



# Therapeutic Day Treatment

# SUMMER

## ENRICHMENT PROGRAM

Transportation Provided  
Free Breakfast and Lunch Daily

**JUNE 18 TO AUGUST 10, 2018**  
**9:00AM- 2:00PM**

**Group Life & Social Skills Activities**  
Individual & Group Psychoeducational Interventions  
Arts & Crafts • Games • Music and Drama

**Weekly Fieldtrips & Recreational Activities**  
Bowling • Laser Tag • Swimming • Game Trucks • Field Days

For more information and to submit application contact:  
TDT Clinical Coordinator, Michelle Kauble 703-659-4524

Program Director: Lawrence Hubb 703-659-9885



Information about transportation and program locations will be provided at a later date.



**Criteria Questionnaire  
Therapeutic Day Treatment**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Contact number:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Please Circle the answer that best answers the following questions.**

- |  |            |           |
|--|------------|-----------|
| Does the child have active Medicaid status?                        | <u>Yes</u> | <u>No</u> |
| Does the child have a current Individualized Education Plan (IEP)? | <u>Yes</u> | <u>No</u> |
| Does the child have a current Behavior Intervention Plan (BIP)?    | <u>Yes</u> | <u>No</u> |
| Is the child in a self-contained classroom?                        | <u>Yes</u> | <u>No</u> |
| Does the child currently take any prescribed medications?          | <u>Yes</u> | <u>No</u> |
| Has the child ever received intensive in-home services?            | <u>Yes</u> | <u>No</u> |
| Has the child ever received outpatient therapy?                    | <u>Yes</u> | <u>No</u> |
| Has the child ever been admitted to a psychiatric hospital?        | <u>Yes</u> | <u>No</u> |
| Does the child have a Case Manager?                                | <u>Yes</u> | <u>No</u> |
| Does the child have a Social Worker?                               | <u>Yes</u> | <u>No</u> |
| Does the child see the school Social Worker?                       | <u>Yes</u> | <u>No</u> |
| Does the child see the school Psychologist?                        | <u>Yes</u> | <u>No</u> |
| Has the child ever abused substances?                              | <u>Yes</u> | <u>No</u> |
| Does the child have a probation officer?                           | <u>Yes</u> | <u>No</u> |
| Has the child ever received criminal charges?                      | <u>Yes</u> | <u>No</u> |
| Has the child ever been detained at the Juvenile Detention Center? | <u>Yes</u> | <u>No</u> |

Has the child ever had to participate in court proceedings?	<u>Yes</u>	<u>No</u>
Have the police ever been called to intervene with the child at home?	<u>Yes</u>	<u>No</u>
Has the School Resource officer ever been called to intervene with the child?	<u>Yes</u>	<u>No</u>
Has the child ever stolen from others?	<u>Yes</u>	<u>No</u>
Is the child physically or verbally aggressive with peers?	<u>Yes</u>	<u>No</u>
Is the child physically or verbally aggressive with siblings?	<u>Yes</u>	<u>No</u>
Is the child physically or verbally aggressive with adults?	<u>Yes</u>	<u>No</u>
Is the child physically or verbally aggressive with animals?	<u>Yes</u>	<u>No</u>
Does the child destroy property?	<u>Yes</u>	<u>No</u>
Does the child throw objects?	<u>Yes</u>	<u>No</u>
Does the child kick walls, doors, or other objects?	<u>Yes</u>	<u>No</u>
Does the child punch walls, doors, or other objects?	<u>Yes</u>	<u>No</u>
Does the child argue with peers?	<u>Yes</u>	<u>No</u>
Is the child easily annoyed by others?	<u>Yes</u>	<u>No</u>
Does the child seek revenge on others?	<u>Yes</u>	<u>No</u>
Does the child blame others for their negative behaviors?	<u>Yes</u>	<u>No</u>
Does the child have difficulty focusing/concentrating in class?	<u>Yes</u>	<u>No</u>
Is the child easily distracted by others?	<u>Yes</u>	<u>No</u>
Does the child have difficulty remaining in their seat?	<u>Yes</u>	<u>No</u>
Does the child have difficulty following directions?	<u>Yes</u>	<u>No</u>
Has the child ever walked out of class without permission?	<u>Yes</u>	<u>No</u>
Has the child attempted to leave the school without permission?	<u>Yes</u>	<u>No</u>



## **Summer Enrichment Program 2018 Letter to Parents**

Dear Parents,

To aid your children in maintaining their growth and behavioral improvement during the summer season, Youth For Tomorrow is hosting a Summer Enrichment Program. The Summer Enrichment Program (SEP) is designed to address your child's mental and behavioral health needs. It is a dynamic experience for individuals who will benefit from learning pro-social skills, psychoeducation, coping techniques that increase self-management, and incorporate values that will lead to success at home, school and within the community.

