CINNAMON HILLS
YOUTH CRISIS CENTER

Program Completion

The primary mission of Cinnamon Hills is to work with youth that have failed in, or who have been rejected by, other programs. Accepting this special challenge requires that we need, on the average, twelve months to prepare youth for Program Completion. Sometimes it takes a little less time, and sometimes it takes a little more time.

Not only do we need twelve months to prepare youth for Program Completion, we need parents and referral source staff to support our efforts for the entire twelve months. Getting parents and referral source staff's continual support for the entire twelve months is our greatest challenge. Parents sometimes get homesick for their son or daughter, or sometimes their son or daughter complains about a variety of problems associated with their adjustment to the Cinnamon Hills Program. This sometimes causes parents to feel guilty about their decision to get help for their son or daughter. Occasionally, referral agency staff feel that they should be the judge of when the youth is prepared for Program Completion. This may result in youth not taking their treatment and education as seriously as they should and causes them to believe that they can leave Cinnamon Hills without completing the work that has been specifically designed to prepare them for Program Completion.

We gladly accept the challenge of the youth we have decided to work with. The staff at Cinnamon Hills will do everything within our power to prepare youth for Program Completion. But we need parents and referral source staff to communicate clearly that they are in support of Program Completion. Their continual support gives Cinnamon Hills its greatest chance to help the youth we work with successfully resolve the issues that made treatment necessary.

770 East St. George Blvd. ● St. George, UT 84770 ● (435) 674-0984 ● (800) 782-2888
Fax (435) 674-0114 ● Email cinhills@infowest.com

CINNAMON HILLS

YOUTH CRISIS CENTER

STUDENT ADMISSION PACKET

The following information must be provided before application will be processed:

Social and Delinquent Histories
Psychological / Psychiatric Evaluation (if available)
Academic History and Testing, Copy of IEP,
High School Transcripts
Copy of Active Court Orders
Medical / Optical Prescriptions (if available)
Copy of Immunization Record
Copy of Insurance Card
Copy of Birth Certificate
Copy of Social Security Card

CINNAMON HILLS

YOUTH CRISIS CENTER

MEDICATION INFORMATION FORM

Is youth currently taking medication?_____ If yes, please Indicate medication names and dosage below:

1. Medication:_____Dose:_____ How often:_____

Why was this medication prescribed:_____

2. Medication:_____Dose:_____ How often:_____

Why was this medication prescribed:_____

3. Medication:_____Dose:_____ How often:_____

Why was this medication prescribed:_____

4. Medication:_____Dose:_____ How often:_____

Why was this medication prescribed:_____

5. Medication:_____Dose:_____ How often:_____

Why was this medication prescribed:_____

6. Medication:_____Dose:_____ How often:_____

Why was this medication prescribed:_____

*Cinnamon Hills administers psychotropic medications **twice** per day. If your child's current medication(s) is administered more often, the dosage may be altered by our psychiatrist to accommodate the twice per day schedule. Your child will still receive the same total overall medication dosage by utilizing time-release medication as necessary. Guardian will be made aware of any needed changes.

I_____, parent/legal guardian (circle one) of _____, certify that _____is currently taking the medications listed above. I understand that he or she will be continued on these medications upon admission to Cinnamon Hills Youth Crisis Center. I also understand that NO medication changes will be made without consent of the parent or legal guardian, and that I will be available to discuss potential changes, should they be recommended by the Psychiatrist or Pediatrician, with Cinnamon Hills nursing staff.

_____ _____

Signature, Parent or Legal Guardian **Date**

Following admission, a standing order will be initiated by the Pediatrician for Over-the-Counter Medications if needed, as follows:

Youth may have: cold tabs to relieve stuffy/runny nose: 2 tablets every 6 to 8 hours as needed or as per printed bottle directions. Cold or allergy syrup to relieve minor cough and throat irritation: 2 tsp every 6 to 8 hours as needed, or per printed bottle directions. Tylenol 500 mg, to relieve fever, headaches, body aches or sprains: 1 - 2 tabs every 6 hours as needed. Ibuprofen 200 mg to relieve fever, headaches, body aches or sprains: 1 - 3 tabs every 6 hours as needed. Benadryl 25 mg to relieve hives or allergic reactions, such as itchy, watery eyes or sneezing: 1 - 2 tabs every 6 hours as needed. Antidiarrheal to relieve diarrhea: 2 caplets after first loose bowel movement and 1 caplet after each subsequent loose bowel movement (no more than 4 caplets a day and for no more than 2 days). Midol to relieve menstrual cramping: 2 tabs every 6 - 8 hours as needed. Antacid for indigestion or gas: 2 tabs or 20ml as needed every 4 - 6 hours. Antifungal cream to relieve athlete's foot rash: apply nightly after shower until rash is cleared, wear clean socks daily.

Parent/Guardian, Indiate any concerns you may have relevant to standing order indicated above:

_____

_____

_____ _____

Signature, Parent or Legal Guardian **Date**

cc: CHYCC Medical Department

CINNAMON HILLS
YOUTH CRISIS CENTER

1. **Medical History**

Name:_____Date of Birth:_____Today's Date: _____

Physician Name:_____Address: _____

City:_____State:_____ Zip:_____Telephone #:_____

Allergies: Medications?:_____ Food?_____

Environmental?:_____

Special Dietary Needs?:_____

1. Have there been any changes in child's general health within the past year? Yes No

2. Has the child been hospitalized or had a serious illness within the past 5 years? Yes No
   If yes please explain:

3. Does the child have, or ever had, any of the following diseases or problems?

A.	Chicken Pox	Yes	No
B.	Rheumatic fever or rheumatic heart disease	Yes	No
C.	Mitral Valve Prolapse	Yes	No
D.	Heart Murmur	Yes	No
E.	Congenital heart lesions	Yes	No
F.	Cardiovascular disease (Heart trouble, heart attack, high blood pressure, stroke)	Yes	No
G.	Sinus trouble	Yes	No
H.	Asthma or hay fever	Yes	No
I.	Fainting spells or seizures	Yes	No
J.	Diabetes	Yes	No
K.	Hepatitis, jaundice, or liver disease	Yes	No
L.	Arthritis	Yes	No
M.	Inflammatory rheumatism, artificial joints	Yes	No
N.	Kidney trouble	Yes	No
O.	Tuberculosis or positive TB test	Yes	No
P.	Low blood pressure	Yes	No
Q.	Sexually transmitted disease	Yes	No
R.	AIDS or HIV	Yes	No
S.	Psychosis	Yes	No
T.	Other_____	Yes	No

4. If the answer to any of the above questions was yes, please explain:

5. Has the child had surgery or X-ray treatment within the past 3 years? Yes No
   If yes, please explain:_____

6. Date of last Dental Exam/Cleaning _____was any follow-up care recommended at that time?

cc: Medical Department

CINNAMON HILLS
YOUTH CRISIS CENTER

ACADEMIC INFORMATION

Name of Student: _____ Current Grade: _____

Does the student have an IEP? ❑ Yes ❑ No

Is the student enrolled in any Resource or Special Education classes? ❑ Yes ❑ No

Does the student receive additional services such as speech or occupational therapy? ❑ Yes ❑ No

Is the student able to work independently in the classroom? ❑ Yes ❑ No

Does the student have academic problems that would interfere with class participation? ❑ Yes ❑ No

If yes, please describe briefly:_____

Last full school year the student completed: ❑ 6th ❑ 7th ❑ 8th ❑ 9th ❑ 10th ❑ 11th

Which of the following describes the students' approximate functioning level?

Reading: ❑ Remedial ❑ Below grade level ❑ At grade level ❑ Above grade level

Math: ❑ Remedial ❑ Below grade level ❑ At grade level ❑ Above grade level

Which of the following best describes the student's attendance at school:

❑ Attends Regularly ❑ Occasionally Truant ❑ Frequently Truant ❑ Did Not Attend School ❑ Other _____

Favorite class:_____ Least favorite class:_____

Did the student participate in any after school activities?: (sports, drama, music, debate, study groups) ❑ Yes ❑ No

Please list all after school activities the student participated in: _____

Please complete the following information for the current school the student has been attending.

School Name:_____School District:_____Telephone:

Address:_____City:_____State:_____ Zip:

Website:_____ Will the student be returning to the same school? ❑ Yes ❑ No ❑ Unsure

If High School Student – Grades 9 through 12 – please fill out below:

What is the graduation plan for this student? ❑ High School Diploma ❑ GED ❑ Certificate of Completion

List any school the student has attended in grades 9 through 12. This will allow us to apply all high school credits the student has earned to their transcript.

School: _____ City/State: _____

Grade: _____ Phone:_____

School: _____ City/State: _____

Grade: _____ Phone:_____

School: _____ City/State: _____

Grade: _____ Phone:_____

Would you like the student obtain a Cinnamon Hills High School Diploma? ___ Yes ___ No

If no, list the name and location of the high school the student plans to graduate from:

High School: _____ Location (city, state) _____

cc: Academic department

CINNAMON HILLS
YOUTH CRISIS CENTER

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Minor's Name: _____ DOB: _____

I request and authorize the appropriate school authorities to furnish to Cinnamon Hills School, copies of any and all school records, transcripts or other documentation (whether in hardcopy or electronic media) in your possession.

_____ _____
Parent or Legal Guardian Date

For aftercare/continuing education purposes, I authorize the transfer of academic transcripts, academic testing and academic summary to any school who requests them in order place student in appropriate courses for grade and age. I understand that Cinnamon Hills may release these records for up to 2 years following discharge or until above named minor turns 18 *(at which time, a new release would need to be obtained before records could be shared.)*

I understand that I may withdraw the above authorizations at any time by notifying Cinnamon Hills School, in writing.

I, being the natural parent or legal guardian of the above named minor, consider this to be in the best interest of said minor.

_____ _____
Parent or Legal Guardian Date

CINNAMON HILLS
YOUTH CRISIS CENTER

AUTHORIZATION FOR MEDICAL TREATMENT OF MINOR

(I) (We), the undersigned, parent(s) or legal guardian(s) of _____, a minor, do hereby authorize Cinnamon Hills Youth Crisis Center, its staff and others it is associated with, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis of treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable.

Cinnamon Hills Youth Crisis Center does not withhold cardiopulmonary resuscitation or emergency response in the event of an emergency. Cinnamon Hills will utilize Dixie Regional Medical Center for critical medical needs.

Consent is hereby given to share information with any emergency providers, or other medical or dental specialists the client may require consultation with over the course of treatment at Cinnamon Hills Youth Crisis Center. Only information critical to the type of care being provided will be shared.

This authorization shall remain effective until said Minor is Discharged from Cinnamon Hills Youth Crisis Center unless sooner revoked in writing and delivered to said agent(s).

_____ _____
Signature of Parent/Legal Guardian Date

AUTHORIZATION FOR PSYCHIATRIC TREATMENT

The undersigned consents to and authorizes psychiatric treatment of _____ by Cinnamon Hills Youth Crisis Center.

This treatment may include psychological testing, psychotherapy, counseling, medication management, laboratory tests, other appropriate therapies and the dispensing of prescription medication(s) by professional staff.

The undersigned acknowledges that they have read this consent, understand its contents, have had the opportunity to discuss it and have had any questions answered to their satisfaction.

_____ _____
Signature of Parent/Legal Guardian Date

CINNAMON HILLS
YOUTH CRISIS CENTER

AUTHORIZATION TO CONDUCT ASSESSMENTS

Minor's Name:_____ DOB:_____

The undersigned consents to and authorizes permission for Cinnamon Hills Youth Crisis Center to conduct appropriate assessments on the above named student for purpose of program planning and evaluation.

This testing may include the following:

- Diagnostic Math Assessments
- Diagnostic Reading Assessments
- Woodcock-Johnson III Tests of Achievement
- Woodcock-Johnson III Tests of Cognitive Abilities
- Wide-Range Achievement Test (WRAT)
- Mini-Battery of Achievement
- Level II Psycho- Educational Evaluations
- Level II Behavior Assessments
- Conners ADHD Screening
- SASSI
- Children's Depression Inventory
- Nowicki-Strickland Locus of Control
- Stages of Change
- Treatment Outcome Profiles (TOPs)

_____ _____

Parent or Legal Guardian Date

AUTHORIZATION TO PHOTOGRAPH

The undersigned hereby authorizes Cinnamon Hills Youth Crisis Center, its staff, its agents and professional employees who treat the prospective patient, to photograph _____. The undersigned agrees that the photographs may be used only for identification purposes.

