



REACH LV Youth Recovery Center
Recover - Engage - Accept - Connect - Heal
Info@ReachLVYouthRecoveryCenter.org | 610.421.6443

REACH LV YOUTH RECOVERY CENTER

Welcome Packet

WELCOME TO THE REACH LV YOUTH RECOVERY CENTER!

Our center is here to provide you with a safe place, an environment where you can meet with sober peers, gain the opportunity to have fun, and explore possibilities and adventures that you may not have known existed.

We need to have some information about you to begin your membership process. Please fill out the attached forms which provide us with the necessary information.

Please be assured the information you share will be protected under our confidentiality guidelines.





REACH LV YOUTH RECOVERY CENTER

MEMBER INFORMATION

Name _____ DOB _____

Name you prefer _____

Address _____

Phone _____ Email _____

Emergency Contact _____

Emergency Contact Phone _____

Emergency Contact Relationship to Member _____

Emergency Contact Address _____

Legal Guardian _____

Legal Guardian Phone _____

Legal Guardian Relationship to Member _____

Legal Guardian Address _____



MEMBER INFORMATION *Continued*

Any allergies to food or medications? Yes ___ No ___

If yes, please list. _____

Is the member currently under a doctor's supervision for any of the following?

Epilepsy Yes ___ No ___

Asthma Yes ___ No ___

Diabetes Yes ___ No ___

Allergies Yes ___ No ___

If yes, please list. _____

Any other conditions or special care needs of which we should be aware? Yes ___ No ___

If yes, please list. _____

Is the member taking any prescription medications? Yes ___ No ___

If yes, please list. _____



MEMBER INFORMATION *Continued*

Does the member have a legal history? Yes ____ No ____

If yes, please explain. _____

Thank you for providing this information.

Member Name _____ Date _____
[PRINT]

Member Name _____ Date _____
[SIGNATURE]

Legal Guardian _____ Date _____
[PRINT]

Legal Guardian _____ Date _____
[SIGNATURE]





REACH LV YOUTH RECOVERY CENTER

SUBSTANCE USE & TREATMENT HISTORY

Current Substance Use:

Substance	How often (daily/weekly/monthly)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Substance Use Treatment History:

Facility	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Mental Health History:

Please list any issues, for example, anxiety, depression, ADHD, etc.

