



## 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

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### Commonly Asked Questions

Clothes must be in good condition, as they will need to last the duration of your child's stay. Please do not bring in any items unless it meets the facility criteria. If any questions in regard to clothing or shoes, contact the Director, Jay Conrad, for approval. Approved clothing colors are **gray, navy, black or white**

#### Clothing:

- 4 pairs of underwear TOTAL (we understand the underwear might come in larger packs, and what is left over after (once the resident has their 4) goes into their intake area so they will be able to use them the rest of their stay.
- 4 pairs of socks TOTAL (black and gray are preferred as they resist stains)
- 1 pair of economy tennis shoes (used or cost less than \$55.00-Provide the receipt upon arrival)
- 1 pair of shower sandals (should not have "memory foam" in them)
- 4 bottoms TOTAL (the bottoms can be any of the following; shorts "basketball shorts" lounge pants, or sweatpants.) There maybe no "Large Logos" on the items. All strings will be cut from the clothing items, and no pockets are best. Hanes Brand (at Walmart) makes "basic" sweatpants/shorts for a good price.
- 4 Tops TOTAL (The tops can be any of the following; Sweatshirt (no "hoodies") and basic "plain" t-shirts. There maybe no "large Logos" on the items. Hanes Brand (at Walmart) makes "basic" T-Shirts/ Sweaters for a good price.

**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:

As we are still processing through the Pandemic (COVID-19), we have been maintaining on-going "Skype" visits since the Pandemic started. Each resident will be allowed to "Skype" on Wednesdays and Saturdays. They are currently allowed to "Skype" for 15 minutes and the video call will be monitored by our staff. Furthermore, we have slowly intergraded "in-person" visits, but based upon the COVID-19 monitoring system. We will be in touch with all families when we begin scheduling "in-person" visits for the upcoming months. As a visitor, you must wear a mask, sanitize hands, and maintain 6 feet distance. Visits can be stopped at any time due to the COVID-19 policy and procedures and following our local Health Department's Orders. Visitors will be dismissed if all rules are not followed. \*Visitation rules/availability can change monthly, depending on various factors. You will be notified of any changes via phone call or Skype message in a timely manner. All visit times/days are at the Director's discretion and are subject to change.

#### Phone calls:

Residents may ONLY speak with APPROVED family members. Must be approved by the Director and Probation Officer. No Three-way calling. No discussing of "on-going" issues with friends/family. This increases the resident's anxiety/anger and will need to be discussed with the facility staff before brought up on a phone call.

- **Unit A** Tuesday or Thursday from 7:00 pm to 9:30 pm
- **Unit B** Monday or Friday from 7:00 pm to 9:30 pm



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**AUTHORIZATION FOR EMERGENCY TREATMENT OF MINORS**

Child's Full Name: \_\_\_\_\_ D. O. B.: \_\_\_\_\_

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

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**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 PMCF'S MEDICAL PROVIDER, WE CONSENT TO HAVE PMCF'S MEDICAL PROVIDER OR THE EMERGENCY ROOM PHYSICIAN SEE OUR CHILD: \_\_\_\_\_ YES \_\_\_\_\_ NO

IF EMERGENCY DENTAL CARE IS NEEDED WE CONSENT TO HAVE PMCF'S DENTAL PROVIDER OR THE EMERGENCY ROOM PHYSICIAN TO SEE OUR CHILD: \_\_\_\_\_ YES \_\_\_\_\_ NO.

IF EMERGENCY PSYCHIATRIC CARE IS NEEDED WE CONSENT TO HAVE PMCF'S MENTAL HEALTH PROVIDER SEE OUR CHILD. \_\_\_\_\_ YES \_\_\_\_\_ NO

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

\_\_\_\_\_  
Date

Questions or clarification: Please contact:  
Director: **Jay Conrad**  
Perry Multi County Juvenile Facility  
1625 Commerce Drive New Lexington, Oh 43764  
Phone: (740)342-9700 Fax: (740)342-9701



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**Authorization for Photograph and Videotape**

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 videotaped 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 youth have 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's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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**Community Service Waiver of Liability**

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

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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 PM CJF, 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 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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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**Consent for Medical Treatment**

I, \_\_\_\_\_, am presenting myself for treatment to the authorized medical provider and voluntarily consent to the rendering of such care, including 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 examination in the medical center.

