



All completed information must be submitted via email to the following recipient:

Referral@RedefiningRefuge.org

Cell (813) 442-9242

Office (813) 909-0300

Program Intake Criteria

Our Safe House Program (The Monarch House) is designed to females aged 12-17:

- ✓ who are in the custody of DCF and have been identified by DCF and/or Law Enforcement as a Minor Victim of Sex Trafficking.
- ✓ who are in need of emergency shelter who have been identified as a minor victim of sex trafficking.
- ✓ who require a 24-hour structure and supportive environment, with restricted medical/psychiatric supervision.
- ✓ whose characteristics and needs are consistent with behavioral impairment, aggressive behaviors, physical and sexual abuse victimization, severe conduct disorder, truancy or educational needs, extreme difficulty dealing with authority, and/or delinquency.

In order to ensure program effectiveness for others, the following criteria identify youth who cannot be appropriately served at The Monarch House. Youth who:

- ✓ are actively and acutely psychotic or in need of 24 hour medical/psychiatric treatment.
- ✓ are actively suicidal or homicidal youth for whom the program cannot provide additional measures to assure the youth's (or others) safety.
- ✓ who test positive for narcotics, amphetamines and/or barbiturates during an initial routine pre-intake drug screening. Such referrals will require outpatient clearance from a Substance Abuse professional prior to being considered for Placement
- ✓ who require the administration of methadone
- ✓ who are in need of an inpatient substance abuse treatment/rehabilitation program as recommended by assessment
- ✓ who are determined to have an IQ less than 70.
- ✓ who have been identified as sex offenders but who are not engaged in related treatment and/or have not successfully completed treatment within a residential sex offender program.
- ✓ who severely endanger other youth in the facility by active assaults and crimes.

Directors of The Monarch House will be mindful to extend varying degrees of flexibility in applying its admission criteria based on each child's individual history, diagnosis, current level of functioning as well as motivation to participate with the program.

****PLEASE BE ADVISED THAT CELLULAR PHONE USAGE OF ANY RESIDENT IS PROHIBITED. THEREFORE, ALL CELLULAR TELEPHONES AND ELECTRONIC DEVICES MUST BE COLLECTED PRIOR TO ADMISSION AND/OR TRANSPORT TO OUR SAFE HOUSE. IF UNDER ANY CIRCUMSTANCE IT SHOULD BE DISCOVERED THAT A RESIDENT HAS OBTAINED A CELL PHONE AND/OR DID NOT SUBMIT TO THE POLICY AT INTAKE; THE CELL PHONE WILL BE RETRIEVED AND DONATED TO A LOCAL DOMESTIC VIOLENCE SHELTER. NO OTHER ELECTRONIC DEVICES THAT HAVE WIFI CAPABILITY ARE PERMITTED ONSITE AT REDEFINING REFUGE. THE EXPECTATION IS THAT THE CASE MANAGER OR DESIGNATED PARTY COMPLETING THE INTAKE PROCESS RETRIEVES ANY/ALL DEVICES AS SUCH FROM THE RESIDENT PRIOR TO INTAKE. REDEFINING REFUGE HAS A ZERO TOLERANCE POLICY FOR FAILURE TO ADHERE TO THE ABOVE****

Intake Packet Checklist

Date	Initials	
		Cellular Phone has been collected and resident is aware of NO Cellular usage policy
		CBHA or most recent Mental Health Assessment
		Most recent Shelter or Foster Care Court Order acknowledging child's Guardianship
		Signed Custody Letter
		Signed & Dated Safety Plan/Child Placement Agreement
		Signed Release Form
		Intake Packet either via email or hard copy
		Copy of child's Medicaid/Health Insurance Card
		Copy of child's Birth Certificate (if available)
		Copy of child's social security card (if available) or provided number
		Copy of DJJ Face sheet
		Copy of educational records with name of school and last grade attended (grades are helpful)
		Information regarding on probation and probation officer information (if applicable)
		Information on direct case manager managing child's needs (telephone, address, email)
		Clinical documentation of diagnosis and behaviors (current or past history)
		Signed Consent for Health Information (if child is in shelter status)
		Psychotropic Meds form (5339) and/or court order approving, if applicable
		30-Day Refill of Psychotropic Medication (if applicable)
		Child Resource Record
		Resident Placement History
		Other

