



Hide House Consent for Residence: Emergency Shelter/Foster Care

I _____ affirm this child/youth is in the custody of
CPI/DCM Name (Please Print)

The State of Florida's Department of Children and Families and as a representative of

DCF/CBC I hereby give consent for _____
Child/Youth Name (Please Print)

to receive residential services at Hide House, 2121 Lisenby Avenue, Panama City,
Florida 32405.

Read and initial each line.

- _____ Services are voluntary in that the child/youth cannot be held in the shelter against his/her will.
- _____ The child/youth will receive shelter, food, hygiene supplies, safety, 24-hour awake supervision and basic clothing, on an emergency basis, as needed. I understand all the child's/youth's belongings will need to be picked up at discharge. I further understand that if a youth is discharged while being on runaway status, on a Baker Act, or in detention I am responsible for picking up all the child's/youth's belongings at the time the Placement Unit ends the placement.
- _____ The behavior management system includes rewards, privileges, and consequences. "Normalcy" activities are encouraged based on the child's/youth's behavior, age, and developmental stage. These activities may be limited due to the fact Hide House is an emergency shelter setting.
- _____ The child/youth will be required to participate in individual and group counseling through Hide House and any other services identified by staff/CPI/DCM/Court.
- _____ CPI/DCM will participate in the care of the child/youth by keeping in regular contact with Hide House staff and by responding to staff's calls, emails, and any other correspondence.
- _____ Hide House counselors will do their best to provide the best possible services to the child/youth. In the event there is a need to obtain or exchange information with other professionals that maybe involved with the child/youth such as; schools, Department of Juvenile Justice, medical, and mental health facilities, etc., the CPI/DCM will give consent.
- _____ While at Hide House the child/youth will be provided transportation to and from appointments in Panama City; however, this service is based on staff availability and staff ratio. If the child/youth is seeing a service provider for the first time or the appointment involves the child/youth being placed on medication or medication management then the CPI/DCM must be present in order to sign required paperwork or ensure DCF procedures and court orders are being followed. Routine and follow up appointments, not involving medication, can be provided without the need of the CPI/DCM being present.

- _____ If a child/youth is on psychotropic medication the CPI/DCM must provide a copy of the medication order authorizing the medication or if this is a “shelter case” a copy of the shelter order authorizing the medication **MUST BE** provided at the time of intake. Having a copy of the order is also a requirement of DCF Licensing.
- _____ I have received and reviewed the grievance procedure to address any concerns that may arise while the child/youth is receiving services; see attached page.
- _____ It is the CPI/DCM’s responsibility to provide Hidle House with a copy of the Child’s Resource Record (CRR) at the time of placement if the child/youth is already involved in the foster care system. If this is a new removal the CRR will be provided as soon as possible. As the CPI/DCM I understand that the CRR provides critical information needed to help meet the needs of the child/youth increasing the chances of stability and decreases a placement disruption. Having a copy of the CRR is also a requirement of DCF Licensing.
- _____ As the CPI/DCM I agree to keep in regular contact (at least two phone calls a month) with the child/youth and return calls made by the youth within 48 hours.
- _____ During shelter home visits/monthly home visits to see the child/youth; contact will also be made with the Residential Case Manager, if on site, to discuss the status of the case and address any issues/concerns.
- _____ During the child’s/youth’s stay they will have access to internet services and Anchorage Children’s Home periodically uses monitoring software to ensure clients only access appropriate websites.
- _____ As a child/youth in foster care they have the privilege to have a cell phone as part of “Normalcy”. The phone has to be signed in and out. They can’t have the cell phone in the “shelter” but can use it in designated areas of the facility as well as when off site. Since cell phone use is a privilege it is based on their behavior. If there are restrictions needed based on the case it is the responsibility of the CPI/DCM to communicate that with the Residential Case Manager and inform the child/youth directly the reason for the restriction.
- | _____ It is the responsibility of the CPI/DCM to ensure the child/youth’s clothing needs, and school related expenses as well as any other critical items/needs are paid for through POS. In some situations Hidle House may be able to work with the CPI/DCM to purchase needed items and then be reimbursed through POS.
- _____ All the child’s/youth’s contact and off site visitation will be based on who the CPI/DCM puts on their contact sheet. Hidle House does not facilitate supervised visitations.

My signature below indicates that as the CPI/DCM I understand the expectations that Hidle House has of the child/youth and of the CPI/DCM and also what can be expected from Hidle House.

CPI/DCM Signature

Date

Witness Signature
(Optional if not done at HH)

Date



ANCHORAGE CHILDREN'S HOME
An Anchor for Today's Children... Strengthening Tomorrow's Families.

Hide House Grievance Procedure

IF YOU HAVE A PROBLEM WITH SERVICES

If you are dissatisfied with the services received, we ask that you attempt to resolve those differences with your counselor or appropriate program staff. If resolution of your concerns has not occurred, you have a right to submit a formal written grievance.

This process is meant to be the means by which the issues may be resolved cooperatively in the interest of the youth/family and program.

The grievance procedure is as follows:

- Step 1:** You address the complaint with the person with whom you have had a complaint in an attempt to resolve the problem.

- Step 2:** If the complaint is not resolved, you will be provided a Client Suggestion/Grievance Form upon request and submit it to the Program Manager/Supervisor. The Program Manager/Supervisor will discuss the issue with you and the staff involved in the complaint within 72 hours of receipt of the written complaint. The response or solution to the complaint is written on the Client Suggestion/Grievance Form or written complaint. If adequately addressed, this is indicated on the form and signed by you.

- Step 3:** If the complaint has not been resolved in Step 2, you can request the Program Manager/Supervisor forward the complaint to the Program Administrator who will respond within 72 hours of receipt of the written complaint.

- Step 4:** Finally, if the complaint is not resolved, you can request in writing that the grievance and all related correspondence be forwarded to the Executive Director for final resolution. The Executive Director will respond to you in writing within 5 working days after receipt of the written complaint.

If you believe an employee of Anchorage has abused a child, you can tell the Florida Abuse Hotline at 1-800-96-ABUSE.

If you believe an Anchorage employee has violated your rights during the course of services, you can call the Florida Local Advocacy Council at 1-800-342-0825.