_____ _____

Parent or Legal Guardian Date

CINNAMON HILLS

YOUTH CRISIS CENTER

PARENT/GUARDIAN CONSENT FOR STUDENT TO PARTICIPATE IN LIFE-SKILLS PROGRAM AND TO WORK IN VOCATIONAL PROGRAM

I, _____, the Parent or Legal Guardian of _____, give my permission for _____ to participate in special programs for Life Skills level youth who have demonstrated that they have the ability to manage their behaviors. (CHECK √ ALL THAT APPLY)

_____ Cinnamon Hills Vocational and On-The-Job Training Program up to 4 hours daily. I understand that _____ will be eligible to work in Local Businesses in the St. George, Utah area.

_____ Cinnamon Hills Life Skills Program. Youth will change living quarters to quarters where kitchens are available for youth to learn how to plan and prepare meals. Youth's treatment plan upon entry will be focused on reunification with home and community, as well as relapse prevention (includes substance use and/or behavior concerns).

_____ Life Skills Students who are not on suspension are eligible to participate in off-campus activities such as shopping, educational field trips, going out to dinner, movies, bowling, swimming, go carts, family fun center, laser tag, community sports, community events, recreation center, city park, and other similar activities. All activities will be located within the St. George area. At no time will Students be allowed to participate in mountain hiking, boating, water craft, horseback riding, rock climbing, going to a river or lake or other potentially dangerous activities.

I, _____, the Parent or Legal Guardian of _____, give my permission for _____ to participate in off-campus activities in accordance with Cinnamon Hills Activity Structure.

It is understood that the purpose of these programs is to develop the student's individual skills and personal confidence while testing their ability to continue to manage their behaviors under greater personal responsibility.

_____ _____

Parent/Legal Guardian Signature Date

CINNAMON HILLS
YOUTH CRISIS CENTER

CONTACT RESTRICTIONS OR RED-FLAGS

Legal Guardian(s) may place contact restrictions or warnings for their youth in our care. Youth may receive phone calls from:

- Legal Guardian, which may include one or both parents, or a court appointed guardian
- Probation Officer
- Attorney
- Guardian ad Litem or Court Appointed Special Advocate
- Representative of Referring Agency
- Representative of School District, for IEP-placed youth

The name of each of these representatives must be documented in the youth's file. No other phone calls will be transferred to youth. If parent/legal guardian wishes to share calls with another supportive adult (grandparent, aunt or uncle, etc.) they are encouraged to contact the Admissions office (800) 782-2888, to add contact name and call sharing plan. The Admissions office will document this call and the plan in the youth's file.

Visits should also be scheduled through the admissions department and will be restricted to the list indicated above, unless special provisions have been made.

Students may send and receive mail daily, parents may place restrictions on who they may send mail to, or receive mail from.

Cinnamon Hills cannot restrict parental rights without a court order unless the youth is in the custody of a State Agency and that agency representative places a restriction.

Mail Restrictions
Please place the following restrictions
write restricted name and place check in corresponding box(s)

Name	Relationship	Cannot Receive Incoming √	Cannot Send Outgoing √
Other instructions, if needed:			

Please indicate any other cautions or alerts you would like Cinnamon Hills Staff to be aware of:

_____

_____

_____ _____ _____
Signature, Parent or Legal Guardian Date Student's Name

****Youth will be made aware of any mail or contact restrictions placed, per accrediting agency requirements****

CINNAMON HILLS

YOUTH CRISIS CENTER

Client Name:_____ Admission Date:_____

NOTICE OF PRIVACY PRACTICES - PATIENT/CLIENT PRIVACY RIGHTS

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Privacy Practice

It is the intent of Cinnamon Hills Youth Crisis Center that clients' records are kept confidential. We must provide you with this notice that describes the ways we may use and share your health information and we must follow the terms of the notice currently in effect.

How we use Health Information

Cinnamon Hills Youth Crisis Center uses a client's physical and mental health information to determine eligibility for admission into the program, and to plan for treatment, care and services. For clients admitted into the program, Information will be gathered each month to determine if the care treatment and services provided are making a positive impact on our clients. A client-specific report will be provided to the legal guardian and referring agency every 30 days. We may also provide verbal or written information to the referring agency any time over the course of care and treatment.

In addition, we keep billing information and documentation of the services provided. This information will be used to obtain payment for these services. The individual or agency responsible for payment may also require a verbal or written recertification at specified times over the course of treatment.

Periodic reviews of client-specific health information may be used to improve the quality of care, train staff and conduct other business duties. For example, we may use health information to evaluate the quality of treatment and services provided by our therapists, physicians and nurses.

Sharing your Health Information

There are limited situations when we are permitted or required to disclose health information without your signed authorization. Our practice is only to disclose the minimum information required. These situations include:

- For public health purposes such as reporting communicable diseases or other diseases and injuries permitted by law; and reporting adverse side-effects or reactions to medications.
- To protect victims of abuse, neglect or domestic violence
- For health oversight activities such as investigations, audits and inspections
- For lawsuits and similar proceedings, or when otherwise required bylaw
- When requested by law enforcement as required by law or court order, or in the event of criminal activity or a client runaway (as long as the client is in treatment at Cinnamon Hills Youth Crisis Center).
- To reduce or prevent a serious threat to public health and safety
- A medical emergency may necessitate the sharing of information with emergency response and/or hospital staff.

You have a right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully, but are not required to agree to any restriction.*
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your health information, fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial.*
- Request corrections or additions to your health information.*
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within six years prior to your request.*
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star (*) must be made in writing.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in our facility. A request can also be made for a copy of any notice from the therapist assigned to the client.

