



13637 60th Street SW • Cokato, Minnesota 55321 • (320) 286-2922 • Fax (320) 286-2875

WELCOME TO VILLAGE RANCH!

Thank you for choosing services provided by Village Ranch, Inc. These services may be in the form of individual therapy, family therapy, group therapy, and skills-based therapy (CTSS), and/or a combination of any of the available services through in-home, residential or foster care placement with Village Ranch or another organization.

HISTORY

The Village Ranch began in 1988 in Cokato, Minnesota offering adolescent males a place to live (group home) as well as outpatient therapeutic services. Since then, our original group home has grown to a Residential Group Home with a 34-bed capacity and onsite school. In 2009, we expanded to Anoka, Minnesota where outpatient individual, family, group therapy, and skills-based therapy is offered. In 2010, we opened our first “Independent Living Program” for adolescent males in Hutchinson, Minnesota with 12 beds and, most recently in April of 2015 we opened a similar 12-bed Independent Living Program for adolescent males in Rochester, Minnesota. All three of these residential locations offer a 24/7 staffed living environment, skills-based therapy services and outpatient therapeutic services.

Because we agree with you that consistency in therapy is important in addressing the challenges you and your family may be having, we try to schedule therapy sessions as convenient as possible; however, we understand emergencies happen and there will be times you will need to cancel appointments.

SERVICES AVAILABLE

Village Ranch, Inc. provides the following outpatient services: in-home individual and family skills-based therapy services, outpatient individual and family therapy, and diagnostic assessment services. We also offer residential group home and foster care placement which works in tandem with our outpatient therapeutic services. The children and families we support are in need of a rehabilitative mental health package and require varying therapeutic and skills-based therapy levels of intervention with the overarching design to enhance and support overall functioning.

The therapists you and your family will be working with are all master’s level and/or licensed professionals with many years of experience in the field and use a variety of therapeutic techniques. All mental health practitioners who provide skills-based services and training meet the state requirements for training and experience in providing skills-based services to your child/adolescent. Please note, skills-based therapy services are not available to those individuals over the age of 18.



Our philosophy is that every family system is unique, important, and has strengths. We believe that working as partners through relationships, support, and caring, families are strengthened and experience greater success. The services provided, areas covered, and goals established are mutually agreed upon between client, family and provider.

FINANCIAL RESPONSIBILITY (OUTPATIENT THERAPY SERVICES ONLY)

Copays, if applicable, are due at the time of your scheduled appointment and will be collected by your provider. The amount of your copay is listed on your insurance card.

NO-SHOW POLICY (OUTPATIENT THERAPY SERVICES ONLY)

If you are unable to keep your scheduled appointments, please notify us at least 24 hours in advance so we can offer that time slot to someone on the waiting list. You may reschedule your appointment when you call us to cancel.

If there is a second no-show you will be required to meet with your therapist and, if applicable, your county worker and others involved with your treatment to discuss options about resolving the no-show issue and possibly transfer to another agency.

LATE CANCEL POLICY

If you cancel your appointment with less than a 24-hour notice occasionally, we do understand. However, if a late cancel pattern develops, you will be required to meet with your therapist and, if applicable, your county worker and others involved with your treatment to discuss options about resolving the late cancel issue and possibly transfer to another agency.

(OUTPATIENT THERAPY SERVICES ONLY - Not applicable to residential, group home, or foster care placements)

After the first no-show appointment (without a phone call to cancel) you will receive a phone call to remind you of the missed appointment and to reschedule your appointment. You (not your insurance company) will be charged \$50 (using the credit card information that you provided to us during intake) for the time slot we were not able to fill when you were a no-show.

If there is a second no-show occurrence you will be required to meet with your therapist, county worker and others involved with your treatment to discuss options about resolving the no-show issue and possibly transfer to another agency.

We want to keep services available to you and your family. Please feel free to address issues with your therapist or skills worker so we can all work together to resolve issues.

PARENTAL INVOLVEMENT

Through our experience, as well as available research, clients who do the best in treatment have involved families or support systems. Family involvement means actively supporting the therapeutic process which may include monthly family therapy sessions and general consistent contact with the client.

If the client is a child/adolescent involved with skills-based therapy services, please complete all the paperwork in a timely manner as we cannot hold the skills-based therapy spot longer than three (3) weeks due to our current waiting list for these services.



VILLAGE RANCH INFORMED CONSENT/CLIENT RIGHTS & RESPONSIBILITIES

CONFIDENTIALITY

The Minnesota Data Practices Act seeks to protect the privacy of the individuals when governmental agencies or private agencies under contract with public agencies collect data about them. The Minnesota Data Practices Act also helps people get information with this facility, whether the contact is in person, by mail, email, or by phone.