- _____
- _____
- _____
- _____



SUBSTANCE USE & TREATMENT HISTORY *Continued*

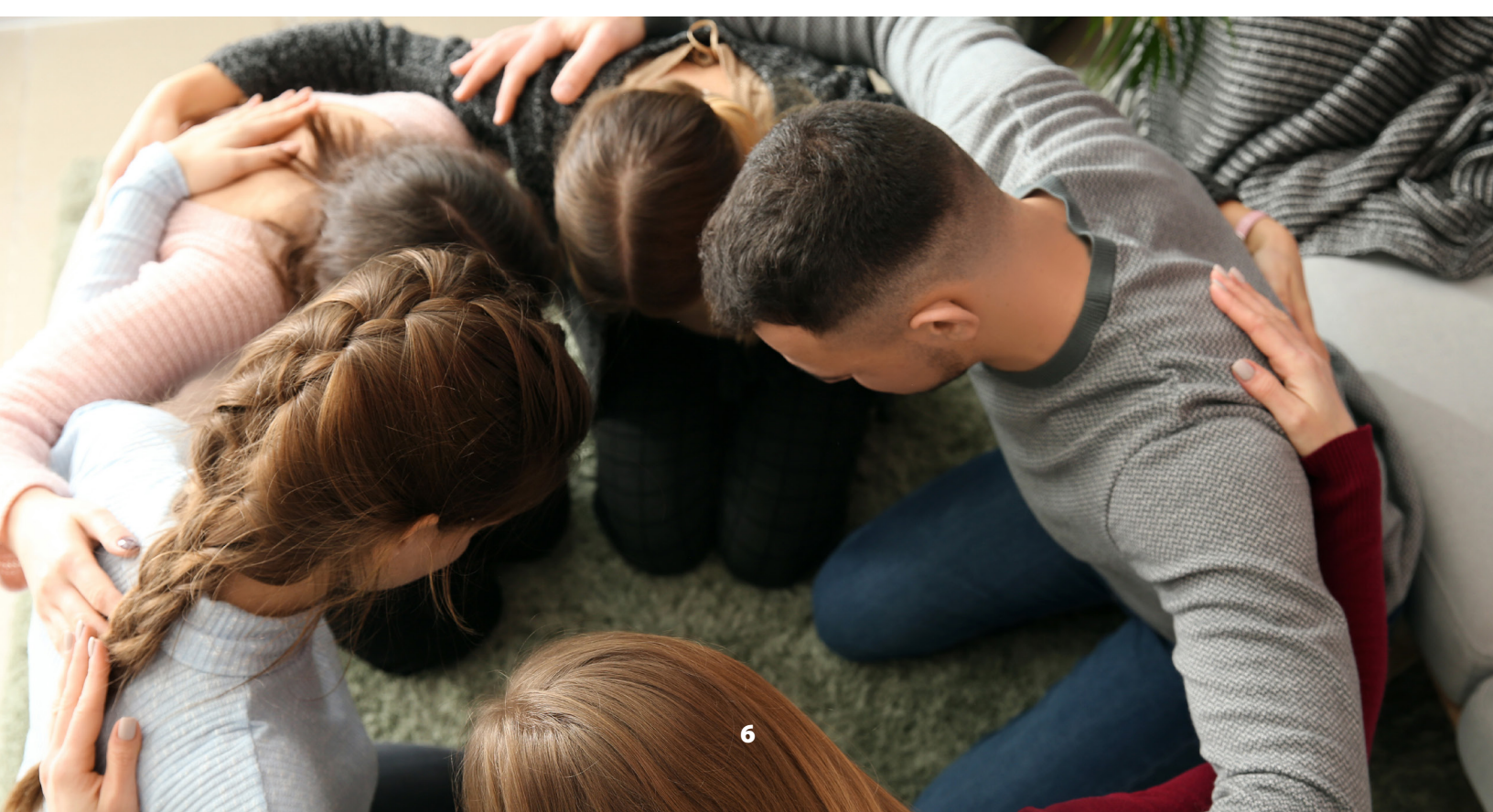
Medications:

Please list any current medications (psychiatric, medical, and OTC)

1. _____
2. _____
3. _____
4. _____

Is the member taking these medications as prescribed? Yes ___ No ___

If not, please explain. _____





REACH LV YOUTH RECOVERY CENTER

INTERESTS & RELATIONSHIPS

Interests:

What activities or interests would you like to explore while you are at REACH?

Future Plans:

What are your hopes, dreams, and plans for your future?

Relationships:

Who do you live with?

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____



REACH LV YOUTH RECOVERY CENTER MEDICAL CONSENT FORM

MEDICAL CONSENT: As the legal guardian, if the member is under the age of 18, I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above-named member; and, I understand and consent to all terms outlined in this document. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to REACH LV YOUTH RECOVERY CENTER (hereafter referred to as RLVYRC) activities and travel, understanding that some activities may pose a risk of injury. I will not hold liable RLVYRC, its employees, volunteers, agents, and event/youth group leaders for any injury, illness, or property damage involving the above-named member, no matter how caused. The undersigned understands RLVYRC does NOT have the power and this Release does NOT provide authorization to RLVYRC to consent to medical and/or dental treatment for the minor.

- a. Injuries:** In the event of any injury RLVYRC will inform the parent(s) and/or legal guardian of the minor's injury as soon as practicable.
- b. Emergencies:** In the event of an emergency, which this Release defines as any injury that requires care beyond basic first aid services, RLVYRC will immediately contact, if necessary, appropriate Emergency Services and/or also immediately contact the Emergency Contact(s) listed.

PARENTAL CONSENT (for minor under age 18): As legal guardian of the above-named minor under the age of 18, I give my permission for him/her to be involved in the RLVYRC program. I am familiar with the general goals and purpose of the program. I understand I will be notified of any special activities and trips away from the RLVYRC Center including location, form of travel, and cost. Should the member choose to attend such activities, I agree to send them with the appropriate clothes, personal items, and funds needed. Unless I have made special arrangements with a RLVYRC leader, transportation to/from RLVYRC Center or RLVYRC group activities, or to a common drop point for group travel, is the Member and/or parent's/legal guardian's responsibility. If the Member needs to be sent home for any reason, including behavior problems or medical reasons, I agree it will be at my expense.

CONFIDENTIALITY: I understand that health information on this form will be shared, only as needed, with RLVYRC staff and volunteers to safeguard and support the Member.



