



*Student Intake Checklist*

- YLS Score
- MAYSI
- PO Face Sheet
- All Previous Psychological Evaluations
- Student IEP



## Rite Care Referral Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

History of Arrests:

Why would this referral be a good fit for the program?

Previous Placements or Referrals and the Outcomes:

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All intake and referral documents will be electronically sent to Juanita Lightfoot at [juanita.lightfoot@rop.com](mailto:juanita.lightfoot@rop.com)



## EVENING LEARNING CENTER ENROLLMENT PACKET

| IDENTIFYING INFORMATION  |                        |                                      |                  |
|--|------------------------|--------------------------------------|------------------|
| <b>Intake Date:</b>  |                        | <b>Program Start Date:</b>           |                  |
| <b>Student Name:</b><br><small>[First Name, MI, Last Name]</small>   |                        | <b>D.O.B:</b>                        | <b>Age:</b>      |
| <b>Parent/Guardian Name:</b><br><small>[First Name, MI, Last Name]<br/>not necessary for youth 18+</small> |                        | <b>Relationship:</b>                 |                  |
| <b>Address:</b>  |                        | <b>City:</b>                         | <b>Zip Code:</b> |
| <b>Gender:</b>   | <b>Pronouns:</b>       | <b>Ethnicity:</b>                    |                  |
| <b>Phone #:</b>  | <b>Student Phone#:</b> | <b>Community Service Hours:</b>      |                  |
| <b>School:</b>   | <b>Grade:</b>          | <b>Expected Termination Date:</b>    |                  |
| <b>Employer/Extracurricular Activities:</b>  | <b>Unavailability:</b> | <b>Supervisor/Coach Information:</b> |                  |

| EMERGENCY INFORMATION  |                      |                  |
|--|----------------------|------------------|
| <i>Please list two additional contacts which we may contact if you are unavailable</i> |                      |                  |
| <b>1<sup>st</sup> Emergency Contact:</b><br><small>[First Name, MI, Last Name]</small> | <b>Relationship:</b> | <b>Phone #:</b>  |
| <b>Address:</b><br><small>[Number, Street and Apartment#]</small>                      | <b>City:</b>         | <b>Zip Code:</b> |
| <b>2<sup>nd</sup> Emergency Contact:</b><br><small>[First Name, MI, Last Name]</small> | <b>Relationship:</b> | <b>Phone #:</b>  |
| <b>Address:</b><br><small>[Number, Street and Apartment#]</small>                      | <b>City:</b>         | <b>Zip Code:</b> |

| MEDICAL INFORMATION   |
|---|
| <b>Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Please List:                   |
| <b>Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Please Explain:       |
| MEDICAID INFORMATION  |
| <b>Medicaid Number:</b> _____   |
| <b>Front and Back of Medicaid Card Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |

# RITE CARE RELEASE OF INFORMATION

Completion of this document authorizes the use or disclosure of individually identifiable personal information about you, as set forth below, consistent with Michigan and federal law concerning the privacy of such information. ***Please ensure that all information is complete and accurate.***

