



Rescue  Renew  Restore

## House Of Hope Referral Log and Checklist

Thank you for your interest in House of Hope. Our facility serves adolescent female youth (age 12-18 {& female siblings ages 9-11}) who are confirmed victims of CSEC (Commercial Sexual Exploitation of Children)/DMST (Domestic Minor Sex Trafficking).

Youth being referred must first be assessed and confirmed by Georgia Cares (their 24/7 hotline # is 1-844-8GA-DMST).

Referral Name: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

### House of Hope (AKA HOH)

#### 1. SERVICES PROVIDED:

House of Hope is 501(c)3 faith-based therapeutic safe house with a 12-month program—a place of refuge and recovery—for girls ages 12-18 who have been traumatized by sex trafficking or are at risk of becoming sex trafficking victims. House of Hope is licensed by the State of Georgia as a CCI (Child Caring Institute) and is also both a MWO (Maximum Watchful Oversight) designation by OPM (Office of Provider Management) and a DMST designation by Georgia Cares and the CJCC (Criminal Justice Coordinating Council). HOH is willing to work with placing agencies and private placements to utilize six therapeutic beds as long as there is a DMST/CSEC Designation.

#### 2. ENVIRONMENT DESCRIPTION:

- House of Hope is a fully renovated 5,000 square foot safe house located in Glynn County, GA
- HOH has 8 fully furnished bedrooms for single occupancy in each
- HOH is protected with security cameras inside and outside the house
- HOH has double-paned windows that are securely locked and have alarms installed on each
- HOH has a fenced yard with a security gate
- HOH provides a mental health treatment facility in a home-like environment

3. AGE RANGES OF CHILDREN IN PLACEMENT CURRENTLY: \_\_\_\_\_

4. BEHAVIORAL CHARACTERISTICS OF CHILDREN IN PLACEMENT:

ALL Children in Placement are determined to be:

- CSEC Victims
- Females aged 12-18
- Other Characteristics (circled/highlighted ones apply to girls currently in residence):

• appropriate	• helpful	• impulsive	• cussing
• Manipulative	• Lying	• Needs redirection	• hyperactive
• Physical aggression	• Sexual aggression	• Verbal aggression	• sleepwalking
• anxiety	• nightmares	• cooperative	• Addiction recovery
• disruptive	• stealing	• Attempts to run away	• disrespectful
• respectful	• depression	• grieving	• fearful
• Difficulty sleeping	• anger	• Suicidal talk	• Homicidal talk
• Property damage	• Passive-aggressive behaviors	• self-harm:	Type: _____

- Others:

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### For Referring Agents/Agencies:

To ensure her admission runs smoothly, please email the following at least 48 hours prior to placement to [referrals@houseofhoperefugeoflove.com](mailto:referrals@houseofhoperefugeoflove.com)

- 1. DFCS Institutional Placement Agreement (448)/RWBO Program Designation Waiver (MWO) from DFCS (DFCS, DJJ, GACares) **WE CANNOT ACCEPT ANY CHILD WITHOUT THIS IN HAND ON DAY OF ARRIVAL/ADMISSION.**
- 2. Birth certificate (copy)
- 3. ID or driver's license (copy)
- 4. Social security card (copy)
- 5. Medical insurance card (copy)
- 6. Immunization records
- 7. School Records (Enrollment Form Attached)
- 8. CHOA Consent and Assent (Attached)
- 9. Last page of Caregiver Handbooks Signed (Attached)
- 10. Any trauma assessments, CCFA, psychological evaluations/assessments, and previous discharge paperwork
- 11. Any other reports we might need
- 12. Case Plan
- 13. Court order (if applicable)
- 14. Screening assessment packet (if applicable)
- 15. Physical exam
- 16. Tuberculosis skin test or negative chest x-ray completed within 12 months of the referral
- 17. Hearing and vision testing, urinalysis and complete blood count completed within 12 months of referral
- 18. Dental exam completed within 6 months of referral
- 19. Transitional Care Plan / Discharge summary from previous placement
- 20. Complete Medicaid Insurance application
- 21. Additionally, please schedule for this youth to be medically cleared at *Child Advocacy Center (3215 Shrine Rd, Ste 1, Brunswick, GA 31520)* within 72 hours prior to her admission date and be sure to bring any discharge paperwork they give you. **(Please call them to schedule - 912-554-0609 / 800-205-7037)**

- I. In accordance with OIGRCC and DCH regulations and to best assist the youth, House of Hope (hereby referred to as HOH) will need the following information to consider a youth for placement:

Referral: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

- II. In addition to the documents listed on Page 3, emergency placements will receive:

1. Written authorization/Court Order for a detention alternative;
2. Copy of all pending offenses; and
3. Conditions of Non-Secure Detention.

- III. The CCM will complete and submit a Medicaid application for committed youth in accordance with DJJ 24.1, Medicaid Application/IV-E for Youth in Non-Secure Residential Programs.

