

# 4M YOUTH SERVICES, INC.

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## **Granbury Regional**

1300 Crossland Rd.  
Granbury, TX 76048  
(817) 579-0852  
(817) 579-0853 fax  
Ted Cooley, Facility Administrator  
Angela Lowe, Asst. Facility Adm.

## **Rockdale Regional**

696 N. FM 487  
Rockdale, TX 76567  
(512) 446-3930  
(512) 446-3694 fax  
Tia Garrett, Facility Administrator  
Tammy Green, Asst. Facility Adm.

### **NOTICE!!**

In Order to meet the TJJJ compliance requirements, some changes have been made to our admissions process.

Effective immediately, all time sensitive required documents as listed on the RRJJJ Placement Checklist must be received and approved no less than four (4) hours prior to the juvenile being admitted to the facility. Failure to submit these documents will result in denial of admission upon arrival.

Notification will be made to requesting agency upon receipt and approval of the requested documents. Enclosed is a placement checklist and intake documents. Please either fax all documents to Sheila at (512) 446-3694 or e-mail to [sheila@rrjjc.com](mailto:sheila@rrjjc.com).

If you have any questions, please contact our facility at the above number.

## **ROCKDALE REGIONAL JUVENILE JUSTICE CENTER PLACEMENT CHECKLIST**

The following time sensitive documents must be received and approved by the facility at least 24 hours prior to the juvenile being admitted. Failure to do so will result in denial of admission upon arrival. Please fax documents to (512) 446-3694.

\_\_\_\_\_ Medical Exam/Records (completed no earlier than 30 days prior to admission)

\_\_\_\_\_ T.B. (PPD) Test Results (read no earlier than 365 days prior to admission)

\_\_\_\_\_ Dental Exam/Records (completed no earlier than 30 days prior to admission)

\_\_\_\_\_ Psychological/Psychiatric Evaluation or Behavioral Health Assessment  
(completed no earlier than 365 days prior to admission)

\_\_\_\_\_ Immunization Records (must be current per Department of Health time frames)

The following documents must be with the child at the time of admission into the facility.

\_\_\_\_\_ Signed Disposition Order

\_\_\_\_\_ Common Application

\_\_\_\_\_ Previous School Records and Student Withdrawal Form

\_\_\_\_\_ John H. Woods Jr. Charter School Registration Forms

- Residential Campus Registration Form
- Home Language Survey
- Documenting History of Illness: Varicella (Chickenpox)
- Family Survey
- Ethnicity and Race Data Questionnaire

\_\_\_\_\_ Copy of Medical Insurance (if applicable)

\_\_\_\_\_ Medical Consent Form (must be signed by parent/guardian)

\_\_\_\_\_ Approved Contact List (immediate family only)

\_\_\_\_\_ Copy of Social Security Card

\_\_\_\_\_ Copy of Birth Certificate

\*This checklist fulfills all requirements outlined in 343.600© & 343.612© of the TJPC standards. Additional information requested above is facility policy.

# Rockdale Regional Juvenile Justice Center

## Authorized Contact/Visitation List

**Resident's Name:** \_\_\_\_\_

**County:** \_\_\_\_\_

**P.O.'s Name:** \_\_\_\_\_

**Admit Date:** \_\_\_\_\_

**List Updated on:** \_\_\_\_\_

Listed below are telephone numbers authorized by probation officer and parent /legal guardian to be added to telephone contact list through the inmate calling system. Addresses shown are to assist the youth with written correspondence.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone Number</u>

### NON-AUTHORIZED CONTACT LIST

<u>Name</u>	<u>Relationship</u>

**\*\*\* All names on this list have been approved by the child's probation officer, parent/legal guardian and primary therapist. If the name of a person present for visitation does not appear on this list, they may not visit.**

**No limits will be placed on mail except for packages containing possible incoming or outgoing contraband.**

<b>PIN#</b>
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# Rockdale Regional Juvenile Justice Center

## Consent for Medical Treatment and Consent for Release of Information

Name of Parent/Legal Guardian: _____	Relationship: _____
Name of Juvenile: _____	DOB of Juvenile: _____
Drug/Food Allergies: _____	
Current Medications: _____	