Every effort will be made to keep the information clients share with Village Ranch Inc. staff confidential. All client information is maintained as private and/or confidential, consistent with ethical guidelines of professional practice, and the statutes of the laws of the State of Minnesota. A written consent must be signed before outside persons or agencies can obtain information in records or from family workers.

The Clinical Supervisor supervises all casework and serves as a secondary source of support for families in crisis when practitioners and/or therapists are not available.

CLIENT RECORDS

The client information we collect from you, or that you authorize us to collect from others, is used for the purposes listed below. Because this list of purposes covers a variety of services and programs, some of the purposes will not apply to your information.

- To determine your eligibility for services provided by this agency;
- To provide effective care and treatment of medical/social/psychological/educational needs;
- For other purposes specifically authorized by you;
- To make referrals to other agencies or professionals to provide additional services to you;
- To collect reimbursement from other agencies or individuals for services we give you;
- The legal or statute requirements, if any, of providing information;
- To evaluate and monitor our performance as an agency licensed by the State of Minnesota;
- To conduct evaluations and prepare statistical reports;
- We cannot guarantee confidentiality of data transmitted (i.e. video, voice, email, etc.)

RELEASE OF CLIENT INFORMATION:

Access by Client:

As a client, you have access to all public and private records about yourself or your children. (See section on "Minors" for exceptions regarding children.) Upon request, you may review your records in the presence of one of our professional staff, and may request copies of records at your expense.

Access by Others:

The professional staff of Village Ranch Inc. will have access to information about you when their work requires it and for purposes of billing and collection of accounts in association with other professional consultation (e.g. accountant, attorney) if necessary. For training, supervision and/or consultation purposes, some clients may be asked to have their sessions observed and/or audio/video recorded. Such observations and/or recordings will only be conducted after the client has been fully informed of the specific uses of the observations/recordings and has consented to participate. All audio/video recordings will be destroyed following the training, supervision or consultation.

Individuals or entities outside of Village Ranch, Inc. who are authorized with a release signed by you (or guardian), may share information for purposes of consultation, evaluation, diagnosis, and program planning, when necessary to account for federal funds and program, when law enforcement personnel are investigating or prosecuting a criminal or civil proceeding, and with or without a release with appropriate personnel in an emergency.

MINORS: Under certain circumstances, minor clients have the legal right to request that client information be withheld from their parents. This request must be in writing, must explain the reasons for withholding the



information, and what you expect the consequences could be if it is not withheld. Your therapist, in consultation with the professional staff will consider the request and a decision as to whether to withhold information will be made by Village Ranch, Inc. based on the best interests of the requesting minor.

In some cases, the law permits minors to consent to treatment and to withhold information from their parents with a formal request. This may be appropriate for a minor who is over the age of 16 and is financially independent and/or married, or when services relate to pregnancy, drug abuse or sexually transmitted disease. If you have any questions about this, ask the therapist who works with you.

As a rule, we do not encourage the withholding of information from parents except when it is our clinical judgment that it would be clearly detrimental to the minor's welfare to disclose information.

MULTI-PARTY COUNSELING: If you are involved in multi-party counseling such as couples or family therapy, our staff will treat all information acquired in that process in accordance with this confidentiality policy. In addition, Village Ranch, Inc. will stress the importance of maintaining confidentiality with all members of the family or couples therapy process, but we cannot be held responsible for breaches of confidentiality by other participants. Finally, records of such session belong to all participants and cannot be released without the consent of all participants.

In some circumstances individuals participating in couples or family counseling will also be involved in individual sessions with members of our professional staff. At times an individual may share information in individual sessions, which is of central importance to the couples or family therapy process. It is our belief that the family therapist should not place himself or herself in the position of holding secrets of families or couples. Thus by signing this policy you give the therapist permission to disclose information when it is our clinical judgment that such disclosure is in the best interest of the couple or family.

LEGAL REQUIREMENTS

In most cases, you are not legally required to provide the information requested. If there is such a legal requirement, you will be informed of the specific law that requires it. Generally, if you do not provide the information requested, the Court and/or your caseworker will be notified.

MANDATED REPORTING:

Although each provider uses their own judgment regarding the safety of the client and family and decisions to report are made in consultation with the Clinical Supervisor, all employees of Village Ranch, Inc. are mandated reporters and are required by law to report any of the following situations:

- Instances of abuse or neglect of a minor or vulnerable adult
- Behavior that may be a threat to one's life or that of another person
- Receipt of a court order
- Report of sexual abuse by a health professional

OUR RESPONSIBILITIES:

- To meet with you/your family in your home or our office weekly at a convenient time for you.
- To be prompt and accessible for scheduled meetings.
- To listen respectfully and be culturally sensitive.
- To provide you with appropriate support and information.
- To provide collaborating agencies or the court with reports regarding your progress.
- To provide crisis counseling during emergency situations.

