



APPLICATION PROCEDURE FOR PLACEMENT

You will need to contact your child's school and other agencies involved to obtain some of the information below, which will be reviewed for placement and consideration. All forms included in this procedure packet must also be completed and signed.

Completed John de la Howe School Application for Admission:

All sections need to be completed.

If something does not apply to your child, please indicate this by using "n/a" or "none".

Please specify if you are the parent or guardian/custodian and give your information.

School Records:

Most current grades

Standardized test scores (MAT 7, BSAP/Exit exam, PACT, etc.)

Discipline report including details of referrals (for the current year and the previous year)

Attendance record

Current IEP information (if applicable) and Psycho Educational Evaluation (if applicable), or 504 Plan.

Counseling records from Private Counselor or Mental Health Center

Counseling records to include: clinical notes, diagnosis, treatment plans and goals, medications

Psychological Evaluation

This information is requested if it is available.

In some cases we may require a psychological be done for placement consideration.

Information from previous placements (if applicable)

(Psychiatric hospital, DJJ Facility, Group/Children's Home, etc.)

This information should include Admission and Discharge Summary.

Information from Department of Juvenile Justice (if applicable): Information regarding involvement, charges, probation, etc.

Copies of Birth Certificate and Social Security Card (Do not send originals)

A Signed S. C. Certificate of Immunization (DHEC 1148 Form):

This can usually be obtained from the local health department or school if you do not have a copy.

Immunizations need to be up to date.

Family Financial Agreement Form:

Form is enclosed. Complete and return with application.

Provide proof of income by submitting **2 - 4 consecutive pay stubs or a copy of W2 form** from the previous year for each parent/step parent in the household.

Include any type of support received for child on this form.

This information is needed of the guardian/custodian if that is someone other than the parent.

Once we receive the above information, it will be reviewed by staff in the Admissions Department. We will determine if our programs can meet the needs of the child and family. After this determination has been made, the family will be notified. If we do not have available space at that time, the child will be on a waiting list until space is available. Should the child not be accepted for placement, the family will be notified and given other suggestions to help the child and family.

Should assistance be needed to complete the application or obtain needed information, please contact the Admissions Department at (864) 391-2131, Extension 417 or 454.



Authorization to Disclose Protected Information

Client's Name: _____

Date of Birth: _____

Social Security Number: _____

I, _____, parent/legal guardian(s) of the above client authorize the following sources to release information to John de la Howe School for the purpose of making a placement decision:

- School: _____
- School District Office: _____
- Department of Juvenile Justice: _____
- Department of Social Services: _____
- Department of Mental Health: _____
- Other Counseling Source: _____
- Other Counseling Source: _____
- Discharge Summary from: _____
- Discharge Summary from: _____
- Physician/Medical Facility: _____
- County Solicitor's Office: _____
- County Family Court: _____
- Other: _____

I authorize the exchange of this information via (check all preferred methods):

- Mail
- Fax
- Other _____

I understand that I have a right to cancel/revoke this authorization at any time. If I cancel/revoke this authorization, I must do so in writing and present my written cancellation/revocation to the Admissions Department at John de la Howe School. I further understand that the cancellation/revocation will not apply to information that has already been released to this authorization. This authorization will expire/end 90 days following this date.

I understand I will be given a copy of this authorization upon request.

Signature of Parent/Legal Guardian/Representative

Date

Printed Name of Parent/Legal Guardian/Representative

Relationship to Client (if Legal Guardian/Representative)

To contact the Admissions Department in writing the address is: 192 Gettys Road, McCormick, SC 29835. The phone number is (864) 391-2131 ext 454/417. The fax number is (864) 391-2150.