_____ _____

Signature of Parent or Legal Guardian Date

CINNAMON HILLS
YOUTH CRISIS CENTER

AUTHORIZATION FOR RELEASE OF CLIENT INFORMATION

Please make a copy of this form for each provider records are being requested from

Client Name:_____Date of Birth: _____

I_____(legal guardian if client under 18), authorize the disclosure of medical records, including HIV test results, drug abuse treatment, psychiatric/psychological treatment and educational information) as designated below:

❑ All records ❑ Limit to the following_____

Records provided are to be used for admissions screening and for continuing care purposes for clients who are subsequently admitted to the Program.

From: (releasing agency)		**To: (receiving agency)**
	Agency Name	Cinnamon Hills Youth Crisis Center
	Address	770 E. St. George Blvd.
	City/State/Zip	St. George, UT 84770
	Name of Contact	Admissions
	Fax Number:	**435-674-0584**

This consent may be revoked at any time by notifying Cinnamon Hills Youth Crisis Center in writing. It will automatically expire 12 months from the date of discharge, or 36 months from the date indicated below (whichever comes last).

_____ _____

Signature of Client (if over 18) Date

I understand that if I do not sign this form, Cinnamon Hills Youth Crisis Center may not be able to complete the assessment process and eligibility determination. However, refusal to sign this form will not affect ongoing services for eligible consumers.

_____ _____

Signature of Parent or Legal Guardian Date

_____

Relationship to client:

Information disclosed pursuant to this authorization may be redisclosed by the recipient and no longer protected by the Federal Privacy Regulations. If the recipient is Cinnamon Hills Youth Crisis Center, we do not make a practice of redisclosing information unless required for Public Health, safety, legal or medical emergency situations.

CINNAMON HILLS
YOUTH CRISIS CENTER

INSURANCE INFORMATION

MEDICAID / MEDI-CAL # _____

IF ANY COVERAGE OTHER THAN (OR IN ADDITION TO) MEDICAID / MEDI-CAL, YOU MUST LIST ALL INSURANCE COVERAGE FOR MINOR CHILD.

PLEASE ATTACH A READABLE COPY OF THE INSURANCE CARD(S) (FRONT AND BACK).

INSURED'S Correct Billing Name/Address:

Name/Agency:_____

Mailing Address:_____

City/State/Zip:_____

Social Security Number:_____

Is child currently receiving Social Security/Disability Benefits?
____Yes ____No
If so, please provide claim number or file number_____

MEDICAL INSURANCE:

Name of Company:_____

Claims Mailing Address:_____

City/State/Zip:_____

Name of Insured:_____

Telephone Number:_____

Policy #/Group #:_____

Name of Employer:_____

DENTAL INSURANCE:

Name of Company:_____

Claims Mailing Address:_____

City/State/Zip:_____

Name of Insured:_____

Telephone Number:_____

Policy #/Group #:_____

Name of Employer:_____

Cinnamon Hills, and/or the medical care provider, will bill insurance plans for prescriptions and other medical costs outside the scope of service, including dental or vision care which may be required during the child's stay.

I, _____, the parent or guardian of _____, agree to provide insurance coverage for said minor child for the duration of his/her treatment stay at Cinnamon Hills Youth Crisis Center. I understand that if for any reason insurance coverage for said minor child is cancelled, discontinued, or otherwise interrupted, I will notify Cinnamon Hills immediately and I will be responsible for any medical costs. I also understand that the costs of any medication prescriptions for which I have consented for use, that are not covered by insurance plans, will be my responsibility, unless indicated otherwise by contract.

_____/_____ _____/_____
Signature of Parent or Legal Guardian Date Signature of Referral Source Date

Client Name _____

ACKNOWLEDGMENT OF PLACEMENT TERMS

Cinnamon Hills Youth Crisis Center strives to provide youth with the greatest opportunity to benefit from treatment. By providing an environment in which the care, welfare, safety and security of youth are ensured and comprehensive services are provided, the relationships that are key to success can be developed and youth and families can derive maximum benefit from time spent in treatment.

In order for this to occur, parents, guardians and referral sources acknowledge and agree to the following terms of placement:

- ✧ To provide all requested information in a timely manner including information regarding the youth's social history, relevant background and family dynamic, etc.;
- ✧ To provide support for the youth through regular letter writing and telephone calls;
- ✧ To work closely with the youth's Therapist to learn program rules and structure and how to best support the youth through each privilege level in the behavior management system.
- ✧ To participate in scheduled therapeutic telephone calls;
- ✧ To participate in scheduled Parent Seminars;
- ✧ To provide ongoing participation in the youth's treatment;
- ✧ To keep your child focused on treatment and Program Completion, we ask that you do **NOT** discuss any discharge plans, dates, or time-frames with your child unless otherwise directed by your child's Therapist; and
- ✧ To provide a minimum of 14 days advance notice of intent to discharge and participate in aftercare and reunification planning.

_____ _____
Signature of Parent or Legal Guardian Date

_____ _____
Signature of Referral Source Date

CINNAMON HILLS
YOUTH CRISIS CENTER

GRANT OF AUTHORITY OVER A MINOR

I/We _____declare that I/We are the parent or legal guardian of _____ (Name of Minor) and I/We have the sole legal and physical custody over_____ who is a Minor.

I/We hereby authorize Cinnamon Hills, its agents and representatives to take custody of and transport the above stated Minor to St. George, UT to be delivered to the custody of Cinnamon Hills Youth Crisis Center, located at 770 E. St. George Blvd., St. George, UT 84770.

I/We authorize Cinnamon Hills, its agents & representatives, to take all necessary steps to ensure the adequate supervision, retention, and control of the minor in the event the Minor becomes a danger to the health and safety of the Minor or to others.

I/We authorize Cinnamon Hills, its agent's representatives, to obtain any needed medical attention for the Minor.

I/We grant this authority to Cinnamon Hills, its agents and representatives, for a period of thirty (30) days from the date hereof.

PARENTS/LEGAL Guardian:

_____ _____

Print Name **Print Name**

_____ _____

Signature **Signature**

Dated:_____

Telephone Contact for Parents/Legal Guardian:_____

CINNAMON HILLS
YOUTH CRISIS CENTER

Interim Treatment Plan

Client Name _____

Goal: To help student acclimate to treatment, learn the program structure, and complete assessments necessary to create the Master Treatment Plan.

Method: Student will be introduced to his assigned therapist, youth development staff, teachers, and other members of the program.

