

Fresh Start of San Angelo

In-Take Information

Date: _____

Last Name: _____

First Name: _____ Middle Initial: _____

Address: _____

Home Phone: _____ Other Phone: _____

Person to Contact: _____ Relationship: _____

Agency Name/Number: _____

Nurse Name/Number: _____

Medical

Primary Diagnosis: _____

Medical Concerns: _____

Medications: _____

Allergies: _____

_____ Does the individual have physical limitations?

_____ Does the individual have visual limitations?

_____ Does the individual have auditory limitations?

Clinic/Hospital Preference: _____

Records and Information Release Form

Name: _____

Address: _____

LON ____ (circle one) HCS ICF TXHML DOB: _____ Gender: _____

Service Provider: _____ Local Care ID/Case # _____

I authorize Fresh Start of San Angelo to obtain information that pertains to medical, social, psychological, and educational data for the purpose of placement and assessment of contracted vocational services.

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it and that in any event this consent shall expire 365 days (one year) after the date of this form.

Date: _____

This form is intended only for the use of the individuals or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are not the intended recipient you are hereby notified that any use, distribution, or copying of this form is strictly prohibited. If you receive this form in error, please notify us immediately.

Consumer Signature: _____

Witness Signature: _____

Parent/Guardian: _____

If the consumer is either underage or has a guardian appointed by the court, this release must be signed by the consumer's parent or legal guardian.

Photo Release Form

I _____, give permission to Fresh Start of San Angelo to film or photograph me or my likeness for the identification purposes and in-house displays only.

By signing below, I do hereby grant Fresh Start of San Angelo and those acting under its permission or authority, the unqualified right and permission to reproduce, publish, or otherwise use a photographic reproduction of me and/or my name.

This agreement represents in full all terms and considerations. Fresh Start of San Angelo made no other inducements, statements, or promises to me.

Consumer's Signature: _____

Parent/Guardian Signature: _____

Witness Signature: _____

Date: _____

General Rules and Center Policies

Hours of Operation/Dress Code

Monday -Friday 8:30am-2:00pm (must be picked up by 2pm, no exceptions)

You are expected to be dressed suitable and be well groomed upon arrival to day hab. No open toe shoes, slides, cut off short shorts, loose tank tops, halter tops, short dresses, or spaghetti strap tops. A wellness check and temperature will be taken upon arrival.

Electronic Devices

Electronic devices are allowed and must be kept under your personal supervision. Fresh Start of San Angelo is not responsible for loss, broken, or stolen electronic devices. If problems with devices occur and a pattern of disruptive behavior occurs due to the use of any devices, restrictions may be put in place.

Meals and Break Periods

Smoke breaks: 10:00am, 12:00pm, Lunch: 11:30am -12:30pm

You are responsible for bringing a labeled lunch and in an appropriate meal container with utensils. Provider can supply snacks if needed for specific diet or restrictions. We no longer supply snacks.

Severe Physical Aggression/Property Destruction/Elopement

This behavior will not be tolerated at Fresh Start of San Angelo. Day hab services can be terminated and/or restrictions put in place in order to continue placement. After several severe occurrences, placement will be re-evaluated and/or terminated. If you leave the facility without permission, we will make several attempts to redirect your return and provider will be notified immediately. Fresh Start of San Angelo staff will not be liable for any incidents occurred once you leave the property and you chose not to return.

Communicable Disease

Communicable disease consists of fever, vomit/diarrhea, persistent cough, excessive discharge from nose or eyes, flu like symptoms, severe rash, blisters, open sores, scabies, staph, conjunctivitis, head lice, c-diff, and most common infectious diseases or illnesses. You will not be able to return unless you are symptom free for 24 hours and/or a doctor's release for major illnesses.

Closures

Fresh Start of San Angelo will be closed on all federal recognized holidays and severe bad weather days. Fresh Start of San Angelo follows SAISD closures and delays, please refer to local weather broadcasting and/or social media.