Family Financial Agreement Form (FFAF)

Please direct any questions to the Administration Department
at 864-391-2131 or extension 417 or 454

Parent's Name: _____ **Phone #:** _____

Address: _____

City/State/Zip: _____ **Child's Name:** _____

Annual/Family Income (All Sources)

Salary (net)	\$ _____
Spouse Salary (net)	\$ _____
Social Security Income	\$ _____
V. A. Benefits	\$ _____
Alimony	\$ _____
AFDC	\$ _____
Relative Assistance	\$ _____
Retirement Benefits	\$ _____
Disability Benefits	\$ _____
Unemployment Benefits	\$ _____
Workers Compensation	\$ _____
Investments/Rentals	\$ _____
Child Support	\$ _____
Adoption Subsidy.....	\$ _____
Other	\$ _____
Total Annual Family Income	\$ _____

Tuition will be determined by the overall net income of the Household.

Please provide proof of income by submitting 2 - 4 consecutive pay stubs or a W2 for the previous year for each individual in the household. Please include any support received for child.

I, hereby further agree per the John de la Howe School Placement Agreement, that I am aware and fully responsible for monthly tuition, allowances and any medical or dental services necessary while he/she is in placement.

Parents' Signature: _____

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For Official Use Only:

The monthly family financial payment to John de la Howe School is \$ _____

Staff Signature/Title

Date

cc: Business Office



ASBESTOS INFORMATION/DOCUMENT A

To: Parents/Legal Guardians

As required by the EPA **Asbestos Hazard Emergency Response Act**, John de la Howe School wishes to inform you of the actions being take to insure the proper handling of asbestos containing building material on our campus. As a result of the potential health hazard of asbestos, and the need to locate it, licenses and accredited inspectors from Davis and Floyd Engineers sampled suspected asbestos containing materials (AMM) in November 1988. Their lab reports show that both friable and non-friable ACM have been found in campus buildings. Accordingly, an asbestos operation, maintenance, and repair plan has been prepared to manage ACM or suspected ACM in compliance with AHERA regulations.

Currently all ACM are in good condition (or has been enclosed), and should not present a danger unless disturbed or damaged. To avoid any possible disturbance, custodial and maintenance personnel have been trained to take special precautions during their work to guard against the release of asbestos fibers. Furthermore, periodic surveillance every six months and three year inspections of known ACM are conducted to monitor any changes in its conditions and reevaluate response actions.

The operation and maintenance plan, lab reports, response actions, and locations of ACM is on permanent file and open for inspection in the office of the Coordinator of Support Service. This staff person is the assigned designated asbestos program manager for our agency and has been accredited to carry out the asbestos management plan.

You are urged to be aware of the location of ACM and to report any dust, debris, change I conditions, or potentially damaging activities, which could cause fibers to be released into the air. To answer any questions or concerns you may have, please contact:

John de la Howe School Plant Manager (864) 391-2131, extension 465.

(Parent/Legal Guardian Signature)

Date



CONSENT FOR DRUG/ALCOHOL/TOBACCO (NICOTINE) TESTING

While in placement at John de la Howe School, in the interest of safety for all concerned, I may be required to take a test to rule out drug, alcohol or nicotine use.

I, _____, have been informed of the possibility of random drug, alcohol and/or nicotine testing. I understand that I may be tested at any time for just cause and do hereby freely give my consent.

Just cause:

- **I have a history of substance use/abuse**
- **Reported by a staff or another student that I have used/abused substances while on campus or on a John de la Howe School trip/outing**
- **Reported by a family member that I used/abused substances while on home stay and I am now returning to campus**

In addition, I understand that my custodial parent/guardian and/or other appropriate officials involved will be notified of the results of the test and it will become part of my student record.

In the event I test positive for any of the aforementioned substances, I understand that I may be required to complete treatment for substance abuse, if deemed necessary by the John de la Howe School officials.

Student signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____

Witness: _____

Date: _____



TO: ALL PERSONNEL, PARENTS, GUARDIANS, AND/OR AGENCIES

**FROM: Mr. Danny Wardlaw - Director
Division of Student and Family Services**

RE: Notice of Restrictive Behaviors Management

Personnel are expected to use their experiences and training in crisis intervention to address a child's ongoing needs and maintain those needs at a pre-crisis state. John de la Howe School prohibits the use of locked seclusion, isolation, aggressive physical interventions, or other mechanical restraints as a means of providing emergency safety measures.

