YOUTH RESTORATION SERVICES
AGENCY ADMISSION PACKET

For county agencies, caseworkers, probation officers, and authorized placement professionals

Purpose

This packet gathers core placement and admission information for a youth being considered for or admitted to Youth Restoration Services. Complete the applicable sections and attach supporting records. Additional documents may be requested based on the youth's needs, legal status, contracting-agency requirements, and current Pennsylvania DHS instructions.

Agency / Placement Information

Youth name: _____ **Date of birth:** _____

Referring / contracting agency: _____ **Proposed admission date:** _____

Caseworker / probation officer: _____ **Telephone / email:** _____

Supporting documentation checklist

[ ] Court / placement order [ ] Custody / legal documents [ ] Current medical information

[ ] Current health examination [ ] Medication information [ ] Education records / IEP or 504

[ ] Insurance information [ ] Behavioral health records, if applicable [ ] Funding / contract authorization

Important: This is a facility-created admission packet. Where Pennsylvania DHS prescribes an official form, use the current DHS version. Contracting agencies, courts, insurers, schools, or health providers may require additional forms.

YOUTH RESTORATION SERVICES

PLACEMENT PROCESS & APPROPRIATENESS ASSESSMENT

Facility-created compliance template - current regulations and DHS instructions control.

Regulatory basis: 55 Pa. Code § 3800.223

Child name: _____

Assessment date: _____

1. Service needs of the child

_____

_____

_____

_____

_____

_____

2. Child's legal status

_____

_____

_____

_____

3. Circumstances making placement necessary

_____

_____

_____

_____

_____

_____

4. How Youth Restoration Services activities/services will meet the child's needs

_____

_____

_____

_____

_____

_____

_____

_____

Identified risks / supervision considerations / compatibility with current residents

_____

_____

_____

_____

_____

_____

[ ] Placement accepted [ ] Placement conditionally accepted [ ] Placement not accepted

Conditions / reasons

_____

_____

_____

_____

Assessment completed by: _____ **Title:** _____

Signature / date: _____ _____

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EMERGENCY INFORMATION SHEET

Facility-created compliance template - current regulations and DHS instructions control.

Regulatory basis: 55 Pa. Code § 3800.241

Child name: _____ **Date of birth:** _____

Admission date: _____ **Health insurance / ID:** _____

Emergency contact

Name: _____ **Relationship:** _____

Address: _____ **Telephone:** _____

Physician / health care source

Name: _____ **Telephone:** _____

Address: _____ **After-hours number:** _____

Person able to consent for emergency medical treatment

Name: _____ **Relationship / authority:** _____

Telephone: _____ **Alternate telephone:** _____

Date of most recent health examination: _____

[ ] Copy of most recent health examination attached [ ] Insurance card copy attached

Critical allergies / medications / diagnoses / emergency precautions

_____

_____

_____

_____

Keep this information easily accessible to authorized staff while protecting confidentiality.

YOUTH RESTORATION SERVICES

CONSENT TO TREATMENT

Facility-created compliance template - current regulations and DHS instructions control.

Regulatory basis: 55 Pa. Code § 3800.19

Child name: _____

Date of birth: _____

I authorize Youth Restoration Services, within the limits of law, court orders, placement authority, and provider policy, to obtain or arrange routine medical, dental, behavioral health, emergency, and other treatment for the child as permitted by the signer's legal authority.

[ ] Routine medical care [ ] Dental care [ ] Behavioral health services [ ] Emergency treatment

Known limitations, court restrictions, religious restrictions, allergies, or other instructions

_____

_____

_____

_____

_____

_____

_____

_____

Name of person granting consent: _____

Relationship / legal authority: _____

Telephone: _____

Signature: _____ **Date:** _____

Witness / staff: _____ _____

Attach court orders, custody documents, or agency authorizations that affect treatment consent.

YOUTH RESTORATION SERVICES

CHILD RIGHTS ACKNOWLEDGMENT

Facility-created compliance template - current regulations and DHS instructions control.

Regulatory basis: 55 Pa. Code §§ 3800.31-3800.33; § 3800.243

Child name: _____

Admission date: _____

The child and parent/guardian/custodian were provided an explanation and copy of the facility's child-rights information, including grievance rights and protections from retaliation.

[ ] Rights explained in language understandable to the child [ ] Copy provided to child

[ ] Copy provided to parent / guardian / custodian [ ] Questions answered [ ] Accommodation / interpreter need addressed

Questions, accommodations, refusal to sign, or efforts made to obtain signatures

_____

_____

_____

_____

_____

_____

Person	Printed name	Signature	Date
Child			
Parent / guardian / custodian			
Facility staff			

YOUTH RESTORATION SERVICES

GRIEVANCE PROCEDURE ACKNOWLEDGMENT

Facility-created compliance template - current regulations and DHS instructions control.

Regulatory basis: 55 Pa. Code § 3800.31(f); § 3800.243

Child name: _____

Date provided: _____

The facility grievance procedure was explained, including how to submit a grievance, who receives it, how it will be investigated and resolved, expected response steps, and the prohibition on retaliation.

[ ] Written grievance procedure provided [ ] Child knows how to file a grievance [ ] Parent / guardian / custodian received procedure

Special communication needs / questions / refusal to sign / staff efforts

_____

_____

_____

_____

_____

_____

Person	Printed name	Signature	Date
Child			
Parent / guardian / custodian			
Staff			

YOUTH RESTORATION SERVICES

PERSONAL PROPERTY INVENTORY

Facility-created compliance template - current regulations and DHS instructions control.

Regulatory basis: Facility practice / supports accurate child records

Child name: _____

Admission / inventory date:

_____

Item / description	Qty	Condition at intake	Notes / disposition

Valuables held by facility and storage location

_____

_____

_____

_____

Child signature: _____ **Staff signature:** _____

Date: _____ _____