

Georgia Sheriffs' Youth Homes



INTRODUCTION, PHILOSOPHY, DESCRIPTION

The Georgia Sheriffs' Youth Homes consist of the Georgia Sheriffs' Boys Ranch in Hahira, the Georgia Sheriffs' Cherokee Estate in Dalton, Georgia Sheriffs' Pineland in LaGrange, and Georgia Sheriffs' Herrington Homestead near Swainsboro. Georgia Sheriffs' Youth Homes offers long term residential care for boys and girls. The homes are sponsored by the Georgia Sheriffs' Association, whose purpose is to promote the office of Sheriff throughout Georgia.

The purpose of the Georgia Sheriffs' Youth Homes is to provide a secure future for Georgia's needy and worthy children, and to give them love, security, and discipline. The homes are not reform schools, correctional institutions, or for adjudicated delinquents, but are for children who need a good home because they are innocent victims of neglect or abuse.

Georgia Sheriffs' Youth Homes accepts children between the ages of 6-17; children without serious emotional or physical handicaps; children whose I.Q.'s are 75 or above; and children who have not been adjudicated as delinquent.

Please complete this application and return it to the campus you are considering for placement, addresses are listed below. If you have questions or need assistance, please contact:

Georgia's Sheriffs' Boys Ranch
5671 Boys Ranch Road
Hahira, Georgia 31632
(229) 794-2606
*Serves boys, girls, & sibling groups

Georgia Sheriffs' Cherokee Estate
850 Cherokee Boys Estate Road NE
Dalton, Georgia 30721
(706) 259-8581
*Serves girls & sibling groups

Georgia Sheriffs' Pineland
P.O. Box 2907
LaGrange, Georgia 30241
(706) 845-9771
* Serves boys

Georgia Sheriffs' Herrington Homestead
P.O. Box 155
Nunez, Georgia 30448
(912) 562 – 3968
* Serves boys, girls, & sibling groups

Georgia Sheriffs' MountainView
716 Jackson Lake Road
Chatsworth, Georgia 30705
(706) 695-2100
* Serves boys

TYPE OF CHILDREN ACCEPTED

Georgia Sheriffs' Youth Homes are open to children of all races and religions. Only children between ages 6 - 17 will be accepted. (However, the child may remain with Youth Homes as long as they are enrolled in school, be it high school, college or vocational). The majority of children accepted are from families where they have either been abandoned, neglected, abused, or where one or both parents are in prison. In essence, they are not problem children, but are children from problem families. Only children who will benefit from the program offered at the Youth Homes are accepted. The children at the Youth Homes attend public school and churches in the community. The Youth Homes are not staffed to provide help for children with I.Q.'s below 75 or children who are adjudicated delinquent, or children with severe emotional problems, or severe physical handicaps or sexual offending behaviors, or sexual perpetration or active suicidal or homicidal intentions. Georgia Sheriffs' Youth Homes is a **Base** care provider.

DIRECTIONS FOR APPLICATION

Complete all the enclosed confidential information forms.

In addition to the forms enclosed in this application, the following must also accompany the application.

1. RBWO MATCH Screening Summary (DHS/DFCS Form)
2. Psychological Evaluation or Trauma Assessment
3. CCFA or a social summary of the child
4. School Withdrawal and Records (if child has an IEP it is required prior to enrollment)
5. CERTIFIED copies of the child's birth certificate
6. Proof of recent dental examination
7. Copy of social security card
8. Copy of Medicaid card or Insurance
9. Immunization Form 3231
10. Court Order
11. County Case Plan
12. Form 3300 Certification of Vision, Hearing, Dental and Nutrition Screening
13. Current Physical (must within a year)
14. Children under the age of 12 must have a written waive for placement
15. County Placement Agreement



All information submitted to the Georgia Sheriffs' Youth Homes is held in strictest confidence and is not released to anyone unless ordered by authorized persons. All information submitted is subject to careful verification.

