ☐ No

IF EMERGENCY DENTAL CARE IS NEEDED, WE CONSENT TO HAVE PMCJF'S DENTAL PROVIDER OR THE EMERGENCY ROOM PHYSICIAN TO SEE OUR CHILD: ☐ Yes ☐ No

IF EMERGENCY PSYCHIATRIC CARE IS NEEDED, WE CONSENT TO HAVE PMCJF'S MENTAL HEALTH PROVIDER SEE OUR CHILD. ☐ Yes ☐ No

Parent/Guardian Signature

Date

Questions or clarification contact:

Executive Director: Karen Brown

Perry Multi-County Juvenile Facility

1625 Commerce Drive New Lexington, Oh 43764

Phone: 740-342-9700 Fax: 740-342-9701

Perry Multi-County Juvenile Facility
CONSENT FOR MEDICAL TREATMENT

☐ My child is a minor, and is unable to consent because of their age.

Parent/Guardian

1. I, _____, make oath and say that I am the lawful parent/guardian of (child's name) _____ and there are no court orders in effect that would prohibit me from conferring the power to consent upon another person.
2. I hereby authorize and appoint **Perry Multi-County Juvenile Facility of 1625 Commerce Drive in New Lexington, Ohio** as my Agent. Unless otherwise provided in this authorization, my Agent may consent to emergency and routine treatment for my child including dental treatment, anesthesia and blood transfusion.
3. My Agent may have access to any and all records, including but not limited to, insurance records regarding any medical services or treatment provided.
4. The purpose of this instrument is to give Perry Multi-County Juvenile Facility the power and authority to consent to medical treatment for my child. This power and authority will be effective as of the date of facility entry.
5. I give this consent freely and knowingly in order to provide for the child and not as a result of coercion, duress or payments by any person or agency.

Parent/Guardian Signature: _____ Date: _____

☐ I am eighteen years or older, or a legally emancipated minor. I am able to give medical consent.

I, _____, am presenting myself for treatment to the authorized medical provider and voluntarily consent to the rendering of such care, including emergency, diagnostic and surgical procedures and medical treatment by authorized agents and employees of the authorized medical provider or their designees, as may in their professional judgment be deemed necessary or beneficial.

I am aware that the practice of medicine is not an exact science and acknowledges that no guarantees have been made to me as to the results of treatment and/or examination.

I HEREBY, further authorize the authorized medical provider to release to any person or corporation, including but not limited to, my insurance company, any physician, hospital, nursing home, nursing service, social agency, welfare agency, or governmental agency, who in the best judgment of the authorized medical provider has a legitimate interest to the information requested contained in my medical records.

This form has been fully explained to me, and I certify and acknowledge that I understand its contents. I may revoke this form at any time in writing.

Signature of Patient/Resident

Date

Signature of Parent/Guardian (with relationship to patient)

Date

Perry Multi-County Juvenile Facility
COMMUNITY SERVICE WAIVER OF LIABILITY

Resident Name	
Custodial Parent/Guardian Name	Home Phone (____) _____

To the participating youth and parent:

I, Parent/Guardian, _____

and my child, _____

hereby agree to hold the Perry Multi-County Juvenile Facility, and anyone involved in the Community Service program of the PMCJF, harmless from all liability whatsoever for any injury or illness to my person, or my child's person, while participating in the Community Service Program.

Residents under the age of eighteen who participate in Community Service Program are not permitted to operate machinery or use any equipment with a motor.

Resident Signature

Date

Parent/Guardian Signature

Date

Perry Multi-County Juvenile Facility
PHOTOGRAPH AND VIDEOTAPE AUTHORIZATION

I hereby give consent to the Perry Multi-County Juvenile Facility to photograph my child for identification purposes only.

I further give consent to have my child video taped during treatment groups, individual and/or family counseling, with the understanding that said video tapes will be used for staff's professional growth and consultation, as well as for the review of the counseling session's progress.

The video tapes and photographs are used strictly within the Perry Multi-County Juvenile Facility, and will not be released outside of the facility without further consent, from the parent or guardian.

On occasion, photographs may be utilized or may appear in local newspapers, newsletters, or other publications in the event that Perry Multi-County Juvenile Facility projects will create an enhanced public awareness and positive image. Should a situation arise that a resident has a photograph submitted to a local newspaper, newsletter or other publication; the guardians will be asked to give permission prior to submission of said photo.

This form releases Perry Multi-County Juvenile Facility and its employees from any liability associated with said photographs and articles.

If you do not want your child photographs to be use or permitted outside the facility, please mark the box identified as no, include your child's name and sign your name in the Parent/Guardian section.

☐ No, I do not want my child's photograph released/used or taken outside the facility.

Resident Signature

Date

Parent/Guardian Signature

Date

Perry Multi-County Juvenile Facility

1625 Commerce Drive
New Lexington, Ohio 43764
Phone: (740) 342-9700 Fax: (740) 342-9701

Authorization to Release Information

Resident Name:	Date of Birth:
Social Security Number:	

The above-identified resident is in the custody of the Perry Multi-County Juvenile Facility. This release authorizes:

**Perry Multi-County Juvenile Facility
1625 Commerce Drive
New Lexington, Ohio 43764**

To release and exchange information with the following entities. Information may include progress reports, background information, behavioral reports, diagnosis and treatment, case notes, and other as deemed relevant to the purpose of the communication.

