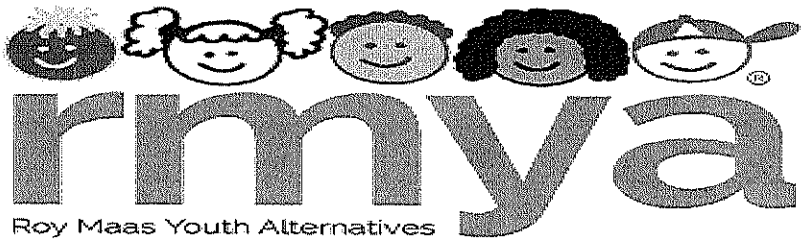



## Notice of Privacy Practices Acknowledgement of Receipt

The Notice of Privacy Practices tells you how RMYA may use or disclose information about you. Not all situations will be described. RMYA is required to give you a notice of our privacy practices for the information we collect and keep about you.

I, _____ (client's name, or if in a case of a minor, the legal representative), have been given a copy of RMYA'S Notice of Privacy Practices.

_____ _____

**Client's Name** **Date**

_____ _____

**Legal Representative Signature** **Date**

**Effective Date: April 14, 2003**

Revised April 2015

Roy Maas Youth Alternatives

# Client Information

*The information gathered from this form is used in assessing the family's current situation so that we can provide you with the best possible services.*

**Today's Date:** ___/___/_____

## Youth's Demographic Information

**Youth/Child's Information (please put the youth's name that you are seeking services for)**

**Oldest Youth Name:** _____ _____ _____

(Last) (First) (Middle Initial)

Sex: ☐ Male ☐ Female Birth Date: (mm/dd/yy) _____/_____/_____ Age: _____

Social Security Number: _____/_____/_____

**Other Youth Name:** _____ _____ _____

(Last) (First) (Middle Initial)

Sex: ☐ Male ☐ Female Birth Date: (mm/dd/yy) _____/_____/_____ Age: _____

Social Security Number: _____/_____/_____

**Other Youth Name:** _____ _____ _____

(Last) (First) (Middle Initial)

Sex: ☐ Male ☐ Female Birth Date: (mm/dd/yy) _____/_____/_____ Age: _____

Social Security Number: _____/_____/_____

**Address:**

_____ _____ _____ _____

(Street) (City) (County) (Zip Code)

Home Phone (___) _____-_____ Work Phone (___) _____-_____ Other Phone (___) _____-_____

**Primary language spoken in the home:** ☐ English ☐ Spanish ☐ Other

**The youth's current living situation:**

☐ Biological or Adoptive Parents ☐ Legal Guardian ☐ Relative's Home ☐ Friends ☐ Street (Runaway)

☐ Living Independently ☐ Other: _____

**Race:** ☐ Asian ☐ American Indian/Alaskan Native ☐ African American/Black ☐ Caucasian

☐ Hispanic ☐ Biracial ☐ Other: _____

**Ethnic Origin:** (choose one)

☐ Hispanic ☐ Non-Hispanic

**Who referred you to the Services:** ☐ Self ☐ Court ☐ SAPD ☐ BCJP ☐ CPS ☐ Other: _____

**Primary Caregivers Information (please put the information of the Legal Guardian)**

**Primary Care Givers Name:** _____ _____ _____

(Last) (First) (Middle Initial)

Sex: ☐ Male ☐ Female Birth Date: (mm/dd/yy) _____/_____/_____

Social Security Number: _____/_____/_____

**Address** (if different from above):

_____ _____ _____ _____

(Street) (City) (County) (Zip Code)

**Email Address** (if you have one): _____

**Relationship to Youth:** ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Step Mother ☐ Step Father

☐ Cousin ☐ Foster Parent ☐ Grandparent ☐ Uncle ☐ Other

**Marital status of biological parents:** ☐ Married ☐ Common Law ☐ Separated ☐ Divorced

☐ Never Married ☐ Widow/Widower ☐ Child Adopted

**Highest Level of education completed of parent:** ☐ 1st grade ☐ 2nd grade ☐ 3rd grade ☐ 4th grade

☐ 5th grade ☐ 6th grade ☐ 7th grade ☐ 8th grade ☐ 9th grade ☐ 10th grade ☐ 11th grade ☐ 12th grade

☐ did not graduate ☐ Graduated HS/GED ☐ Some college ☐ College ☐ Post Graduate ☐ Unknown

**Place of Employment:** _____

## Family Communication/Follow-up information

*As part of our continuous improvement efforts we conduct periodic follow –ups on our services and we need to know how to contact you.*

**When is the best time for RMYA to contact you for follow-up on services provided?**

☐ Morning ☐ Afternoon ☐ Evening

**Which of the following methods do you wish for us to contact you for the follow-up services?**

☐ Phone ☐ Email ☐ Fax

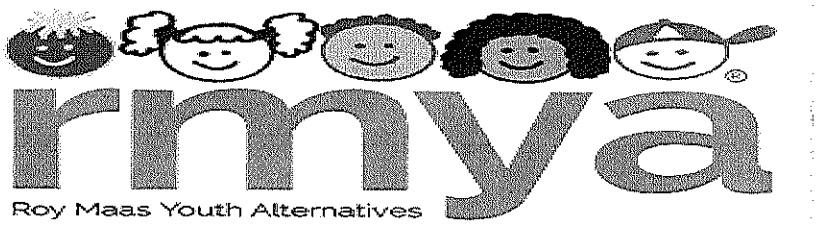
*If we are not able to locate you, please provide us with a family representative that we may contact to see how the family is doing and in case of emergency.*

Name: _____ Relationship to the Client: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone number: (____) _____-_____

**Legal Guardian Signature:** _____ **Date:** _____




# Consent for Counseling Services

I, _____,(Guardian's name) request Roy Maas Youth Alternatives Counseling Center to provide counseling services to me and my child to achieve the goals we set with our mental health counselor.

**Informed Consent**
I understand that counseling **sessions run approximately 45 to 50 minutes**. I understand degreed professionals and clinical interns will provide the counseling services, with case consultation in supervision by degreed professionals. I understand my attendance at counseling sessions is important.

**Financial Agreement**
Families that have the following active Medicaid plans are eligible for counseling services: Community First, Traditional Medicaid and IMHS. We will verify eligibility at every session to determine if services can be rendered. (see fee agreement for further information)

**Limits of Confidentiality**
I understand the contents of counseling sessions are protected by Confidentiality. I also understand that the Limits of Confidentiality are, but not limited to, the following: 1) records may be subpoenaed by the courts; 2) allegations of physical abuse, sexual abuse and/or neglect are reportable to Child Protective Services; 3) assessments by the therapist that the youth is a danger to self or others; 4) information about breaking the law and 5) at-risk behaviors, such as issues relating to the youth's safety and health.

**RMYA's Notice of Privacy Practices**
Please refer to RMYA's Notice of Privacy Practices to find out how protected health information about you may be used and disclosed and how you can access information.

**Future Follow Up Contact**
I understand that Roy Maas' Youth Alternatives will contact me after counseling has ended. The contact will be by phone or by mail. The reason for following up will be to assess the home situation and changes since receiving counseling services. Attempts will be made on or about the 30th day after counseling ends.

**Services offered by RMYA Counseling Center**
- Counseling for Youth and Family
- Crisis Intervention Counseling

**Client Files**
All client files are property of Roy Maas' Youth Alternatives.

**Referred by an Agency**
Before RMYA can verify your attendance with a referring agency (examples: Child Protective Services, Juvenile Probation, Youth Services Division) at our Counseling Program, a release of information form must be filled out.

**Canceling or Rescheduling Appointments**
Please provide 24 hours' notice when canceling or rescheduling an appointment. **If you have scheduled future appointments and no show or no call for the appointment, all future appointments will be cancelled.** Appointments may only be scheduled after you have attended your scheduled appointment

**Suggestions/Compliments/Complaints**
Roy Maas' Youth Alternatives welcomes suggestions from our clients on ways to improve services. Clients may call the office (340-7971) and speak to the Director of the Counseling Center or submit their comments in writing.

**Authorized Person to Accompany Youth to the Session**
Person who is authorized to bring my child to the counseling session other than the legal guardian, in the event that the legal guardian cannot make the session.

Name: _____ Relationship to the Client: _____

Name: _____ Relationship to the Client: _____

**Verification of Guardianship and Request for Professional Services**

**I verify that I am the legal guardian and have the right to consent for service. I also acknowledge that I have read the consent for Services:**

_____ _____
Signature of Primary Caregiver Date

_____ _____
Signature of Youth Date

_____ _____
Signature of Youth Date

_____ _____
Signature of Youth Date

_____ _____
Therapist Date

We are required by the rules of the Texas State Board of Examiners of Professional Counselors which governing the License of Professional Counselors (LPC), to provide you our fee schedule for other services rendered. Please read below!

Fees collected from the Medicaid insurance company (including co-payment and deductibles) are for counseling services only. Sometimes, clients request additional services not covered by their Medicaid insurance plan. The following is the fee schedule for various services requested. Also, we have included the fee for not providing 24 hour notice of a missed appointment.

_____ Copy of the Records for Disability Purposes: FREE

_____ Copy of the records for other purposes: $30*
***Please note we do not maintain therapy notes in the medical record, therefore, are not a part of the medical records.***

_____Filling out FMLA, or progress forms: $25.00 per every 15 minutes spent

_____ Preparing Court Report or Preparing for Court: $300.00 per hour

_____ Appearing in Court $300 per hour plus expenses

_____ Request by client to speak or correspond with: attorneys, teachers, and probation officers, or attending ARD meetings: $25.00 per call for the first 15 minutes ($25 per 15 minutes thereafter).

***Please note that the above fees are to be paid in full prior to services provided.***

***Failure to provide 24 hour notice of missing your appointment: $25.00 (Paid prior to the next appointment). Excessive missed appointments may lead to our terminating the counseling relationship.***

***Fees for self-pay clients are on a sliding fee scale and payable in full prior to the session.***

***If your Medicaid insurance plan does not pay, you may be billed for the session. Please make sure that we have your most recent insurance card and/or information.***

By initialing above and signing below, you are acknowledging that you have been notified of the fee schedule and agree to pay the fees.

_____ _____

Parent and/or Legal Guardian Date

Roy Maas Youth Alternatives

# Initial Client Assessment

**Youth Name:** _____ **Date:** _____

**Current Situation/ Why you are seeking services: (check all that apply)** ☐Relationship with parent figure(s) or other adults in the home☐ Relationship with other children or youth in the home ☐ School Problems ☐ Involvement in Juvenile Justice System ☐ Family Crisis (i.e. family violence, divorce, re-marriage, or death in family) ☐ Other: _____

**Contributing Factors to the situation: (check all that apply)** ☐Severe family conflict ☐School attendance/Truancy☐ Cannot get along with teachers ☐ Bad grades ☐In trouble with justice system ☐Drug or alcohol use ☐Custody change ☐Other emotional conflict in the home ☐Physical or sexual abuse in the home

## Family Composition

❖**Name of persons currently living in the home and the relationship the client has with them.**

| Name: | DOB | Relationship to client: | (P) Positive | (N) Negative |
|---|---|---|---|---|
| | | | P | N |
| | | | P | N |
| | | | P | N |
| | | | P | N |
| | | | P | N |
| | | | P | N |

❖**Has there been any significant loss or change?** ☐ Yes ☐ No
(i.e. death, incarceration, family member being deployed, family member moving out)

If Yes, how long ago,_____

❖**Who do you turn to in a crisis? (Family Support System)** (Check all that apply)
☐ Aunts ☐ Uncles ☐ Grandparents ☐Cousins ☐ Other extended family ☐ Family friends ☐Other: _____

❖**What is the family religious affiliation:** ☐Catholic ☐Christian (Non-Denominational ☐Baptist ☐Methodist ☐ Atheist ☐ Muslim ☐ Pentecostal ☐Other: _____

## EDUCATION

❖ **Name of school youth is attending:** _____ **Current Grade:** _____

❖ **Is the client receiving any special education services?** ☐Yes ☐No

## FINANCIAL INFORMATION

❖**Family's Annual Income:** ☐ under $10,000 ☐10,000-14,999 ☐15,000 – 29,999 ☐ 30,000-49,999 ☐ 50,000 – 62,000 ☐ over $63,000

❖**Is the family requesting referrals for financial assistance?** ☐ Yes ☐ No

❖**Is the client covered under any form of insurance?** ☐ Yes ☐ No
**If yes**, (please check all that apply): ☐ Medicaid ☐ CHIP ☐ CARE LINK ☐ Private

## HOUSING INFORMATION

❖ **How long have you been at your current residence?** ☐ 0 – 6months ☐ 7months-1yr ☐ 1yr-3yrs ☐ 4yrs+

❖ **Do you pay rent or own your home?** ☐ Rent ☐ Living w/relative ☐ Own home ☐ Homeless

## MEDICAL INFORMATION

❖**Does the youth have any known allergies?** ☐ Yes ☐ No
If yes, please list: _____

❖**List any medications the youth is currently taking:** _____

_____

Any other medical concerns: _____

_____

## MENTAL HEALTH/SUBSTANCE ABUSE

❖ **Is there a history of being diagnosed with any of the following mental health issues?**

| *Disorder* | *Client* | *Parents* | *Siblings* | *Grandparents* | |
|---|---|---|---|---|---|
| ADHD | ☐ | ☐ | ☐ | ☐ | ☐ whom: _____ |
| Bipolar | ☐ | ☐ | ☐ | ☐ | ☐ whom: _____ |
| Depression | ☐ | ☐ | ☐ | ☐ | ☐ whom: _____ |
| Anxiety | ☐ | ☐ | ☐ | ☐ | ☐ whom: _____ |
| Schizophrenia | ☐ | ☐ | ☐ | ☐ | ☐ whom: _____ |

