

HICKORY LOG

a personal care home

PO Box 300/ 3680 Hwy 411 NE, White, GA 30184
(770) 382-6655 Office • (770) 387-2345 Fax

Trial Visit Packet

TABLE OF CONTENTS

Welcome Letter.....	Page 3
Basic Information.....	Page 4
Hickory Log Statements.....	Page 5
Trial Visit Agreement.....	Page 6
Wandering Resident Agreement.....	Page 7
Inventory of Personal Supplies.....	Page 8
Family and Social History.....	Page 9
Admission Information.....	Page 10
Legal History.....	Page 11
Marital and Family History.....	Page 11
Individual History.....	Page 12
Areas of Interest.....	Page 13
Identification Information.....	Page 14
Family Contacts.....	Page 14
Health Information.....	Page 15
House Rules.....	Page 17

Welcome to Hickory Log

Hickory Log has invested over fifty years into serving men living with special needs. All of the men who've ever called Hickory Log *home* are vital members of the Hickory Log family and all of the years were well spent.

During this trial visit, I hope you feel the warmth of this family-centered environment

The success of our family atmosphere relies upon our mutual respect for one another. Resident freedoms and independence are promoted within the arrangement of the agreed upon mutual expectations.

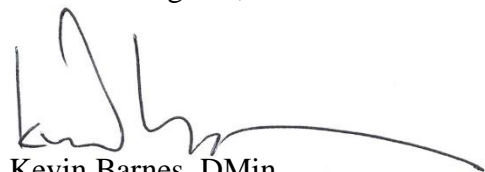
It is our sincere hope that you quickly recognize Hickory Log for what it is—an environment designed to help you obtain your highest potential.

This packet provides all of the pertinent information needed for your trial visit and it is provided to inform you and your family about the various guidelines that are important to the safety, security, and well-being of all residents.

Happiness at Hickory Log is achieved through the enjoyment of a 'family-style' environment. Mutual respect and consideration among the residents and staff are demonstrated by the close adherence to the information contained in this handbook. These guidelines do not limit your rights as a resident but merely outline your responsibilities during your trial visit.

The staff and I are excited about your decision to visit Hickory Log and we are here to help! Please let us know how we may assist you.

Warmest Regards,

A handwritten signature in black ink, appearing to read 'Kevin Barnes', with a long horizontal flourish extending to the right.

Kevin Barnes, DMin
Executive Director

BASIC INFORMATION

Hickory Log Contact Information:

3680 Hwy 411 / PO Box 300 White, GA 30184

Phone: 770-382-6655

Fax: 770-387-2345

www.hickorylog.org

Age Range: 18 years of age and above

Basic Monthly Fees: \$1,800.00 per month plus petty cash

Referrals: Families and Social Agencies

Program Availability: 12 months per year/ 24 hours per day

Eligibility Criteria: Intellectual or Developmental Disability Diagnosis; Ambulatory; Must possess most Self-Help Skills.

Basic Services: Residential Program and services with a plan of care, recreation, work activities, social outings, health services, counseling, and vocational guidance.

Termination of Services: Services may be terminated if the individual or family no longer wishes to receive services from Hickory Log or if the resident's needs can no longer be met within personal care home guidelines of care.

Capacity: 24 Men

Application Procedure: Contact via phone, email, web, mail, or personal visit. Psychological documents must be provided by an individual or family prior to evaluation for permanent placement.

HICKORY LOG STATEMENTS

Purpose

To love all people with a heart of compassion, service, and grace.

Mission

To provide a safe place to call home for men with special needs including intellectual disabilities, developmental disabilities, and traumatic brain injuries where they can hone their relational, vocational, and financial skills in a manner that champions independence within the personal care home model.

Values

Equality: All people hold intrinsic worth and every person is treated with respect.

Inclusivity: We increase the potential for greater success when our endeavor experiences a widening breadth of contextual influences.

Integrity: Honesty and Dependability guide the path of every endeavor, no matter the time duration or financial impact.

Servitude: Within the Hickory Log nucleus, residents and their families are equal recipients of our services; within the Bartow county community, Hickory Log contributes vocationally, financially, and recreationally.

Advocacy: Those afforded with more influence should stand in the gap for those with less influence so Hickory Log advocates for our residents.

Respect: Healthy relationships are empowering and teach us to respect one another so Hickory Log staff models positive relationships with residents, their families, and each other.

Stewardship: Hickory Log responsibly maintains all resources that are entrusted to us including facilities, time, relationships, and finances.

TRIAL VISIT AGREEMENT

I, _____ (Resident), understand that the purpose of this trial visit is to determine if I am a good candidate to be a resident at Hickory Log Personal Care Home (Hickory Log). I understand that this determination will be based upon my ability to become compatible with the other residents and can successfully integrate into the Hickory Log community, as well as work related programs, emotionally, physically, and behaviorally.

I agree to comply with all the rules and regulations of Hickory Log for the duration of my trial visit. If for any reason I fail to comply with said rules and regulations I forfeit my right to remain at Hickory Log and thereby give Hickory Log the right to contact my Responsible Party for immediate discharge.

It is also understood that the completion of a trial visit does not automatically result in the placement of the resident into the Hickory Log community. All factors must be considered and no other reason other than *incompatibility* must be given by either the Responsible Party or Hickory Log to deem the lack of placement in Hickory Log.

Trial visit duration begins _____ and ends _____.

Resident or Responsible Party

Date

Hickory Log Representative

Date

WANDERING RESIDENT AGREEMENT

Hickory Log is not a locked door facility. Although precautions are taken to help ensure that residents do not wander from the home, the possibility still remains that someone could wander without notice of the staff.

