

**Genesis Hopeful Haven
Butterfly Program Application**

Genesis Hopeful Haven's **Butterfly Program** is a total wellness platform designed to enrich the lives of our foster youth. As with all of our programs Parents are given guidelines on what each child is expected to achieve. We explore many topics in this program that work towards accomplishing your child's independent living goals. Here is an outline of what is covered:

| | | |
|-----------------------|--------------------|---------------------|
| Housing | Employment | Drivers License |
| Mental Health | Education | Legal Documentation |
| Daily Habits/Cooking | Civic Engagement | Health & Wellness |
| Healthy Relationships | Financial Literacy | Substance Abuse |

Parents/Guardians please complete the below questionnaire for each child you have participating in the **Butterfly Program**.

Youth's First & Last Name: _____ Age: _____

Parent/Guardian Full Name: _____ Signature: _____

Caseworker Full Name: _____ Agency Name: _____

Age youth entered Foster Care: _____ Social Security: _____

Does the youth have a physical copy of their social security card? _____ Does the youth have a physical copy of their birth certificate? _____ *Documents are required for Independent Living Preparation*

Name of youth's school: _____ What is the expected graduation date? _____ How is the youth's current behavior? _____

Is youth ready to work? _____ Does the youth drive? _____ Is the youth involved in any sport or extracurricular activities, if so what is it? _____

Some activities in the program require the youth to be transported in a vehicle. Do you agree to allow the youth to be transported? _____

What other ways can we assist your child towards independent living?

GHH BUTTERFLY PROGRAM CODE OF CONDUCT GUIDELINES

Participants understand the purpose of the Butterfly Program is to prepare foster youths to transition out of the foster care system by learning and achieving life skill curriculum/goals. The following topics that will be covered throughout the Butterfly Program are: Housing, Employment, Education, Financial Literacy, Daily Living/Cooking, Civic Engagement, and Healthy Relationships.

Behavior Guidelines

Participants shall be responsible for their words and actions.

Participants shall be respectful of others.

Participants shall follow directions from Staff Members, Camp Counselors and Volunteers.

Participants are not to allow cell phones or other electronic devices to disrupt ongoing activities.

Participants are not allowed to leave the premises without permission.

Participants are not allowed to miss more than 3 sessions without an excused absence.

Participants must cancel meetings 24 hours in advance with the Care Coordinator.

Participants must make progress towards and achieve monthly goals.

Prohibited Behaviors

Endangering the health and safety of themselves, other participants, and/or staff or volunteers. Stealing, damaging, or failing to care for the Center or personal property.

No disruptive behavior on any of the transportation vehicles or failure to comply with the drivers' safety instructions.

Refusal to follow the behavior guidelines or inappropriate physical contact.

Using profanity or inappropriate language or displaying clothing with offensive content. Continual disruption of the program. Bullying or acts of aggression or violence.

Possession or use of illegal substances, tobacco, vapes or alcohol.

Possession of weapons - any object that may cause harm to another.

Steps taken for failure to follow the behavior guidelines

Staff will redirect the camper to a more appropriate behavior.

The participant will be reminded of the behavior guidelines.

If the behavior persists, staff will discuss the problem with a parent/guardian.

The staff will document the situation. The written documents will include what the behavior problem is, what provoked the problem, and the corrective action taken.

If the problem persists to the point where a second phone call becomes necessary, The Care Coordinator may find it necessary to have the camper picked up early from our program.

**GHH BUTTERFLY PROGRAM
CODE OF CONDUCT GUIDELINES (cont...)**

If a participant's behavior at any time threatens the safety of him/her, other campers, or staff, the parent/guardian will be notified and expected to pick-up the child immediately.