MEDICAL CONSENT FORM *Continued*

I understand by signing this form I am giving up all legal rights and/or remedies which may be available to me in connection with my minor child's participation in the RLVYRC's program. I understand RLVYRC's program may be ongoing and cumulative, and I intend for this release to be ongoing if applicable and understand I must expressly and in writing revoke this release.

I, the parent(s) and/or guardian of the above-named minor have executed this Release as of

_____ (Today's date)

Minor's Name [Print]

Minor's Date of Birth [Print]

Parent(s) and/or Guardian Name [Print]

Sign

Parent(s) and/or Guardian Address

Parent(s) and/or Guardian Cell Phone

Parent(s) and/or Guardian Home Phone





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REACH LV YOUTH RECOVERY CENTER GUIDELINES FOR FAMILIES

WELCOME TO THE REACH LV YOUTH RECOVERY CENTER!

The REACH LV Center is here to provide you and your adolescent or young adult with a safe environment to recover and heal from the harmful effects of the family disease of addiction. REACH LV utilizes the Alternative Peer Group (APG) model to create a safe and sober recovery community to support, empower, and provide services to adolescents, young adults, and their families in all phases of adolescent substance use disorder recovery.

We understand the challenges of a family struggling to cope with adolescent substance use disorder. Our programming includes after-school and weekend scheduling, planned sober functions, peer to peer recovery support, and family support groups. All programs are focused on recovery and are supervised by experienced, professional support staff.

A signed Release and Waiver of Liability Form will also be required upon each member's acceptance into our program. You will be informed of every planned outdoor activity and a signed Field Trip Parental/Legal Guardian Permission Form will be required for each member to participate. This form will describe the destination, mode of transportation, the staff member in charge, and the cost of the trip.

Your participation in this program is vital to its success and we encourage you to actively participate in the Family Support Groups and planned family activities. You will be contacted by our Family Support staff when our Family Support groups and activities begin.

Please Note: REACH LV Youth Recovery Center adheres to all COVID protocols and, accordingly, our program is restricted due to COVID. Once enrolled, only members will be permitted to visit the REACH LV Center at this time. A copy of our COVID Policy and Procedures is attached.

We look forward to supporting you and your youth, or adolescent, on the journey of recovery!



REACH LV YOUTH RECOVERY CENTER

RELEASE OF INFORMATION

I, _____, authorize Reach LV Youth Recovery Center Program
(Member Name)

Staff, to disclose to _____, the following information:

- Attendance Record
- The nature of the program
- A brief description of the member's level of participation
- Relapse

I understand that my records are protected under the federal regulations governing confidentiality of alcohol and drug abuse patient records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires upon my discharge from the program or automatically one year from date of signature.

Member Name (Print)

Date

Member Name (Sign)

Date

Witness (Print)

Date

Witness (Sign)

Date

Expiration Date



REACH LV YOUTH RECOVERY CENTER FIELD TRIP PARENTAL PERMISSION FORM

REACH LV Youth Recovery Center is planning a field trip. Please review the following trip details and complete, sign and return the bottom portion to the center by _____ (due date)

Field trip to _____

Mode of transportation _____

Lodging Facility & Location _____

REACH LV Staff _____

Cost (if any) of trip _____ Member should bring _____

(detach and return to REACH LV Center staff)

REACH LV member, _____, has my permission
to participate in the field to _____

on the date(s) and time _____

____ I give my permission to REACH LV Staff to transport member to, from, and during this activity.

____ I will transport member.

During the activity. I may be reached at:

Home/Office Phone _____ Mobile Phone _____

If I cannot be reached in the event of an emergency, the following person is an emergency contact
and authorized to act on my behalf:

Name _____ Phone _____

Relationship to participant _____



REACH LV YOUTH RECOVERY CENTER FIELD TRIP PARENTAL PERMISSION FORM *Continued*

Primary Care Professional _____ Phone _____

Other comments _____

I have read the REACH LV Youth Recovery Center's Release and Waiver form concerning medical responsibility for my child.

Parent/Legal Guardian(Print)

Date

Parent/Legal Guardian (Sign)

Date





REACH LV YOUTH RECOVERY CENTER

INFECTION CONTROL PLAN

Overall Strategy

REACH LV values the health and safety of all program members, staff, and volunteers. With regard to the COVID-19 pandemic, careful attention to the guidance of federal, state, and local health authorities and governance bodies, as well as standard infection control procedures, has guided our decisions, policies, and practices to maintain a safe environment for all by mitigating the risk of the COVID virus transmission within our program.