John de la Howe School will allow a child to be removed from his or her environment to be placed in crisis care/time away when there is a threat of safety for the child, staff, other service recipients, or when supervisory personnel deem the child will not regain control until removed from the present environment.

Crisis care in the Infirmary is a neutral setting wherein the child may be observed for a period not to exceed 24 hours. During this time the child is closely monitored and provided guidance, counseling, behavior intervention or services necessary to help him/her readjust to the environment.

Parents, guardians, and/or service recipients are aware that all trained staff may use manual restraints (physical intervention) if warranted. Only the physical restraint methods taught in Therapeutic Crisis Intervention are approved and acceptable methods of restraints by John de la Howe School.

John de la Howe School reserves the right to decline acceptance of a child into placement if a parent or guardian does not agree to the form of behavior support management that is utilized.

I have been informed and have read the above information regarding restrictive behavior support management. As the parent/legal guardian, and/or service recipient I understand that this form of behavior management will be utilized if necessary.

Parent(s) Signature _____ Date: _____

Student's Signature _____ Date: _____

Representative of John de la Howe School _____ Date: _____



Acceptable Use Agreement for Computers, Network Services and Internet for Students

General Principles

1. Internet use is a privilege allowed by John de la Howe School. This privilege may be revoked at any time.
2. Students may be subject to computers/network limitations.
3. Users of network services may be monitored for security and/or network management reasons.
4. Users who violate copyright laws are acting illegally and will be held personally responsible for their activities.
5. Users agree to be subject to and abide by this agreement for their use.
6. Any user found not complying with this agreement will revoke computers/network access.

Specific Provisions

1. Users shall only access files that are pertinent to the specific user.
2. Users shall limit their computer time to allow others an equal opportunity.
3. Users are not allowed to download any material unless they have permission from the Information Technology Department or the School Principal.
4. Users of John de la Howe School's network for illegal, unlawful, or immoral purposes will not be tolerated.
5. Users attempting to "hack" into the network will be held accountable and such acts will be forwarded to the proper authorities.

By signing below you certify that you have received and understand John de la Howe School's Acceptable Use Agreement, and agree to follow the guidelines stated for technology resources. You are fully responsible for your own actions. If you have any questions, please ask your Program Treatment Services Coordinator or other appropriate staff.

Student Signature _____ **Date** _____

Print Student Name _____

Parent Signature _____ **Date** _____

John de la Howe Representative _____ **Date** _____

CLIENT'S RIGHTS

We believe that Parents and Children have the following rights as clients

1. The right to fair and equitable treatment including: The right to receive services in a non-discriminatory manner, freedom to express and practice religious and spiritual beliefs, to be treated humanely, professionally, and with care and concern at all times.
2. To participate in the development of and in-house review of treatment and service plans, which may include the refusal of any services, treatments, or medications, unless mandated by law or court order; and to be informed of any consequences of such refusals, which may result in being discharged.
3. To receive reasonable confidentiality regarding your client records. Your written consent is required prior to the release of any confidential information except in cases mandated by subpoena, court order, or the Department of Social Services (DSS) mandates and to access appropriate information from your file.
4. Upon request, to have your identity protected in agency reports, statistical analysis, or case summaries published as a result of participation in your treatment plan.
5. To be excluded from films or tapes without your consent.
6. To have access to a grievance procedure to protect your rights.
7. To be free from exploitation, and a right to physical privacy, this includes personal living and storage area.
8. To an environment free of harassment, intimidation, or bullying as defined by Section 59-63-110 of the Safe Schools Act.
9. The right to advocacy by parent(s), legal guardian(s), or a representative from John de la Howe School.
10. To receive services in a manner that recognizes your cultural values and traditions.
11. To healthy food and proper nutrition.
12. To experience the natural elements, this includes air, sunshine, and outdoor exercise.

I have been informed, read and understand the above information regarding parent's and child's rights as clients of John de la Howe School.

(Parent/Legal Guardian Signature)

(Date)