YOUR RESPONSIBILITIES:

- To commit to scheduled meetings.
- To communicate and cooperate with staff respectfully.
- To report changes in your condition or symptoms.
- To participate in the choice of goals and progress towards them.
- To notify your provider at least 24 hours in advance if you are unavailable for an appointment and need to reschedule.



VILLAGE RANCH APPLICATION FOR SERVICES

Today's Date: ___/___/___

A. CLIENT INFORMATION:

_____/_____/_____
First Name MI Last Name Date of Birth

Street Address City State Zip Code County

(____) ____ - ____ Living with: _____ Relationship to Client: _____
Phone First, Last Name (Parent, Foster Parent, etc.)

Office Location: Cokato Hutchinson Rochester Anoka

SERVICES REQUESTED:

- CTSS Services: Individual Skills Family Skills Group Skills
- Individual Therapy Family Therapy Group Therapy Family Focus
- Adolescent Sexual Health Curriculum Sexuality-Specific Treatment RISE CLIMB

1) Are you currently receiving therapy or skills services? YES NO (If you answered YES, please provide the name and address of the agency providing the services)

Agency Street Address/City/State/Zip

2) Have you completed a past Diagnostic Assessment? YES NO (If you answered YES, please provide the name and address of the agency with the Diagnostic Assessment (DA) on file)

Agency Street Address/City/State/Zip

B. REFERRAL REASON/GOALS:

- Supportive Services Psychoeducation Prevent Placement Reunification Assessment Only

Estimated Length of Service(s): _____

C. CLIENT AND CLIENT'S FAMILY (if applicable) STRENGTHS/ASSETS:

D. REFERENT:

- Self Therapist Social Worker Probation Officer Foster Parent Other: _____

First Name/Last Name Agency

Street Address City State Zip Code (____) ____ - ____
Phone

(____) ____ - ____ (____) ____ - ____
Phone Alternate Phone Email Address

Specific needs/requirements of Village Ranch (reports, etc.): _____



VILLAGE RANCH, INC. RELEASE OF INFORMATION

Village Ranch Residential
13637 60th St. SW
Cokato, MN 55321
Phone: (320) 286-2922 Fax: (320) 286-2875

Village Ranch Cokato Outpatient
13637 60th St. SW
Cokato, MN 55321
Phone: (320) 286-2922 Fax: (320) 286-5140

Village Ranch Foster Care
13637 60th St. SW
Cokato, MN 55321
Phone: (320) 286-2922 Fax: (320) 286-5140

Village Ranch Hutchinson Group Home
851 Dale Street SW, PO Box 305
Hutchinson, MN 55350
Phone: (320) 587-3447 Fax: (320) 286-2875

Village Ranch Rochester Group Home
1117 1st Ave NE
Rochester, MN 55906
Phone and Fax: (507) 258-3447

Village Ranch Anoka Outpatient
12 Bridge Square, Suite 207
Anoka, MN 55303
Phone: (763) 712-9209 Fax: (763) 712-9200

Client's Legal Name: (please print) _____

Date of Birth: ___/___/___ Previous Names: _____

Address: _____ City, State, Zip: _____

Phone (home/main): (____) ____-____ Work: (____) ____-____ Other: (____) ____-____

- 1. I would like Village Ranch, Inc. to:
 - Exchange information with
 - Release my records to
 - Obtain my records from

Person, Clinic, Organization Name: _____

Address: _____ City, State, Zip: _____

Phone: (____) ____-____ Fax: (____) ____-____

- 2. I would like the following records released: All pertinent records, or check all that apply below:

- Discharge Summary
- School Reports
- Medical Reports
- Mental Health Records
- Progress Notes
- Treatment Plans
- Evaluations/Assessments
- Legal Records
- Social History
- Social Service Records
- Other: _____

- 3. Purpose:
 - Care Coordination
 - Treatment Planning
 - Evaluation/Assessment
 - Personal Use (mark personal and confidential)
 - Other: _____