It is foundational to the success of REACH LV that our team of staff, volunteers, and program members are equipped with sufficient knowledge to participate in efforts in a way that mitigates the risk of infection. We invest a portion of our robust training curriculum on Infection Control and instruction in the REACH LV Infection Control Plan, with specific attention to hand washing as a significant tool in minimizing the spread of infection.

REACH LV will develop and deliver training to all staff and volunteers on the application of the REACH LV Infection Control Plan protocols for the specific challenges of COVID-19, including signs and symptoms of COVID-19, modes of transmission, prevention and containment strategies, risk mitigation, and effective PPE use.

Screening/Testing/Training for COVID-19 Program members

1. Program members are screened upon entry for elevated temperature and COVID-19 related symptoms to permit early detection. Program members will wear face coverings, as required by the State of PA Secretary of the Department of Health on 7/1/2020.
2. Any program member who displays symptoms of COVID-19 will be redirected to participate virtually.
3. Contactless thermometers will be used.
4. For any symptoms reported/observed, complete a full Symptom Checklist and follow instructions on the form.
5. Any program member with a measured temperature over 100.4 or observed symptoms reports to the REACH LV Administrator or Director and will be asked to leave.
6. All program members will receive training in COVID-19, universal precautions, and this Infection Control Plan.

Screening/Testing/Training for COVID-19: Staff and Volunteers

1. Staff and volunteers are screened for an elevated temperature and Covid-19 related symptoms prior to reporting to work.



INFECTION CONTROL PLAN *Continued*

Screening/Testing/Training for COVID-19: Staff and Volunteers

1. Staff and volunteers are screened for an elevated temperature and Covid-19 related symptoms prior to reporting to work.
 - a. Any issue of concern that arises from the screening will result in exclusion from the center and, if indicated, requirements for testing and quarantine.
 - b. The staff member or volunteer will be referred for testing to an available community testing site, hospital, or physician's office, with expectation that testing be completed within 24 hours of identification of need.
2. Staff and volunteers are to stay home when experiencing symptoms of COVID-19.
3. Staff and volunteers are to self-report symptoms.
4. Upon entering the building, the person assigned to the door will check each person's temperature as they arrive.
5. Staff and volunteers must report any symptoms of COVID-19 or potential exposures to individuals with COVID-19 at the time they enter the building and respond to relevant questions regarding exposure through a questionnaire/attestation.
6. Any staff member or volunteer with symptoms will follow guidelines for exclusion from the center.

Guidelines for signs of staff/volunteer illness:

1. Staff and volunteers must report any symptoms of COVID-19 or potential exposures.
2. 99-degrees and under is ok to be at the center; anything over 100.4 requires any staff, member, or volunteer to go home and be tested, and if positive, follow guidelines. Staff member must have a negative test result documented before returning to the center or must quarantine for 14 days.
3. Anything less than 100.4 with symptoms requires staff member or volunteer to remain home and be tested.
4. Director must be immediately informed if any staff person or volunteer has a temp of 100.4, or less than 100.4 with symptoms.
5. If temp is elevated (above 98.6) but doesn't meet the threshold, temperature will be rechecked within 1 hour
6. If a staff person or volunteer declines to get their temperature checked, they will be sent home.



INFECTION CONTROL PLAN *Continued*

Screening (Others – e.g. non-essential personnel, visitors, contractors, vendors, volunteers)

1. All persons presenting to the center for entry will be screened for elevated temperature and will be required to complete the screening questionnaire to self-identify factors that would increase risk of transmission of virus in the center.
2. Those presenting with an elevated temperature or increased risk will not be permitted entry to the center, or access to program members on the grounds of the center.

Personal Protective Equipment (PPE) and Safety Protocols

Surgical-grade medical masks are required for all staff and volunteers while working with program members, and gloves are to be used for any hands-on duties with program members. Program members are required to wear a surgical mask as well.