**I have read and explained all of the information provided in this document to my child. If any of the actions listed are violated by my child, it is understood that immediate dismissal from the program is expected.*

I, _____ of _____ Dated: _____

(Sign - Parent or Guardian name above) (Print - Youth's name above)

**GHH Butterfly
RELEASE OF CONFIDENTIAL INFORMATION**

Client/Resident Name: _____ **Date of Birth:** _____

RELEASE OF CONFIDENTIAL INFORMATION

I, _____, do hereby and authorize Genesis Hopeful Haven to release to and/or obtain from (check appropriate consent)

[Name of Person/Title/Organization]

[Address/City/State/Zip Code/Telephone Number]

THE INFORMATION WHICH MAY BE DISCLOSED IS (Check All That May Be Released): Presence in Treatment (admit/discharge date)

- Diagnostic Summary Caseworker/Citrus Family Network Medical History and Physical Examination Health Records
- Diagnosis, Brief Description Progress/Prognosis Multi Disciplinary Treatment Plan Discharge Summaries / Continuing Care Plan Employment Psychological Evaluation IEP School records/grades Teacher Progress notes Foster family Admissions Profile
- Other: _____

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSES (Check All That Apply):

- To Provide Ongoing Treatment/Continuing Care
- Obtain Insurance/Employment /Government Benefits
- To Provide Educational Services
- Coordinate Services with Authorized School Officials
- To Coordinate Treatment Efforts With Foster Parents / Caseworkers / Concerned Person
- To Coordinate Treatment and Continuing Care Efforts With My Employer / Employee Assistance Program. To Coordinate Vocational Training with Vocational Training Program Officials.
- To Allow Insurers To Resolve The Pendency of Claims For Facility/Program Billed Services.
- Family Mentor
- Other: _____

The duration of this authorization is until 1 Year Other _____

I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.

| | | |
|-----------------|------------------|------|
| | | |
| Staff Signature | Staff Print Name | Date |

| | | |
|------------------------------|-------------------------------|------|
| | | |
| Client or Guardian Signature | Client or Guardian Print Name | Date |

Participant Student Portal Information

Education is a priority at Genesis Hopeful Haven. Students Portal provides many features for students to download content, check assignments, view grading reports and schedule. Staff will check in on participant's student information on a regular basis to ensure their grades are being maintained.

Participant Name: _____

Participant School: _____

Participant Grade: _____

Student ID: _____

Student Portal Password: _____

Will Participant Bring Their Own Laptop/Tablet:

Yes

No

Does the participant need a laptop provided by Miami-Dade County Public Schools?

Yes

No

Parent Signature: _____

Participant Signature: _____

This information is needed to register your child to Key's to Independence. Enrolling into this

program will allow for your child to receive all fees pertaining to getting their driver's license paid for including driving lessons.

Youth Information

License Background:

- I am at least 16 years old and have a FL Learner's License
- I am at least 15 years old and have a FL Learner's License
- I am at least 15 years old or older and DO NOT have a FL Learner's License.
- I am 16 years old and have a FL Learner's License, but I need to obtain driving lessons.

Youth First Name: _____

Youth Last Name: _____

Youth Date of Birth (mm/dd/yyyy)*: _____

Youth Phone (xxx-xxx-xxxx): _____

Youth Email: _____

CAREGIVER INFORMATION

Caregiver's Name: _____

Caregiver's Home Phone (xxx-xxx-xxxx): _____

Caregiver's Mobile Phone (xxx-xxx-xxxx): _____

Caregiver's Email: _____

CASE MANAGER INFORMATION

Case Manager's First Name: _____

Case Manager's Last Name: _____

Case Manager's Phone (xxx-xxx-xxxx): _____

Case Manager's Email: _____

Parent Signature: _____

Participant Signature: _____

GHH Visitor & PickUp Permission Authorization

Please note that only the enrolling Parent/Guardian will be permitted to complete this form

Date: _____ Child's Name: _____

Parent/Guardian _____ Cell Phone: _____

Authorized Visitor & PickUp Release - Please list any individual who is authorized to pick up or visit your child, including yourself. Each authorized person must be at least 21 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals will be requested to show identification to program staff. **Visitors** cannot be same-age friends or acquaintances. **Visitors** must be a Caseworker, Therapist or Professional with knowledge of the child. Children will not be released to persons who fail to provide acceptable identification upon request. Please list the responsible persons with permission to pick up or visit your child from the program.

Authorized Person Phone Number Relationship to Child

| Name | Relationship | Phone Number |
|-------|--------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*Visitors must notify the Camp Director 12-24 hours in advance that their presence is expected. Camp activities will be in process and staff will need to make arrangements to ensure the child can be available.

Parent Guardian Signature

Parent Guardian Print Name