- . I hereby authorize the Facility Administrator to consent to medical, dental, psychological, and/or surgical treatment of said juvenile on the advice of a physician duly licensed under the law of the State of Texas.
- . I authorize the Facility Administrator and his employees to administer medication to the above named minor as directed and prescribed by a duly licensed physician.
- . I hereby give permission for the Rockdale Regional Juvenile Justice Center and its employees to obtain all information (medical, school records, psychological, etc) on the above named minor.
- . I authorize the employees of the Rockdale Regional Juvenile Justice Center to seek medical treatment for the above named juvenile in the event that I cannot be reached or am unable to give written consent prior to treatment.
- . I authorize the Rockdale Regional Juvenile Justice Center employees to administer over-the-counter, non-prescription medication to my child by staff trained in medical administration without prior consultation with a physician. I further understand that my child may take/use non-prescription medications and topical preparations as directed on the label or as directed by the Health Services Authority (a physician or licensed nurse).
- . I further agree that the juvenile will complete any necessary testing, whether it be drug assessment, psychological exam, psychiatric or neurological testing. I understand that anything we say to anyone in the course of testing/evaluations may be made available to the court and it's officers, including the juvenile prosecutor's office. I agree that we will not have any privilege of confidentiality regarding anything we say to a mental health professional regarding our health or situation, including anything regarding alcohol or drug use or treatment.
- . I understand that Rockdale Regional Juvenile Justice Center employee will attempt to contact me in the event that the above named juvenile is determined to be in need of treatment.
- . Is there any treatment you do not want your child to receive? \_\_\_\_\_
- . This authorization shall remain in effect so long as the above named juvenile is in the physical custody, care, and control of the Facility Administrator, his agents or employees.

**Medical Insurance Information**

Employer: \_\_\_\_\_

Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

**Dental Insurance Information**

Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Emergency Telephone #: (\_\_\_\_) \_\_\_\_\_

Signed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Staff Witness Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

## RESIDENTIAL CAMPUS REGISTRATION FORM

### The John H. Wood Jr. Public Charter District

<input type="checkbox"/>	Afton Campus	620 East Afton Oaks, San Antonio, TX 78232	Phone: 210-638-5500	Fax: 210-638-5575
<input type="checkbox"/>	Hays Campus	2250 Clovis Barker Rd., San Antonio, TX 78666	Phone: 210-638-5400	Fax: 210-638-5475
<input type="checkbox"/>	San Marcos Campus	120 Bert Brown Rd., San Marcos, TX 78666	Phone: 210-638-5300	Fax: 210-638-5375
<input type="checkbox"/>	Granbury Campus	1300 Crossland Rd., Granbury, TX 76048	Phone: 210-638-5600	Fax: 210-638-5675
<input type="checkbox"/>	Rockdale Campus	696 North FM 487, Rockdale, TX 78240	Phone: 210-638-5700	Fax: 210-638-5775
<input type="checkbox"/>	Garza Campus	800 North Ave. F, Post, TX 79356	Phone: 210-638-5800	Fax: 210-638-5875

Student Name (First, Middle, Last)		Date of Birth	Gender	Social Security
Enrolling Grade (Circle One):		1	2	3
		4	5	6
		7	8	9
		10	11	12
Hispanic-Latino (Enter One):	1=Hispanic/Latino 0=NOT Hispanic/Latino			
Federal Ethnicity (Enter One):	I=Amr. Indian/Alaskan-Native A=Asian B=Black/Afr. Amr. P=Native-Hawaiian/Pacific Islander W=White			

List educational facilities during the past three years where the student has attended academic classes including summer programs, night school, juvenile justice programs, treatment facilities, etc.

High School Enrollees - list all schools where credit toward graduation may have been awarded:

School Name	District Name	City/State	From Date	To Date

Please answer the following questions:

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Does the student have a specific food allergy? If yes, which one(s):	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Has the student repeated a grade(s)? If yes, which one(s):	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Has the student been suspended or assigned to an alternative school?	
If yes, when and where:					
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Has the student been enrolled in any special education program?	
If yes, when and where:					
When and where:					
When and where:					
What was the FIRST year the student was enrolled in Grade 9?					

#### PARENT/GUARDIAN INFORMATION

Note: John H. Wood Jr. Public Charter District does not publish or provide addresses and telephone numbers to any third party.

Please provide legal documentation restricting access to you child.