Method: Youth Development Staff will assist the student in completing the New Student Admission Paperwork, which covers the Student Rights Policy, Student Grievance Policy, Student Responsibilities, Safety and Emergency Rules, Behavior Management Policy, Sexual Harassment Policy, and the Student Handbook.

Method: Youth Development will teach the student the admitting Life skills lessons, instruct student on the program structure, and provide 24 hour eyeball supervision and monitoring.

Method: Medical staff will complete a nutritional screening, and health assessment within 24 hours of the student's admission to the program.

Method: The program Pediatrician will complete a medical assessment within seven days of the student's admission to the program.

Method: The program Psychiatrist will complete a Psychiatric Evaluation within seven days of the student's admission to the program.

Method: Student's who have displayed high risk behaviors prior to admission will be placed on alert status and receive additional supervision to insure their safety.

Method: The Therapist will meet with the student during individual and group therapy session, to develop a therapeutic relationship and assess how the student is acclimating to treatment.

Method: The Therapist will assist the student in the completion of the therapeutic testing needed to develop the Master Treatment Plan.

Method: The Therapist will provide emotional support and mentoring as needed during the acclimation period.

Method: The Therapist will report all findings to the Parent/Guardian during Family Therapy Sessions.

Method: The Therapist will complete the Master Treatment Plan, based upon the assessed needs of the student with input from the family and student.

I have read and understand the above information. The information outlined above has been discussed with me and any questions or concerns about this information have been addressed by Admissions staff.

_____ _____

Parent or Legal Guardian Date

CINNAMON HILLS
YOUTH CRISIS CENTER

PARENT TREATMENT, EDUCATION, AND BEHAVIOR GOALS

Please check-off the problems your son or daughter is currently experiencing that you want resolved before your son or daughter completes the Cinnamon Hills Treatment Program; then hand write or type your observations and personal experiences about each of the issues you have checked-off. This information will be used to create your child's Master Treatment Plan.

Client Name _____

- ❑ Not Following Directions
- ❑ Drug or Alcohol Use
- ❑ Unstable or Unpredictable Behavior
- ❑ Running Away
- ❑ Physical Aggression
- ❑ Anxiety
- ❑ Depression
- ❑ Suicidal Issues
- ❑ Problems at School
- ❑ Learning Problems
- ❑ Abuse or Neglect
- ❑ Trauma, Grief, or Loss
- ❑ Self-Infliction
- ❑ Problems Getting Along with Others
- ❑ Friends' Negative Influence
- ❑ Poor Attitude
- ❑ Disrespectful
- ❑ Stealing
- ❑ Lying
- ❑ Manipulation
- ❑ Demanding
- ❑ Eating Problems
- ❑ Sexual Issues
- ❑ Other Issues That Concern You

Issue 1: _____

_____

_____

Issue 2: _____

_____

_____

Issue 3: _____

_____

_____

Issue 4: _____

_____

_____

Issue 5: _____

_____

_____

_____ _____

Signature of Parent or Legal Guardian Date

CINNAMON HILLS

YOUTH CRISIS CENTER

GENERAL INFORMATION SUMMARY

Visits *- Onsite visits with your child are dependent upon your child's status level. After the first 30 days in treatment,*

Youth Development Students *are eligible to have visits from parents/guardians and siblings:*

First Visit: 2-Hours, On-campus, Staff-Supervised Family Visit [in One Hour Blocks]

Second Visit and thereafter: 4-Hour monthly visit from parents/guardians and siblings [in Two 2-hour Blocks]

Life Skills Students

First Visit: Two hours on or off campus

Second Visit and Thereafter: Four hours on or off-campus [in Two 2-hour blocks]

Visits are not allowed if your child is on Time-Out status, as this means the child's behaviors are unpredictable. You are encouraged to check your child's status level before planning a visit. All visits must be coordinated through the Admission Department by calling (1-800-782-2888). We recommend that parents wait at least 30 days after admission before visiting in order to help the child in his/her adjustment to the program. **NOTE:** Cinnamon Hills does not pay for, plan travel, or reimburse for family visits unless you have been invited to attend a regularly scheduled Parent Seminar.

Holidays *– Cinnamon Hills' business offices will be closed to observe the following holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.*

Parent Seminars *- Parents will be given the opportunity to participate in two (2) Parent Seminars with other families who have youth in treatment. The purpose of these visits is:*

First Seminar - Visit your son or daughter to determine how they are doing; tour the facility to see what It is like; listen to and ask questions of youth who have been in treatment for several months to determine if you feel the program works.

Second Seminar - Visit your son or daughter to determine how they are doing; plan for family reunification; plan for return to school (if that Is the case); listen to a presentation by the Program Nurse on prescribed medication and it's importance as part of the aftercare plan (for those youth requiring medication management).

Packages *- Youth are not permitted to receive packages except on his/her birthday or winter holidays (i.e., Christmas, Hanukkah, Kwanza). We ask that you coordinate the arrival of these packages with your child's Therapist. Please do not send snacks or money. Student needs are provided by the program and students earn a daily allowance as part of our incentive system to purchase other items that they may want in our student store. Books may be sent at any time; please clearly label the package "BOOKS" and follow guidelines for appropriateness.*

Therapy *- Individual therapy sessions are held an average of 2 hours per week including time spent documenting care and treatment. Group therapy sessions are held four times a week. Family telephonic sessions will begin at a point 2-3 weeks after admission on a date agreed upon by you and your child's Therapist and will replace one individual therapy session each week.*

Medical *-Your child will see our Psychiatrist per your child's psychiatric medical plan. A Pediatrician visits the facility weekly and is on-call for urgent needs. Registered Nurses are available 10 hours each weekday and 4 - 6 hours each day on Holidays and weekends to address student medical concerns, scheduling them for a psychiatric or medical appointment if needed.*

Student Money *-Students will not be permitted to carry or hold cash. All money belonging to the students will be held by Cinnamon Hills in an account separate from company funds with a banking institution insured by the FDIC.*