The SEP is FREE to children who have active Medicaid Insurance. Our program is being held Monday through Friday from June 18, 2018 to August 10, 2018 within designated schools within Prince William County. The Daily hours are from 9:00am to 2:00pm which will be led by experienced Therapeutic Day Treatment Specialists. The program includes 8 weeks of daily social skills groups and other enriching activities that will enhance self-esteem, self-control and self-efficacy.

Free breakfast and lunch are served daily and transportation will also be provided. Participants will be assigned a designated bus stop, in which the parent/guardian will be responsible for ensuring the child arrives on-time to their designated bus stop. If your child is eligible, you will receive more information on locations of bus stops and transportation schedule for drop off and pick up.

If you have any questions or concerns and for information about the program site locations, please don't hesitate to contact us.

Sincerely,

Lawrence Hubb, Director of Therapeutic Day Treatment PWCS  
Office: 703-659-9885  
[Lhubb@yftva.com](mailto:Lhubb@yftva.com)

Michelle Kauble, LPC, Clinical Coordinator  
Office: 703-659-4524  
[Mkauble@yftva.com](mailto:Mkauble@yftva.com)

Kadijah Bangura, Supervisee in Social Work, TDT Coordinator  
Office: 703-659-4524  
[Mkauble@yftva.com](mailto:Mkauble@yftva.com)

**AGENCY AUTHORIZATION TO DISCLOSE OR REQUEST PROTECTED HEALTH INFORMATION**

Directions: Fill in all blanks. Write N/A if not applicable.

1. I, \_\_\_\_\_ / \_\_\_\_\_  
*Individual's Name (Please Print)* *Date of Birth*

2. Authorize Youth For Tomorrow to \_\_\_\_\_ **Exchange with...** \_\_\_\_\_ **Release to...** \_\_\_\_\_ **Receive from...**

3. The following Provider/Organization/Individual

Name: PWC SCHOOLS	Name:	Name:
Address: 14715 Bristow Road,	Address:	Address:
City/State/Zip: Manassas VA 20112	City/State/Zip:	City/State/Zip:
Phone:	Phone:	Phone:

4. The following information:

- Assessment
- Diagnostic Evaluation
- Discharge Summary
- HIV/AIDS/STD Status
- Medical Records
- OT/PT/ST/ED Evaluation Results
- Progress Notes
- Substance Use Information
- Treatment Plan
- Treatment Summary
- Other (may include a partial release) \_\_\_\_\_

5. This authorization allows the indicated providers to share information described above for:

- A single disclosure at the time of authorization
- Ongoing use or disclosure during the time period specified above

6. These records (*select only one*):

**ARE** protected by Federal Drug & Alcohol Confidentiality Regulations (42 CFR, Part 2). If these records are protected by 42 CFR, Part 2, I understand a recipient is prohibited from making any further disclosure of this information unless expressly permitted by my written authorization, except as otherwise permitted by the Regulations. 42 CFR Part 2 also restricts any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**ARE NOT** protected by Federal Drug & Alcohol Confidentiality Regulations (42 CFR Part 2). If these records are not protected by 42 CFR Part 2, I understand that the HIPAA Privacy Regulations require I be advised that information used or disclosed based on this authorization may be subject to re-disclosure and no longer protected by federal HIPAA regulations.

7. I understand that:

- Service providers using or disclosing information based on this authorization are to share the minimum necessary amount of the specified information to accomplish the purpose of the disclosure outlined above.
- The provision of treatment, payment, enrollment, or eligibility for benefits does not depend on whether I sign this authorization.
- If I am participating in this program as a condition of probation, parole, or release from confinement, I may not revoke consent for unlimited communication between Youth for Tomorrow and the criminal justice system until final disposition of my case.
- I may revoke this consent in writing at any time, except to the extent that action has been taken in reliance on it.
- When I authorize Youth for Tomorrow to disclose information to third parties, Youth for Tomorrow is unable to prevent re-disclosure of this information by the recipient.
- The information to be released has been fully explained to me and this authorization is given to me of my own free will.
- I am entitled to a copy of this signed authorization.

8. This authorization expires as described: \_\_\_\_\_  
*Date, event, or condition upon which this consent will expire*

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Signature of authorized representative (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Parent  Guardian  Legally Authorized Representative  Other \_\_\_\_\_

Please print representative's name \_\_\_\_\_

This information should be returned to \_\_\_\_\_ (YFT Staff) at the address checked below:

- BHS Woodbridge: 14000 Crown Court, Suite 101, Woodbridge, VA 22193; (703) 659-9900; Fax (571) 285-5686
- BHS Manassas: 9720 Capital Court, Suite 302, Manassas, VA 20110; (703) 659-9900; Fax (571) 364-8913
- BHS Gainesville: 7130 Heritage Village Plaza, Ste. 102 Gainesville, VA 20155; (703)-955-3187; Fax (703)-743-1688
- BHS Springfield: 6800 Backlick Road Springfield, Ste 300 VA 22150; (703)-310-7449; Fax (866)295-9344.
- YFT Main Campus: 11835 Hazel Circle Drive, Bristow, VA 20136; (703) 368-7995; Fax (703) 361-4335