| IDENTIFYING INFORMATION  |               |             |           |
|--|---------------|-------------|-----------|
| Today's Date:  | Student Name: | Age:        | DOB:      |
| Address:   |               | City:       | Zip Code: |
| Cell Phone:  | Other Phone:  | Email:      |           |
| AUTHORIZATION  |               |             |           |
| <p>I, _____, hereby authorize _____ to release specific<br/> <small>[Parent/Guardian Name]</small> <small>[Persons/Organizations, School, etc]</small><br/>                     information regarding _____ to <b>Rite Care Employees</b>.<br/> <small>[Student Name]</small></p> <p><b>I specifically authorize to release information regarding:</b>   <input checked="" type="checkbox"/> Attendance   <input checked="" type="checkbox"/> Progress   <input checked="" type="checkbox"/> Appointments<br/> <input checked="" type="checkbox"/> Academic Performance   <input checked="" type="checkbox"/> Disciplinary Actions   <input type="checkbox"/> Other: _____</p> <p><b>My information may be shared:</b>   <input checked="" type="checkbox"/> in person   <input checked="" type="checkbox"/> by phone   <input checked="" type="checkbox"/> by fax   <input checked="" type="checkbox"/> by mail   <input checked="" type="checkbox"/> by e-mail</p> <p style="text-align: center;"><input type="checkbox"/> <b>Two-way release (Release and obtain information from both parties listed)</b></p> <p>I authorize this request for the period of _____ / _____ / _____ to _____ / _____ / _____</p> |               |             |           |
| PURPOSE  |               |             |           |
| Purpose of this request/ disclosure will be used to monitor and determine students targeted and individualized program elements.   |               |             |           |
| EXPIRATION DATE  |               |             |           |
| This authorization expires on (Date, Event, or Condition): _____ / _____ or upon termination of Rite Care Services.<br><div style="display: flex; justify-content: center; gap: 20px;"> <span>Month</span> <span>Year</span> </div>  |               |             |           |
| SIGNATURE  |               |             |           |
| Student Signature: _____   |               | Date: _____ |           |
| Parent/Guardian Signature: _____   |               | Date: _____ |           |
| Staff Signature: _____   |               | Date: _____ |           |

# RITE CARE EVENING LEARNING CENTER CONTRACT

|                            |                   |
|----------------------------|-------------------|
| <b>Student Name:</b> _____ | <b>DOB:</b> _____ |
|----------------------------|-------------------|

*You have been referred to the RITE CARE EVENING LEARNING CENTER (ELC) program by your Probation Officer \_\_\_\_\_ Your Probation Officer feels that you will benefit from the services offered through the Evening Learning Center program and will regularly report your progress to the applicable parties (ex: juvenile court, probation officer, school official, case manager etc). This is a contract explaining your responsibilities.*

**STUDENT:**

I understand that the ELC program is 16 Week, **consisting of 2 Phases. Both Phases must be completed** before I can exit from the program successfully, therefore the length of the program could be extended in accordance with my participation. Excessive absences will result in program restart, phase down, or repetition of weeks; therefore, I will attend programming at the ELC, weekdays from 2:30pm to 8:30pm.. If I am unable to attend the program, I will ask my parent/legal guardian to call the ELC office before program begins with my reasoning. All excused and unexcused absences will be reported to CB Specialist.

⊗ **Not Allowed Excuses: birthdays, transportation, baby-sitting and/or not being ready for pick-up.**

⊙ **Allowable Excuses: illness verified by your guardian and/or doctors note after 3 days, family emergency, any probation related appointments and/or court appearances, employment, sports, Behavioral Health appointments (during program hours), other excuses verified by Probation Officer.**

I understand my ELC attendance and participation is reported directly to Probation on a daily basis. This information is used to determine my compliance with court orders, aids in the dispositional process and or any plan arranged by the referring agency. **Therefore, I understand the need to be in compliance with the terms of this ELC contract, attend program daily, and participate in all program activities.**

I understand that **RITE CARE is a Substance Abuse Free** facility, and the use of any unlawful drug (s) is a violation of the law and that my use of any illegal drug(s) will be reported to my Probation Officer (if applicable). I acknowledge that I may be denied services if I am suspected to be under the influence while participating in program services.

I understand that I will allow ELC staff and other Department of Juvenile Justice personnel conduct a non-invasive search for the purpose of safety for all ELC staff and students and ELC rules and regulations.

When school is in session, I will attend school every day. I will participate in every assigned class and demonstrate positive behavior. **School performance is a major factor in your progress in the ELC program.**

I have read the following and agree to the terms listed on the Evening Learning Center program agreement.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Rite Care Operations Manual

**•Funding for this program is provided by the referring County. •**

**Policy:**

RITE CARE rules have been established to create a normative environment and to set expectations for all youth and staff. **Violation of Policy FS 1.8 will result in disciplinary notices and potentially lead to program expulsion.**

