



New Proctor Parent Information

Welcome to Crossroads Youth Services (CRYS), we are excited to be working with you in providing excellent care for our youth in custody. Here are a few reminders for you:

These are all due the last day of the month, no later than 5pm on the 1st day of the following month.

Monthly paperwork, which includes: *If needed

Time sheet

Client Allowances & Inventory – Client will receive \$2 per day the month **after** they are placed.

*Medication log – Record all prescribed medications, dosages & times taken. Initial every day.

*Incident Reports – This form is on Optomiser, complete **within 24 hours** of incident.

*Mileage log – Miles must be **over** 60-mile roundtrip; Crossroads Administrator will sign the “Provider Signature”

*Fire Drills – Complete within **24 hours** of placement & every 3 months after.

*Reimbursements – Require original receipts; Crossroads Administrator will sign the “Provider Signature”

All forms can be found at www.cryouth.com select “Monthly Forms”. Password: _____

Mandatory Requirements & Fees:

It is the parent’s responsibility to schedule & take all clients to the doctors for a physical & dentist for an initial checkup **BEFORE 30 days of placement**. Please contact the office for Medicaid cards. **If any of the following appointments are missed before the 30-day deadline a \$100 per missed appointment will be deducted from your pay.**

It is **mandatory** for both or one parent to attend all Child and Family Team Meetings (CFTM). All CFTM are pre-scheduled, if a scheduled time does not work in your favor, then it is your responsibility to reschedule a time that works for you (this needs to be done ASAP). **If you miss a CFTM a \$100 will be deducted from your pay.**

It is **mandatory** for both or one parent to attend all court hearings, at court house or via phone. All court hearings are pre-scheduled. Court hearings **CAN NOT** be rescheduled, make arrangements to attend. **If you miss a court hearing \$200 will be deducted from your pay.**

It is the parent’s responsibility to transport all clients to Med Management & Therapy appointments. **If a Med Management or Therapy appointment is missed \$50 per missed appointment will be deducted from your pay.**

Monthly Training is held every 3rd Thursday of the month, between the times of 5:30 – 7:00pm (Times may vary). Monthly paperwork is due on the 1st by 5:00pm. **If your monthly paperwork is received after the 1st, \$50 will be deducted from your pay.**

Your first Training/Pay Day is: _____

Every client is assigned a Tracker, the trackers responsibility is to ensure the client’s safety and supervision, they have daily contact with you and/or the client and a daily log is kept on file. They are here to assist and answer any concerns/questions you may have.

Your Tracker is: _____ **Contact #:** _____

CHILD INTAKE

PERSONAL INFORMATION

Client Name: _____

Birth Date: _____ Religion: _____

Race: _____ Case worker: _____

Placement Date/Time: _____

Proctor Family/Phone Number: _____

Medication(s): _____

Please include dosage and pill count.

Allergies: _____

Please highlight if any allergies!

EMERGENCY CONTACT INFORMATION

120 West Main Street, Lehi 84043

Carey Ofahengaue 801-602-4039

Name:

Number:

Address:

Lindsay Adams 385-265-2384

Name:

Number:

Name:

Number:

Name:

Number:

GUARDIAN INFORMATION

Parents: Married Divorced Separated Widowed

Circle One

Guardian / Relation: _____

Guardian Address: _____

Contact Phone Numbers: 1 _____ 2 _____

RISK FACTORS

Circle all that apply

Runaway Family problems Sexual problems Suicidal

Psychiatric Substance Abuse Assaultive AWOL

**Please have the child sign their name in the box &
take a picture of the child for Optomiser.**

 **CROSSROADS
YOUTH SERVICES
NOTIFICATION**

The client's caseworker and parent(s) has been notified of Crossroads Intake process.

CRYS Staff

Date

HOME VISIT CONTACT INFORMATION

Client Name: _____ Birth Date: _____

Name of family member requesting a visit _____

Relationship to client: _____

Address: _____

Phone #: _____ Cell # _____ Work #: _____

*Fill out separate contact information for each approved address.

SCHOOL INFORMATION

School: _____ District: _____

Enrollment date: _____

Please attach proof of enrollment date; proof may be obtained from the school.

CHILD'S PHYSICAL CONDITION AT ENTRY

Important: Response to the following questions asked should be based on normal observations and the child's verbal response.

1. Describe the child's physical condition _____

2. Is there any reason to suspect an immediate danger to child's health? Explain.

3. Does the child complain of any physical symptoms, such as fever, headache, chills etc?

4. Does child report any dangerous allergies? _____

 **CROSSROADS
YOUTH SERVICES**
PROCTOR HOUSE RULES

1. Phones are only to be used to call their caseworker, therapist, and tracker. **No friends/family members** can be called from proctor's phone or phone number can be given out unless given permission by the proctor(s).
2. Children are required to attend school daily, if school is missed notify tracker.
3. Children will have 1 hour (more if needed) to complete their homework and then chores around the house.
4. On school days TV, video games are limited to **1 hour**.
5. Children are required to attend weekly therapy.
6. Children are required to maintain good, clean personal hygiene by showering **everyday**.
7. Bedtime as directed by age and proctor rules.
8. Children **must always have permission** from proctor before leaving the house.
9. Children will respect all members of the proctor family. **No touching or horse playing with proctor children.**
10. Do not touch the proctor's property unless given permission. Any damages caused by the child will come from their allowance or restitution.
11. Children are not to ask proctors for money. Children are given allowances every month to buy clothing and personal needs.
12. Any child caught stealing from the proctor home will be prosecuted to the fullest.

I have been read and understand the proctor house rules. I also understand that my proctor(s) may add additional house rules if needed.

Foster Parent, Witness

Date

CRYS Staff

Date