Home Preference: Boys Ranch _____ Cherokee Estate _____ Pineland _____
Herrington Homestead _____ MountainView _____

GENERAL INFORMATION

Name of child _____

Age _____ FIRST _____ Sex _____ MIDDLE _____ Ethnicity _____ LAST _____

Date of birth _____ Place of birth _____

Social Security Number _____ Medicaid # _____

Name of person or Facility child is presently residing _____

Relationship _____ Telephone number _____

Address where child is presently residing _____

Religious preference _____

Custody held by _____ Caseworker _____

Address _____ Telephone Number _____

Caseworker's Office Number _____ Caseworker Cell Phone _____

Caseworker's Email _____

Why was this child removed from his/her home? _____

Reason for seeking **this** placement _____

Does child have other sibling(s) in foster care? _____ If, so how many? _____

Has this child been hospitalized for mental health stabilization? _____ If so, how many times _____

Is child currently on probation? _____ If so, for _____

Child's reaction to possible placement with Georgia Sheriffs' Youth Homes:

_____ Positive _____ Negative _____ Neutral _____ Unaware

Confidential Information

Page 3 of 12



List individuals and facilities child has lived with/in. Include relationship, time frame and reason for placement.

INDIVIDUAL/FACILITY	DATES/TIME	REASON

FAMILY HISTORY

FATHER: Name _____ Age _____

Address _____

Telephone Number _____ Work Number _____

Occupation _____ Place of Employment _____

If deceased, date, age and cause _____

Marital Status (married, single, widowed, divorced, separated) _____

Physical and mental defects (if any) _____

Inmate of Institutions (names, dates) _____

MOTHER: Name _____ Age _____

Address _____

Telephone Number _____ Work Number _____

Occupation _____ Place of Employment _____

If deceased, date, age and cause _____

Marital Status (married, single, widowed, divorced, separated) _____

Physical and mental defects (if any) _____

Inmate of Institutions (names, dates) _____

Confidential Information

BROTHERS AND SISTERS OF CHILD: (SPECIFY CHILDREN BY FORMER MARRIAGE OF PARENTS)

FULL NAME	AGE	CURRENT Placement (if minor)	RELATION (FULL,HALF, STEP)
		Home (biological parents) Relative Home Foster Home Group Home Adoptive Home	
		Home (biological parents) Relative Home Foster Home Group Home Adoptive Home	
		Home (biological parents) Relative Home Foster Home Group Home Adoptive Home	
		Home (biological parents) Relative Home Foster Home Group Home Adoptive Home	
		Home (biological parents) Relative Home Foster Home Group Home Adoptive Home	



SOCIAL SUMMARY

Describe child's relationship with his mother. _____

Describe child's relationship with his father. _____

Describe child's relationship with sibling(s). _____

Long range plans for child or anticipated length of stay. _____

Describe circumstance, environmental and family problems that result in child's need for placement.

Describe behavioral problems child has exhibited. _____

Describe parent's frequency of contact and feelings in reference to child's placement. _____

History of involvement with Juvenile Court and/or Department of Family and Children Services

Juvenile Court: _____

DFCS: _____

***NOTE:** Agencies may exclude this page if CCFA provided.

Confidential Information



MEDICAL HISTORY

This form is not part of the residence acceptance process, but is gathered to assist us in identifying appropriate care. (This portion is to be completed by parent/guardian of minor or custody holder).