4. Staff member requesting information: _____ (____) ____-____
Name Phone

- 5. I understand the following:
 - Except for psychotherapy notes (which are not included in my medical record), all records will be released to the hospital, clinic or person named above. This includes details about treatment for mental health, chemical dependency, sickle cell anemia, genetic conditions, and AIDS/HIV.
 - If I do not want these to be released, I will place a check mark here: I do not want the following records released: _____
 - If I change my mind, I may write to the address in Section 1 to stop the release of my records. This will not apply to records that have already been released.
 - This form expires one year after I sign it, or on (expiration date): ___/___/___
 - There may be a fee for releasing these records.
 - Once the records are released to the hospital, clinic or person named above, the clinic or hospital releasing my records cannot prevent them from being shared by a third party. At that point, the records may no longer be protected by state or federal privacy laws.
 - To be valid, this form must be filled out completely and signed. A copy is valid if it has not been altered.
 - If I do not sign this form, I will still be treated, unless treatment is part of a research project.

_____/_____/_____
Date Signature of Client or Authorized Person Authorized Person's Authority to Sign (proof required)

Reason client is unable to sign: Minor Deceased Other: _____



**Consent for Participation in the
MCCCA Student Data Reporting System**

Village Ranch, Inc. is engaged in ongoing data collection and evaluation of its services through the Minnesota Council of Child Caring Agencies (MCCCA). In cooperation with youth-serving agencies throughout the state, MCCCA collects information provided by member agencies on youth at intake, discharge and six (6) months after discharge. A confidential satisfaction survey will also be sent or given to you at discharge.

This information does not identify individual children or families by name.

You and your child are invited to participate in this evaluation process so that we may better serve all children and families. The information collected will be used in summary form to improve outcomes, complete funding report requirements, and advocate for services for children and families.

If you agree to participate, Village Ranch, Inc. agrees that:

1. All information collected will be treated as private. This will be ensured through the use of identification numbers and publication of summary results.
2. The names of children/youth/parents will not appear on any data collection instrument, and will be unknown to anyone receiving the data or in any document describing the results.
3. Participation is completely voluntary. Your decision about participation will not affect your relationship with Village Ranch, Inc. If you decide to participate you may withdraw this permission at any time.

If you agree to participate, you authorize Village Ranch, Inc. to:

Include information on your child/family in this data collection, evaluation and follow-up program. **This information will not identify your child or family by name.**

Contact you and/or the County worker six (6) months after discharge for follow-up information.

NAME OF CHILD: _____

X

Client/ Legal Guardian Signature Date

X

Client/ Legal Guardian Signature Date

FOSTER CARE ONLY FORMS



VILLAGE RANCH FOSTER CARE INTAKE INFORMATION

YOUTH INFORMATION

Full Name: _____ Date of Birth: ___/___/___
Social Security Number: ___-___-___ Sex: Male Female
Race: _____ Tribal Affiliation: _____ City/State of Birth: _____
Medical Insurance and Number: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Scars/Tattoos/Other Identifying Marks: _____

PARENT INFORMATION

Parent #1: _____ Relationship to Youth: _____
Address, City, State, Zip: _____
Phone Number: (____) ____-____ Cell Phone: (____) ____-____
Marital Status: _____ Approved Contact: Yes No
Parent #2: _____ Relationship to Youth: _____
Address, City, State, Zip: _____
Phone Number: (____) ____-____ Cell Phone: (____) ____-____
Marital Status: _____ Approved Contact: Yes No

GUARDIANSHIP/CUSTODY

Legal Guardian: _____
Legal Custody: _____

EMERGENCY CONTACT

Emergency Contact: _____ Phone Number: (____) ____-____
24-Hour Crisis Contact: _____ Phone Number: (____) ____-____

TEAM INFORMATION

Social Worker: _____ Agency: _____
Address, City, State, Zip: _____
Phone Number: (____) ____-____ Cell: (____) ____-____ FAX: (____) ____-____
Probation Officer: _____ Agency: _____
Address, City, State, Zip: _____
Phone Number: (____) ____-____ Cell: (____) ____-____ FAX: (____) ____-____
Guardian Ad litem: _____ Agency: _____
Address, City, State, Zip: _____
Phone Number: (____) ____-____ Cell: (____) ____-____ FAX: (____) ____-____
Tribal Worker: _____ Agency: _____
Address, City, State, Zip: _____
Phone Number: (____) ____-____ Cell: (____) ____-____ FAX: (____) ____-____
Other: _____ Agency: _____
Address, City, State, Zip: _____
Phone Number: (____) ____-____ Cell: (____) ____-____ FAX: (____) ____-____



PLACEMENT HISTORY:

REASON FOR PLACEMENT:

REASON FOR DISCHARGE FROM LAST PLACEMENT:

PRESENTING ISSUES (I.E., BOUNDARY CONCERNS, CHEMICAL USAGE, ETC.)

