



A Home and School Where His Love Abides

Dear Parent(s):

Thank you for your interest in Agape House where your family will have an opportunity to find healing through Christ and to learn His truths. Agape House is a family-centered program; through the years, we have found that the key to success for those who participate is the family working together in the program towards healing not only for the teen involved, but also for the family supporting her/him.

Our program is a 10-month program, running from September through June. In compliance with Wisconsin state statutes, we are closed July and August. Through the month of June, however, your child will have longer weekend visits with you as she/he transitions back into your home for July and August.

Even though we are a 10-month program, we have seen and truly believe most teens who come to us need to be in this program for 2 years. After the first 10 months, the teens have learned a great deal and are working on their issues; however, they are usually not strong enough in their new beliefs to go back to the public school and their old way of life. For some, it will mean living in the Home another year. For others, it could mean attending the day school while living at home. To offer the greatest chance of success for your child and your family, we ask that you make a 2-year commitment to this program, unless during the initial interview an alternative arrangement is outlined.

Please note that an interview with the parent(s)/guardian(s) and your child will be required before final acceptance into this program.

This packet of information is for your review and reference. Once you and your child have completed the interview process with the Executive Director, and you make the decision to apply to our program, you will need to complete and sign all forms and return them to Agape House, Inc. as soon as possible. **PLEASE NOTE:** If your child is coming to school only, you do not need to fill out the forms that indicate 'Home' on the top line. A registration fee will be required, as noted in the Parent Contract. A meeting with the School Administrator is required after your child has been accepted into the program.

In addition to the Parent Contract, please bring to the initial meeting or submit with your application the following information:

- Birth Certificate – a copy
- Insurance Card – a copy
- Driver's License – a copy (if applicable)
- Immunization records (if not included in your child's cumulative file being forwarded from her/his previous school)
- Custodial/Guardianship/Restraining Orders – Any or all of these forms as may be applicable (see Page 36 for complete details)
- School Transcript or copy of last report card
- Discharge Summaries as noted on page 34

The following information is for your benefit to help make your child's time in this program as rewarding and successful as possible.

- Agape House is a voluntary program. God has placed it on our hearts to accept only teens who really want to change their lives. We do not force a teen to stay at Agape House; however, we do encourage her/him to honor any commitment she/he has made by staying in the program for at least the first 30 days.
- We welcome your calls. If you have any questions, please feel free to contact your child's counselor or the school for education related questions. Your child will be allowed to receive phone calls on Saturday from 12pm to 8pm, and to make calls on Sunday from 1pm to 5pm. She/he may speak to you on both days, but to all other friends and relatives only once. If your child is a minor, you may restrict her/his calls. If you wish that she/he does not speak to a certain individual(s), please provide us with a written note stating this, and we will not allow her/him to speak to or receive calls or mail from said individual(s).
- The average stay at Agape House is 2 program years of 10 months per year. When we believe it is time for your child to leave, we will contact you in advance to make the proper arrangements. Please understand that any plans made outside of our knowledge will constitute your child leaving against our judgment. If you have any questions regarding the timing or any details about your child's discharge, please feel free to contact her/him counselor.
- The following electronic items are not allowed at Agape House; if these items are brought to Agape House/School, they will be confiscated and not returned until the end of the school year: Phones, iPods, iPads, Game Boys or anything with Internet/phone access.

If you choose to apply for our program, we look forward to the opportunity to minister to you and to your child. We believe that God will do great things in your child's life while she/he is here, and that her/his life can be changed by teaching her/him Godly principles, by offering her/him the grace and the space to learn who she/he is in Christ, and by showing her/him God's unconditional love.

You and your family will remain in our prayers as you consider what your future will hold.

In Christ,

Pam Patterson
Executive Director

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Additional Forms for Student or Parents upon Beginning Program:

- Level System for Home and Misc. Forms – By House Parent
- Handbook of Expectations & Read Expectations Form – By House Parent
- Student Handbook & Read It Form (for School) - By Teacher
- *Signed copies of these documents will be emailed to parents for their records by Office Manager

Student Overview of Policies and Procedures - Parents

The program at Agape House is very structured to help you become a more disciplined person in every area of your life. If you have a sincere desire to help, you can make all adjustments necessary to fit right in within a few days. We believe that a Christian home environment can change your outlook on life, and provide a means of making the necessary adjustments in life and life skills for success. At Agape House you have many opportunities to grow in the area of friendships, communication, and learning to love and serve others. As you are making your decision about coming to Agape House, there are a few rules you will want to consider. (A complete set of rules will be furnished upon arrival.)

SCHEDULE: Morning wake-up during the week is usually around 6:15 a.m., as school begins at 8:00 a.m. Lights out at 10:00 p.m. each weekday and Sunday. On weekends, teens are allowed to stay up late and also sleep late. Saturday wake-up is usually at 10:00 a.m. There is no sleeping during the day except on Sunday afternoon with permission (special considerations made if needed).

6:15 a.m.	Wake-up
7:00 a.m. - 7:45 a.m.	Breakfast & prep for school
8:00 a.m. - 3:30 p.m.	School
3:30 p.m. - 4:00 p.m.	Snack Time
4:00 p.m. - 4:30 p.m.	Quiet Time
4:30 p.m. - 5:30 p.m.	Homework Time
5:30 p.m. - 6:00 p.m.	Free Time
6:00 p.m. - 7:00 p.m.	Dinner and Clean-up
7:00 p.m. - 9:00 p.m.	Evening Activity
9:00 p.m. - 9:45 p.m.	Showers/Bedtime Preparation
9:45 p.m. - 10:00 p.m.	Lights Out

In addition to showers and breakfast, each teen will have work details to do each day, such as cleaning bathrooms, vacuuming, house laundry, and kitchen duty several times a day.

Everyone participates in all activities unless given special permission to be excused. We normally attend church services on Sunday and Worship on Wednesday.

DISCIPLINE: Discipline for disobedience and wrong attitudes will be given. Extra work details, restriction from privileges, essays, and even dismissal will be used, if necessary. You may be subject to dismissal from the program for the following behavior:

- Using or possessing drugs, alcohol or cigarettes
- Leaving the property without permission
- Continuously being uncooperative
- Not showing a sincere desire for help
- Endangering any other member of the Home

MAIL: Teens may be asked not to correspond with individuals who have proven to be a negative influence or are connected to past problems. All mail will be reviewed by staff.

VISITORS: Teens are not allowed to develop romances or date during their stay in the program. All visitors and visits must be approved in advance. Exceptions may be made for teens who remain at Agape House on a long-term, extended stay, (such as one or more years).