Weapons *- Despite some laws that allow people to carry firearms in public, Cinnamon Hills prohibits anyone from possessing, carrying, or storing weapons of any kind on company property (including the parking lot) or in a company vehicle. This includes but is not limited to: firearms, knives, any form of weapon or explosive, any object that could be used or turned into a weapon. (i.e.. -- bottles or cans)*

Restraint and Seclusion Policy- *Cinnamon Hills does not utilize locked seclusion, or any medical or mechanical restraints. Any explosive or out-of-control behaviors will be handled by Staff trained in nonviolent physical crisis intervention techniques, according to their training through Crisis Prevention Institute (CPI). The emphasis in these interventions is always on the welfare, safety and security of the Student and Staff. Once the Student has calmed him/herself, the Student will be escorted to the Time-Out Suite where they will be assessed as soon as practical by the Program Nurse for injury. Whenever a Physical Intervention occurs, all witnesses and the Student involved, will be asked to write a Statement of Facts, in which they will detail the event. All staff who were directly involved in the intervention will be required to complete a Physical Intervention Report, detailing the incident. These statements will be reviewed by the Physical Intervention Review Team, as part of an internal investigation conducted to make sure that the intervention was performed according to trained CPI techniques without injury or pain.*

I have read and understand the above information. The information outlined above has been discussed with me and any questions or concerns about this information have been addressed by Admissions staff.

_____	_____	_____
Parent or Legal Guardian	Date	Student's Name

Telephone Structure

When your child is first admitted to treatment, they need a period of time to adjust to the program. For this reason, we ask that you not attempt to call your child until they have made the adjustment; this process normally takes 2-3 weeks. During this time period your child's therapist will call you each week to establish a therapeutic relationship with you, give you an update on your child's progress, explain the daily treatment and education schedule, and answer any questions you may have. You can still communicate with your child by mail and your child is allowed to send letters at any time.

The first phone contact you will have with your child will be during a regularly scheduled family therapy session. The first 5-10 minutes of every Family Therapy Session is private time for you and the therapists to discuss your child's progress and any questions or concerns you might have. The therapist will outline the agenda for the session before your child enters. The therapy session with your child present will last about 25-30 minutes. The last 5-10 minutes of the session will also be private time so that you can discuss your feelings about the session, your child's progress, and any further questions.

After the first family session, you will receive one fifteen-minute social phone call with your child each week; parents living apart will each receive a weekly phone call. As your child is not allowed to make outgoing calls, you can initiate your weekly phone call by dialing our toll free number 800-782-2888 between the hours of 9:30 a.m. and 4:30 p.m. (Mountain Standard/Daylight Time), Saturday or Sunday excluding holidays. (Life Skills Students will be allowed an additional fifteen-minute phone call each week and this call may occur Monday through Friday.)

Only parents and guardians are allowed to place the phone call; if brothers or sisters wish to speak with the student, they must use part of the parent's time to do so. If your child is on Time-Out Status or in Group Therapy, you will be asked to call back at a later time. Your child is expected to follow the Telephone Structure as outlined below:

- Speak loud enough for caller to hear.
- Speak appropriately and respectfully.
- Students are not to ask for money, food, clothing, or personal items.
- Students are not to guilt-load or attempt to manipulate caller.
- Students are not to make up untrue stories about the Program.
- Students are to speak English, unless special permission has been given to speak another language.
- Students are to speak only with approved callers and should let Staff know if someone else gets on the line.
- Students should start saying their "good-byes" at 14 minutes; hang up at 15 minutes.
- Students should let Staff know if the conversation was upsetting to them.

I understand and agree to follow the Cinnamon Hills Telephone Structure.

Client Name _____

_____ _____
Signature of Parent or Legal Guardian Date

CINNAMON HILLS

YOUTH CRISIS CENTER

Dear Parent/Guardian:

Your child will learn about their treatment rights upon admission. You can find out about these rights by reviewing page 5 of the Student Handbook which will be mailed to you within the first week of admission. In addition, whenever a student feels that their rights have been violated, or that they have an issue that was not resolved to their satisfaction, they are able to utilize our grievance process, described on page 6.

As the parent/guardian, you also have rights. Each month, you will receive a report in the mail alerting you to your child's progress. If you have questions about any of the information provided on the report, we would encourage you to contact your child's therapist for clarification. Questions or concerns you may have regarding program safety should also be relayed to your child's therapist. Should you have a medication management question or other medical concerns any time during your child's stay, please contact the Medical Department where our Program Nurse will assist you. For questions relating to academic issues, you may contact the Academic Department.

In addition, you will receive a Parent/Referral Source Feedback Form with your child's monthly report. We would encourage you to return this form signed, each month, in the envelope provided. If you have any treatment plan input or additional questions, you may also indicate these on this form.

It is our hope that you, and your child, will consider Cinnamon Hills a positive treatment experience; however, should you ever have a treatment concern that you do not feel has been addressed appropriately, you are encouraged to contact Jim Downey, the Program Affairs Director by phone, email or regular mail. Your concern will be addressed with the appropriate department heads and we will follow up with you as soon as possible.

As an organization accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and licensed by the State of Utah Department of Human Services, we must meet specific treatment standards. Cinnamon Hills Youth Crisis Center strives to exceed all treatment standards required by these organizations. If we fail in meeting these treatment standards for your child, and our internal grievance process does not resolve your issue, it is your right, as the parent or legal guardian, to file a complaint with one of these organizations. The State of Utah Department of Human Services contact for Cinnamon Hills is Greg Hirst; he can be reached at DHS/Office of Licensing, 377 East Riverside Dr. #B, St. George, UT 84770, (435)674-3944. JCAHO can be reached by calling 800-994-6610 or emailing complaint@jointcommission.org.

Your child's greatest chance for success in treatment is in our working together as a team. As a valuable team member, your opinion of our service counts.

Phone: 800-782-2888 ext. 161
Fax: 435-674-0584
Email: jdowney@cinnamonhills.com

Sincerely,

Cinnamon Hills Youth Crisis Center

Reviewed by Parent/Guardian: Student's Name (please print):

_____ _____ _____

Signature Date

CINNAMON HILLS
YOUTH CRISIS CENTER

ADDITIONAL STUDENT/FAMILY RESOURCES **Name:**_____

The information provided on this sheet is used to identify potential aftercare provider information. Cinnamon Hills recognizes that this information is subject to change over the course of care.