PLACEMENT GOAL (TREATMENT, REUNIFICATION/EMANCIPATION, ETC.)

ACTIVITIES/INTERESTS:

ESTIMATED LENGTH OF PLACEMENT:

CURRENT SERVICES:

WHAT SERVICES DO YOU REQUIRE FROM VILLAGE RANCH IN REGARDS TO THE PLACEMENT OF THIS YOUTH?

OTHER RECOMMENDED SERVICES:

FAMILY VISITATION PLAN:



PERSONS NOT ALLOWED CONTACT WITH:

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

SIBLING INFORMATION:

Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____

EDUCATIONAL INFORMATION:

Last School Attended: _____ Grade: _____
IEP or 504: Yes No
School Performance: _____

MEDICAL INFORMATION:

Date of most recent physical exam: ___/___/___
Date of most recent dental exam: ___/___/___
Date of most recent eye exam: ___/___/___
Any known allergies: _____

Any known medical conditions: _____

Current Medications: _____

Current Mental Health Diagnosis: _____

Current Therapist: _____ Agency: _____
Address, City, State, Zip: _____
Phone Number: (____) ____ - ____ Cell: (____) ____ - ____ FAX: (____) ____ - ____
Current Psychiatrist: _____ Agency: _____
Address, City, State, Zip: _____
Phone Number: (____) ____ - ____ Cell: (____) ____ - ____ FAX: (____) ____ - ____



VILLAGE RANCH FOSTER CARE PLACEMENT AGREEMENT

_____ agrees to place and is financially responsible for _____
Placing Agent Client

The client will be placed into the _____ Foster Care Home licensed with Village Ranch, Inc.

A daily administrative rate is assigned to each child placed. The administrative rate for this placement is \$_____.

(Please note: The Administrative Rate for placement is subject to change at the discretion of the Village Ranch, Inc. Factors leading to a change include but are not limited to a change in the Host County Contract and/or a higher rate being assessed based upon the supervisory and service needs of the youth placed.)

A MAPCY assessment has been completed and a LEVEL _____ has been assigned.

1. If the MAPCY rate has not yet been set, and this is an emergency placement or initial placement in foster care, then Village Ranch, Inc. will bill at a **LEVEL D** for days 1-30 of the placement.
 - If the MAPCY rate comes out higher than a LEVEL D, the placing county will pay the higher rate back to the date of placement.
 - If the MAPCY rate is lower than a LEVEL D, the effective date of the new MAPCY rate shall be effective to Day 31 of the placement.
2. If the placement is not an emergency placement or initial placement in foster care, Village Ranch, Inc. will bill at the Basic Rate until the MAPCY is completed. The placing county will pay the MAPCY rate back to the date of placement.

The _____ County Social Service Agency and Village Ranch, Inc. agree to abide by the provisions outlined in this placement agreement:

1. The Agency shall, by written communication, provide at the time of placement, Village Ranch, Inc. with a specific statement as to the legal status of the child, and whom or which specific agency has legal custody of the child, along with a copy of a Juvenile Court Order, authorizing placement.
2. Village Ranch, Inc. shall, within (5) five working days following the last calendar day of the month, submit an invoice to the agency. The invoice shall contain: the name of the child served and the number of days of service with the daily rate and a total cost for providing services.
3. The agency shall within thirty (30) calendar days of the date of receipt of the invoice make payment directly to Village Ranch, Inc. for services purchased. The agency is responsible to Village Ranch, Inc. for the total cost of services incurred by the resident. Any financial arrangement or obligations on the part of the recipient's parents will be between the placing agency and the recipient's parents and will not involve Village Ranch, Inc. It is also our understanding, with prior approval of the agency, that vendor payment relative to the



recipient's medical, dental, or optical care will be billed from the vendor to the placing agency.

4. Village Ranch, Inc. shall inform the placing agency within one (1) working day when the child is absent from Village Ranch, Inc. foster home.
5. Village Ranch, Inc. shall provide updates (*both verbal and written*) to the placing county on a regular basis, and will schedule a client staffing on a quarterly basis.
6. Village Ranch, Inc. agrees to provide the placing agent and the child's family with information relative to the procedures at the Foster Care home.
7. The placing agency must complete and submit the intake documentation prior to placement and must sign the Placement Agreement at placement. Once the MAPCY rate is set, Village Ranch, Inc. will request the placing agency sign an update Placement Agreement.

Placing Agency Name (please print)

(____) ____ - ____
Phone Number

Placing Agent Signature

___/___/___
Date

Village Ranch, Inc. Foster Care Program Director

___/___/___
Date