Student Overview of Policies and Procedures (Continued) – Parents

Visits: The teens are not allowed to have contact with parents, friends or relatives for the first 30 days, except by mail. After that, visits will be held at Agape House for parents only. As visits progress and are going well, they will be extended to longer periods of time, and other family members will be incorporated into visits. Eventually, they will be able to leave campus for visits.

PHONE CALLS: Using the phone is a privilege. All calls are to be made on a request basis and are subject to monitoring. Phone calls are not allowed until a teen reaches Level 2 in the Home, with the exception of emergencies.

RESPECT: Appropriate language and respect for all members of the Home are to be maintained at all times. Inappropriate language, behavior, or attitudes will be dealt with by disciplinary actions. We expect you to treat others in the manner you desire to be treated.

MISCELLANEOUS: Inappropriate dress, music, movies, books, etc. will not be allowed in the home. Determination of inappropriate items will result in the items being locked up or sent home until the end of the program.

Each day the schedule varies according to special activities, concerts, guest speakers, out of town trips, etc. We endeavor to make your time as enjoyable as possible.

SUPPLIES PROVIDED: Upon arrival, you will receive the following items for your room:

- 1 Blanket (quilt)
- 1 Pillow
- 1 Set of Twin Sheets
- 1 Plastic Basket (10" x 6" x 4") for toiletries
- 1 Laundry Hamper

I understand this is the short overview of the policies and procedures. The complete Handbook of Expectations will be gone over at the time of placement at Agape House. A copy of this Handbook can be given to parents upon request.

Contract for Student (to be completed by student) – School and Home – CC: Parent & Executive Director

The goal of Agape School is to help teenagers overcome academic, spiritual, emotional and/or behavioral issues. We want to work in conjunction with you and your family to help you reach the goals you have set.

Goals: _____

As we have committed ourselves to helping you, the student, we would ask that you commit yourself to the following:

I agree to:

- Attend school regularly
- Participate in counseling
- Work on my goals to the best of my ability, as noted above
- Participate in group and Bible study
- Read Student Handbook and follow the rules

In addition, I will consider participating in the mentor program. I understand that Agape School is a voluntary program, and no student is forced to be here. To be successful, I must be a willing participant. If at any time I am not fulfilling my contract, as noted above, I realize I may be put on probation.

Student - Signature

Date

Application for Student (Continued) - Agape School and Home

Please describe your relationship with your father:

Please describe your relationship with your mother:

What issues do you need extra help with?

What would you like to do when you graduate from high school?

What gifts (talents) do you have?

List the location of any tattoos or body piercings you have on your body:

I understand that by attending this school, I agree to take part in counseling on a regular basis, and I will consider mentoring also.

I also understand the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline. While the program is distinctively Christian, no teen is ever forced to believe. Rather, it is our hope that each teen will come to know God someday by observing the loving example in her/his environment. I understand that Agape School is a Christian-based school for teens. I am aware that if I am accepted, I will be taught and counseled by the principles and doctrines of the Bible.

Student – Signature

Date

CONTRACT FOR PARENT/GUARDIAN – School and Home – CC: Parents & Exec. Director

Because Agape House is a family-focused program, we would ask that you make the following commitments towards your family’s success at Agape House.

We also ask that you write down your three goals, as well as indicate the amount of tuition you will pay monthly (as discussed with the Executive Director during your interview) where the blanks are provided.

Please read and then initial the following items on the blanks on the left indicating your agreement with each request:

_____ Participate in Agape’s weekly Parent Group program on designated evening.

_____ Participate consistently in counseling. I am available for counseling (check one):
__ Week Days __ Week Nights __ Saturday Add’l Notes: _____

_____ Meet with one of our financial counselors for free, if recommended.

_____ Attend church regularly as a family.

_____ Work on the following three goals for myself in Group and during Counseling:

Mother: _____

Father: _____

_____ Pay a Registration Fee of \$175 initially to hold a place open for my child. This fee covers the initial order of PACEs (educational materials), a one-time Bible fee (\$20), and an annual activity fee (\$50).

_____ Pay monthly tuition and fees **September through the month of June**; payments are spread out over 10 months to keep monthly fees lower. Payments are due the 1st of each month; these fees are reviewed annually. Billing statement reminders are sent monthly, and may include any additional expenses that arise. Families are to provide all personal care products and clothing for their child, including any and all medical and prescription fees. **Parents who are receiving a scholarship are required to participate in the Dave Ramsey Financial Course online.** I agree to pay \$ _____ per month for tuition.

_____ Abide by staff’s judgment and recommendations concerning the welfare of my child and my family while my child is in the program. Please do not make your own plans for your child’s departure date apart from the staff at Agape Home. When a teen is removed from the program before it is time, she could suffer adverse effects. We believe the Lord will make it clear to all of us so that we will be in agreement when your child is ready to leave. We ask you to support and work with us in all of our decisions.

_____ Keep my child in the program for the full duration of the program, abiding by staff recommendation as to when she/he will be ready to graduate.

_____ Volunteer four (4) hours a month to Agape School. Because this school is run on such a low budget, we truly need your help with cleaning, lunch programs, box top program, etc. We would like to have you work at something with which you are comfortable, and hopefully enjoy. With all of us working together, we can accomplish great things. If you (or someone from your family) are unable to commit to (4) hours a month, you have the option of being billed \$100 per month to allow us to pay someone else to do the required tasks.

_____ Give 100% support to help in the healing process of my child and family.

- _____ Accept that the first step to our child’s healing process is to admit that I/we have areas in our lives, as well as our child’s, that need healing.
- _____ I understand that if my child becomes ill and needs medical attention, she/he will be taken to Mercy Hospital in Walworth, unless family health coverage indicates differently. I will be notified by the appropriate staff person of Agape House. If my child needs a prescription filled, it is my responsibility to cover this expense. I am hereby authorizing consent for medical treatment, as needed.
- _____ I understand that Agape House, Inc. cannot and will not be held responsible for any injury occurring to anyone while in this program.
- _____ I understand that Agape House, Inc. will not be held responsible for any person’s property left, lost or stolen from the premises of the house.
- _____ I understand that I am placing my child under the supervision and authority of the staff of Agape House, Inc. I agree to allow the staff to decide what is best for her/him while she/he is at Agape House. I understand that the staff may ask for my input on some matters concerning the transformation process of my child.
- _____ I understand that Agape House has a non-discriminatory policy and does not discriminate against applicants, students, and others on the basis of race, color or national or ethnic origin.
- _____ I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant’s behalf and authorize this school to employ discipline it deems wise and expedient for the training of my child.
- _____ I will follow Agape House rules during the time my child is at home, and encourage my child to complete all assigned homework when she/he is at home.
- _____ I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.
- _____ I understand that Agape School and Home is a Christian-based ministry for teens. I am aware that my child, if accepted, will be taught and counseled by the principles and doctrines of the Bible.
- _____ I hereby grant permission for Agape House, Inc. to make contact with my child and conduct a personal interview for the purposes of applying for services. I also understand that basic information about my child will be shared with appropriate staff at Agape School and/or Home.
- _____ Electronic Devices – I understand that my child is not able to bring electronic devices to Agape House. These items include, but are not limited to: Cell Phones; iPods, iPads, Kindles, CD Players, Shuffles, Game Boys, or anything with Internet/phone access.

