

The Villages, Inc.

2219 SW 29th St
 Topeka, KS 66611-1925
 785-267-5900 / fax 785-267-1224

THE FOLLOWING IS A LIST OF PAPERWORK THAT THE VILLAGES, INC. MUST HAVE AT THE TIME OF PLACEMENT. THESE FORMS ARE REQUIRED FOR STATE LICENSING PURPOSES. PLEASE CONTACT THE VILLAGES SOCIAL WORKER IF YOU HAVE ANY QUESTIONS. THE PLACEMENT MAY BE POSTPONED IF NECESSARY PAPERWORK IS NOT RECEIVED.

CHECK IF SENT	REQUIRED PAPERWORK to be PROVIDED BY PLACING AGENCY – JJA, CONTRACTOR, SRS.	VILLAGES USE ONLY
	Medical Card and copy of private medical insurance card (if any)	
	State of Kansas Consent to Medical Care (notarized)	
	Villages Consent to Medical Care (notarized) (This is required in addition to State consent)	
	Authorization for Release of Confidential Information (state document)	
	Placement Agreement	
	Immunization Records	
	School Records including current IEP	
	Journal Entry (latest plus the most recent that placed youth into custody)	
	Mental Health Records and Psychological Evaluations	
	Administrative Review / Case Plan / Supervision Plan / YLC	
	Medical Forms (if in previous placement) and Copy of last KBH	
	Dental Forms (if in prior placement)	
	Social Security Card (copy)	
	Birth Certificate (Copy)	

The following forms, sent by The Villages, must be returned with required signatures.

CHECK IF SENT	REQUIRED VILLAGES FORMS TO BE SIGNED BY BY PLACING AGENCY – JJA, CONTRACTOR, SRS.	VILLAGES USE ONLY
	Consent to Medical Care (BOTH State AND Villages forms BOTH notarized)	
	Transfer of Student Records	
	Authorization for Release of Information (Both State / Villages forms)	
	Visitation Plan	
	Admission form	
	Photo Release	
	U A Approval Form	
	Kansas Kids @ Gear Up forms	
	Dr. Thompson forms (Lawrence)	
	Dr. McKenna forms	

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CONSENT TO MEDICAL CARE

I, _____, parent or legal guardian of

_____, born _____

do hereby consent to any medical or surgical care and the administration of
anesthesia determined by a physician to be necessary for the welfare of

_____ while said child is under the
care of The Villages, Inc.

Signature of Parent or Legal Guardian

*Acknowledged before me this _____ day of _____, _____

* _____
Signature of Notary Public

* My Commission Expires _____, _____

***Please Note: This form must be signed and notarized**

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RELEASE OF INFORMATION

I, _____
(Parent or Legal Guardian)

(Address)

hereby authorize The Villages, Inc.
 2219 SW 29th Street
 Topeka, KS 66611

To release to, obtain from or exchange with:

(Agency, Therapist, Medical Doctor or ARNP)

the following material: social history, psychological reports, psychiatric reports, medication history, school reports, reports from previous placements, etc.

regarding _____
(Youth's Name)

for the purpose of therapy and/or assessment and monitoring of medications.

Signature of Parent or Legal Guardian

Date

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RANDOM UA APPROVAL FORM

I, _____, _____, to the youth
(Name) (Relationship)

named below do hereby give my approval to The Villages, Inc. to conduct random UA's at The Villages and/or the lab, as deemed necessary, to monitor drug usage by:

_____ While he/she is a resident of The Villages, Inc.
(Youth's name)

I also give approval for random searches of youth's personal property, along with Villages' property (including youth's rooms) by the Villages' staff and/or law enforcement personnel which could include drug dogs.

If approval is given please indicate by signing and dating below.

Signature

Date

Youth's Signature

Date

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PHOTO RELEASE

As appointed guardian of _____

I hereby give my permission for The Villages, Inc. to take ONLY complimentary pictures of my child, which are to be used only for community educational purposes and for the program brochures, newsletters, and positive public relations.

I understand that these photographs would be ONLY to aid The Villages in better illustrating and explaining to the public the type of services and programs that The Villages offers to youth and to help the community better understand the purpose and need for these services for youth. I further understand that no identifying or confidential information will be contained in any article.

I understand that I can express any type of limitation I would want on the specific use of these photos and I will submit a written statement to The Villages regarding these limitations.

Appointed Guardian

Date

Witness

Title

Date

Limitation Statement is enclosed: Yes: _____ No: _____

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**PARENT'S OR STUDENT'S
REQUEST TO
TRANSFER STUDENT RECORDS**

TO: _____
(Name of School)

FROM: _____
(Parent, Guardian, or Student)

RE: _____
(Name of Student)

We/I do hereby request that the school records of the above named student be transferred to:

(Name and Address of School / Institution)

This request is made because the above named student will be enrolling in the
_____ School system for the _____ school year.

Signature of Parent or Legal Guardian

Date

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ADMISSION INFORMATION FORM

Please complete this form in its entirety. If you have questions, please contact The Villages social worker at (785) 267-5900 for help.

NAME OF CHILD: _____
(LAST) (FIRST) (MIDDLE)

Date of custody: _____ Sex: _____ Race: _____ Date of Birth: _____

SSN: _____ Latest Placement: _____

Most recent school attended: _____ USD #: _____

Special education? (y/n) _____ If yes, what is exceptionality: _____

Grade Level: _____

Guardian At Litem name /address/phone:

Parent's Information:

Mother

Father

Address:

Phone- work

Phone- home

Other contact:

Visitation approved (y/n)

PRT (y/n)

List names of those not allowed contact with youth while in care and reason for no contact:

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VISITATION / CONTACT LIST

Child's Name: _____ Case Plan Goal: _____

Mother's Name Address Phone #'s

Father's Name Address Phone #s

Siblings:

Case Worker:

Others allowed visitation (name / address / phone / relationship)

VISITATION PLAN:

TRANSPORTATION ISSUES:

OTHER CIRCUMSTANCES:

I, _____ approve passes for _____
(worker's name) (youth's name)

with the following people:

Name: Relationship: Type of Contact Approved:
