

FACE SHEET

Name: _____

DOB: _____ Sex: _____

Eye Color: _____ Hair Color: _____

Vision: _____ Hearing: _____

HT: _____ WT: _____

Date Admitted: _____ Ambulatory: Yes ___ No ___

_____ Medi-Cal #: _____

SSI #: _____

Current Residence: _____

Diagnosis: _____

Special Health Conditions/Problems (include seizure type, frequency, and duration): _____

Tetanus Date: _____ Allergies (food, drugs, other): _____

T.B. Date: _____ Results: _____

Primary M.D.: _____ Phone: _____

Address: _____

Primary Dentist: _____ Phone: _____

Address: _____

Other: _____ Phone: _____

Legal Status: Has consumer been appointed a conservator (for adults) or guardian (for minors): Yes ___ No ___

Parent/Guardian/Conservator

Nearest Relative/Emergency Contact

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Home Phone: _____ Work Phone: _____

Case Worker: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____

Day Program: _____

Address: _____ City/State/Zip: _____

Phone: _____

FUNCTIONAL CAPABILITY ASSESSMENT

Licensees of Adult Residential and Social Rehabilitation Facilities must obtain the following information prior to placement. The Licensee can obtain this assessment information from the applicant or his/her authorized representative. Adult Day Care Facilities and Adult Day Support Centers may use this form to identify the functional ability of the applicant as required. The licensee must maintain this information in the client's file as a part of the Needs and Services Plan.

Note: Residential Care Facilities for the Elderly may use this form to assess the person's functional capabilities as required in Section 87584 of the regulations.

CLIENT'S NAME	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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Check the box that most appropriately describes clients ability:

Check the box that most appropriately describes clients ability:

- BATHING:**
- Does not bathe or shower self.
- Needs help with bathing or showering.
- Bathes or showers without help.
- DRESSING:**
- Does not dress self.
- Needs help with dressing.
- Dresses self completely.
- TOILETING:**
- Not toilet trained.
- Needs help toileting.
- Uses toilet by self.
- TRANSFERRING:**
- Unable to move in and out of a bed or chair.
- Needs help to transfer.
- Is able to move in and out of a bed or chair.
- CONTINENCE:**
- No bowel and/or bladder control.
- Some bowel and/or bladder control.
- Use of assistive devices, such as a catheter.
- Complete bowel and/or bladder control.
- EATING:**
- Does not feed self.
- Feeds self with help from another person.
- Feeds self completely.
- GROOMING:**
- Does not tend to own personal hygiene.
- Needs help with personal hygiene tasks.
- Handles own personal hygiene.

- REPOSITIONING:**
- Unable to reposition.
- Repositions from side to side.
- Repositions from front to back and back to front.
- WHEELCHAIR:**
- Unable to sit without support.
- Sits without support.
- Uses wheelchair.
- Needs help moving wheelchair.
- Moves wheelchair by self.
- VISION:**
- Severe vision problem.
- Mild/moderate vision problem.
- Wears glasses to correct vision problem.
- No vision problem.
- HEARING:**
- Severe hearing loss.
- Mild/moderate hearing loss.
- Wears hearing aid(s).
- No hearing loss.
- COMMUNICATION:**
- Does not express verbally.
- Expresses by facial expressions or gestures.
- Expresses by sounds or movements.
- Expresses self verbally.
- WALKING:**
- Does not walk.
- Walks with support.
- Uses walker.
- Walks well alone.

Describe client's medical history and/or conditions:

List prescription medicine:

See attached medication Sheet

List non-prescription medicine:

Describe mental and/or emotional status:

Able to follow instructions? YES NO

Confused/disoriented? YES NO

Participates in social activities? YES NO

Active Withdrawn

Is there a history of behaviors resulting in harm to self or others that require supervision? YES NO
If YES, provide date _____ and describe last occurrence:

Does he/she have ability to manage own finances and cash resources? YES NO

Is there any additional information that would assist the facility in determining client's suitability for admission? If YES, describe: YES NO

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

DATE COMPLETED

SIGNATURE OF LICENSEE OR FACILITY REPRESENTATIVE

DATE COMPLETED

AUTHORIZATION TO OBTAIN MEDICAL/DENTAL CARE

I, _____, authorize _____
(Client or Parent or Guardian) (Facility Administrator's Name)
of _____, to obtain required medical and/or dental
care from a licensed practitioner for _____ while he/she
(Client's Name)
is a resident of _____.
(Facility Name)

Signed: _____
Client, Parent, Guardian

Relationship: _____

Date: _____

RELEASE OF CLIENT/RESIDENT MEDICAL INFORMATION

To _____
(PHYSICIAN, CLINIC, HOSPITAL, HOSPICE, HOME HEALTH AGENCY, ATTENDING NURSE, PSYCHOLOGIST, COUNSELOR, THERAPIST, ETC.)

Date: _____

(ADDRESS)

I hereby authorize you to release any and all medical or confidential information contained in the record of:

(NAME OF PERSON)

Hearts & Minds Inc./ Molly's House, 15260 Villa Sierra Rd, Valley Center, CA 92082

(NAME AND ADDRESS OF FACILITY, PERSON OR AGENCY REQUESTING INFORMATION)

THIS AUTHORIZATION SHALL EXPIRE ON: _____

(DATE)

(CLIENT OR AUTHORIZED REPRESENTATIVE)

(RELATIONSHIP TO PERSON ON WHOM INFORMATION IS REQUESTED)

(ADDRESS)

- NOTE:**
1. The person who authorized this release may revoke this authorization at any time.
 2. The person who authorized this release has a right to receive a copy of the release.
 3. This information is required to conform to CCR Title 22 regulations, to ensure a continuum of care to the resident, client or child. Licensees should maintain a copy of this form in the facility records.
 4. The above facility is licensed by the Department of Social Services (or its accredited agencies), and does not provide skilled nursing care.

RELEASE OF INFORMATION

PATIENT'S NAME

PATIENT'S BIRTHDATE

I, _____, do hereby authorize

(PRINT NAME)

and request _____, to release

(PRINT NAME OF FACILITY, PHYSICIAN, OR OTHER ENTITY)

to _____ on behalf of the

(NAME)

State Department of Social Services and its agent,

San Diego County

(NAME OF COUNTY)

_____, any and all records,

reports, charts, examination and/or test results, notes, etc., concerning the examination and/or treatment and/or care of the above-named patient during the following time period: _____.

The disclosure of this information is required for the investigation and pursuit of administrative action in matters concerning a community care facility, a child care facility, or a facility for the elderly subject to licensure by the State Department of Social Services.

This authorization expires on _____, or six (6)

(DATE)

months from the date of signature, whichever is sooner.

Photocopies of this authorization shall be considered as valid as an original.
I understand that I may receive a copy of this authorization.

SIGNATURE

DATE

CHECK ONE

Patient

Parent

Domestic
PartnerAuthorized
Representative

PERSONAL RIGHTS ADULT COMMUNITY CARE FACILITIES

EXPLANATION: The California Code of Regulations, Title 22 requires that any person admitted to a facility must be advised of his/her personal rights. Facilities are also required to post these rights in areas accessible to the public. Consequently, this form is designed to meet both the needs of persons admitted to facilities and the facility owners who are required to post these rights.

This form describes the personal rights to be afforded each person admitted to an adult community care facility. The form also provides the complaint procedures for the client and representative/conservator. The facility staff or client representative must communicate these rights in a manner appropriate for client's ability.

This form is to be reviewed, completed and signed by each client and/or each representative/conservator upon admission to the facility. The client and/or representative/conservator also has the right to receive a completed copy of the originally signed form. The original signed copy shall be retained in the client's file which is maintained by the facility.

TO: CLIENT OR AUTHORIZED REPRESENTATIVE:

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: At the time of admission I have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22.

.....
(PRINT THE NAME OF THE FACILITY)

.....
(PRINT THE ADDRESS OF THE FACILITY)

.....
(PRINT THE NAME OF THE CLIENT)

.....
(SIGNATURE OF THE CLIENT)

.....
(DATE)

.....
(SIGNATURE OF THE REPRESENTATIVE/CONSERVATOR)

.....
(TITLE OF THE REPRESENTATIVE/CONSERVATOR)

.....
(DATE)

.....
THE CLIENT AND/OR THE REPRESENTATIVE/CONSERVATOR HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS. THIS AGENCY IS:

.....
NAME

.....
ADDRESS

.....
CITY

.....
ZIP CODE

.....
AREA CODE/TELEPHONE NUMBER

.....
()

PERSONAL RIGHTS ADULT COMMUNITY CARE FACILITIES

Each client shall have rights, which include, but are not limited to the following:

- (1) A right to be treated with dignity, to have privacy and to be given humane care.
- (2) A right to have safe, healthful and comfortable accommodations, including furnishings and equipment to meet your needs.
- (3) A right to be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature. To be free from restraining devices, neglect or excessive medication.
- (4) A right to be informed by the licensee of provisions in the law regarding complaints, including the address and telephone number of the licensing agency, and of information regarding confidentiality.
- (5) A right to attend religious services and activities . Participation in religious services and other religious functions shall be on a completely voluntary basis.
- (6) A right to leave or depart the facility at any time, and to not be locked into any room or building, day or night. This does not prohibit the development of house rules, such as the locking exterior doors or windows, for the protection of the consumer.
- (7) A right to visit a facility with a relative or authorized representative prior to admission.
- (8) A right to have communications between the facility and your relatives or authorized representative answered promptly and completely, including any changes to the needs and services plan or individual program plan.
- (9) A right to be informed of the facility's policy concerning family visits. This policy shall encourage regular family involvement and provide ample opportunities for family participation in activities at the facility.
- (10) A right to have visitors, including advocacy representatives, visit privately during waking hours provided the visits do not infringe upon the rights of other consumers.
- (11) A right to possess and control your own cash resources.
- (12) A right to wear your own clothes, to possess and use your own personal items, including your own toilet articles.
- (13) A right to have access to individual storage space for your private use.
- (14) A right to have access to telephones, to make and receive confidential calls, provided such calls do not infringe on the rights of other clients and do not restrict availability of the telephone in emergencies.
- (15) A right to promptly receive your unopened mail.
- (16) A right to receive assistance in exercising your right to vote.
- (17) A right to receive or reject medical care or health-related services, except for those whom legal authority has been established.
- (18) A right to move from a facility in accordance with the terms of the admission agreement.

Reference:

California Code of Regulations, Title 22, Division 6 - General Licensing Regulations, Section 80072; Section 81072, Social Rehabilitation Facilities; Section 85072, Adult Residential Facilities; Section 87872, Residential Care Facilities for the Chronically III.

RIGHTS OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

DSP 304 (English) (Rev. 1/2000)

Reset Form

Save As

Each person residing or receiving services in this facility has the following rights:

1. To wear his/her own clothes, to keep and use his/her own personal possessions including his/her toilet articles, and to keep and be allowed to spend a reasonable sum of his/her own money for canteen expenses and small purchases.
2. To have access to individual storage space for his/her private use.
3. To see visitors each day.
4. To have reasonable access to telephones, both to make and receive confidential calls.
5. To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.
6. To refuse electroconvulsive therapy.
7. To refuse behavior modification techniques which cause pain or trauma.
8. To refuse psychosurgery.
9. Other rights, as specified by regulations (*see e.g., Titles 17 and 22, California Code of Regulations*).