Pediatrician or Family Practice Physician ❑ Same as on Medical Information Page or:

Name: _____Address:

City: _____ State:_____ Zip:_____Telephone #:_____

Psychiatrist

Name: _____Address:

City: _____ State:_____ Zip:_____Telephone #:_____

Does the student have a Guardian Ad-Litem or CASA Worker? ❑ Yes ❑ No If yes, please give the following information:

Name: _____Address:

City: _____ State:_____ Zip:_____Telephone #:_____

E-mail:_____ Will this person be contacting the youth during treatment? _____Yes _____No

Often there is a member of the community in which the student has a strong appropriate and positive relationship with, who is not a relative (Mentor or Ally). If there is such a person in this student's life, would you like this person to be a part of their treatment process? ❑ Yes ❑ No

Name: _____Address:

City: _____ State:_____ Zip:_____Telephone #:_____

E-mail:_____ Will this person be contacting the youth during treatment? _____Yes _____No

Therapist:

Please list name, address, and telephone number of student's current (or most recent) out-patient therapist, or mental health provider:

Name: _____Address:

City: _____ State:_____ Zip:_____Telephone #:_____

Other: (Optional)

Please list name, address, and telephone number of any other therapeutic resources attempted in the past that may be utilized after discharge (i.e., AA/NA classes, step down or transitional group homes, support groups, church groups, cultural activities etc.):

Resource:

Name: _____Address:

City: _____ State:_____ Zip:_____Telephone #:_____

E-mail or website:_____

Resource:

Name: _____Address:

City: _____ State:_____ Zip:_____Telephone #:_____

E-mail or website:

CINNAMON HILLS

YOUTH CRISIS CENTER

Re: **Availability of Statewide Immunization Program** **Name of Student**:_____

Dear Parent/Guardian:

Cinnamon Hills is registered to participate in the Utah Statewide Immunization Information System. We would like to register your son/daughter into the statewide computerized program. Once registered, your child's immunization record will be maintained electronically and we will receive reminders as to what immunizations your child is due to receive. Also, at no cost to you, we will be provided with the immunizations to give your child. This will enable us, and you, to keep your child up-to-date on important immunzations recommended by Pediatricians and required by school districts.

Because this program is voluntary, and because it would require a minimum amount of data to be placed on the secured State Immunization Network, we would like to encourage, but not require your participation. Additional information about this program can be found at www.usiis.org, or by contacting our Admissions Office during the admissions process.

_____ **I do not want** my son/daughter to be enrolled in the Utah Statewide Immunization Information System.

_____ **I request the enrollment** of my son/daughter in the Utah Statewide Immunization Information System **with no exceptions**, and give consent to my son or daughter receiving any immunizations recommended by the program.

_____ **I request the enrollment** of my son/daughter_____in the Utah Statewide Immunization Information System **however, wish to be informed and have the opportunity to give or deny consent for specific recommended immunizations**.

Additional recommended immunization for females, which is not required by school districts:

_____ I request that my daughter_____be provided the Guardasil immunization for the prevention of HPV.

_____ _____

Signature of Parent/Legal Guardian Date of signature

Medical Office use only:

_____Date denial or consent received _____Entered in Medical Record Nursing Notes

_____If consent received, date added to USIIS System_____Nurse Initials

CINNAMON HILLS

YOUTH CRISIS CENTER

What to Bring

The following is a list of the things that should be brought with the student to Cinnamon Hills. Please refer to the Student Dress Code which follows to make sure styles and brands conform to this code.

Boys			Girls	
Pants	5, may include shorts		Pants	5, may include shorts
Sweat Pants	2		Sweat Pants	2
Shorts	2		Shorts	2
Shirts	8		Shirts	8
Dress Slacks & Shirt	1		Dress Skirts & Blouses	2
Lt. Jacket or Sweater	1		Lt. Jacket or Sweater	1
Sweatshirts	2		Sweatshirts	2
Tennis Shoes	1, 2nd pair is optional		Tennis Shoes	1, 2nd pair is optional
Swimsuit	1, no Speedos		Swimsuit	1, modest 1-piece
Belt	1		Belt	1
Briefs or Boxers	8		Panties	8
Socks	8		Bras	4
			Socks	8

Optional:

Flip Flops (1)
Address Book
Photo Album
Wristwatch (1)
Pajamas or Nightgown (1)
Writing Stationary (1 box, no stamps)
Dress Shoes

Also, bring if needed: Prescription eye glasses or contact lenses; dental or orthodontic appliances.

The Program will provide each student with personal grooming and hygiene items at admission. Student will then be responsible to keep these items restocked using money from their Student Account.

STUDENT SHOULD NOT BRING ANY ITEMS WHICH ARE NOT ON THIS LIST - ADDITIONAL ITEMS WILL BE MAILED HOME AT THE PARENT/GUARDIAN'S EXPENSE.

STUDENT SHOULD NOT BRING ANY EXPENSIVE ITEMS, THE PROGRAM WILL NOT BE RESPONSIBLE FOR THEFT OR LOSS OF PERSONAL ITEMS.

STUDENT SHOULD NOT BRING FOOD ITEMS AS THERE IS NO STORAGE SPACE FOR THEM. THE PROGRAM ROUTINELY PROVIDES SNACKS AND GOODIES FOR ALL STUDENTS.

CINNAMON HILLS

YOUTH CRISIS CENTER

STUDENT DRESS CODE

All CH Students are expected to learn and follow the CH Student Dress Code, which specifies what clothing can, and cannot, be worn, and also determines the manner in which the clothing should and should not be worn.

All Students are checked by Team Management Staff before leaving their Unit each morning. If there is any question as to whether or not the clothing is appropriate, either as to what is being worn, or how it is being worn, Staff's judgment will be the determining factor. If the Student thinks that the Staff has been unfair, he/she has the option of submitting an Action Form to address their concern.

Condition and Type

All clothing must be clean and in good condition, with no rips, tears, holes or stains. Clothing must fit appropriately, as specified in the following, and must be appropriate to the season. No type of institutional clothing, such as Juvenile Hall or military uniforms, are allowed. In addition, **no** Logos, Team Names, or Numbers of any type, will be permitted on clothing.

