



TIMBER RIDGE SCHOOL

Intensive In-Home Services Admission Packet (VA Medical Eligible) (Male/Female)

Please complete and return these forms to referral@trschoo.org.

Or Mail/fax to
Timber Ridge School
PO Box 3160
Winchester, VA 22604
540-888-34556
Fax: 540-888-4511

Accreditation: Council on Accreditation
AdvancED - Southern Association of Colleges and Schools
Virginia Association of Independent Specialized Education Facilities
Member: National Association of Private Special Education Centers



**Intensive In-Home Services
APPLICATION FOR ACCEPTANCE**

To: Parents or Guardian:

All information on this form must be completed and mailed directly to the
Director of Admissions, P.O. Box 3160, Winchester, VA 22604
Or you may FAX the information to 540-888-4511

Name of Child: _____
Last First Middle Nickname: _____

Date of Birth: _____ Place of Birth: _____

Child's Social Security No.: _____ Race: _____

Sex: Male / Female Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Marks, Scars, Tattoos: _____

Last Placement: _____ Religious Preference: _____

Legal Guardian: _____ Relationship: _____

Address: _____ email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____
Last First Middle

Address _____ email: _____

Social Security No.: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Name: _____
Last First Middle

Address: _____ email: _____

Mother's Maiden Name: _____ Social Security No.: _____

Date of Birth: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____



TIMBER RIDGE SCHOOL

Policies, Regulations, and Notices

Form No. 2213.1
Intensive In-Home Services
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Please list brothers or sisters of child. Identify step and/or half siblings and specify birth dates.

Name	Relationship	Birth Date
1. _____		
2. _____		
3. _____		
4. _____	<i>(please list on another sheet any additional siblings)</i>	

Ages and relationship of others living in the home: _____

Local Educational Agency: _____

Address: _____

Contact Person: _____ Phone No.: _____

FAX No: _____ email: _____

Child's Grade: _____ Is Child in Special Education? Yes / No Special Education Designation: _____

Base School: _____

Contact Person: _____ Phone No.: _____

FAX No: _____ email: _____

Social Services Agency (if applicable): _____

Address: _____

Contact Person: _____ Phone No.: _____

FAX No: _____ email: _____



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Juvenile Court Services Agency (if applicable): _____

Address: _____

Contact Person: _____ Phone No.: _____

FAX No: _____ email: _____

I hereby make application for admission to **TIMBER RIDGE SCHOOL** for my child:

Signatures: Father: _____ Date: _____

Mother: _____ Date: _____

Legal Guardian: _____ Date: _____

If application is being made by a sponsor agency, please complete this section:

Name of Sponsor Agency (if applicable): _____

Address: _____

Caseworker: _____ Phone No.: _____

FAX No: _____ email: _____

I hereby make application for admission to **Timber Ridge School**, for the child noted above:

Sponsor Agency Representative : _____ Date: _____

Signature



**Intensive In-Home Services
AUTHORIZATION FOR THE RELEASE OF
CONFIDENTIAL ACADEMIC INFORMATION**

This child is referred for acceptance to Intensive In-Home Services provided by **Timber Ridge School**, for youth between the ages of 10 and 18.

I hereby give my permission to _____
Name of School

Address

To release school reports on _____ Birthdate: _____
Student's Name

**TO: TIMBER RIDGE SCHOOL
P.O. Box 3160
Winchester, Virginia 22604**

FAX: 540-888-4511

Please submit a summary of academic information on this child. It is required that a current IEP be included with the school records for students with special education eligibility. If this child is not a special education student, please specify. A transcript of subjects and grades, and any academic testing results, including Standards of Learning, Woodcock-Johnson R, etc. are desired. Teacher observations regarding academic potential and social adjustment are especially helpful also. Any other information that you believe would help in the planning and development of the child's educational program would be appreciated.

As only those applicants supported by complete evaluations can be considered, a comprehensive report is required.

- | | |
|---------------------------------------|-------------------------------|
| _____ Tri-annual Evaluation | _____ Most recent Report Card |
| _____ Cumulative Records | _____ Current I.E.P. |
| _____ Most recent Official Transcript | _____ Current Assessments |

Please return a copy of this release with your report.

I understand that no limitations are placed on dates, history of illness, or diagnostic and therapeutic information, including any treatment for alcohol and drug abuse. I understand what information has been requested and have been explained the benefits/disadvantages of releasing this information. I further understand that the provision of services is not contingent on the release of this information and I voluntarily consent to the release of this information.