(Identify specific name & address if known. It is helpful to check all systems that the resident has contact with in the past year.):

- ☐ School District: _____
- ☐ Probation Officer/Court: _____
- ☐ Mental Health Provider: _____
- ☐ Medical Doctor: _____
- ☐ Religious Contact: _____
- ☐ Other: _____

For the Purpose(s) of:

- ☐ Gathering information necessary for care and treatment of the resident (Intake)
- ☐ Gathering information necessary for care and treatment of the resident (Other)
- ☐ Coordinating aftercare treatment
- ☐ Other: _____

_____ Resident Signature	_____ Date
_____ Parent	_____ Date
_____ Karen Brown, Executive Director	_____ Date

(Prohibition against Re-Disclosure: This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains (and their legal guardian if under age 18) or as otherwise permitted by 42 C.F.R. Part2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug client. These conditions apply to every page disclosed accompanying this release.

Perry Multi-County Juvenile Facility
VISITOR CONFIDENTIALITY AGREEMENT

During my visit or participation in the treatment programs of Perry Multi-County Juvenile Facility (PMCJF), I understand that I will obtain information that is considered confidential regarding individuals involved in the programs at PMCJF. I understand that it is a violation of an individual's rights to privacy to divulge this information to individuals or agencies outside of PMCJF.

I agree not to share the identity of any resident or visitor, personal observations concerning any resident or visitor, or content of what a resident or visitor verbally shares with any individuals or agencies outside of Perry Multi-County Juvenile Facility, now or at any time in the future.

Parent/Guardian Signature

Date

Perry Multi-County Juvenile Facility
SPECIAL ACCOMMODATIONS FORM

Resident Name	Date
<p>The information on this form identifies special arrangements to best address the needs of your child and family. This information may include the following: Special medical or religious diets, language or literacy barriers for your child or a parent/guardian that can cause a misunderstanding of facility rules and regulations, developmental delays, transportation issues, clothing needs, etc.</p>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No Resident has special diet restrictions. Explain: _____</div> <div>_____</div>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No Resident has specific religious or special diet that needs to be addressed medically in a health-related emergency. Explain: _____</div> <div>_____</div>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No Resident or parent has a language or literacy need that can cause the resident or parent to misunderstand agency rules and regulations. Explain: _____</div> <div>_____</div>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No Resident has developmental milestones or delays that need addressed. _____</div> <div>_____</div>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No Resident specific needs to address that may require accommodations: (Please include issues such as transportation and financial assistance with clothes and/or shoes, etc...): _____</div> <div>_____</div> <div>_____</div>	
<p>Perry Multi-County Juvenile Facility will provide needed assistance either within the facility by a staff member or by a qualified individual supervised by a staff member for any verified needed accommodations indicated above.</p>	
_____ Parent/Guardian Signature	_____ Date

Perry Multi-County Juvenile Facility
REPORTING RESPONSIBILITY

As the parent/guardian of the following youth I understand that I am responsible for notifying any and all agencies that require notification in the change of living arrangements for this youth.

This may include: Social Security Administration, Department of Jobs and Family Services, Child Support Enforcement Agency, school,

Perry Multi-County Juvenile Facility is not responsible for notifying any agency of changes made in your home living arrangements.

Youth Name: _____

Parent/Guardian Signature: _____

Date: _____

Perry Multi-County Juvenile Facility

1625 Commerce Drive
New Lexington, Ohio 43764
Phone: 740-342-9700 Fax: 740-342-9701
Webpage: pmcjf.com

PARENT CONTRACT OF PARTICIPATION

I, _____, parent/guardian of _____,
understand that if my child is placed in the Perry Multi-County Juvenile Facility, I will do the
following:

1. I understand that I must participate in any family therapy sessions, as deemed necessary by the clinical staff.
2. I understand that I am responsible to pay support as ordered by the Court, to be determined according to the Ohio Revised Code.
3. I understand that I may be responsible for any medical, dental, and clothing expenses incurred by my child while in the custody of the Perry Multi-County Juvenile Facility.

I understand that by signing this agreement, it then becomes an order of the Court. I understand that if I fail to comply with any of the above stipulations, that I can be held in contempt of Court which may result in a fine or incarceration.

Parent/Guardian Signature

Date

Perry Multi-County Juvenile Facility
MEDICAL INTAKE SUMMARY

This form is to be completed by a medical professional at the youth's place of confinement prior to intake at PMCJF.

Medical Summary for (Youth Name): _____

Juvenile Facility: _____

Informants Name and Title: _____

Business phone: _____ **(Fax Number)** _____

Short Medical History: (Check box if yes and give explanation)

1. ☐ Allergies: _____

2. ☐ Current Medications: _____

Last date and time given: _____

3. ☐ Surgeries and Dates: _____

4. ☐ Fractures and Dates: _____

5. ☐ Hospitalizations and Dates: _____

Reason: _____

6. ☐ Recent Illnesses: _____

7. ☐ Other History: _____

8. ☐ Past Medications: _____

9. ☐ Recent Procedures: (x-rays, lab test, dental care) _____

10. ☐ Immunizations:

Date of last tetanus: _____

Date of last TB test: _____ Results: ☐ Positive ☐ Negative