******* Please note that ALL aforementioned documents must be available at time of intake via hardcopy AND electronic file. If these cannot be presented accordingly, intake may be denied.**

Staff Completing Form: _____

Signature: _____

Client Demographic Sheet

Child's Name	
DOB	
SSN	
Ethnicity	
Parent/Primary Caregiver Name	
Case Management Agency Name and Telephone	
Case Manager Name, Email and Telephone	
Case Manager Supervisor Name, Email and Telephone	
Law Enforcement Agency Involved and Contact Information	
GAL (if applicable)	
JPO (if applicable)	
Health Insurance AND Policy Number	
Primary Care Physician	
Primary Dentist	
Current Grade Level	
Last School Attended	
Special Dietary Needs/Allergies (if applicable)	
Medical Equipment (if applicable)	
List of Medications (if applicable)	
Any other pertinent information:	

Staff Completing Form: _____

Signature: _____

Redefining Refuge Inventory Policy

It is a practice at Redefining Refuge, Inc. to inventory a youth's personal belongings upon admission/intake into the program. The expectation is that each item, to include but not limited to clothing, jewelry, shoes, pictures, stuffed animals, back packs, cosmetics, linens, sentimental or valuable items, etc are itemized with a detailed description on the checklist below. Note: It is strongly recommended that valuable items remain in the custody of the legal guardian and are collected PRIOR TO INTAKE/ADMISSION. It is therefore the responsibility of the Case Manager to complete this checklist and is to be signed by the Case Manager and youth no later than the time of intake which will be held at the Administrative Office for Redefining Refuge, Inc. Because we respect each youth and their personal belongings, we will unfortunately not complete an intake/admission without this document completed.

[illegible]

Temporary Custody/Consent for Medical Treatment and School Enrollment

Date: _____

Child Name : _____

DOB: _____

SSN: _____

The above-named child has been placed with the following Custodians:

Date: _____

Name of Custodian: _____

Address: 18948 N. Dale Mabry Hwy, Ste 101 Lutz FL 33548

Consent for Medical Treatment/School Enrollment:

The above-named Custodians are agents of the Department of Children and Families. As Custodians, they are permitted to seek routine medical screenings or treatment for the child as deemed necessary, with the exception of invasive medical procedures/treatments, and consent for the prescription of psychotropic medications. The above-named Custodians are also granted permission to enroll the above-named child in school.

I certify that all information provided to the above-named Custodian to assist in the Placement needs of the above-named child.

(Signature of Legal Guardian/Agency Designee)

(Date)

Authorization to Release Medical/Mental Health Information

Patient's Name:	DOB:
Legal Guardian/Agency Designee Name:	SSN:
I, _____ (name of Legal Guardian/Agency Designee) authorize representatives of Redefining Refuge, Inc. to release/discuss healthcare information of the patient named above to: Providers Redefining Refuge, Inc. deem necessary	

Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

	I authorize the release of above-named patient's STD results, HIV/AIDS testing, whether negative or positive, to the provider(s) listed above. I understand that the provider(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.
	I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Legal Guardian/Agency Designee Signature:		Date signed:
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**** THIS AUTHORIZATION EXPIRES 180 DAYS AFTER IT IS SIGNED.