We are here to assist you as we work together, trusting for restoration in your child’s life, and in your relationship with her/him. Thank you for allowing us to be an active part in this process.

By signing below, we signify that we have read the above material and agree to abide by the Policies and Procedures set forth. We realize how important it is for our child to finish the Agape program, and we will do everything we can to help achieve that goal.

Parent/Guardian – Signature

Date

Parent/Guardian – Signature

Date

Application for Parent – Agape School, Home and School First Aid Kit

STUDENT'S LAST NAME	FIRST NAME	MIDDLE	GRADE
MAILING ADDRESS OR PO BOX	CITY	COUNTY & STATE	ZIP CODE
STREET ADDRESS (IF DIFFERENT)	CITY, STATE & ZIP CODE	NAME OF LAST SCHOOL ATTENDED	
BIRTHDATE	BIRTH PLACE (CITY & STATE)	LAST GRADE COMPLETED	
HOME PHONE	MOM'S CELL PHONE	DAD'S CELL PHONE	

WE WILL USE THE INFORMATION BELOW TO CONTACT YOU AS NEEDED; WEEKLY NEWSLETTERS AND WEEKLY UPDATES WILL BE EMAILED (OR MAILED IF YOU DO NOT HAVE AN E-MAIL ADDRESS).

FATHER'S LAST NAME	FIRST NAME	RELATIONSHIP (Circle one) Father Step-father Guardian Other	
MAILING ADDRESS (if different from student's)	CITY/STATE	ZIP	HOME PHONE (If different from above)
EMPLOYER		EMPLOYER PHONE	
WORK SCHEDULE From _____ To _____		WHEN DOES THIS CHILD LIVE WITH YOU? (Circle one) ALWAYS NEVER JOINTLY	
EMAIL ADDRESS – HOME		EMAIL ADDRESS – WORK	

MOTHER'S LAST NAME	FIRST NAME	RELATIONSHIP (Circle one) Mother Step-mother Guardian Other	
MAILING ADDRESS (if different from student's)	CITY/STATE	ZIP	HOME PHONE (If different from above)
EMPLOYER		EMPLOYER PHONE	
WORK SCHEDULE From _____ To _____		WHEN DOES THIS CHILD LIVE WITH YOU? (Circle one) ALWAYS NEVER JOINTLY	
EMAIL ADDRESS – HOME		EMAIL ADDRESS – WORK	

<p>PARENTS' MARITAL STATUS: Married _____ Widow _____ Divorced _____ Separated _____ Not Married _____ Re-married _____ If parents are divorced, is there contact with non-custodial parent? _____ If applicable, please outline custody arrangements (we will need a copy of all legal documents pertaining to custody). _____ _____</p>
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Application for Parent (Continued) – Agape School and Home

General Information:

Is child adopted? Yes or No If adopted, where from? _____

Race _____ Language(s) Spoken _____

Sibling Name(s), Age(s): _____

How did you hear about Agape School? _____

Why do you want your child to attend Agape School and/or Home?

Scholastic Information: Fill out completely *explaining all 'yes' responses.*

Does your child have any learning disabilities? Yes ___ No ___

IEP Yes ___ No ___ A 504 Plan Yes ___ No ___

Has your child ever been expelled, dismissed, suspended or refused admission to another school? Yes ___ No ___

Has your child ever had disciplinary difficulty at school? Yes ___ No ___

Has your child ever failed an academic subject in school? Yes ___ No ___

Has your child ever been retained? Yes ___ No ___

Please indicate the academic level of the child's previous work:

Excellent ___ Good ___ Average ___ Poor ___

Explanation: _____

Religious Information - Church/Religious Affiliation: _____

Explain involvement of applicant and/or family with church: _____

Emotional Information of Applicant

Briefly describe your child's emotional, academic, or behavioral issues of concern:

Application for Parent (Continued) – Agape School and Home

Briefly explain when these behaviors started: _____

Please list any contributing factors to this negative behavior: _____

Has your child expressed suicidal thoughts or actions? Yes ___ No ___

To your knowledge, has your child been sexually or physically abused, and if so, please explain: _____

Has the abuse been reported or investigated, and what was the outcome? _____

Character Information: Please circle traits which best describe your child:

- | | | | | |
|--------------------|----------------------|--------------------|---------------------|----------------------|
| FRIENDLY | ALOOF | EMOTIONAL | STABLE | OFFENSIVE |
| POISED | MOODY | COURTEOUS | DECEITFUL | PROUD |
| LAZY | AGGRESSIVE | RESOURCEFUL | CAREFUL | TEMPERAMENTAL |
| RELIABLE | CARELESS | SUPERFICIAL | TACTFUL | THRIFTY |
| EXAGGERATES | PROMPT | COOPERATIVE | DEPENDABLE | SENSITIVE |
| PATIENT | STRONG-WILLED | HONEST | MANIPULATIVE | DEFENSIVE |

Personal Information - If answer is yes, please explain briefly.

Does your child have a juvenile or arrest record? Yes ___ No ___

Is, or was, your child on probation? Yes ___ No ___

Has your child ever been convicted of a felony? Yes ___ No ___

Has your child been in another facility? Yes ___ No ___

Application for Parent (Continued) – Agape School and Home

Is your child under court order for placement? Yes ___ No ___

Has your child run away? If so, number of times: _____

Is your child sexually active? Yes ___ No ___

Has your child ever used alcohol? Yes ___ No ___

Has your child ever used illegal drugs? Yes ___ No ___

Does your child smoke or chew tobacco? Yes ___ No ___

Does your child show signs of an eating disorder? Yes ___ No ___

Does your child have a history of arson or fire setting? Yes ___ No ___

Has your child been involved in lesbian or bi-sexual activity? Yes ___ No ___

Is your child aware of the possibility of this placement? Yes ___ No ___

Behavioral Information:

Please circle the number which best describes your child's current behavior:

INITIATIVE	Aimless	1 2 3 4 5 6 7 8 9 10	Self-Directed
INFLUENCE	Negative	1 2 3 4 5 6 7 8 9 10	Positive
ACCEPTANCE BY OTHERS	Avoided	1 2 3 4 5 6 7 8 9 10	Sought After
RESPONSIBLE	Never	1 2 3 4 5 6 7 8 9 10	Always
LEADERSHIP	Follower	1 2 3 4 5 6 7 8 9 10	Always Leads
EMOTIONS	Unresponsive	1 2 3 4 5 6 7 8 9 10	Explosive
APPEARANCE	Sloppy	1 2 3 4 5 6 7 8 9 10	Extra Neat
PURPOSE	Aimless	1 2 3 4 5 6 7 8 9 10	Self-directed

***EMERGENCY CONTACTS – AUTHORIZATION TO PICK-UP - Agape School, First Aid Kit and Home**

When a student becomes ill at school, we try to contact her/his parents first, at home or at work. In the event that we cannot reach either parent, please list the names and phone numbers of TWO LOCAL relatives or friends WHO CAN COME TO PICK UP YOUR CHILD.