**Procedure:**

- No firearms or weapons allowed
- No contraband allowed which includes, but is not limited to cigarettes, cigars, pipes, chewing tobacco, lighters, matches, weapons, drugs, drug paraphernalia, etc.
- No open toed shoes, bandanas, do-rags, hats, gang related colors/items, low cut necks, short bottoms, or any other items deemed inappropriate by RITE CARE staff
- No foul language, derogatory statements, gang talk, sexual remarks or discussions allowed
- No horse playing, “play fighting”, fighting allowed, RITE CARE follows a ZERO tolerance for any sort of violence, violence or threats of any kind will be reported to local authorities.
- No cellphones or electronic devices allowed. All cellphones/electronics must be turned in to RITE CARE staff for safekeeping and will be returned at the end of the program day. Refusing to turn in items will result in notification to their Probation Officer and be marked as a total program refusal.
- No vandalism or tagging allowed, all vandalism and damages will be reported to the local authorities
- No monetary items or items of value allowed on site. If students have money or items of value on them, they will be required to check it in with staff for safekeeping and will be returned at the end of program. (RITE CARE is NOT responsible for lost or stolen items) *Cash amounts will be reported to Probation and parent/guardian.*
- No outside food or drink allowed (unless otherwise specified).
- Rite Care will not administer nor hold any type of medication to students, if students require medication support, it is to be administered at home by their guardian.
- Students must always remain under the active supervision of RITE CARE staff, therefore, must ask for permission from staff to use the facilities amenities.
- Students may not leave the RITE CARE facility unless being picked up by parent, guardian, or Probation Officer (if applicable)
- During program activities, students are not allowed to wander and must always be accounted for.
- Students must always sit in their assigned seats.
  - Students are required to get to the ELC on their own and return home from the ELC.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Rite Care Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# RITE CARE PROGRAM CONSENT FORMS

*Program consent forms help establish productive program norms and program expectations. Please read each consent statement carefully and check the box after each consent statement.*

## PHOTOGRAPH/MEDIA CONSENT

As part of a normalized program setting and adolescent experience, we provide students with program activities such as student of the month awards, community service, field trips, graduations, etc.

Photographs and video may be used as part of program activities to review program performance, community outreach and for commemorative purposes.

I **CONSENT** and assign RITE CARE any and all rights of ownership to the photographs/audio/video, the transparencies or digital file thereof, and agree that RITE CARE has full right to copyright, use and publish the same in print and/or electronically, with full right of lawful disposition in any manner.

I **do NOT** wish consent to my child's participation in any photograph or video taken by RITE CARE.

## TRANSPORTATION CONSENT

While enrolled in RITE CARE services, students may be transported in company owned vehicles for events and activities related to RITE CARE, throughout the student's entire program participation.

All students are expected to obey all driving and passenger laws set forth by the state of Michigan and not distract the driver.

*I hold the RITE CARE, its officers, agents and employees, harmless from any all liability or claims, which may arise out of or in connection with participation in these activities.*

I **CONSENT** and allow RITE CARE to provide transportation services and/if in the case of a medical emergency, I hereby allow RITE CARE to provide immediate medical attention and if necessary, provide transportation to the nearest emergency center.

## RECREATIONAL ACTIVITIES CONSENT

I understand that the RITE CARE offers students the opportunity to participate in physical therapeutic recreational activities. Such as but not limited to: walking, running, hiking, cycling, weight lifting, sports, gym sessions, etc. Students must abide by staff directives and program rules/procedures when participating in activities.

I approve of my child participating in the recreational activities and release RITE CARE, from any responsibility breach of confidentiality in these circumstances and harmless from any all liability or claims which may arise out of or in connection with participation in this activity.

## MINOR MEDICAL CONSENT & CONFIDENTIALITY

Student safety and wellbeing is an essential component of effective treatment at RITE CARE. RITE CARE follows Michigan's Minor Consent and Confidentiality laws related to a minor's consent to their own mental health care, family planning services and drug and alcohol abuse treatment.

*I hold the RITE CARE, its officers, agents and employees, harmless from any all liability or claims, which may arise out of or in connection with participation in these activities.*

I understand that RITE CARE will practice the Michigan Minor Consent and Confidentiality Laws therefore any information pertaining to the student's medical care will be confidential.