This authorization will expire in one (1) year on _____
Date

Signature of Parent or Legal Guardian _____ Date _____

***Any re-disclosure of confidential information by the recipient(s) is prohibited
except when implicit in the purposes of this disclosure.***

cc: Parent/Legal Guardian



**Intensive In-Home Services
AUTHORIZATION FOR THE RELEASE OF
CONFIDENTIAL PSYCHIATRIC INFORMATION**

This child is referred for acceptance to Intensive In-Home Services provided by **Timber Ridge School**, for youth between the ages of 10 and 18.

I hereby give my permission to release the Psychiatric Discharge Summary of:

Student's Name: _____ Birthdate: _____

FROM:

Name of Facility _____ Psychiatrist _____

Address _____

Phone Number: _____ FAX Number: _____

TO: TIMBER RIDGE SCHOOL

**Attn: Don D. Lee, MD
P.O. Box 3160
Winchester, Virginia 22604
FAX: 540-888-4512**

Offering behavior descriptions and dynamics, intellectual assets and deficits, presence and extent of organic manifestations, and general course to date in any of these areas where such information is available. Psychiatric diagnosis along with respective prognosis is important for our planning. Your impressions of treatment needs, ability to benefit from a group living experience, and any other observations would be helpful.

As only those applications supported by complete evaluations can be considered, a comprehensive report is required.
Please return a copy of this release with your report.

I understand that no limitations are placed on dates, history of illness, or diagnostic and therapeutic information, including any treatment for alcohol and drug abuse. I understand what information has been requested and have been explained the benefits/disadvantages of releasing this information. I further understand that the provision of services is contingent on the release of this information and I voluntarily consent to the release of this information.

This authorization will expire in one (1) year on _____
Date

Signature of Parent or Legal Guardian _____ Date _____

***Any re-disclosure of confidential information by the recipient(s) is prohibited
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cc: Parent/Legal Guardian



**Intensive In-Home Services
AUTHORIZATION FOR THE RELEASE OF
CONFIDENTIAL PSYCHOLOGICAL INFORMATION**

This child is referred for acceptance to Intensive In-Home Services provided by **Timber Ridge School**, for youth between the ages of 10 and 18.

I hereby give my permission to: _____
Name of Psychologist

Address

Phone Number: _____ FAX Number: _____

To release Psychological reports on _____ Birthdate: _____
Student's Name

**TO: TIMBER RIDGE SCHOOL
P.O. Box 3160
Winchester, Virginia 22604
FAX: 540-888-4511**

Please submit the protocol, interpretation and results of intelligence, personality, aptitude, interests, and achievement tests of your choice. We are particularly interested in information offering behavior descriptions and dynamics, intellectual assets and deficits, presence and extent of organic manifestations, and general course to date in any of these areas where such information is available, along with respective prognosis. Your impressions of treatment needs, ability to benefit from a group living experience, and your diagnostic observations would be helpful.

As only those applications supported by complete evaluations can be considered, a comprehensive report is required.

Please return a copy of this release with your report.

I understand that no limitations are placed on dates, history of illness, or diagnostic and therapeutic information, including any treatment for alcohol and drug abuse. I understand what information has been requested and have been explained the benefits/disadvantages of releasing this information. I further understand that the provision of services is contingent on the release of this information and I voluntarily consent to the release of this information.

This authorization will expire in one (1) year on _____
Date

Signature of Parent or Legal Guardian _____ Date _____

***Any re-disclosure of confidential information by the recipient(s) is prohibited
except when implicit in the purposes of this disclosure.***

cc: Parent/Legal Guardian



TIMBER RIDGE SCHOOL

Policies, Regulations, and Notices

Form No. 2213.2
IIHS Acceptance Agreement
Last Revision: 3/24/16

Intensive In-Home Services (IIHS) ACCEPTANCE AGREEMENT

STUDENT'S NAME: _____ Birthdate: _____

Sponsor Agency: _____

Service(s) Requested: _____

This Agreement is between _____, as the custodian of or the representative of the agency with custody of the above-named child, hereinafter referred to as "Custodian", and the Leary Educational Foundation, Inc., dba **Timber Ridge School**, 1463 New Hope Road, Cross Junction, Virginia 22625, hereinafter referred to as "**Timber Ridge School**", to wit:

1. **CUSTODY.**

a. The Custodian shall retain legal custody of the child.

2. **SERVICES.**

a. **Timber Ridge School** shall provide services to the child and family consistent with licensure and accreditation provisions.

b. **Timber Ridge School** shall provide services as stipulated in the Intensive In-Home Services Agreement.

3. **PAYMENT FOR SERVICES.**

a. The Sponsor Agency, which may or may not be the Custodian, shall be responsible for payment of all service fees identified. Billing is submitted monthly for services specified.

b. Parents of publicly funded students could be charged a co-pay, by their locality, if applicable to them.

c. Parents of privately funded students will not be charged for any services not rendered in accordance with the Acceptance Agreement.