❖ **Is there a history of danger to self or others by the client?**

- Suicidal thought ☐ Yes, when: _____ ☐ No
- Suicide attempts ☐ Yes, when: _____ ☐ No
- Self-mutilation (cutting) ☐ Yes, when: _____ ☐ No

❖ **Is there any history of client being hospitalized for mental health reason?**
☐ If Yes, when and what reason: _____
☐ No

❖ **Is the client currently or in the past under the care of a psychiatrist?** ☐ Yes ☐ No

❖ **Is there any history of use of the following substances?**

| | *Client* | *Parent* | *Siblings* | *Grandparents* | *Other* |
|---|---|---|---|---|---|
| Marijuana | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cocaine | ☐ | ☐ | ☐ | ☐ | ☐ |
| Heroine | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ecstasy | ☐ | ☐ | ☐ | ☐ | ☐ |
| Alcohol | ☐ | ☐ | ☐ | ☐ | ☐ |

❖ **Has the client or family ever participated in inpatient or outpatient drug treatment?**

☐ If Yes, when? _____

☐ No

❖ **Is there any history of any family member abusing prescription drugs?** ☐ Yes ☐No

## HISTORY OF ABUSE AND NEGLECT

❖ **Is there current abuse/neglect in the home?**

☐ If Yes, when? _____

☐ No

❖ **Is there any history of family involvement with CPS?** ☐Yes, when: _____ ☐ No

❖ **Is the case closed?** ☐ If Yes, when? _____/_____/_____

☐ No

Caseworkers Name: _____ Caseworker phone number: _____

## OTHER AGENCY INVOLVEMENT

❖ **Does the youth have a Probation Officer/ Parole Officer/ Caseworker?** ☐ Yes ☐No

If Yes, for probation what is the charge/offense cited: _____

Probation/Parole Officer/ Caseworkers Name: _____

Probation/Parole Officer/ Caseworkers Phone: (_____) _____-_____ ext._____

❖**Please list other agencies that you have been involved with in the past:**

_____ _____

_____ _____

## For Office Use Only:

**Service(s) Recommended:**

☐ Individual/Family Counseling

**Referral Date:** ____/____/____ **Date Offered:** ____/____/____ **Appt. Date:** ____/____/____

# Strengths and Difficulties Questionnaire

P or T 2-4

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name ..... Male/Female

Date of birth.....

| | Not True | Somewhat True | Certainly True |
|---|---|---|---|
| Considerate of other people's feelings | ☐ | ☐ | ☐ |
| Restless, overactive, cannot stay still for long | ☐ | ☐ | ☐ |
| Often complains of headaches, stomach-aches or sickness | ☐ | ☐ | ☐ |
| Shares readily with other children, for example toys, treats, pencils | ☐ | ☐ | ☐ |
| Often loses temper | ☐ | ☐ | ☐ |
| Rather solitary, prefers to play alone | ☐ | ☐ | ☐ |
| Generally well behaved, usually does what adults request | ☐ | ☐ | ☐ |
| Many worries or often seems worried | ☐ | ☐ | ☐ |
| Helpful if someone is hurt, upset or feeling ill | ☐ | ☐ | ☐ |
| Constantly fidgeting or squirming | ☐ | ☐ | ☐ |
| Has at least one good friend | ☐ | ☐ | ☐ |
| Often fights with other children or bullies them | ☐ | ☐ | ☐ |
| Often unhappy, depressed or tearful | ☐ | ☐ | ☐ |
| Generally liked by other children | ☐ | ☐ | ☐ |
| Easily distracted, concentration wanders | ☐ | ☐ | ☐ |
| Nervous or clingy in new situations, easily loses confidence | ☐ | ☐ | ☐ |
| Kind to younger children | ☐ | ☐ | ☐ |
| Often argumentative with adults | ☐ | ☐ | ☐ |
| Picked on or bullied by other children | ☐ | ☐ | ☐ |
| Often offers to help others (parents, teachers, other children) | ☐ | ☐ | ☐ |
| Can stop and think things out before acting | ☐ | ☐ | ☐ |
| Can be spiteful to others | ☐ | ☐ | ☐ |
| Gets along better with adults than with other children | ☐ | ☐ | ☐ |
| Many fears, easily scared | ☐ | ☐ | ☐ |
| Good attention span, sees work through to the end | ☐ | ☐ | ☐ |

Signature ..... Date .....

Parent / Teacher / Other (Please specify):

**Thank you very much for your help**