

**Guardian Attestation Form**

I, \_\_\_\_\_ , do hereby attest that I am the legal guardian of  
\_\_\_\_\_ .

\_\_\_\_\_  
Print name of guardian Date

\_\_\_\_\_  
Signature of guardian Date

\_\_\_\_\_  
Witness Date

# Youth Crisis Intervention Center

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## Client Rights

The following “Client Rights” have been established for eligible and active clients of YCIC as means to ensure their individuality and well-being.

Extended family members and other legal caregivers must have a current client treatment plan to be considered in client rights.

- To be treated with dignity and provided care by competent staff.
- To be an equal partner in the development of the client service agreement while retaining final decision-making authority.
- To be informed in advance about care and treatment, and of any changes in care and treatment that may affect the client’s well-being.
- To be informed in writing of insurance requirements of all program services.
- To self-direct activities; participate in decisions which incorporate independence, individuality, privacy and dignity; and make decisions regarding care and treatment.
- To be free from involuntary treatment, unless involuntarily committed by appropriate court order and except in cases of civil protective custody.
- To be free from arbitrary transfer or discharge.
- To voice complaints and grievances without discrimination or reprisal and have those complaints/grievances addressed in a timely fashion.
- To examine the results of the most recent survey for licensure of the clinician conducted by a representative of the Tribal administration and State of Nebraska.
- To refuse to perform services for the program.
- To privacy in written and phone communications unless otherwise authorized.
- To be free from seclusion, physical punishment, or use of chemical and physical restraints.
- To exercise his or her rights as a client of YCIC and as a citizen of the United States and as a Tribal member.
- To review and receive a copy of their permanent record, as referred to in 175 NAC 4-006.12.
- To be free from abuse or neglect while participating in services.
- To confidentiality of all records, communication and personal information.
- Shall have the right to a physically safe environment, free from hazards, including communicable disease.

During the intake process, I have been provided a copy of “Client Rights”, which I understand, following discussion and explanation with staff member of YCIC.

Further, I understand that complaints in relation to YCIC can be presented in written form to the Tribal Court Administrator who will begin the procedure for resolving complaints.

Should I suspect that I or someone else is being abused, neglected or whose personal property is being misused, that I can report my complaint directly to the Tribal Court Administrator.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

\*Original signature in client record. Copy to client.

# Youth Crisis Intervention Center

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## Assessment Unit Services

The Youth Crisis Intervention Center (YCIC) Assessment Unit is a broad-based program funded by the Winnebago Tribe of Nebraska. The staff provides clinical and support services for children, youth and families and are licensed by the State of Nebraska. While many youth seeking assistance are involved with either the juvenile justice or child welfare systems (or even both), some have not entered a youth-serving system and are simply in need of short-term assistance.

The YCIC Assessment Unit offers the following services for children, youth and families:

**Interventions:** Intervention services can be provided via court order, referral from another agency, school or program, or to concerned family members and others to assist them in convincing a loved one of the benefits of receiving help for an addiction or behavioral problem.

**Assessments/Evaluations:** The Assessment Unit can provide screening, assessments or evaluations for those who request or are required to obtain a professional evaluation of their alcohol or drug use or assessment for a behavioral health issue.

**Alcohol and Drug (AOD) Education & Pre-treatment:** Alcohol and drug education sessions are offered for both youth and family members in a group atmosphere. In addition, pre-treatment classes are offered for those who are required to obtain such an education upon the order of the Court, are awaiting a placement in a treatment facility, or for the individual who wishes to know more about the effects of alcohol and drug abuse.

**Outpatient Treatment:** Individual, family and group counseling are offered for youth and adult family members who have received a recommendation for outpatient treatment based on an evaluation. Outpatient treatment is considered a lower level of care to inpatient treatment and provides for those individuals who have alcohol or drug problems but have not established severe patterns of abuse. Outpatient services benefit clients by allowing them to access treatment services locally while the client remains in the home.