Pursuant to Title 17, California Code of Regulations, Section 50530, the professional person in charge of the facility or his/her designee may for good cause deny a person any of the rights above under (1) through (5), inclusive.

If you believe that there was not a good reason for denying one of your rights, you may call the local clients' rights advocate who must respond to your complaint.

Name of Advocate Tania Schloss	Address/Location of Office 530 B Street, Suite 400 San Diego, CA 92101	Telephone (619) 239-7877
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It is the advocate's responsibility to investigate and resolve your complaint to your satisfaction. If the advocate is unable to do so, the complaint must be referred by the advocate to the developmental center or regional center director. After that, if the problem is still not resolved, it must be referred to the Office of Human Rights, State Department of Developmental Services.

Address/Phone # of Area Board:

Office of Human Rights
Department of Developmental Services
Sacramento, CA 95814
(916) 654-1888
TDD: (916) 654-2054

Address/Phone # of Regional Center:

This Notice must be posted, as well as distributed to each person with a developmental disability receiving services in any developmental center, licensed community care or health facility.

In addition to the above rights, persons with developmental disabilities also have the following rights:

1. A right to treatment and habilitation services and supports in the least restrictive environment. Treatment and habilitation services and supports should foster the developmental potential of the person and be directed toward the achievement of the most independent, productive, and normal lives possible. Such services shall protect the personal liberty of the individual and shall be provided with the least restrictive conditions necessary to achieve the purposes of the treatment, services or supports.
2. A right to dignity, privacy, and humane care.
3. A right to participate in an appropriate program of publicly supported education, regardless of degree of disability.
4. A right to prompt medical care and treatment.
5. A right to religious freedom and practice.
6. A right to social interaction and participation in community activities.
7. A right to physical exercise and recreational opportunities.
8. A right to be free from harm, including unnecessary physical restraint, or isolation, excessive medication, abuse, or neglect.
9. A right to be free from hazardous procedures.
10. A right to make choices in their own lives, including, but not limited to, where and with whom they live, their relationships with people in their community, the way they spend their time including education, employment, and leisure, and pursuit of their personal future, and program planning and implementation.

Resident/Resident Representative Signature

Date

Rights of Individuals with Developmental Disabilities

Derechos de Personas Incapacitadas

Each person living in or receiving services in this facility has the following rights:
 Toda persona viviendo o recibiendo servicios en este lugar tiene los siguientes derechos:



You have the right to wear your own clothes. You should be able to pack the clothes you wear.
 Tienes el derecho de usar tu propia ropa. Tu podrás escoger la ropa que quieras usar.



You have the right to be treated well and with respect.
 Tienes el derecho de un trato justo y respetuoso.



You have the right to keep your own things in a private place that you can get into when you want.
 Tienes el derecho de tener tus cosas en un lugar privado para usarlos cuando quieras.



You have the right to spend time alone or alone with a friend.
 Tienes el derecho de estar solo o con un amigo.



You have the right to see your friends, family, girlfriends or boyfriends every day.
 Tienes el derecho de ver a tus amigos, familia, novias o novios todos los días.



You have the right to go to school.
 Tienes el derecho de asistir a la escuela.



You have the right to use the telephone privately to make or get calls.
 Tienes el derecho de usar el teléfono para hacer o recibir llamadas en privado.



You have the right to see a doctor as soon as you need to.
 Tienes el derecho de ver a un doctor inmediatamente que lo necesites.



You have the right to have paper, stamps and envelopes for writing letters. You have the right to mail and get letters that are not opened.
 Tienes el derecho de tener papel, estampillas y sobres para escribir cartas. Tienes el derecho de mandar y recibir correspondencia sin que esta haya sido abierta.



You have the right to be involved in a religion if you want to be.
 Tienes el derecho de participar en la religión que tu quieras.



You have the right to say "NO" to electric shock therapy.
 Tienes el derecho de decir NO a la terapia de descargas eléctricas.