Hand washing/Prevention Protocols:

1. Before food is served or eaten
2. Upon observance of unsanitary behavior
3. After using bathroom
4. Maintain proper coverage of coughing/sneezing- use inside of elbow and not hand to cover mouth
5. Continual education
6. Position tables/chairs to ensure there is 6 feet between program members/staff/volunteers when seated – remove excess chairs from the area to discourage sitting less than the proper distance
7. Disinfect surfaces daily and throughout the day, including tables, chairs, high touch surfaces, bathrooms, etc., and continually sanitizing all high touch surfaces.
8. Cleaning products are to be chosen from the CDC-released list for chemicals that disinfect the COVID-19 virus.
9. Implement vehicle sanitizing when used



INFECTION CONTROL PLAN *Continued*

Ensure adequate supply of accessible PPE for staff and volunteers and maintain supply

1. REACH LV has assessed PPE needs for the program and will assure that sufficient PPE is accessible.
2. Members must sanitize their hands prior to entering the program room.
3. Members will be asked to bring small bottles of personal hand sanitizer that will be kept in their backpack and small packs of tissues for their personal use. REACH LV will provide these items to all that do not have them.
4. Single-use utensils and other products will be used if serving food of any kind. Staff will always be masked and will use gloves while serving food. Staff will serve all food.

On-site protocols for group activities

1. Proper distancing must be maintained between program members and staff/volunteers; in the rare instance when such distance cannot be maintained, the duration of contact must be brief, no more than 10 minutes.
2. Hand hygiene with either soap/water or alcohol-based hand sanitizer must be completed before and after the activity by all program members, including staff and volunteers.
3. All program members in the activity must be wearing a face mask.
4. Outdoor activities are preferred over indoor activities; when indoor activities are held, the location will be of sufficient size to safely maintain the physical distance described above.

Off-site Group Activities

1. Any related travel to/from the activity must maintain physical distancing and adequate ventilation. The number of program members that may be transported at once is dictated by the size of the vehicle used, and adequate ventilation is achieved by setting the vehicle in the "fresh air" (non-circulating) mode, with windows at least cracked near all individuals in the vehicle.
2. Care must be taken in planning off-site activities to limit destinations to those that do not attract crowds, and that time indoors at off-site locations is limited in duration.

Vehicle/Transport Protocol For authorized transport:

1. Make every attempt to limit the number of individuals being transported to ensure social distancing between program members and between program members/driver.
2. Position to maximize distancing: example, in a car, the best positioning for the passenger is in the rear seat (passenger side); depending on the size of the van, consider whether it is wise to have more than 3 or 4 program members in the van at a time.
3. Wash hands before/after each transport.



INFECTION CONTROL PLAN *Continued*

4. Staff and volunteers should carry hand sanitizer, gloves, and sanitizing wipes with them.
5. Avoid touching program member and/or his belongings and use gloves when it is known to be inevitable; for necessary contact that was not protected by gloves, wash hands or use sanitizer as soon as possible.
6. Ensure a supply of tissues in the vehicle to catch coughs/sneezes and to provide a barrier for touching potentially contaminated objects/surfaces when gloves aren't easily accessible.
7. Ensure program members are wearing a face mask to block contaminated droplets from becoming airborne.
8. Open the outside air vents in the driver area and set fan to "fresh air" setting (not recirculating). Opening windows is a simple, effective strategy for assisting germs to be disbursed outside the vehicle. Open window near driver and passenger, if possible.
9. Staff and volunteers will use seatbelts and refrain from cell phone use while driving.

Environmental Supports/Engineering Controls:

1. REACH LV has completed an environmental scan to manage program space and furnishings to encourage physical distancing, maximum capacities of the space to support distancing, supply chain management, and to ensure availability of and access to PPE/hand sanitization supplies and stations and approved cleaning products to achieve standards. Distance stickers will be placed on floors, hand sanitizer will be available, and posters and signage for reference.
2. Personal and shared workspaces in program room and office will be cleaned after every use by every staff member at the end of the day.
3. All electronics, copy machines, keyboards, remote controls, etc. will be cleaned after every use.
4. All doorknobs will be cleaned by staff. All light switches, sink handles, and restrooms will be cleaned by maintenance staff at the end of each day.
5. All common areas, conference rooms will be cleaned by staff after every use.
6. The number of participants using the restroom at one time will be limited to the number of sinks available. Hand washing strategies will be enforced. Frequent hand washing will be followed through the program day.
7. Hand washing with soap and water for at least 20 seconds is required when using the restroom, eating, drinking, using a tissue, coughing and/or sneezing will be strictly enforced throughout the day.
8. Handwashing with alcohol-based hand sanitizer must take place when soap and water is not an option.