**Aftercare/Reentry:** Aftercare services are offered to those youth who, either upon completion of inpatient or outpatient treatment, need the continued support of an aftercare system in order to apply those lessons learned in treatment. Reentry services serve the same purpose but are established for youth who are returning home from an out-of-home placement such as Boystown, detention, or a State facility.

**Referral or Linkage Services:** Referral services are offered for those youth who may require a treatment or intervention services beyond the scope of the YCIC Assessment Unit services. Linkage services include assisting youth and families with additional services from outside agencies or programs to meet a specific need.

**Service Costs or Fees:** Services are provided to Native American youth and family at no cost to the client however, when available, insurance is accepted but is not a requirement.

# Youth Crisis Intervention Center

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## RULES OF THE PROGRAM

- 1) As a client, I will treat other clients with respect and dignity.
- 2) No fighting or threatening behavior is allowed.
- 3) Clients shall not wear “gang colors/symbols” or clothing that promotes alcohol or drugs including cigarette advertising.
- 4) Intoxicated or under the influence individuals will be asked to leave and return when sober.
- 5) Verbally abusive or profane language, including electronic transmission, will not be tolerated.
- 6) Sexual harassment or any other demeaning behavior will not be tolerated.
- 7) Client’s telephone use requests will be determined on an individual basis.
- 8) Client transportation needs will be considered and provided according to priority:
  - A) Treatment plan or sobriety;
  - B) Court order;
  - C) Personal need (i.e., emergency, as determined).
- 9) Confidentiality will be maintained at all times.
- 10) Smoking is not allowed within the facility or on the program property.
- 11) As a client, I will expect to arrive on time for all appointments and to notify my counselor 24 hours in advance if unable to keep my appointment.
- 12) As a client, I am expected to comply with all directives of probation, parole or mu counselor as it applies to my sobriety and well-being.

I have read the above rules and understand and agree to adhere to them. I, also, acknowledge that with treatment I am subject to reevaluation should I violate these rules.

\_\_\_\_\_

Client

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Counselor

\_\_\_\_\_

Date

# Youth Crisis Intervention Center

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## PARTICIPATION AGREEMENT

I, \_\_\_\_\_, hereafter referred to as "Client", request services from YCIC. As a client of YCIC, I agree to the following:

- 1) I will attend all scheduled appointments and agree to notify YCIC 24 hours in advance if unable to keep my appointment.
- 2) I agree to actively participate in my treatment plan as it is formulated in conjunction with my counselor.
- 3) I agree to not use any alcohol or other drugs while receiving services.
- 4) I may terminate services any time by submitting a written letter which states the reason and the date when I wish to terminate services.
- 5) YCIC may terminate services for violation of program rules, contracts, or treatment agreements. We agree to the terms of the agreement which will be enforced for the term of \_\_\_\_\_ days.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

# Youth Crisis Intervention Center

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## Confidentiality

The Confidentiality of The Winnebago Youth Crisis Intervention Client Records maintained by this program is protected by Federal Law and Regulations. Generally, the program may not say to a person outside the program, or disclose any information identifying an individual as a Youth Crisis Intervention client, unless:

1. The client consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified persons for research, audit, or program evaluation.

You will be asked to respect the confidentiality of fellow clients by not releasing any knowledge of their services received, treatment activities, or other client-identifying information to any individuals. Violation of this will result in the Youth Crisis Intervention making a determination for discharge.

Violation of the Federal Law and Regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations.

Federal Law and Regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal Law and Regulations do not protect information of the reporting of behaviors which can be construed as potentially harmful to self and others. (Suicide, etc.).

See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations, and the Health Insurance Portability and Accountability Act (HIPPA of 1996) Approved by the Office of Management and Budget under control No. 0930-0099

I have read and I understand the above information. I have received a written copy of it.