## CHILD ABUSE REPORTING DISCLAIMER

Student safety and wellbeing is an essential component of effective treatment at RITE CARE. Therefore, a mandated reporting site, RITE CARE has the ethical obligation to report any suspicion of child abuse to Child Protective

Services and if necessary, law enforcement. This includes but is not limited to physical abuse, sexual abuse, statutory rape, and child neglect.

I hold the RITE CARE, its officers, agents and employees, harmless from any all liability or claims, which may arise out of or in connection with participation in these activities.

#### **RITE CARE ACTIVITIES**

In order to motivate students, RITE CARE utilizes a positive reinforcement program and activities for students who have been compliant with program. RITE CARE believes in reinforcing student behaviors through positive and interactive activities

I hereby agree to release and waiver RITE CARE, its officers, agents and employees *free from any liability, claims, stolen or damaged property that may arise out of or in connection with participation in this activity.* I understand that I will be held responsible and liable if any the above occurs.

#### **ALCOHOL AND SUBSTANCE ABUSE POLICY**

RITE CARE is a drug and alcohol-free facility. The use of or being under the influence of illegal drugs and/or alcohol is inconsistent with the behavior expected from our students. The use of illegal drugs and alcohol and misuse of prescribed over the counter drugs subject's students and staff to unacceptable safety risks that undermine RITE CARE'S ability to operate safely, effectively, and efficiently.

The use, possession, distribution or sale of a controlled substance such as drugs or alcohol, being under the influence of such controlled substance (drugs and alcohol) or any drug including, but not limited to, inactive components or over the counter drugs associated with the use of such drugs is strictly prohibited during program participation and while on RITE CARE premises.

I understand that if student is "*suspected*" to be under the influence, RITE CARE will suspend services, and youth will not be allowed to participate in program activities. Student will also be reported to their assigned probation officer and student may resume program services after they have been cleared by a RITE CARE staff.

#### **STUDENT PROBLEM SOLVING AND GRIEVANCE POLICY**

RITE CARE promotes a pro-social environment that teaches appropriate communication skills in order to resolve problems swiftly and amicably at the lowest level. Students, Parents/Guardians, Placing Agencies, Authorized Representatives and other Stakeholders shall be afforded the right to grieve any inappropriate or infringing conditions, behavior, or action of staff, volunteers, or other youth that constitute a violation of their rights. Students who choose to file a grievance shall not be subject to any disciplinary sanction or adverse action pertaining to the filing of a grievance.

I understand that I have the right to a grievance and have had the opportunity to ask questions and have received information pertaining to this policy.

#### **NON-DISCRIMINATION STATEMENT**

RITE CARE is committed to ensuring an environment that is free of discrimination and to fostering a climate in which all students may participate, contribute and grow to their fullest potential.

Harassment, bullying, and disparate treatment will not be permitted or condoned at RITE CARE.

RITE CARE does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, disability, age, veteran status or other legally protected classification in its program's activities.

I understand and will abide with RITE CARE's non-discriminatory statement.



# CONSENT AGREEMENT

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(print parent/guardian name) (print student's name) DOB:

hereby give my child permission to participate in Rite Care youth services. I have been given an opportunity to ask questions and I understand and agree with the consent statements provided and explained by a Rite Care employee to include:

- **Photograph/Media Consent**
- **Transportation Consent**
- **Minor Medical Consent & Confidentiality**
- **Recreational Activities Consent**
- **Child Abuse Reporting Disclaimer**
- **Rite Care Activities**
- **Alcohol and Substance Abuse Policy**
- **Student Problem solving and Grievance Policy**
- **Non-Discriminatory Statement**

I understand my child's program expectations and responsibilities and I understand that my child's participation is voluntary. I understand that program compliance is necessary to successfully complete the program. I understand that my child's program performance will be reported to the referring agency, juvenile courts and/or assigned Probation Officer (if applicable). *I hereby hold RITE CARE, its officers, agents, and employees, harmless from any all liability or claims, which may arise out of or in connection with participation in these activities.*

*Rite Care is an equal diverse opportunity service provider and will render services to all youth eligible for services based on the individual program eligibility requirements. Rite Care does not discriminate youth based on their group status, including race, religion, color, national origin, gender, family care status, sexual orientation, age, physical and mental disability.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Rite Care Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_