



Native American Rehabilitation Association of the Northwest, Inc.
YOUTH RESIDENTIAL TREATMENT CENTER

REQUIRED ADMISSION APPLICATION DOCUMENTS

Youth Name: _____

Date of Birth: _____

Please submit all applicable documents with the completed application form.

_____ Copy of signed consent form to disclose information under Title 42, Part 2, Code of Federal Regulations to NARA.

_____ History and physical (within the last 30 days) documenting the patient is medically stable. History to include vision and hearing tests as well as PHQ-9 screening.

_____ Immunization record (TB test within the last 12 months required).

_____ Most recent treatment/discharge plans (if applicable).

_____ Pending and past court hearing documentation.

_____ Chemical dependency evaluations (any within the last 6 months).

_____ Educational Records/assessments (including IEP and 504, if applicable).

_____ Documents verifying Indian status for IHS eligibility (e.g., CIB, documentation of tribal enrollment).

_____ Copy of health insurance card(s).

_____ Copy of birth certificate.

_____ Copy of signed admission agreement regarding medical care.

Additional documentation will be required prior to admission:

_____ Urine drug screen (within 48 hours of admission to NARA)

_____ Pregnancy test (within 48 hours of admission to NARA)

_____ Activity Agreement & Release Form (upon admission)

All documents must be submitted to:

YRTC

620 NE 2nd Ave.

Gresham OR 97030

Phone: 971-274-3757 / Fax: 503-912-5740



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YOUTH REFERRAL & INTAKE FORM

Date of Application:

YOUTH INFORMATION		
Last Name:	First Name:	Middle Name:
Other names (aliases):		Date of Birth:
I identify my gender as: Choose an item. Preferred Gender Pronoun: Choose an item.		
Religious Preference:		Ethnicity:
Marital Status:		Primary Language:
Race:		Place of Birth (city/state):
Tribal Affiliation:		
Medicaid/OHP: <input type="checkbox"/> Y <input type="checkbox"/> N Policy Number:		
Effective Date: Click here to enter a date.		
Other Health Insurance: <input type="checkbox"/> Y <input type="checkbox"/> N Name of Insurance:		
Policy Number: Effective Date: Click here to enter a date.		
FAMILY INFORMATION		
Father's Name:		Phone Number:
Father's Address:		
Mother's Name:		Phone Number:
Mother's Address:		
YOUTH'S CURRENT PLACEMENT		
<input type="checkbox"/> Home <input type="checkbox"/> Other Family <input type="checkbox"/> Hospital <input type="checkbox"/> Foster setting <input type="checkbox"/> Juvenile detention		
Name of Legal Guardian:		
Relationship to Youth:		Phone Number:
Legal Guardian Address:		
EDUCATIONAL HISTORY		
Name of last school attended:		
City/State:		
Grade in School:		Attending special education class? <input type="checkbox"/> Y <input type="checkbox"/> N
Has youth ever been suspended or expelled from school? <input type="checkbox"/> Y <input type="checkbox"/> N		
If yes, please explain why:		
Other school related comments:		
LEGAL HISTORY		
Current and/or pending legal charges? <input type="checkbox"/> Y <input type="checkbox"/> N		
If yes, please describe:		
Social Service involvement:		
Indian Child Welfare Act Involvement:		

EMOTIONAL / BEHAVIORAL			
History of physical violence/aggression toward others? <input type="checkbox"/> Y <input type="checkbox"/> N			
If yes, please describe:			
History of suicidal ideation/attempt: <input type="checkbox"/> Y <input type="checkbox"/> N			
If yes, please describe:			
Diagnosis:			
Describe current course of treatment for substance use disorder:			
Co-morbid mental health conditions:			
Clinical indications for residential care (reason cannot be treated in less restrictive environment). Please cite applicable ASAM criteria:			
Current/past substances:			
Primary:	Last use:	Amount?	Frequency:
Other:	Last use:	Amount?	Frequency:
Other:	Last use:	Amount?	Frequency:
Other:	Last use:	Amount?	Frequency:
Other:	Last use:	Amount?	Frequency:
MEDICAL			
Medical conditions for which youth is currently receiving care:			
Currently prescribed medications:			
Medication:	Dose:	Medical condition:	
REFERRING PROVIDER INFORMATION			
Referred by:		Title:	
Phone Number:		Email Address:	
Agency name:			
Agency address:			
Presenting concerns/problems:			
Systems youth is involved with:			
Does youth approve NARA contacting referent, parent/guardian, system partners? <input type="checkbox"/> Y <input type="checkbox"/> N			

PLEASE NOTE

Any specialty medical care needed while at NARA's YRTC that is not available through the Oregon Health Plan or the youth's insurance provider **MUST** be funded through the youth's home clinic, tribe or IHS.



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PARENT/LEGAL GUARDIAN - CONSENT AND ACKNOWLEDGEMENT

As parent or legal guardian of:

Youth's Full Legal Name (print)

I consent to have NARA's Youth Recovery Treatment Center:

- Use the positive discipline and behavior management system, if necessary;
- Restrict contact of the youth by persons outside the program, including visits, telephone communication, electronic mail and postal mail, if necessary for the youth's safety;
- Apply the Reasonable and Prudent Parent Standard to determine whether the youth is allowed to participate in age-appropriate or developmentally appropriate activities, including extracurricular, enrichment, cultural and social activities;
- Impose a dress code, as needed.