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Client Signature

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Date

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Witness Signature

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Date

# Youth Crisis Intervention Center

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## CLIENT GRIEVANCE POLICY

Policy: A general grievance policy and procedure between YCIC and the client.

Procedure: Client grievances shall be addressed in the following manner:

- 1) The Client will notify their primary counselor of a specific grievance in writing. Information provided by the client will include a specific event or cause for a grievance. The purpose will be to resolve the grievance.
- 2) If necessary, the client and counselor will present the grievance to the Tribal Court Administrator for resolution. Here every attempt to resolve the grievance shall be made.
- 3) In all cases, a written response to all grievances will be provided within seven (7) working days.
- 4) If the client is still dissatisfied, the client will make an appointment with the Tribal Court Administrator to present the grievance in written form.
- 5) The Tribal Court Administrator will meet in a closed session with the Clinical Supervisor to review the grievance. In a written response, the Director will issue guidelines to the Program Staff to resolve the grievance.
- 6) The Tribal Court Administrator will appoint the Clinical Supervisor to monitor weekly progress, or lack of it, regarding the suggested guidelines.
- 7) In every case, the Tribal Court Administrator and Clinical Supervisor will make every effort to efficiently correct, in a timely fashion, the grievance as it is presented.

Reviewed by:

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Supervisor

\_\_\_\_\_  
Date

# Youth Crisis Intervention Center

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Winnebago, Nebraska 68071 (402) 878-2046

## YCIC Services Referral Form

Rehab and Reentry    Probation    Diversion    Assessment Unit    Drug Court

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

Tribal Affiliation: \_\_\_\_\_ Enrolled: \_\_\_\_\_ Yes \_\_\_\_\_ No

Medicaid: \_\_\_\_\_ Yes \_\_\_\_\_ No    Medicaid #: \_\_\_\_\_

Private Insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No    If Yes, Name of Provider: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Member I.D. Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Who currently has legal custody of Youth: \_\_\_\_\_

Biological Parents Names:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Number of Siblings: \_\_\_\_\_ Ages: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Current Living Arrangement (Who does the child live with):

\_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Emergency Contact/Number: \_\_\_\_\_

### Referred From:

(Tribal Program; School; Etc.) \_\_\_\_\_

By Whom (Case Worker; Counselor, Teacher; Etc.):

\_\_\_\_\_

Reason for Referral:

\_\_\_\_\_

\_\_\_\_\_

**What Services Are You Requesting?**    Screening ( )    Bio-Psychosocial ( )

Mental Health Assessment ( )    Substance Abuse Evaluation ( )    Treatment Referral ( )

## Youth Crisis Intervention Center

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Other: \_\_\_\_\_

### Medical/Psychosocial Concerns:

Is the youth currently taking any medications? \_\_\_\_ Yes \_\_\_\_ No

If yes, name of medication: \_\_\_\_\_

What is the medication used for: \_\_\_\_\_

Medications Prescribed by Whom: \_\_\_\_\_

Has the juvenile ever been or been treated for Alcohol/Drug Abuse? \_\_\_\_ Yes \_\_\_\_ No

If yes, where, when, and what for:

\_\_\_\_\_

Has the juvenile ever been treated for any mental health issues (substance abuse, depression, trauma, suicide, etc.): \_\_\_\_ Yes \_\_\_\_ No

If yes, where, when, and what for: \_\_\_\_\_

\_\_\_\_\_

### Education

Juvenile's current grade level: \_\_\_\_\_ School: \_\_\_\_\_

Special Education Classes: \_\_\_\_ Yes \_\_\_\_ No Repeat a grade: \_\_\_\_ Yes \_\_\_\_ No

Suspension: \_\_\_\_ Yes \_\_\_\_ No If yes, what for: \_\_\_\_\_

Has truancy been an issue: \_\_\_\_ Yes \_\_\_\_ No

### Legal History

Does the juvenile have any current charges? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