Shirts/Tops

- Must be long enough to be tucked into pants; worn tucked in at all times.
- **NO** tight-fitting or revealing styles.
- **NO** Pendleton shirts.
- **NO** pictures, writings or printings which depict or glamorize Satanism, racism, violence, drugs, sedition, singing groups or gangs.
- **NO** Old English style lettering on any article of clothing.
- **NO** jerseys with the preferred gang number.
- **NO** gang colors if Student has a gang affiliation or "wannabe" history or behaviors.
- **NO** flannel shirts worn buttoned on the top.
- **NO** shirt which is the same color and shade as the pants.
- **NO** hidden pockets

Pants

- Must not be more than one size larger than fitted size.
- Bottoms must be hemmed up at least one inch from the floor - measured with shoes on.
- Bottoms must be no wider than 9" from seam to seam.
- **NO** pants worn that are the same color and shade as the shirt.
- **NO** Old English style lettering on any article of clothing.
- **NO** sweat pants rolled up to the knees.
- **NO** rolled pant legs of different lengths
- **NO** hidden pockets

Shorts/Skirts

- Skirts must be no shorter than 4 inches above the knee.
- Shorts worn for gym may be 6 inches above the knee; shorts worn at other times must be no shorter than 4 inches above the knee.
- **NO** shorts or skirts worn that are the same color and shade as the shirt or top.
- **NO** Old English style lettering on any article of clothing.
- **NO** hidden pockets

CINNAMON HILLS
YOUTH CRISIS CENTER

Student Dress Code (Continued)

Shoes/Socks
- Heels on shoes must be no higher than 1½ inches
- **NO** heavy shoes or boots of any kind
- **NO** shoes with thick soles
- **NO** Old English style lettering on any article of clothing
- **NO** colored, mismatched, or fat shoelaces
- **NO** slip-on house shoes worn except when indicated by doctor's orders;
- **NO** corduroy slip-ons any time
- **NO** socks pulled up to the knees when wearing shorts
- **NO** hidden pockets inside the tongue
- Shoes must be tied

Underwear
- **NO** boxer shorts sticking up from the top of pants
- **NO** dark colored bras worn under lighter colored shirts or tops
- **NO** exposed bra straps

Jackets
- **NO** overstuffed or oversized jackets
- **NO** hoods
- **NO** hidden or multiple pockets

Accessories
- Belts must be no longer than 6 inches past the buckle
- **NO** large belt buckles or buckles with negative symbols
- **NO** hats of any kind - ball caps, stocking watch caps, sweatshirt hoods
- **NO** bandannas
- **NO** suspenders
- **NO** professional or college team sports jackets, i.e., Raiders, Browns, Bulls, Lions, Sox, Duke, Georgetown, Reds, Kings, Nike, Centennial Knights.
- Jewelry must have a clasp fastening
- **NO** large, dangling, or sharp edged jewelry
- **NO** body-piercing jewelry except for earrings
- **NO** pronged rings
- **NO** jewelry with inappropriate designs, writings, markings, or gang-connotations

Brand Names &/or Styles
The following brands or styles, and any other brands or styles which are similar in appearance are not allowed:

***** Ben Davis	* Dickies	* Jenco
* Nike Cortez	* Calvin Klein	***** K-Swiss
* Harley Davidson	* Doc Marten	* Converse Canvas/Chuck Taylor

CINNAMON HILLS

YOUTH CRISIS CENTER

CINNAMON HILLS MENU AND NUTRITIONAL REQUIREMENTS

Cinnamon Hills provides all Students with three daily meals and a nightly snack. All menus have been reviewed and approved by a Certified Dietician. Following is an example of what a weekly menu looks like.

Week 1

Monday				
Breakfast	Oatmeal and Grits	Blue/Apple/Ban Muffin		Fresh Fruit
Lunch	Egg Salad Sandwich	Chips		Chilled Peaches
Dinner	Stuffed Pasta Shells	Green Beans	Garlic Bread	Ice cream cup
Snack				Cheese Nips 100 Calorie
Tuesday				
Breakfast	Pancakes	Hamburger Patti		Fresh Fruit
Lunch	Soft Taco	Corn Chips & Salsa		Fruit Melody
Dinner	Chicken Pie	Peas / Carrots	Biscuit Crust	Cake
Snack				Honey roasted peanuts
Wednesday				
Breakfast	Scram Eggs	Hash Browns	Toast	Fresh Fruit
Lunch	Ham & Cheese Sand	Potato Salad		Grapes
Dinner	Beef Stew		Rolls	Tapioca Pudding
Snack				Rice Krispies Treats
Thursday				
Breakfast	French Toast	Sausage Links		Fresh Fruit
Lunch	Beef & Bean Nachos	Carrot Sticks		Jell-O w/ Fruit
Dinner	Sliced Roast Beef	Green Beans	Red Potato / Roll	Fudgesicle
Snack				Cooks Choice
Friday				
Breakfast	Scram Eggs	Ham	Biscuit	Fresh Fruit
Lunch	Cold Cuts Sandwich	Baked Chips		Apple Sauce
Dinner	Teri Chicken Breast	White Rice / Carrots	Rolls	Yellow Cake w/ Choc Frost
Snack				Fig Newtons
Saturday				
Breakfast	Cold Cereal	Sweet Rolls		Fresh Fruit
Lunch	Bean & Cheese Burrito	Pinto beans		Vanilla Pudding
Dinner	Pizza	Salad Bar		Big Stick
Snack				Bandito Trail Mix
Sunday				
Breakfast	Biscuit & Gravy	Sausage		Fresh Fruit
Lunch	Mac Ribs		Three Bean Salad	Fruit Medley
Dinner	Shrimp & Saus Gumbo	Peppers & Onion	Rice / Roll	Chocolate Pudding w/cherry
Snack				Chewy Granola Bars

Available at each meal	Available at each meal
2% milk	Fruit Bowl
Available at Breakfast & Dinner	Apple
Hot Chocolate	Orange
Grape Juice	Banana
Orange Juice	Seasonal Fruit
Cranberry Juice	Salad Bar available at lunch and dinner
All juices are vitamin C fortified	