

## **Massachusetts Adolescent Residential Substance Abuse Treatment**

CAB Adolescent  
Danvers, Boys

Highland Grace House  
Worcester, Girls

Pegasus  
Lawrence, Girls

Phoenix Academy  
Springfield, Boys

Project Rebound  
Quincy, Boys

### **Pre-Admission Checklist**

***The following is a checklist of items that must be complete before a youth can begin treatment. Without these items completed at the time of intake your child will not be admitted to the treatment program. Intake Care Coordination staff can answer questions and help families complete these items.***

#### **This is what you need to complete / gather:**

- You and your child need to sign the Consent for Release of Information form

#### **You will also need copies of the following:**

- Your child's Social Security card
- Your child's birth certificate
- Your child's health insurance card(s) (front and back)
- Copies of two recent pay stubs or last year's tax return

It is the policy of the Adolescent Residential Substance Abuse Treatment Programs to collect a fee for client services. This fee is based on a sliding scale reflective of income and number of dependents. The fees collected will never exceed the negotiated bed rate. If parents have extenuating circumstances that make cost-sharing a burden, the cost share can be negotiated or, if need be, eliminated. This matter should be openly discussed with the person conducting the initial interview at the intake at the program if you have any further questions or concerns.

#### **This is what you need from your child's physician:**

- A physical exam less than a year old
- A TB test that is less than a year old
- Immunization records (*if your child was enrolled in school in the past year, the school will have this*)
- A signed copy of the Physician's Statement form

#### **If your child takes prescription medication, then you will need:**

- A 30-day supply of each medication; blister packs are preferred
- The original doctor's order for each medication
- A Prescription for each medication; refills preferred

#### **This is what you need from a representative of your child's school district before admission:**

- A signed Proof of Enrollment form

***Questions about what personal items to bring to treatment can be answered by the program manager.***



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**Physician's Statement for Temporary Home or Hospital Education**

603 CMR 28.03(3)(c)

Student Information:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Physician's Information:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Physician: \_\_\_\_\_

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

The student will require educational services \_\_\_ at home and / or XX at a hospital:  
XX for more than 14 days  
\_\_\_ for recurrent periods of less than 14 days, that will accumulate to more than 14 days in the school year

The school district should consider the following medical information when planning instructional services: The above student will be attending a 90 day Adolescent Residential Substance Abuse Treatment Program at the following program, which employs a Massachusetts certified teacher to provide educational training:

\_\_\_ Cab Adolescent (Danvers) \_\_\_ Grace House (Worcester) \_\_\_ Pegasus (Lawrence)  
\_\_\_ Phoenix Academy (Springfield) \_\_\_ Project Rebound (Boston)

The student's health during this period \_\_\_ will affect / \_\_\_ will not affect the provision of full educational services. If services will be affected, please explain why and how services will be impacted:

The student is expected to return to school on (MM/DD/YY): WILL ADVISE

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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**Massachusetts Department of Education Enrollment Form**

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Education Department

It is our belief that if a student in treatment can experience a degree of success in the educational realm it may help break the cycle of hopelessness that contributes to substance abuse and addiction. In any case, for youth in treatment falling behind, or further behind, in their scholastic endeavors while in treatment may not be conducive to continued recovery. Students participating in Department of Public Health's Adolescent Residential Substance Abuse Treatment programs will experience scholastic progress, regardless of his or her current grade, level of achievement, or past record. Therefore, all youth attending a DPH Residential Program should be enrolled in their home school district so appropriate services can be obtained on their behalf.

By the signature of an authorized representative of \_\_\_\_\_  
(School District Name)

let it be known that as of \_\_\_\_\_, \_\_\_\_\_  
(Date) (Student Name)

is

\_\_\_\_\_ enrolled in the above mentioned school system.

\_\_\_\_\_ not being allowed to enroll in the above school district for the following reason:

\_\_\_\_\_

The last grade this student completed was: 7 8 9 10 11 12

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)