I acknowledge that I have:

- Received information and/or had explained to me and understand the process and procedures of personal or room searches and protocols for confiscation of contraband items, including notification of law enforcement if illegal contraband is discovered;
- Received a copy of, had explained to me and understand, the Rights and Responsibilities of all individuals in treatment at NARA;
- The right to ask for, and have made available to me and the youth listed above, any written policies and procedures for review that pertain to the program.

I understand that I am responsible for:

- Providing written authorizations for the exchange of information for the care of the youth listed above;
- Providing written authorization/approval of all visitors for the youth listed above (except those approved by law and regulation);
- Pre-approving visitation resources for the youth listed above (contingent on verification by the agency);
- Approving and providing written authorizations for the youth to participate in activities, as required;
- Approving and providing any other authorizations as needed.

Name(s) of parent/legal guardian (print)

Signature of parent/legal guardian

Date

Signature of Staff Member

Date



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YOUTH MEDICAL TREATMENT AUTHORIZATION FORM

Youth Full legal name: _____

Home address: _____

Date of birth: _____ Gender: Male Female Other

Parent/Legal Guardian Name (print): _____

This form grants temporary authority to NARA's Youth Residential Treatment Center (YRTC) to provide and arrange for medical care for the youth named above. I/we grant authorization and consent for NARA to administer general first aid treatment for any minor injuries or illnesses experienced by the youth. If an injury is life threatening or in need of emergency treatment I authorize NARA to summon any and all professional emergency personnel to attend, transport and treat the youth and to issue consent for x-rays, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment or hospital care deemed advisable by, and rendered under, the general supervision of any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the State of Oregon.

I/we understand this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of NARA in the exercise of their best judgment upon the advice of any medical or emergency personnel.

- I/we rely on prayer/spiritual means for healing in accordance with the creed and tenets of our religion and do not authorize medical treatment. Please understand, if the youth is old enough to consent to any medical procedures/processes and does consent, we are bound by law to proceed as the youth wishes. We will not coerce the youth to consent.

This authorization is effective _____ through _____.

 Parent/legal guardian signature

 Date

 Parent/legal guardian signature

 Date

 Witness Signature

 Date

What You May Bring With You for Your Stay at YRTC

- 7 days of casual clothing –
 - Pants, shorts, blouses, shirts, t-shirts. No rips, holes, cut-offs or tight clothing. No skirts or dresses. Straps on blouses must be 3 fingers wide;
 - Seasonally appropriate and outdoor activity clothing. Be prepared for both hot and cool conditions.
 - Suitable underwear, no thongs;
 - Pajamas, robe, slippers (no drawstrings);
 - Bras (no underwire, sports bras recommended);
 - 1 pair of gym shoes without laces (Velcro closures recommended).
- Eyeglasses, if needed (no contacts);
- Sunglasses;
- Prescribed medications – all medications must be in their original bottles or containers with prescription labels. Liquid medications must be new and sealed;
- Over-the-Counter (OTC) medications – new, unopened OTC medications are allowed. Nighttime OTC medications are prohibited. OTC medications with pseudoephedrine ingredients and weight control supplements are not allowed.
- Alarm clock;
- Electric razor;
- Stationary, envelopes, stamps for writing to family and friends.

What Not to Bring

- Alcohol or drugs;
- Sample medications;
- Weapons of any kind;
- Electronic equipment (cell phones, TV's, laptops, iPads, iPods, tablet computers, radios, cameras, gaming systems, computers, CD/DVD players, smart watches, fitbits, etc.);
- Makeup;
- Jewelry;
- Tobacco products (chewing tobacco, cigars, cigarillos, pipes, electronic cigarettes, vaping devices, etc.) and any associated paraphernalia, including matches and lighters;
- Clothing with alcohol, drug (including nicotine), sex or gang themes, terms or innuendos is not allowed;
- Bandanas or clothes that could be perceived as gang-affiliated are not allowed;
- Belts;
- Hats/caps;
- Clothing with drawstrings;
- Money;
- Safety/disposable razors, scissors, needles, hooks, pins, paperclips, thumbtacks;
- Curling irons, hair dryers, hair straighteners;
- Products containing alcohol (mouthwash, hairspray, breath spray, astringent, etc.);
- Glue, whiteout, spray cans;
- Candles;
- Vehicles.

YRTC DRESS CODE

- Clothing cannot be revealing or inappropriate. Questionable apparel will be determined at the discretion of the staff.
- Shirts must meet the waistband of pants. No exposed midriffs. Shirts may not show excessive cleavage.
- See through clothing must be worn with appropriate undershirts. This applies to men and cut off/sleeveless shirts. An appropriate undershirt must be worn.
- Visible underwear is not appropriate. Pants must cover hips. No underwear showing. No sagging pants.
- Shorts must be mid-thigh or longer when standing (your shorts should be no shorter than your fingertips when arms are at your side when standing).
- No clothing or accessories with alcohol, drug (including nicotine), sex or gang themes, terms or innuendos.
- Shoes or socks are to be worn at all times in the house. Shoes must be worn at all times outside the building.
- Shirts must be worn at all times in the house and on the property.
- Sleeping attire may not be worn outside the bedroom.
- Leggings may only be worn if appropriately covered by shirts that fall below the buttocks.
- Sunglasses will be worn outside only.
- Hats or caps will be worn outside only.
- Any other clothing that is not specifically mentioned in these rules but is deemed inappropriate by staff must be changed.