<input type="checkbox"/>	CPS Student	<input type="checkbox"/>	JPD Student	<input type="checkbox"/>	TYC Student
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Relationship:	<input type="checkbox"/>	Caseworker	<input type="checkbox"/>	Father/Stepfather	<input type="checkbox"/>	Mother/Stepmother	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Other:
<b>1</b>	Name		Address			City/State/Zip		County		
Work Phone			Fax Number			E-Mail				

Relationship:	<input type="checkbox"/>	Caseworker	<input type="checkbox"/>	Father/Stepfather	<input type="checkbox"/>	Mother/Stepmother	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Other:
<b>2</b>	Name		Address			City/State/Zip		County		
Work Phone			Fax Number			E-Mail				

Attach proper documentation for Guardianship.

<b>X</b>	
Caseworker/Parent/Guardian Signature	Date

Original Enrollment Date:		Student Local ID:		Classroom:		WD Date:	
Re-enrollment Date:		<b>FOR OFFICE USE ONLY</b>				WD Date:	
Re-enrollment Date:						WD Date:	

Please Print

### HOME LANGUAGE SURVEY

Please Print

19 TAC Chapter 89, Subchapter BB §89.1215

**The John H. Wood Jr. Public Charter District**

10325 Bandera Road  
San Antonio, Texas 78250  
Telephone: 210-638-5000  
Fax: 210-638-5075

Afton     Hays     San Marcos     Granbury     Rockdale     Garza

To be completed by parent or guardian (or student if Grades 9-12): The State of Texas requires that the following information shall be completed for each student that enrolls for the first time in Texas Public Schools. This survey shall be kept in each student's permanent record folder

*Debe de completarse por el padre/madre/o representate legal (o por el estudiante si esta en los grados 9-12): El estado de Texas requiere que la siguiente informaci ón se complete pasa cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.*

Student's Name ( <i>Nombre del estudiante</i> ):	
Student's Grade ( <i>Grado del estudiante</i> ):	
Student's ID ( <i>ID del estudiante</i> ):	

<i>Please mark only one language for each question.</i>	
What language is spoken in your home most of the time?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:
What language do you speak most of the time?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:

<i>Marque solo una idioma por cada pregunta.</i>	
<i>Qu é idioma usa usted con mas frecuencia en la casa?</i>	<input type="checkbox"/> ingles <input type="checkbox"/> español <input type="checkbox"/> otra:
<i>Qu é idioma usa usted con mas frecuencia para hablar?</i>	<input type="checkbox"/> ingles <input type="checkbox"/> español <input type="checkbox"/> otra:


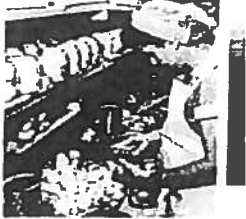


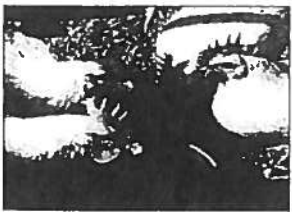



Signature of Parent/Guardian ( <i>firma de padres/guardia</i> )	X	Date ( <i>fecha</i> ):	
Signature of Student if Grades 9-12 ( <i>firma del estuante si grados 9-12</i> )	X	Date ( <i>fecha</i> ):	

# 2011-2012 Family Survey

District: John H. Woods Charter		Campus:	
Student Name:		Age:	Grade Level:

Dear Parents,  
 In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services.  
**The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

1. Within the past 3 years have you, or your child, moved from one school district, city or state to another? YES or NO
  2. If yes, did you, or your child, move so you could work or look for work in agriculture or fishing?
- NO (STOP here and return survey to your child's school.)
  YES (Please  check all that apply below)

 <p>Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields &amp; vineyards</p> <input type="checkbox"/>	 <p>Working in a cannery</p> <input type="checkbox"/>	 <p>Working on a dairy farm</p> <input type="checkbox"/>	 <p>Working in a fishery</p> <input type="checkbox"/>
 <p>Working on a poultry farm</p> <input type="checkbox"/>	 <p>Working in a plant nursery, orchard, tree growing or harvesting</p> <input type="checkbox"/>	 <p>Working in a slaughterhouse</p> <input type="checkbox"/>	 <p>Other similar work, please explain:</p> <p>_____</p> <p>_____</p>

Please complete the following information: (Please print)		Best time to contact you: _____	
Parent/Guardian Name:	Home Address/Apt Name:	City:	Zip Code:
Telephone Number:	Mailing Address:	City:	Zip Code:

**For School Use Only:** Please fax survey with two YES responses to 210-370-5744.

**Texas Education Agency  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Student/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Student/Staff Identification Number

\_\_\_\_\_  
Date



**VARICELLA (CHICKENPOX)****The John H. Wood Jr. Public Charter District**

<input type="checkbox"/>	<b>Afton Campus</b>	620 East Afton Oaks, San Antonio, TX 78232	Phone: 210-638-5500	Fax: 210-638-5575
<input type="checkbox"/>	<b>Hays Campus</b>	2250 Clovis Barker Rd., San Antonio, TX 78666	Phone: 210-638-5400	Fax: 210-638-5475
<input type="checkbox"/>	<b>San Marcos Campus</b>	120 Bert Brown Rd., San Marcos, TX 78666	Phone: 210-638-5300	Fax: 210-638-5375
<input type="checkbox"/>	<b>Granbury Campus</b>	1300 Crossland Rd., Granbury, TX 76048	Phone: 210-638-5600	Fax: 210-638-5675
<input type="checkbox"/>	<b>Rockdale Campus</b>	696 North FM 487, Rockdale, TX 78240	Phone: 210-638-5700	Fax: 210-638-5775
<input type="checkbox"/>	<b>Garza Campus</b>	800 North Ave. F, Post TX 79356	Phone: 210-638-5800	Fax: 210-638-5875

***This form summarizes the "Exceptions to Immunization Requirement (Verification of Immunity/History of Illness)" incorporated in Title 25 Health Services § 97.65 of the Texas Administrative Code (TAC)***

§ 97.65 of the TAC states, "A parent or physician validated history of varicella disease (chickenpox) or varicella immunity is acceptable in lieu of vaccine. A written statement from a physician, or the student's parent or guardian, or school nurse must support histories of varicella disease." School nurses may also write this statement to document cases of chickenpox that they observe. The school shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. The original should be returned to the child/student or the child's/student's parent or guardian. If a child or student is unable to submit such a statement or serologic evidence, varicella vaccine is required.

***Esta forma resume las "Excepciones al requisito de la inmunización (Verificación de la inmunidad/historial de la enfermedad)" incorporadas en los Servicios Médicos § 97.65 del Título 25 del Código Administrativo de Tejas (TAC, por sus siglas en inglés).***

*§97.65 del TAC declara, "Un historial de enfermedad de la varicela o inmunidad contra la varicela documentado por el médico, o por el padre del niño o estudiante es aceptable en vez de la vacuna. Un informe por escrito de parte del médico, padreo tutor legal del niño o estudiante, o de parte de la enfermera de la escuela debe apoyar historiales de la enfermedad de la varicela." La enfermera de la escuela también puede documentar por escrito cualquier caso de varicela que haya ocurrido en la escuela. La escuela debe anotar correctamente la existencia de cualquier documentación atestando a cualquier enfermedad de varicela o el resultado de prueba serológica dada como prueba de inmunidad. El documento original se debe devolver al niño o estudiante o al padre o tutor legal del niño o estudiante. Si el niño o estudiante no puede someter tal informe o evidencia serológica, la vacuna contra la varicela se requiere.*

**Documentation of prior varicella illness can be provided by the following methods:**

***La enfermedad de la varicela debe ser documentada por medio de los siguientes medios de informe:***

1. A serologic confirmation of varicella immunity (positive varicella IgG result).  
*Prueba serológica que confirme inmunidad contra la varicela (resultado positivo de la prueba de la varicela IgG).*
2. A written statement from a physician, school nurse or the child's/student's parent or guardian containing wording such as that below:  
*Un informe escrito por el médico, la enfermera de la escuela o el padre o tutor legal del niño que contiene palabras tales como las siguientes:*

"This is to verify (name of student) \_\_\_\_\_ had varicella disease (chickenpox) on or  
about (approximate month/day/year) \_\_\_\_\_ and does not need the varicella vaccine."

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"Esto es para certificar (nombre del estudiante) \_\_\_\_\_ tuvo la enfermedad de la  
varicela en por el día (aproximadamente mes/día/año) \_\_\_\_\_ y no necesita la vacuna contra la varicela."

**Signature (fecha) :**

**Relationship to student (Parentesco o relación al estudiante) :**

**Date (firma) :**