1. _____
 (Name) (Phone, with area code) (Relationship) (Alternate Phone)

2. _____
 (Name) (Phone, with area code) (Relationship) (Alternate Phone)

HEALTH INFORMATION: Please list any health concerns that your child has so that proper medical assistance can be provided in the event of an emergency. Include diagnoses such as: Asthma, diabetes, ADD, allergies, vision or hearing concerns and heart conditions.

Health Alert 1: _____ **Health Alert 2:** _____

Dispensing medications: All prescribed medications must be in the original prescription bottle, and delivered to a member of the Agape staff by an adult. I give permission for the staff of Agape House/School to administer the prescribed medication(s) listed below to my child as follows:

Medication	Dosage	Time Given	Frequency	Reason for Med

Non-Prescription Medications: Place an 'X' next to the following non-prescription medications we may give to your child as needed: Tylenol ___ Ibuprofen ___ Decongestants ___ Benadryl ___

Doctor: _____ **Phone:** _____

Dentist: _____ **Phone:** _____

Health Insurance Company and Policy No.: _____

Medical Assistance No.: _____

I give permission for my child to leave school grounds, when supervised by a staff member, for events in the Walworth area, such as a walk, going to a local shop, going to the library, outreach or going to the Patterson home at W6281 Brick Church Road, Walworth. I also give permission for my child to participate in field trips throughout the school year if she/he has earned the privilege. Transportation will be provided by Agape School.

I, the undersigned do hereby authorize officials of Agape House/School to contact directly the person(s) named on this form, and I authorize the named physician or dentist to render treatment as may be deemed necessary in an emergency, for the health of my child. In the event physicians, other person(s) named on this form, or parents cannot be contacted, the officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the child named above. I will not hold Agape House/School financially responsible for the emergency transportation and/or care for my child.

Signature of Parent/Guardian: _____ **Date:** _____

***Medical Visit Procedure – School, Home and School First Aid Kit (REVISED 01.09.2019)**

NOTE: ALL 1ST YEAR STUDENTS MUST HAVE ALL APPOINTMENTS APPROVED BY HOUSE MANAGER.

PREFERRED APPOINTMENT TIMES: It is best if your child does not have to leave for an appointment during the school day. However, we realize this is not always possible. Because Bible Study classes cannot be ‘made up’, we ask that **all appointments** away from Agape House ***be set so they do not leave school before 3:00 p.m.***

When your child is residing in the Home and needs to see a doctor, especially if it is during the ‘**no-contact**’ time period, we ask that you follow the procedure outlined below:

The HOUSE MANAGER is the person on staff who initiates the process for a doctor visit for the teens who live in the Home, whether it be general or urgent. We would ask that you, as parents, **contact the House Manager if you need to arrange for a doctor appointment at a time when you are not able to take your child to the doctor yourself.**

The House Manager will then process the request, which may be passed on to another staff person for transportation purposes.

For parents able to transport your child to doctor visits, please follow this procedure:

- For appointments during school hours, notify the school receptionist.
- For after-school hours, contact the House Manager.

Parents will always be notified of the need for a doctor appointment, and we will follow up with parents on the results of that visit. When possible, we will take your child to her/his regular doctor. However, when that doctor is a long distance from Agape House, we will need to come to an agreement on a doctor in this area. ***Please list the name of your preferred physician, if different than what is stated on Health History form at beginning of application, due to proximity from Agape House:***

Student Name: _____

Preferred Physician near Agape House: _____

Telephone: _____

Address: _____

City, State: _____

***Health History – School and Home**

Child's Name: _____ Date of Birth: _____

Name of Physician: _____ Phone: _____

Address: _____

What provisions for medical expenses can or have been made through family or sponsor? _____

Does your child have any physical ailments or handicaps that would inhibit normal manual labor? _____

If Yes, please briefly explain. _____

Does your child wear Glasses? Contacts Date of last eye exam? _____

If yes, should the glasses or contacts be worn at school? _____

Explain any problems with her/his eyes: _____

Name of eye doctor: _____ Phone: _____

When was her/his last dental exam? _____ Any problems with her/his teeth? _____

If so, please briefly explain. _____

Name of dentist: _____ Phone: _____

Name of orthodontist: _____ Phone: _____

Name of gynecologist: _____ Phone: _____

NOTE: If a pap test has not been done in last 18 months and if appropriate, schedule appointment ASAP.

Name of psychiatrist: _____ Phone: _____

Name of counselor: _____ Phone: _____

Name of psychologist: _____ Phone: _____

Past History - Mark **X** in appropriate box, and indicate age your child had illness:

	YES	NO	AGE		YES	NO	AGE
SCARLET FEVER				SYPHILIS			
MEASLES				GONORRHEA			
CHICKENPOX				DIPHThERIA			
MUMPS				HEPATITIS			
WHOOPING COUGH				TUBERCULOSIS			
SMALLPOX				PNEUMONIA			
TYPHOID FEVER				NERVOUS BREAKDOWN			
CANCER				GOITER			
ANEMIA				TB			

***Health History (Continued) – School and Home**

Answer the follow questions with respect to whether or not your child has ever had, or currently has any of the following health issues. Circle correct answer, and if yes, briefly explain in the margin.