Name of Resident: _____

DOB: _____ Age: _____ Sex: ___M ___F

Health History:

Operations or serious injuries (include dates): _____

Chronic or recurring illness or medical condition: _____

Allergies: _____ Dietary restrictions: _____

Current medication (Please give ALL medication to SSC at intake): _____

Name of physician: _____ Telephone: _____

Name of dentist/orthodontist: _____ Telephone: _____

Insurance or Medicaid Number: _____

Special Needs: _____

Health History: (Give approximate dates - use back if necessary)

_____ Frequent ear infection	_____ Heart defect/disease	_____ Asthma
_____ Diabetes	_____ Bleeding/clotting disorder	_____ Convulsions
_____ Chicken Pox	_____ Measles	_____ Hypertension
_____ Mumps	_____ Hay Fever	_____ German Measles
_____ Insect sting	_____ Penicillin	_____ Ivy Poisoning
_____ Bedwetting	_____ STD	
_____ Other (specify) _____		

Females:

Has this person menstruated? _____ If so, is her menstrual history normal? _____

Birth control _____ Type? _____

Confidential Information



SCHOOL INFORMATION

School child is presently attending _____

Present grade _____ Grade average this year (circle one) A B C D F

Does child have current IEP? _____ (must have IEP **PRIOR** to enrollment)

Has child ever been enrolled in special education classes? _____ Years _____

OTHER SCHOOLS CHILD ATTENDED	YEARS

Describe in detail any serious or recurring problems that the child has had while in school: _____

EXTRA-CURRICULAR ACTIVITIES

Recreational or Sports _____

Honor and Awards _____

Special Interests _____



Consent of Participation

Level System

Some locations of Georgia Sheriffs' Youth Homes, Inc. (GSYH) operate a behavioral Level System in which residents earn privileges by reaching goals and responsibilities. While a resident of GSYH, discipline will be limited to the least restrictive, appropriate method as defined in the agency's policy and procedures. Each resident will be placed on the Level System, indicated in the Resident Handbook, as the primary source of behavior management.

Travel/Field Trip

Georgia Sheriffs' Youth Homes request permission to take facility approved field trips. These trips may involve:

- A. A small degree of danger (i.e. Six Flags, White Water, etc.)
- B. Traveling to any destination within the State of Georgia
- C. Traveling outside Georgia within a 150 mile radius
- D. School approved field trips

We agree to contact agency (or parent/legal guardian) if a trip exceeds the 150-mile radius from our campus or overnight.

Photograph Consent

I hereby authorize and give consent to Georgia Sheriffs' Inc. to copyright and/or publish any photographs in print or electronic media in which I, _____ (print name) appear while a resident of Georgia Sheriffs' Youth Homes.

I, _____ of _____ (county DFCS) grant permission for _____ to be allowed to participate in the items initialed below (initial each for approval):

Level System _____ *Travel/Field Trip* _____ *Photographs* _____

Signature _____

Date _____

Resident's Signature _____

Date _____

Witness (GSYH Staff) _____

Date _____



PERSONAL BELONGING CONTRACT

An inventory is completed at intake. Valuables should not be brought with the resident; however, if he/she chooses to bring valuables (i.e., jewelry, cell phones, tablet, etc.) the items should be kept secure or given to caseworker to lock in office safe.

Every effort is made to prevent theft from occurring in our cottages; however, when a large number of residents live together, belongings do disappear from time to time. If the person who took the item can be identified, consequences will be assigned and the item will be returned or replaced by the person who took it. If the item which disappeared may not be located, nor the person who took it, **Georgia Sheriffs' Youth Homes, Inc. (GSYH) will not be responsible for these items.**

It is against Youth Homes' policy for residents to lend their personal belongings to other residents. If a resident chooses to violate this policy, we will not be responsible for the condition in which the item is returned, or if the item is not returned at all.

If items (includes cell phone, iPods, MP3 players, etc) are confiscated due to rule violations; these items may not be returned to resident or custodian. Please note and follow all rules and guidelines.