4. **DISCHARGE.**

a. **Timber Ridge School** shall discharge the child and family from services at the time agreed upon by the Custodian and/or Sponsor Agency and **Timber Ridge School** when it is believed that it is in the best interests of the child and family to do so.

This agreement shall be in effect until _____ or until terminated as stipulated in this agreement. In

witness thereof we have set our hands and seals this _____ day of _____ 20 _____.

Signature of Parent or Legal Guardian

Date

Signature of Timber Ridge School Representative

Date



Intensive In-Home Services (IIHS) Participation Informed Consent Agreement

CLIENT'S NAME: _____

POLICIES AND CLIENT INFORMATION: The following information describes policies concerning appointments and cancellations. Please review and discuss these policies related to the services you receive with your therapist.

CONFIDENTIALITY: The services you receive are confidential, private and personal. Your written permission is required for the release of information **except** in situations of clear and imminent danger to yourself or others, court subpoena, or suspicion of child abuse or neglect and as required by law.

APPOINTMENTS: All appointments are scheduled in advance. It is expected that at least one adult family member be available for a therapy session whenever possible.

CANCELLATIONS: Continuity of services is important to your care. Your appointment time is reserved only for you. Please cancel at least 24 hours in advance. If your therapist is unable to keep a scheduled appointment, you will be contacted as soon as possible.

AVAILABILITY: Your Counselor may be reached through a voice mail system that is checked several times throughout the day. We can be reached during work hours at (540) 888-3456. During evening hours and holidays, please call (540) 888-3456 ext. 1111. This will connect you with the Campus Charge person at Timber Ridge School who will in turn contact your counselor or the Administrator on Call (AOC). Your call will be returned as soon as possible.

COVERAGE: When your Counselor is out of town, or otherwise unavailable, there will be a colleague covering clients. You will be notified in advance and the necessary information can be accessed through a voice mail recording.

FREEDOM OF CHOICE OF PROVIDER: There are other in-home providers available in the area of which you have been made aware and have been offered to you and you have chosen Timber Ridge School Community-Based In-Home Services (CBIHS) as your provider.

INFORMED CONSENT: Therapy can have benefits and risks. Therapy often involves discussing unpleasant aspects of your life; you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy services can have benefits such as: better relationships, solutions to problems, and decreased feelings of distress. But there are no guarantees of what you will experience. Therapy services may improve your ability to relate to others, provide a clearer understanding of yourself, your values and goals, and an ability to deal with



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Policies, Regulations, and Notices

Form 2213.3
IIHS Participation
Informed Consent Agreement
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everyday stress. It is essential that you discuss any questions or discomfort you might have with your Counselor.

I understand and agree to the above terms.

Client Signature

Date

Timber Ridge School IIHS Counselor

Date

Legal Guardian/Parent/Agency

Date



**Intensive In-Home Services (IIHS)
Explanation of Your Rights**

Everyone has basic rights that are protected under federal, state and local law. Timber Ridge School wants to ensure that while you are receiving services from our organization, that you understand your rights and that these rights are upheld and protected by all staff members. Accordingly, Timber Ridge School is making you aware of your rights. If you do not understand any of these rights and how they apply to you and the services you receive, please ask a staff member to help you.

These rights are to:

- ✓ be treated with respect, intelligence, competence, and dignity;
- ✓ receive assistance regardless of your race, color, creed, national or ethnic origin, beliefs, gender, special need or financial circumstances;
- ✓ have input and be listened to when developing your personal treatment plan;
- ✓ receive services in a safe, sanitary, wholesome environment with reasonable provisions for privacy;
- ✓ confidentiality in handling records and information about your circumstances;
- ✓ be protected from agency related mental, physical, sexual and emotional abuse;
- ✓ request an investigation of any complaints and to have assistance in resolving these complaints;
- ✓ explanation and review of the Human Rights Plan.

If you believe that these rights have been violated anytime please:

- ✓ Immediately notify the Director of Admissions and Community-Based Services, either in writing or in person, of your complaint.
- ✓ Request a formal hearing by the Management Team regarding the nature of your complaint, if the staff member does not resolve it.
- ✓ **State of Virginia:** Contact the Human Rights Advocate, Ms. Cassie Purtlebaugh, at 804-382-3889.
- ✓ **State of West Virginia:** Contact designated West Virginia DHHR caseworker as assigned.

By signing this form, I acknowledge that I have read and received a copy of this form as a client of Timber Ridge School Intensive In-Home Services. I have the right to have all questions answered regarding these rights if I do not understand them as written.

Client Signature

Date

I certify that I have communicated the above Human Rights to the client and have given the client a copy of these rights.

Worker's Signature

Date