Severe headaches:	Yes or No	_____
Persistent headaches:	Yes or No	_____
Blurred vision:	Yes or No	_____
Pain in the eyes:	Yes or No	_____
Hearing loss:	Yes or No	_____
Hay fever:	Yes or No	_____
Sinus trouble:	Yes or No	_____
High blood pressure:	Yes or No	_____
Low blood pressure:	Yes or No	_____
Severe chest pain:	Yes or No	_____
Heart trouble:	Yes or No	_____
Racing of the heart:	Yes or No	_____
Shortness of breath:	Yes or No	_____
Swelling of ankles:	Yes or No	_____
Leg cramps:	Yes or No	_____
Rheumatic fever:	Yes or No	_____
Asthma:	Yes or No	_____
Blood in urine:	Yes or No	_____
Burning on urination:	Yes or No	_____
Frequent kidney infections:	Yes or No	_____
Kidney stones:	Yes or No	_____
Stomach ulcer:	Yes or No	_____
Vomiting blood:	Yes or No	_____
Diarrhea:	Yes or No	_____
Constipation:	Yes or No	_____
Arthritis:	Yes or No	_____
Blackout spells:	Yes or No	_____
Convulsions:	Yes or No	_____
Backache:	Yes or No	_____
Eating disorder:	Yes or No	_____
Dizziness:	Yes or No	_____
Excessive fatigue:	Yes or No	_____
Is child nervous?	Yes or No	_____
Is child depressed often?	Yes or No	_____
Does child cry easily?	Yes or No	_____
Does child worry?	Yes or No	_____

***Health History (Continued) - School and Home**

Does child sleep well? Yes or No _____

Is she/he excessively sleepy? Yes or No _____

Medications List (Bring medications along with you):

Medications	Dosage	Reason for Med	Purchased at	Notes

List Allergies: _____

List drugs to which she/he is allergic or sensitive to: _____

Does your child have epilepsy? Yes or No If yes, what type: _____

List any other past or present illnesses not listed: _____

Has your child had a blood transfusion? _____ If so, when: _____

List all surgery your child has had, and dates of surgery: _____

Any special diet requirements? _____ If so, briefly explain: _____

Age at time menstrual cycle began: _____ Days between periods: _____

Length of periods: _____ Flow (circle one): Heavy Average Light

Any bleeding between periods? _____ Number of pregnancies: _____

Number of Full-Term: _____ Number of miscarriages: _____

Weight of largest baby: _____ Any complications with pregnancy: _____

If so, please explain: _____

Is child pregnant? No ____ Yes ____ Maybe ____

If possible, why do you think so? _____

Has your child ever had an abortion? _____ If so, briefly explain each time:

***Health History (continued) – School and Home**

Family History (whether living or deceased)

RELATIVE	NAME	AGE	CONDITION OF HEALTH	AGE AT DEATH	CAUSE OF DEATH
FATHER					
GRANDFATHER					
GRANDMOTHER					
MOTHER					
GRANDFATHER					
GRANDMOTHER					
SISTER					
SISTER					
SISTER					
BROTHER					
BROTHER					
BROTHER					
CHILDREN					

The information in this Health History is accurate to the best of my knowledge as of the date of signature.

Parent/Guardian (please print)

Minor's Name (please print)

Parent/Guardian - Signature

Date Signed

***Medical Treatment Authorization – School, Home and First Aid Kit**

I/We, parent/guardian(s) "Second Party" of child, _____, have legal custody of child, a minor, born on _____ and DO HEREBY AUTHORIZE: Agape House, Inc. a Wisconsin non-profit corporation, in whose care the child has been entrusted by me/us and hereby consent to any x-ray examination, anesthetic, medical/dental diagnosis or treatment and hospital care, to be rendered to the child under the general or special supervision and on the advice of any licensed physician or surgeon, optometrist or ophthalmologist, psychologist or psychiatrist or counselor, selected by Agape House, Inc. and who are licensed to practice in the State of Wisconsin, and to consent to any treatment and hospital care to address any emergency or necessary treatment for the child while in residence of Agape House. Second Party further agrees to hold Agape House, Inc. harmless as to such selection.

The undersigned execute this authorization with the intent and understanding that we are appointing Agape House, Inc. to act in our place and stead as if we were present at the employment or retention of any of the above mentioned medical or dental entities or individual for the performance of medical, surgical or dental services with relation to the aforementioned child.

Medical Data and Records Release Authorization

I DO HEREBY AUTHORIZE any physician, hospital, dentist or other medical or dental specialist who has ever seen, treated or examined the child listed above, to discuss the child's past, present or future physical or medical condition with and to make available to Agape House, or its duly appointed representative, any medical information, opinions or records that they may need, pertaining to the child's past, present or future physical or medical condition and any injuries or illnesses that the child may have received or suffered at any time in the past.

The parties hereby grant permission for the release of any pertinent medical data and records pertaining to the child and her/his family.

Parent/Guardian – Signature

Date

Monthly Health Check Liability Release - Home

I hereby release from liability and to indemnify and hold harmless and agree not to bring lawsuit against Agape House, Inc. or its staff or the Registered Nurse working with Agape House, Inc. for any and all liability for medical care and screenings, or the results of such screenings, occasioned by, or in connection with any activity which involves the Registered Nurse working with Agape House, Inc. It is understood that as the Guardian of the Agape House resident, you agree to allow the minor to participate in voluntary medical screenings.

Parent/Guardian (please print)

Minor's Name (please print)

Parent/Guardian – Signature

Date Signed

***Professional Information and Data Release Authorization - School and Home**

Agape School and Home, including its counseling department and personnel, have permission to release confidential and psychiatric information including personal, psychological, psychiatric reports, records, test results, and opinions, resulting from Agape School and Home’s counseling department and personnel’s contact with your child, if and when deemed necessary to:

- MEDICAL DOCTORS
- ATTORNEYS
- MENTAL HEALTH PROFESSIONALS
- DEPARTMENT OF YOUTH & FAMILY SERVICES
- GUARDIAN AD LITEM
- OTHERS RE: PROFESSIONAL HELP & CONSULTATION

In consideration of this consent, I hereby release the parties noted above from any and all liability arising there from.

Parent/Guardian – Signature

Date

Parent/Guardian – Signature

Date

***Student Physical Report – School and Home**

This form is to be filled out by your family physician and returned to school. However, if there is a current Health Physical in the cumulative records coming from a previous school, this form will not be necessary.

Name: _____ Date: _____

Date of Birth: _____ Height: _____ Weight: _____

Eyes: Right _____ Left _____

Vision: Right _____ Left _____

Ears: Right _____ Left _____

Allergies (list): _____

Nose: _____

Mouth and Throat: _____

Neck: _____

Lymph Glands: _____

Heart: _____

Lungs: _____

Abdomen: _____

Hernia: _____

Skin: _____ Scalp: _____

Urine: _____ Sugar: _____ Albumin: _____

Hemoglobin: _____ Hemotocrit: _____

Posture: _____

Neuro-Muscular: _____

Emotional Stability: _____

Remarks/Recommendations: _____

Any Limitations of Activities: _____

If student on any medication(s), please list what kind and dosage: _____

Signed By: _____ Date: _____
Physician

Print Physician's Name: _____

***Student Physical Report (Continued) – School and Home**

This is to be completed by the parent(s).