When a resident is discharged, the resident and custodian will be asked to sign a statement that he/she is leaving with all his/her belongings. **GSYH is not responsible for belongings left behind.**

In the event that a resident runs away from our program or is discharged, the resident's belongings will be packed as soon as we know he/she is not returning to this program. **GSYH is not responsible for belongings the resident leaves behind when he/she runs. THE CUSTODIAN SHALL PICK UP BELONGINGS WITHIN THIRTY DAYS OF DISCHARGE DATE FROM PROGRAM (Items will be discarded after 30 days).**

I have read and understand the above Georgia Sheriffs' Youth Homes, Inc. policy

Resident

Date

Custodian

Date

Acknowledgement of Base Care Status and No Previous Sexual Behaviors

Base Level of Care

I, _____ (legal guardian) with _____ (county and agency), understand and acknowledge that Georgia Sheriff's Youth Home, Inc. (GSYH) is only in a position to offer residential placement and services to children whose behaviors and emotional needs are determined to be at **Base Level of Care or RBWO (Base)**. I acknowledge and understand that at any time during the placement of _____ his/her behavior escalates or develops to a level that would require a higher level of service and intervention offered at the **Base** level, the legal guardian of the above named child will be notified and the child will be discharged from GSYH within **72 hours** of said notification.

Signature of Child's Legal Guardian

Date

Signature of Resident

Date

Signature of Youth Homes' Staff

Date

No Previous Inappropriate Sexual Behavior

I, _____ (legal guardian), have no knowledge of _____ having ever been accused, suspected, charged, or convicted of any sexual misconduct, sexually inappropriate behavior, child molestation, statutory rape, sexual assault, or rape.

I understand at any time during placement any type of sexually inappropriate behavior, accusations or allegations arise or related to the above mentioned child will be discharged from GSYH within 72 hours or if deemed necessary immediately to maintain the safety of others.

If the child develops or displays any of the above noted sexually concerning behaviors while placed at GSYH the child will be discharged immediately.

I acknowledge and agree to the terms above in regard to the placement of _____ with GSYH.

Signature of Child's Legal Guardian

Date

Signature of Resident

Date

Signature of Youth Homes' Staff

Date



PLACEMENT AGREEMENT

I, _____, the legal parent or guardian, or custodian of _____ do hereby, place said child in the care of Georgia Sheriffs' Youth Homes for period of time not less than one full year.

The signing of this agreement grants specific permission to Georgia Sheriffs' Youth Homes to render health services, including medical, dental, psychiatric, and surgical, as may be deemed necessary, by duly licensed physicians, without notice to, or further comment of, the undersigned. It is understood, that should time permit, the undersigned shall be notified, but Georgia Sheriffs' Youth Homes shall be the sole judge of whether or not time permits such notification.

I hereby, agree to assume the cost of medical care of said child, if in the opinion of Georgia Sheriffs' Youth Homes, I am financially able to do so. I will keep Georgia Sheriffs' Youth Homes informed, at all times, regarding any change in my employment or place of residence, so that I may be reached immediately, in case of any emergency.

I, hereby, grant Georgia Sheriffs' Youth Homes, permission to sign any document or make any plans regarding the education of _____. I also, grant permission for Georgia Sheriffs' Youth Homes to request and receive copies of past school records and/or psychological done on said child.

I agree to pay \$ _____ per _____ for the care of _____ and (will /will not) be able to provide clothing and incidental expenses as needed. I consent to a periodic review of my financial commitment, realizing that the periodic payment for care may be increased or decreased according to changing financial situation.

I agree to participate in periodic conferences with representatives of Georgia Sheriffs' Youth Homes to review my situation and progress of said child.

I agree not to remove said child, even temporarily, from Georgia Sheriffs' Youth Homes, or any of its programs, without permission of the administrator or its representative. I also agree to notify the administrator of said facility, or its representative, at least two weeks in advance, of any plans to remove said child permanently from Georgia Sheriffs' Youth Homes.

If, at any time, Georgia Sheriffs' Youth Homes feels that service to my child can no longer be rendered, I understand I will receive notice, three days in advance, should discharge be necessary.

I have read, do understand, and am in complete agreement with the above conditions and will abide by the rules and regulations of Georgia Sheriffs' Youth Homes.

Signature _____

Date _____

Relationship _____

County _____

GSYH's SSC _____

GSYH's Director _____

Notary _____