You have the right to meet people and take part in your community activities.
 Tienes el derecho de conocer a otras personas y a tomar parte en las actividades de la comunidad.



You have the right to say "NO" to anybody trying to change the way you act by hurting you, scaring you or upsetting you.
 Tienes el derecho de decir NO a cualquier persona que trate de cambiar tu manera de ser lastimandote, asustandote o concubandote mal de gusto.



You have the right to exercise and have fun.
 Tienes el derecho de disfrutar y hacer ejercicio.



You have the right to say "NO" to brain surgery that people want to do because of the way you act.
 Tienes el derecho de decir NO a una operación del cerebro, tan sólo porque la gente quiere que cambies tu forma de actuar.



You have the right to say "NO" to things that will put you in danger.
 Tienes el derecho de decir NO a las cosas que pudieran ponerte en peligro.



You have the right to choose how you want to spend your free time and who you spend it with.
 Tienes el derecho de escoger como pasar tu tiempo libre, y con quien.



You have the right to make choices about where you live, who you live with, the way you spend your time and who you spend your time with.
 Tienes el derecho de escoger en donde vivir, con quien vivir, la manera de vivir y con quien usar tu tiempo.



You have the right to services that help you live, work and play in the most normal way possible.
 Tienes el derecho de recibir servicios que te ayuden a mejorar tu vida, a trabajar y jugar de la manera más normal posible.



You have the right to say "NO" to drugs, being tied or held down, or being forced to be alone unless it is necessary to protect you or someone else.
 Tienes el derecho de decir "NO" a las drogas, de no ser atado, o de mantenerte separado al menos que sea necesario para protegerte o proteger a otras personas.



You have the right to keep and spend your own money on the things that you want and to keep and use your own things.
 Tienes el derecho de tener y gastar tu dinero en cosas que quieras y tener y usar tus propias cosas.



You may have other rights as provided by law or regulation.
 Tu puedes tener otros derechos que la ley o las regulaciones provean.

The Department of Developmental Services would like to acknowledge the following: Capital People First, Short Center North/DDSO Inc., Mayer-Johnson Co.
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www.ddv.ca.gov

Print

Sign

Date

Molly's House Rules

House Rules reflect the facility policies which are intended to ensure that no client, in the exercise of his or her personal rights infringes up the personal rights of other clients.

Molly's House strives for residents to feel at home. Like any home there are rules that all residents follow to maintain safety and security for all residents. Molly's House understands that often time disruptive or aberrant behavior that could result in eviction are target behaviors being addressed in resident's IPP. All staff are required to maintain knowledge of the resident's IPP and help the residents achieve success by reducing or eliminating behaviors.

The House Rules Include:

1. Molly's House is non-smoking facility.
2. Residents are encouraged and requested to keep their room clean and orderly.
3. Sanitary conditions are of the highest priority: residents are requested to keep sanitary conditions: to always wash hands with soap and water after using rest room, and each time before using the kitchen and before meals.
4. Residents have complete and free access to use of the telephone at any time.
5. Residents are encouraged to resolve conflicted with peers by communication the problem directly with the other party involved, or request assistance from a staff person.
6. All residents are encouraged to treat each other with dignity and respect. Harassment, sexual or otherwise, towards staff or peers is not allowed.
7. Residents must protect the privacy and personal property of all residents.
8. Residents may not use personal items of other residents without their permission.
9. Residents may not personally store either prescription or non-prospection drugs. All drugs are centrally stored and maintained in the facility.
10. Each person agrees to follow all written doctor orders and take medication as prescribed by their doctor. While it is a person's right to refuse to take medication, if a person chooses not to follow doctors orders/take prescribed medications, the facility will then notify the prescribing physician and Regional Center, and arrange a meeting to resolve this issue and assess whether or not the provider can continue to provide support and meet the person's health and safety needs.

Print

Resident/Legal representative

Date