PAST DISEASES

Mumps _____	Diphtheria _____	Polio _____
Measles _____	Scarlet Fever _____	Convulsions _____
Whooping Cough _____	Rheumatic Fever _____	Heart Disease _____
Asthma _____	Chicken Pox _____	Diabetes _____
Hay Fever _____	Pneumonia _____	Discharging Ears _____
Syphilis _____	Gonorrhea _____	

Has your child had a skin test for tuberculosis? _____ Date Administered _____

Has she/he been associated with a tubercular patient? _____ When? _____

Has your child been diagnosed with AIDS? _____ When? _____

RECENT DISABILITIES – Please check any of the following noted recently:

4 or more colds yearly _____	Fainting spells _____
Hearing difficulty _____	Frequent sore throat _____
Abdominal pains _____	Tires easily _____
Frequent urination _____	Poor vision _____
Shortness of breath _____	Frequent leg pains _____
Allergy _____	Hernia (rupture) _____
Dizziness _____	Persistent cough _____
Ring worm _____	Frequent sties _____
Speech difficulty _____	Nose bleeding _____
Dental defects _____	Crippling conditions _____

Growing pains (if so, explain briefly) _____

Does your child have a disability due to disease or accident? _____

Immunizations – See separate form to be completed for the State.

***Immunization Record – School and Home**

INSERT Immunization Record – See ‘Student Immunization Record’ from the State to be completed.

If there is a current ‘Immunization Record’ in the cumulative records coming from a previous school, this form will not be necessary.

Internet Usage Policy - School and Home

Computer Use is a privilege, not a right. Acceptable Use of Agape School and Home computers includes: Access to computers, networks, and Internet services provided for educational and ministry purposes; and access to approved Facebook (FB) contacts WITH staff approval and supervision.

Unacceptable uses of Agape School and Home computers that are expressly prohibited include, but are not limited to, the following:

- **NO** access to email or social media.
- Accessing, submitting, posting, publishing, forwarding, downloading, scanning or displaying materials that are obscene, threatening, discriminatory, harassing, illegal, or otherwise inappropriate.
- Using networks and Internet services for any illegal activity or activity that violates other policies, procedures and/or School and Home rules.
- Copying or downloading copyrighted materials without the owner's permission.
- Representing as one's own work any materials obtained on the Internet (such as term papers, articles, etc.). When Internet sources are used in student work, the author, publisher, and Web site must be identified.
- Copying or downloading software without the express authorization of the system administrator.
- Sharing passwords, using other users' passwords without permission and/or accessing other users' accounts.
- Any malicious use, disruption or harm to the computers, networks, and Internet services.
- Accessing chat rooms or news groups without specific authorization from the supervising staff.

Agape School and Home retain control, custody, and supervision of all computers, networks, and Internet services owned or leased by the School and Home, and reserve the right to monitor all computer and Internet activity by students. Students have no expectations of privacy in their use of the computers, including stored files.

Agape School and Home assume **NO** responsibility for unauthorized charges, costs or illegal use. Agape House, Inc. assumes no responsibility for any unauthorized charges made by students including but not limited to credit card charges, long distance telephone charges, equipment and line costs, or for any illegal use of its computers such as copyright violations.

A student shall **NEVER** reveal her/his full name, address or telephone number on the Internet without prior permission from a supervising staff or meet people they have contacted through the Internet. Students should inform their supervising staff if they access information or messages that are dangerous, inappropriate or make them uncomfortable in any way. The safety of our students and security of the computers, networks, and Internet services is a high priority. Any user who identifies a security problem must notify staff immediately.

Parent/Guardian – Signature

Date

Parent/Guardian – Signature

Date

Photo Release Form – School and Home

I give Agape School and Home permission to use name and/or pictures of (child’s name):

_____ for the sole benefit of promoting the school/home. This would include, but is not limited to, use of photos of my child in pamphlets, flyers, photo albums or slide shows.

Parent/Guardian – Signature

Date

Parent/Guardian – Signature

Date

Social Media Release Form – School and Home

I give Agape School and Home permission to use name and/or pictures of (child’s name):

_____ on social media, for the sole benefit of promoting the school and home. This would include, but is not limited to, use of name and photos of my child on Facebook and Constant Contact.

Parent/Guardian - Signature

Date

Parent/Guardian - Signature

Date

Release of Liability/Confidentiality Agreement for Counseling – School & Counselor

I, _____, enter into this Agreement with Agape House, Inc., and confirm in this Agreement the conditions of my participation in Biblical counseling to be provided by the staff of Agape House, Inc. I acknowledge that I have voluntarily agreed to participate and request Biblical counseling from Agape House, Inc. and I enter into this Agreement of my own free will.

I acknowledge that it is my responsibility to ascertain my own need for professional counseling or therapy and to seek such professional services, as needed. I am aware that my participation in Biblical counseling with Agape House, Inc. is not to be construed as a substitute for psychiatric treatment, psychotherapy, therapeutic counseling, or any other form of professional counseling or therapy.

I am voluntarily participating in Biblical counseling and I accept complete responsibility for my own psychological, mental, emotional, social, and spiritual well-being. For and in consideration of my voluntary participation in pastoral counseling, I, on behalf of myself and my assigns, heirs, executors, guardians and other legal representatives release, discharge, waive, and forever relinquish Agape House, Inc. (including its agents, employees, officers, or directors of the Agape House, Inc.) from any and all claims, known or unknown, arising out of or in any way connected with my participation or involvement in Biblical counseling, including but not limited to any information provided to me or statements made during such Biblical counseling.

Further, I, on behalf of myself and my assigns, heirs, executors, guardians and other legal representatives, release, discharge, waive, and forever relinquish any actions or causes of action whatsoever which may later arise, and I agree that under no circumstances will I or my assigns, heirs, executors, guardians and other legal representatives, prosecute or present any claims against, sue or seek to attach the property of Agape House, Inc., including its agents, employees, officers, or directors of the Agape House, Inc., and that I waive all actions, claims, or demands that I now or hereafter may have for any injuries suffered by me during my participation or involvement in pastoral counseling resulting from any acts or omissions by Agape House, Inc. or any of its agents, employees, officers or directors or resulting from the acts or omissions of any other participant in Biblical counseling.

Participant’s Name (please sign and print)

Date

Parent’s Name (please sign and print) (if minor)

Date

Representative of Agape House, Inc.

Date

Video Surveillance Release Form – School and Home

By signing this Release Form, I am acknowledging that I understand surveillance cameras are used throughout the Agape School and Home Campus, as deemed appropriate, for purposes of recording incidents that may give insight to the exact details needed to resolve issues, which your child may or may not be involved with. I also understand that the location of these cameras are in public areas that do not invade the personal privacy of any one person, including bathrooms.