On probation: \_\_\_\_ Yes \_\_\_\_ No

Child & Family or Juvenile Court: \_\_\_\_ Yes \_\_\_\_ No

If yes, when and what for (explain): \_\_\_\_\_

\_\_\_\_\_

Has child ever been removed by CPS: \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain:

\_\_\_\_\_

# Youth Crisis Intervention Center

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## Authorization for Release of Information

A) I, \_\_\_\_\_, hereby authorize the disclosure of information of  
Parent or Guardian

\_\_\_\_\_  
Client of the YCIC

B) The specific information to be released is: (Initials NEEDED per selection)

- |  |                               |
|--|-------------------------------|
| 1) _____ Medical History/Records                       | 9) _____ Educational Records  |
| 2) _____ Legal Records                                 | 10) _____ Discharge Summary   |
| 3) _____ Personnel Records                             | 11) _____ Chemical Assessment |
| 4) _____ Tribal Enrollment                             | 12) _____ Records of Therapy. |
| 5) _____ Probation/Parole Records                      |                               |
| 6) _____ Referral to Red Road Youth Resiliency Program |                               |
| 7) _____ Juvenile Healing to Wellness Court Program    |                               |
| 8) _____ Alcohol and Other Drug Education Program      |                               |
| 9) _____ DARTNA Treatment Program                      |                               |

C) The information is to be released to/from: Organization/Facility:

**Youth Crisis Intervention Center (YCIC)**  
**Augustine Dr. #2**  
**Winnebago, NE 68071**  
**Phone: 402-878-2046**  
**Fax: 402-878-2065**

\*\*\*This release shall allow cross communication between both parties\*\*\*

D) Information to be provided to/from:

Organization/Facility/Person:  
Address:  
City/State:

E) Purpose for this disclosure is:

\_\_\_\_\_  
\_\_\_\_\_

F) I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance of this authorization. If this authorization has not been terminated, it will terminate \_\_\_\_\_ days from the date of my signature.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Y.C.I.C. Staff

\_\_\_\_\_  
Date

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# Youth Crisis Intervention Center

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## CONSENT FOR TREATMENT

- 1) I have been fully informed of my rights as a client of the YCIC, the extent and limits of confidentiality in treatment, and the goals associated with treatment. With that knowledge, I request and consent to receive treatment from a clinician. Initials: \_\_\_\_\_
  
- 2) I understand that the staff of the YCIC may not disclose information about my treatment to anyone outside the YCIC without my written consent, except as required by law to comply with a court order, to prevent suicide/self-harm or harm to others, or to stop or prevent abuse of a child, senior, or disabled person. However, I also understand that my participation in treatment may require my written consent to allow staff of this agency to provide some information about my treatment to a referring agency and/or insurance company or other payer and, that if this is the case, the form provided for my written consent for this disclosure will state what specific types of information will be disclosed. Initials: \_\_\_\_\_
  
- 3) I understand that my counselor may work with me at this agency, in my home, or in other settings based on his/her professional judgment. I further understand that my treatment may involve my participation in individual, couple, family, and/or group counseling and may involve homework assignments for me to do outside of treatment sessions. I agree to participate actively in my treatment, to cooperate with my counselor, and to complete required homework assignments or other activities in my treatment. Initials: \_\_\_\_\_
  
- 4) I understand that if I participate in group counseling, a condition of my doing so is that I protect the privacy and confidentiality of other participants. I agree that if I participate in group counseling, I will not disclose information about the identity, words, or actions of other group counseling participants to anyone outside of this group. Initials: \_\_\_\_\_
  
- 5) I understand that my treatment may include my attendance at meetings of independent self-help support groups including Alcoholics Anonymous, Narcotics Anonymous, and/or other programs. I agree to participate in such programs if assigned and to abide by the practices of those programs regarding protecting the privacy and anonymity of other program participants. Initials: \_\_\_\_\_

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date