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. These records will not include HIV testing, mental health or drug and alcohol treatment.

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.

The patient is a minor, years of age, and is unable to consent because of their age.

\_\_\_\_\_  
Signature of Patient/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian / Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Questions or clarification: Please contact:  
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Perry Multi County Juvenile Facility  
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### **Introduction To Our Facility**

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

First and foremost, the safety and well-being of our residents and the staff is my first priority. Rest assured that your child will be treated fairly at all times. However, PM CJF is a juvenile corrections facility and all residents' movements are restricted. Residents are closely supervised and follow rigid rules. Violation of facility rules and regulations will always receive consequences. However, if you as a parent or guardian have a concern or question, we have attached a tab that will allow you to contact me, at the "Contact the Director" tab, located on the home page of the website.

The length of each resident's stay at our facility depends upon the juvenile's 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 will make every effort to assist the resident in making the life changes necessary to avoid future criminal behavior.

If you have any concerns at to the safety of a resident pertaining to a resident being or potentially being sexually abused. You may file an administrative grievance on behalf of the resident. You must include your name, the resident name, and your relationship to the resident and be specific as to the details and allegations of sexual abuse. Use the "Contact the Director Tab" located on the home page of the website to complete the information. This information will be sent to me directly and will receive my full attention, including referral to law enforcement. 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. Also please visit our commonly asked questions tab. It is provided to give you information as to visitation times, clothing requirements and phone/ Skype call days and times.

Sincerely,

**Jay Conrad**

Director of the Perry Multi-County Juvenile Facility



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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 holders' insurance plan. The facility has been in contact with many of our medical providers who we receive medical services from. Due to the fact that medications, Doctor'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 send you a bill, directly, for payment.

If you should have any questions, please contact me and we will do our best to assist in any way possible. We 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,

**Jay Conrad**

Director of the Perry Multi-County Juvenile Facility



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**Medical Summary**

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

**Medical Summary** for (new resident's name): \_\_\_\_\_

Juvenile Facility: \_\_\_\_\_

Informants Name and Title: \_\_\_\_\_

Business phone: \_\_\_\_\_

**Short Medical History:** (indicate with yes or no and give explanation if yes)

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) \_\_\_\_\_





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**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 monthly parent support group sessions, on the third Sunday of every month at the Perry Multi-County Juvenile Facility.
2. I understand that I must participate in any family therapy sessions, as deemed necessary by the clinical staff.
3. I understand that I am responsible to pay support as ordered by the Court, to be determined according to the Ohio Revised Code.
4. 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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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### **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**

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

**Phone: 740-342-9700  
Fax: 7840-342-9701**



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Authorization to Release Information

Residents Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

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 Information to [ ] Exchange Information with
(Name & address)

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

For the Purpose(s) of: [ ] Coordinating after care treatment [ ] Other: \_\_\_\_\_

Identify the Information Being Released or Requested:

\_\_\_\_\_

\_\_\_\_\_  
Resident Signature Date

\_\_\_\_\_  
Parent Date

\_\_\_\_\_  
Jay Conrad, 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.



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**Reporting Responsibility Form**

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, schools, etc...

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

Resident's Name: \_\_\_\_\_

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

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Resident Insurance Information**

Resident Name: \_\_\_\_\_ Date of Intake: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

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

\_\_\_\_\_

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: \_\_\_\_\_

Do you give consent that the facility can use your insurance to provide for medical treatment for your child \_\_\_\_\_ Yes \_\_\_\_\_ No

Medications this youth is taking:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time Taken a Day \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies (Drug or Food or Environmental):

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
Date



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**Special Accommodations Form**

Resident Name \_\_\_\_\_ Date \_\_\_\_\_

Resident has special diet restrictions. Explain: \_\_\_\_\_  
\_\_\_\_\_

Resident has specific religious or special diet that needs to be addressed medically in a health related emergency: Explain: \_\_\_\_\_  
\_\_\_\_\_

Resident or parent has a language or literacy need that can cause the resident or parent to misunderstand agency rules and regulations: Explain:  
\_\_\_\_\_  
\_\_\_\_\_

Resident has developmental milestones or delays that need addressed: Explain:  
\_\_\_\_\_

Specific needs that need to be addressed that may require accommodations to be made (such as transportation, financial assistance with clothes and/or shoes, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

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.

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



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**Visitors 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.

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Signature of Parents/Guardians

Date