Parent/Guardian – Signature

Date

Parent/Guardian – Signature

Date

Child’s Name: _____

Travel and Transportation Release – School and Home

I authorize Agape House, Inc. or duly appointed staff and/or appointed volunteers the right to take our child on approved trips for medical, dental or counseling purposes, or for the benefit of Agape House, Inc. whether it be inside or outside the State of Wisconsin, with the understanding that, if possible, parent/guardian(s) shall be notified.

Permission is hereby granted to Agape House, Inc. to transport my/our child in such instances as described above.

In consideration of this consent, we hereby release the parties noted above from any and all liability arising there from.

Child’s Name: _____

Parent/Guardian – Signature

Date

Parent/Guardian – Signature

Date

Physical Damage to Property and Assault on Individuals - School and Home

It is the policy of Agape House, Inc. to press charges against any teen who physically hits, shoves, strikes, injures or assaults any adult or other persons while in our program and under our authority. This policy will also apply to physical destruction of property done by teens while in our program.

If property damage occurs, the teen will be given special work duty valued at minimum wage, per hour, until the full repayment for damage is returned to the injured party. Depending on the situation, we reserve the right to charge parents for damages to property.

In assault situations, we will call the appropriate police authorities and have the teen removed from our property. If the teen is a juvenile, she/he may be admitted to a juvenile detention facility. It will then be up to the courts, parent(s)/guardian(s), Agape House, Inc. authorities and other involved responsible persons to determine whether the teen returns to our program or is referred to another alternative.

Agape House, Inc. reserves the right to remove a teen for any reason we desire.

I/We the parent(s)/guardian(s), have read, understand, and agree to the Agape Home policy as stated above.
I/We the parent(s)/guardian(s), will NOT hold Agape Home, Inc., its staff, counselors, advisors, volunteers, Board of Directors, or any other persons affiliated with Agape Home, Inc. liable in any way for the policy as stated above.

Parent/Guardian – Signature

Date

Parent/Guardian – Signature

Date

Running Away/Injury Liability/Personal Belonging Release - School and Home

Though Agape House is NOT a lock down facility, there are specific guidelines set up with the teens in regard to where they can physically be. Leaving a staff designated area on the campus may constitute a ‘run away’ and the teen will receive an appropriate consequence.

There are also those times when a teen may leave Agape House property all together and is considered to be a ‘run away’. When this occurs, the teen has made a choice to leave an at-will program. It is understood that Agape House, Inc. cannot and will not be responsible for any injury occurring to or action taken by any teen if she/he chooses to run away.

Specific actions the teen may choose could be drug or alcohol use or sexual activity resulting in pregnancy or STD.

Inclusive of, but not limited to the examples above, the staff has been trained to handle such situations and has specific guidelines to follow. I agree to cooperate with Agape House, Inc. and not to interfere with attempted recovery of the teen.

It is understood that if the teen leaves the property boundaries of Agape House in an attempt to run away, the teen will not be permitted to return to the program, unless otherwise granted by the Program Director. Upon running away, the teen will be reported to the local authorities, and any other appropriate individuals will be notified, including parents/guardians.

It is further understood that Agape House, Inc. cannot and will not be held responsible for any personal items left, lost, or stolen from the premises of the Agape House and Agape School.

I/We the parents(s)/guardian(s) release liability for all injury and all actions taken by _____
(insert child’s name).

Parent/Guardian – Signature

Date

Parent/Guardian – Signature

Date

Suicide Policy - School and Home

Upon admission to Agape House, Inc. our staff will search all materials brought by your child, and remove any contraband or suspicious items which could be used in a suicide attempt. House staff will perform room checks, if we suspect any suicide threats, for contraband, etc. If, in the opinion of the staff of Agape House, Inc. any of the following happens, we will take the teen for immediate medical treatment for evaluation:

- We discover a plan to commit suicide;
- A teen attempts suicide or gestures of suicide; or
- A teen is found with weapons of any type which could be used for suicide (i.e., knives, broken glass, guns, unapproved medication, etc.)

The counseling staff of Agape House, Inc. will review the specific situation with all parties involved to determine whether to readmit the teen to Agape House or refer her/him to an alternative program.

I/We have read, understand, and agree with Agape House, Inc. policy concerning suicide as stated above. I/We will NOT hold Agape House, Inc., its staff, counselors, advisors, volunteers or Board of Directors, liable in any way for attempted suicide, suicide, or other violent self-destructive acts done by our child while participating in or after leaving Agape House.

Parent/Guardian – Signature

Date

Parent/Guardian – Signature

Date

***Flu Shot Permission Slip – School and Home**

I give permission for my child, _____, who is currently a part-time resident at Agape House, Inc., to be given a flu shot by Walworth County Health & Human Services, Elkhorn, Wisconsin.

I understand that the fee for this through the county is minimal, and will be included on my invoice following receipt of the shot by your child.

Parent/Guardian – Signature

Date

Parent/Guardian – Signature

Date

***Discharge Summary Data Request – School and Counselor**

Parents – Please provide the following information for the most recent service providers (going back 5 years) including In-Patient and Out-Patient Facilities, and all Medical, Neurological and Psychiatric service providers. We will use this information to complete the HIPPA form on the next page to obtain any and all needed Diagnostic Evaluations/Summaries and Medical Status Reports and Records for your child.

Name of Service Provider

Name of Facility

Street Address, City, State, ZIP

Contact Info: Telephone Number, Fax Number and Email (if available)

Name of Service Provider

Name of Facility

Street Address, City, State, ZIP

Contact Info: Telephone Number, Fax Number and Email (if available)

Name of Service Provider

Name of Facility

Street Address, City, State, ZIP

Contact Info: Telephone Number, Fax Number and Email (if available)

Name of Service Provider

Name of Facility

Street Address, City, State, ZIP

Contact Info: Telephone Number, Fax Number and Email (if available)

IF YOU HAVE ANY DISCHARGE SUMMARIES FOR THESE PROVIDERS/FACILITIES, please include copies with this application packet when you submit it to Agape House.