Confidentiality Agreement Form

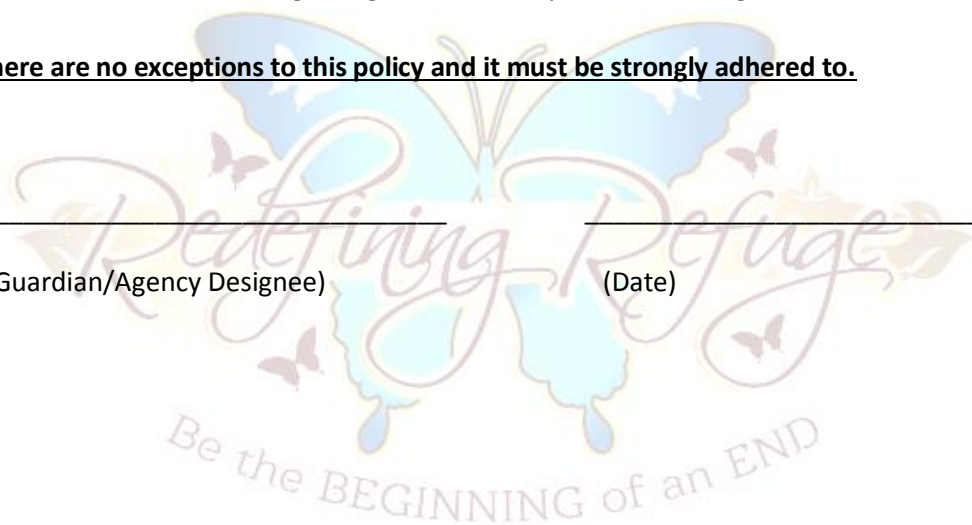
I, _____ (legal guardian/agency designee), understand that confidentiality is critical to _____ (youth being admitted) as well as all current residents, staff, volunteers and directors of The Monarch House. I further understand that The Monarch House is a Safe House and is therefore subject to the constraints of the FL Safe Harbor Act 39.001 and FL Safe House s.409.1678, which prohibits disclosure of The Monarch House.

Therefore, if _____ (youth being admitted) discloses or identifies the physical location of The Monarch House or the general vicinity thereof; thus placing this program and its clients/staff in danger, it will result in immediate termination of their placement with Redefining Refuge, Inc. and they will be discharged without further notice.

***I understand that there are no exceptions to this policy and it must be strongly adhered to.**

(Signature of Legal Guardian/Agency Designee)

(Date)



Authorization for Consent to Photograph*

I, _____, (parent/guardian) authorize the following use/disclosure of the information of the individual name described below.

Name of Child: _____ DOB: _____

I, _____, (parent/guardian) authorize the following described below.

1. Person(s) authorized to use/disclose the information:

Staff of The Monarch House of Redefining Refuge.

2. Person(s) authorized to receive the information:

Staff of The Monarch House of Redefining Refuge.

3. Person(s) authorized telephone and address information:

(813) 442-9242, 18948 N Dale Mabry, Suite 101, Lutz, Florida 33548.

4. The information will be used/disclosed for the following purposes:

Documenting any and all injuries as well as field trips, events or special occasions. Any and all photographs to be printed on hard copy only and prohibited to be disclosed to the general public and/or any social media.

I, _____, (parent/guardian) hereby authorize the making of photographs and permission to use these images for the use and purposes expressed therein.

I, _____, (parent/guardian) understand that I may revoke this authorization in writing at any time and the authorization shall be in effect from _____ of 20____ to _____ of 20____.

(Signature of Guardian/Parent)

(Print Name)

(Name of Agency)

(Date)

If this authorization has been signed by a personal representative on behalf of an individual, his/her authority to act on behalf of the individual must be set forth here:

*Shelter cases only

Missing Documentation

In accordance with FL Statute 39.524 *"Safe Harbor Placement"* the department or its agent shall provide historical information, reports, information regarding guardian ad litem, if appropriate, medical, educational records or other professionals who have knowledge of the child to include child's CBHA. Therefore, all missing documentation must be submitted and/or completed within two (2) business days.

Child's Name: _____

DOB: ____/____/____

Guardian/Parent Name: _____ Contact #: _____

It is agreed that the following information was not provided during intake and will be provided as indicated:

Document	Date Required	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Case Manager's Signature

Date

Residents Approved Contact List

Child's Name: _____ DOB: _____
Case Manager Name: _____ Contact Number: _____

It is agreed that the following contacts have been approved by said guardian of the child:

Name	Relationship	Unsupervised/Supervised Contact	Phone Number

Case Manager/Guardian Signature

Date