1. The CCM through his or her immediate chain of command, shall be authorized to provide consent for mental health and medical-related services of youth committed to the Department of Juvenile Justice where the provider/placement is unable to contact a youth's parent/legal guardian to obtain parental consent.
2. During the screening process, and prior to the placement of a youth in a non-secure residential facility, the CCM will ensure that the youth's parent/legal guardian sign and complete the Community Medical Permission Form granting the CCM permission to authorize mental health and medical-related services as necessary in accordance with the provisions below. The Medical Permission Form will be included in the documents given to HoH.
3. In the event the provider/placement is unable to contact the youth's parent or legal guardian to obtain consent for mental health and medical related service of the youth, the CCM will be contacted. The CCM will make every effort to contact the parent/legal guardian to obtain consent for treatment. After documented efforts to contact the parent/legal guardian have been unsuccessful, the CCM will staff the need for consent with his/her Juvenile Program Manager (JPM) before signing the consent for treatment.

IV. When a committed youth who has been prescribed medication is being released from RYDC/YDC, the CCM will check with facility medical staff at least a week prior to a youth's scheduled release date, to ensure that youth is being released with the remaining quantity of the medication (at least a 30-day supply) or an equivalent prescription, to complete treatment. If the youth does not have sufficient medication or an equivalent prescription, the CCM will notify his/her Juvenile Program Manager who will email the Manager of Residential Programs and Aftercare Services requesting assistance in obtaining the youth's required medication (s).

A. The CCM will assist youth under DJJ supervision (e.g. intake, probation, and committed) with identified medical needs. In the event of any medical necessity not covered by insurance (e.g.; durable medical equipment, blood work, prescription glasses, etc.), the CCM will notify his/her JPM who will e-mail the appropriate Department of Correctional Health-Juvenile Healthcare Senior Director or designee requesting assistance to cover the medical necessity as recommended by youth's physician.

By signing this document, you agree that you have received and considered the information provided and have determined that the placement environment at House of Hope Refuge of Love, Inc is appropriate and does not represent an undue risk to the health and safety of the child or children being placed.

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Printed Name

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Signature

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Date

## DEFINITIONS FOR REFERENCE

**Child Caring Institute (CCI):** Any child-welfare facility which either primarily or incidentally provides full-time room, board and watchful oversight to six or more children through 18 years of age outside of their own homes. **Child Placing Agency (CPA):** Any child welfare agency which places children in foster homes for temporary care or in prospective adoptive homes for adoption. Agencies that arrange for children to receive care in foster homes or in prospective adoptive homes must make arrangements to assess the placement regarding the appropriateness of the room, board and watchful oversight that the prospective foster or adoptive person or family will provide.

**Community Residential Programs:** Group homes, emergency shelters, and other placements that provide 24-hour care in a community based residential setting.

**Office of Inspector General-Residential Child Care (OIGRCC):** Monitors, inspects, and licenses Child Caring Institutions, Child Placing Agencies, Outdoor Child Caring Programs, Children's Transitional Care Centers, and Maternity Homes

**Psychiatric Residential Treatment Facility (PRTF):** A short-term psychiatric facility (nonhospital) with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of

**Human Services Professional (HSP):** The designated residential program employee, with case management responsibilities for a youth, who shares joint service planning responsibilities with the Community Case Manager.

**Room, Board and Watchful Oversight (RBWO):** The level of residential services needed including the need for supervision of the youth by the residential provider. The categories of RBWO are base, additional, or maximum. **Utilization Review (UR):** The review of the necessity, quality, effectiveness, and efficiency of services and procedures. It will include appropriateness of admission, services ordered and provided, length of stay, and discharge practices.

**Child welfare agency:** any child-caring institution, child-placing agency, children's transition care center, or maternity home. O.C.G.A. § 49-5-41 (a) (2).

**Child Welfare Public Scorecard:** a public scorecard for a child welfare agency that is based on "established published formula with weight appropriately given for each agency's compliance or noncompliance with applicable laws; rules; contracts; court orders; measures of treatment; behavioral, vocational, and educational outcomes for persons receiving services; and other pertinent information, based on empirical evidence to the greatest extent possible." O.C.G.A. § 49- 5-41 (d).

*\*The Placement Services Plan of Care will be completed by the Assessment Classification Specialist (ACS) in accordance with DJJ 20.22, Placement of Youth.*

*Upon Approval - To be completed by representative of House of Hope Refuge of Love, Inc.*

Thank you for your interest in placement at House of Hope Girls Residential Program. Upon review of the information submitted with the referral, \_\_\_\_\_ has been approved for placement in our DMST specific residential treatment facility with an admission date of \_\_\_\_\_.

Feel free to be in contact with us between now and the scheduled admission date should you have any further questions. We look forward to working with you to serve (Referral name: ) \_\_\_\_\_. Thanks for caring for our most vulnerable young people!