***HIPPA Compliant Authorization for Disclosure of MEDICAL Health Information – School and Counselor**

Student/Patient Information:

Name of Student/Patient

Date of Birth

Street Address

City, State and ZIP

I Authorize *(to be filled in by Agape House Staff):*

To Release Protected Health Information to:

Name of Service Provider

Pam Patterson, Executive Director
Agape School

Name of Facility

P O Box 68, Walworth, WI 53184
FAX: (262) 394-5084

Street Address, City, State, ZIP

Contact Info: Telephone Number, Fax Number and Email (if available)

Information to be Released:

- | | | |
|---|--|---|
| <input type="checkbox"/> Entire Patient Record | <input type="checkbox"/> Consultation Reports | <input type="checkbox"/> Prescription Records |
| <input type="checkbox"/> Surgical Reports | <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Allergy Records |
| <input type="checkbox"/> Treatment and Test Records | <input type="checkbox"/> Laboratory/Pathology Reports | |
| <input type="checkbox"/> X-ray/Radiology Reports | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Hospital Records Including all Reports and Nurses' Notes | | |
| <input type="checkbox"/> Physical, Speech & Occupational Therapy Records | <input type="checkbox"/> Medical History and Examination Reports | |

Purpose for Disclosure of Protected Health Information:

- Educational evaluation and program planning
 Health assessment and planning for health care services and treatment in school
 Medical evaluation and treatment
 Other: _____

Authorization: This authorization is valid for one year from the date below. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I recognize that health records, once received by the school district, may not be protected by the HIPPA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statutes 118.25(2m)(a)(b) and 146.82-146.83. Additional copies of this signed form can be made by Agape House for their use as needed.

I authorize information to be released via telephone communication and email to the above-referenced parties.

I authorize the above provider to discuss my case with my counselor(s) at Agape House.

Parent Signature: _____ Date: _____

Student Signature*: _____ Date: _____

**If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Wisconsin, a competent minor, depending on age, can consent to alcohol and drug abuse treatment, testing for HIV/AIDS, and family planning service.*

Copies: Physician/other health care provider releasing protected Health info
School official requesting/receiving the protected health information

***HIPPA Compliant Authorization for Disclosure of PSYCHIATRIC Health Information – School and Counselor**

Student/Patient Information:

Name of Student/Patient

Date of Birth

Street Address

City, State and ZIP

I Authorize *(to be filled in by Agape House Staff):*

To Release Protected Health Information to:

Name of Service Provider

Pam Patterson, Executive Director
Agape School

Name of Facility

P O Box 68, Walworth, WI 53184
FAX: (262) 394-5084

Street Address, City, State, ZIP

Contact Info: Telephone Number, Fax Number and Email (if available)

Information to be Released:

- | | | |
|---|--|---|
| <input type="checkbox"/> Entire Patient Record | <input type="checkbox"/> Consultation Reports | <input type="checkbox"/> Prescription Records |
| <input type="checkbox"/> Surgical Reports | <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Allergy Records |
| <input type="checkbox"/> Treatment and Test Records | <input type="checkbox"/> Laboratory/Pathology Reports | |
| <input type="checkbox"/> X-ray/Radiology Reports | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Hospital Records Including all Reports and Nurses' Notes | | |
| <input type="checkbox"/> Physical, Speech & Occupational Therapy Records | <input type="checkbox"/> Medical History and Examination Reports | |

Purpose for Disclosure of Protected Health Information:

- Educational evaluation and program planning
- Health assessment and planning for health care services and treatment in school
- Medical evaluation and treatment
- Other: _____

Authorization: This authorization is valid for one year from the date below. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I recognize that health records, once received by the school district, may not be protected by the HIPPA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statutes 118.25(2m)(a)(b) and 146.82-146.83. Additional copies of this signed form can be made by Agape House for their use as needed.

I authorize information to be released via telephone communication and email to the above-referenced parties.

I authorize the above provider to discuss my case with my counselor(s) at Agape House.

Parent Signature: _____ Date: _____

Student Signature*: _____ Date: _____

**If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Wisconsin, a competent minor, depending on age, can consent to alcohol and drug abuse treatment, testing for HIV/AIDS, and family planning service.*

Copies: Physician/other health care provider releasing protected Health info
School official requesting/receiving the protected health information

Authorization for Disclosure of Information - School

I, _____, authorize disclosure of confidential information between
Parent of Student

the following at Agape School: Teacher, Counselor, Mentor, Administrator and Executive Director, as may be
necessary, for the care/case management of my child, _____.
Student

I understand that the ultimate goal for my child is to provide a supportive atmosphere to overcome behavioral, emotional or spiritual needs, while pursuing ongoing education; and said disclosure may be necessary to facilitate these results.

Parent/Guardian – Signature

Date

Parent/Guardian – Signature

Date

Support Fee Policy – School (Home fees included in school fees)

Agape House, Inc. operates from day to day on a “faith basis.” We truly believe that God will provide the financial support for the ongoing life of this ministry. We have seen Him do it faithfully for the past ten years. Such support, in a large measure, comes from the community churches, businesses, private donors, civic groups, as well as from grants and foundation funding.

We ask you, the parent(s)/guardian(s), by signing below to make a commitment to join the financial support of your child. It costs Agape House, Inc. approximately \$2,000 per month to provide your child with education, food, a Christian home environment, counseling, fun, and educational activities. These are things we provide for your child’s recovery to wholeness.

It is important that you support your child in this program. Your children are your most important asset and we are asking you to respond accordingly by assisting us in the operational costs of the Ministry.

Many private, medical, and psychological facilities charge between \$2,000 and \$5,000 per month. Agape House, Inc. provides a life-changing foundation based on Biblical principles along with warm, personal attention. Our ultimate goal is to bring your entire family into reconciliation.

We do not make a profit on your children, but we must pay our staff and meet our bills as a responsible ministry. THANK YOU FOR YOUR FAITHFUL SUPPORT, BOTH FINANCIALLY AND SPITIRUALLY.

Parent/Guardian – Signature

Date

Parent/Guardian – Signature

Date

CUSTODY / GUARDIANSHIP – School

If you are a guardian or a custodial parent, please provide a copy of

- **Paperwork indicating the names of the guardian/custodial parents.**

If there is no contact with the natural birth parents, please provide a

- **Letter that clearly states the natural birth parents have no contact and list the names of the natural birth parents.**

If there are any restraining orders that exist on behalf of the student, please provide copies of all

- **Restraining Orders.**

If this does not apply to your child, please sign below indicating you are the natural birth parent:

Parent/Guardian – Signature

Date

STUDENT RECORD RELEASE - School

FORMAL REQUEST AND CONSENT FORM FOR RELEASE OF STUDENT RECORDS AND INFORMATION FOR TRANSFER OF STUDENTS:

Former School Name: _____

Address: _____

City, State and Zip: _____

Phone No.: _____

Fax No.: _____

I authorize the release of all pupil records, including academic, health, special education, behavioral and psychological. Thank you.

PLEASE MAIL TO: Agape School
P. O. Box 68
Walworth, WI 53184

Phone: (262) 394-5043
Fax: (262) 394-5084

Student Name(s) (Last name first)	Age	Last Grade Level Completed
_____	_____	_____
_____	_____	_____

I authorize open communication between the staff of _____ and the
PREVIOUS SCHOOL
Agape School staff.

Parent/Guardian – Signature

Date