

RSR INTAKE FORMS

Resident's Name _____

Date of Admission _____ Date _____

ESTIMATED LENGTH OF STAY

PARENTAL/GUARDIAN RESPONSIBILITIES

Visitation Required _____

SIGNED

Resident's Signature _____

Parent/Guardian Signature _____

FAMILY COUNSELLING AGREEMENT

I, _____, legal guardian

of _____ a resident in the Rock Solid Refuge program, agree to participate in a minimum of three family counselling sessions with the Rock Solid Director or an appointed counsellor for the purpose of evaluating and making adjustments before reintegration of my/our son back into my/our home. I/We agree to attend all sessions to be scheduled by the Director, read all the assigned materials and complete all necessary exercises pertaining to the counselling sessions.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Director's Signature

Date

AGREEMENT AND CONSENT

Re: _____ ("The Minor")

I, _____, as the parent(s)

or legal guardian(s) of The Minor, hereby agree that Rock Solid Refuge Inc., may assume custody and control of The Minor, and give them powers to act on my behalf in The Minor's benefit so long as The Minor may reside at the Rock Solid Refuge Residence. I hereby release them from any liability or responsibility, with regard to any injuries or medical conditions which The Minor has or has had prior to the signing of this release. I also hold Rock Solid Refuge, Inc. harmless from and agree to indemnify Rock Solid Refuge, for any liability arising out of their care and custody of The Minor. The purpose of this Agreement is to allow Rock Solid Refuge, Inc. to make any and all decisions on The Minor's behalf as though they were The minor's legal guardian, so far as the law will allow, without attempting to relieve me of any responsibility.

I hereby agree that Rock Solid Refuge, shall keep The Minor for not less than one year, or until I revoke this Agreement and Consent in writing.

Parent Signature _____

Date: _____

Parent Signature _____

Date: _____

Director's Signature: _____

Date: _____

GRIEVANCE POLICY

If at any time you feel you have received treatment that is harmful to you, either physically or emotionally, you have the right to file a written grievance. The grievance must be filed within five (5) days of the incident. Grievance forms may be obtained from the staff on duty. The grievance will be reviewed and responded to within 24 hours (with the exception of weekends and holidays) The response will only acknowledge having received the form and to set up a meeting time to discuss the problem.

Student's Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Director's Signature _____ Date _____

Rock Solid Refuge Inc. RELEASE FORM AGREEMENT
MEDICAL, SURGICAL AND DENTAL RELEASE

I, _____, as the parent or legal guardian of _____, who is a juvenile do hereby grant Rock Solid Refuge the right, authority and consent to provide medical surgical or dental aide to their discretion.

I understand that if all possible, I will be notified in advance of any medical, surgical or dental aide. I also understand that I, _____, as the parent or legal guardian will be fully responsible to pay any doctor or hospital bills, costs or medicine costs incurred while is in the program.

I understand that I will be billed by the billing agencies. I also agree to provide any medical or dental insurance forms to Rock Solid Refuge under this agreement.

Director Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

AUTHORTHORIZATION FOR RETURN OF JUVENILE

This document authorizes Rock Solid Refuge Inc. to dismiss and place _____ on a _____
(student's name) (mode of transportation)

and send him home to _____
(student's permanent home address)

if at any time he is unable to adjust to the program at Rock Solid Refuge.

I further relieve Rock Solid Refuge Inc, of any responsibility for his safe arrival, and will be responsible for meeting him at his destination. I am depositing the sum of \$ _____ for the cost of his return trip. I understand this will be refunded if not used for this purpose.

Parent / Guardian Signature

Parent / Guardian Signature

Address

Date

City

Director's Signature

State/Prov., Zip

Date

PAYMENT AGREEMENT

(Student's Name)

Recognizing that it cost the Rock Solid Refuge over \$1500.00 per month to care for each resident, I (we) _____ legally obligate myself (ourselves) to pay \$_____ per month for the duration of this agreement, not less than one year unless revoked in writing by mutual consent. I (we) understand that the last month's tuition will be forfeited if my (our) son is removed from the program early. In the event that more than the last month's tuition has been prepaid, all remaining prepaid months will be refunded excluding the remainder of the current month regardless of the day the student withdraws and the last month's tuition. I (we) also understand that these refunds may be paid by Rock Solid Refuge in monthly instalments until the remaining balance is reimbursed. I (we) further agree to purchase all clothing and pay all medical expenses incurred on the behalf of said young student
Agreed to by:

Parent or Guardian

Date

Parent or Guardian

Date

Rock Solid Director

Date

Date Commission Expires

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Student's Name _____ Date of Birth _____
Social Security # _____

I understand that my records are protected under the Provincial Confidentiality Regulations and can not be released without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time unless action has already been taken based upon it, and, that in any event, this consent expires automatically as described below.

This consent expires: UPON TRANSMITTAL OF INFORMATION

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Executed this _____ day of _____ 20____

Signature of Student

Signature of Parent

Signature of Director

Date

FOR OFFICE USE ONLY

I authorize: _____
Name and Address of Person or Agency releasing Information

To release to: _____
the following information:

for the following purpose(s): Evaluation/Possible Placement

Consent for Release of Information

CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT

In consideration of the following terms and provisions, and other valuable consideration the receipt of which I acknowledge, the undersigned parties hereby agree as follows:

They accept the Bible as the inspired word of God. They believe that God desires that they resolve their dispute with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6:1-8. Matthew 5:23-24 and Matthew 18:15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy arises between them and is not resolved in private meetings between parties pursuant to Matthew 5:23-24 and 18:15, then the dispute or controversy will be settled by biblically based mediation and, if necessary, legally binding arbitration, in accordance with the *Rules of Procedure for Christian Conciliation* (Rules) of the Institute for Christian Conciliation, a division of Peacemaker Ministries (rules available at www.HisPeace.org). The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement, or arbitrated decision hereunder shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

Student Signature

Date

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Director's Signature

Date

RESIDENT PERSONAL INVENTORY

Resident's Name _____ Date _____

Underclothes

- Underwear _____
- Socks _____
- Undershirts _____
- Chap-Stick _____
- Pillow _____

Supplies

Accessories

- Athletic Shoes _____
- Sandals _____
- Swimming Shoes _____
- Dress Shoes _____
- Work Boots _____
- Work Gloves _____
- Towels _____
- Belts _____
- Notebook _____
- Stationary _____
- Bible _____
- Planner/Organizer _____
- Pens _____
- Pencils _____
- Highlighters _____

Clothes

- Dress Shirts _____
- T-shirts _____
- Sweaters _____
- Vests _____
- Jackets _____
- Dress Pants _____
- Jean Pants _____
- Shorts _____
- Swimming clothes _____
- Swimming Shoes _____
- Sweat Pants _____
- Sweat Shirts _____
- Jacket _____
- Caps/Hats _____

Additional Items

Night Clothes

- Pajama Pants _____
- Slippers _____
- Bathrobe _____

Jewellery

- Watch _____

Personal Items

- Hair Dryer _____
- Electric Razor _____
- Shampoo _____
- Body Soap _____
- Facial Cleanser _____
- Toothbrush _____
- Toothpaste _____
- Deodorant _____

Items Stored in Office

Additional Items

Other Large Items

RESIDENT VISITOR / PHONE / MAIL LIST

Resident Name _____ Date _____

The following people are approved for visits:

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone #(s) _____

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone #(s) _____

The following people are approved for correspondence via telephone and/or mail:

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone #(s) _____

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone #(s) _____

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone #(s) _____

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone #(s) _____

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone #(s) _____