Since it is impossible for us to supervise every resident every moment of the day and night, we cannot be held responsible for someone leaving the building without the approval of supervision of staff of Hickory Log.

I, _____ (Resident), release Hickory Log and any employees of Hickory Log from liability for any injury I may incur when I leave the building on my own accord without the approval or supervision of staff of Hickory Log.

Resident or Responsible Party

Date

INVENTORY OF PERSONAL ITEMS

The following is a list of personal items brought to Hickory Log for the trial visit. This is not a comprehensive list, but only includes items that the resident or responsible party wishes to record for accountability purposes. It is assumed that the resident brings clothes, personal hygiene products, etc.

It is recommended to list items such as jewelry, technology, money, etc.

Resident or Responsible Party

Date

Hickory Log Representative

Date

RESIDENT'S FAMILY & SOCIAL HISTORY

All sections of this form should be filled out by the resident and/or family and returned to management prior to admission. This information is utilized by Hickory Log staff to meet specific resident needs and will not be released to anyone without resident/family consent.

Resident Name: _____

Prefers to be called: _____

Date of Birth _____ Age _____ Gender _____

Birthplace: City _____ State _____

Religious Preference & Involvement (Name of Church, Pastor, and Possible Resident interest in Religion) _____

Ethnic Background _____ Language(s) Spoken _____

Can Resident Recognize a Dangerous Situation? _____ Yes _____ No

Can Resident Use a Telephone in case of Emergency? _____ Yes _____ No

Prior Living Arrangement _____ Alone _____ With Family _____ Another Program

Previous Program/Address: _____

Remarks: (i.e. opinion of previous living arrangement, names/relationships of those living with resident, household help/support, etc.)

ADMISSION INFORMATION

Reason for Admission _____

Did Resident participate in decision for admission? (Please explain) _____

Please note and explain any changes in behavior prior to admission.

If Resident has a History of Mental Health diagnosis as well, please give history and explain treatment.

Please provide information related to particular habits, needs or fears (i.e. tobacco, need for social contact, privacy, dislikes/likes)

LEGAL HISTORY

Does Resident have a Legal Guardian? _____ Yes (provide written documentation) _____ No
Guardian (if applicable): _____ Phone: _____

Guardian Address: _____

Guardian Email: _____ Relationship: _____

Is there any person(s) with whom resident is not allowed contact? _____ Yes _____ No

If yes, Name: _____ Relationship (if any) _____

MARITAL AND FAMILY HISTORY

Parents _____

Single Birth _____ Multiple Birth _____ Adopted _____

Marital Status (if ever married, name of spouse, date of widowhood, divorce, or separation)

Remarks (length of marriage, previous marriages, problems or strengths of marital relationship)

Names and location of children (if any are deceased, please indicated name and date of death)

Name and locations of brothers/sisters (if parents are living, please include this information-
indicate frequency of resident contact and closeness of relationships with brothers/sisters)

Provide information on current family relationship of resident (include family or friends to
whom resident is especially close or particular relationships that may be concerns for resident or
family) _____

INDIVIDUAL HISTORY

Education _____

Previous Occupations or current of Resident _____

Training Programs Previously Attended _____

Military History (Date and Branch of Service) _____ Veteran # _____

Registered Voter: _____ Yes _____ No

Does Resident enjoying socializing or tend to be more of a loner and prefer privacy more?

AREAS OF INTEREST

(check all that apply)

- _____ Playing Cards: What games? _____
- _____ Bowling _____
- _____ Sightseeing _____
- _____ Pets -What kind? _____
- _____ Sports –What kind? _____
- _____ Gardening: Vegetable, Flower, or Both (circle) _____
- _____ Cooking/ Baking _____
- _____ Reading: Favorite Reading Material _____
- _____ Exercise: What type, i.e. walking, etc. _____
- _____ Collecting _____
- _____ Woodworking _____
- _____ Needlework/Sewing _____
- _____ Visiting (friends, neighbors, volunteer work) _____
- _____ Board Games – What kind? _____
- _____ Dancing _____
- _____ Music- What types? _____
- _____ Ability to play an instrument: If yes, what: _____
- _____ Ability to sing: If yes, what type of songs? _____
- _____ Art/Crafts- What kinds? _____
- _____ Television- What shows? _____
- _____ Bird Watching _____
- _____ Outdoor Activities _____
- _____ Indoor Activities _____
- _____ Ability to use a computer/tablet/ cell phone? _____
- _____ Other Areas of Interest or Hobbies _____

IDENTIFICATION INFORMATION

Resident Name: _____ Birthdate: _____
Social Security #: _____ Date of Admission: _____
Medicare #: _____ Medicaid #: _____

FAMILY CONTACTS

Name: _____ Phone #: _____
Address: _____
Email Address: _____ Relationship: _____

Name: _____ Phone #: _____
Address: _____
Email Address: _____ Relationship: _____

Name: _____ Phone #: _____
Address: _____
Email Address: _____ Relationship: _____

Name: _____ Phone #: _____
Address: _____
Email Address: _____ Relationship: _____

Comments: _____

HEALTH INFORMATION

Diagnosis (provide copy of written diagnosis that is less than five years removed)

Any known illnesses _____

Seizures ____ Yes (last time known seizure and type) _____ ____ No

Any Known Allergies _____

Special Diet (Physician's Order Attached) _____

Uses: ____ Dentures ____ Hearing Aid ____ Eyeglasses ____ Contacts ____ Cane

____ Wheelchair ____ Walker Other: _____

List of Current Medications

Name	Reason	Dosage	Times

Name of Physician: _____

Address: _____

Phone Number: _____ How long has Resident Seen this Physician _____

Dentist: _____ Phone: _____

Specialist Physician: _____ Reason: _____

Other Agencies Providing Services:

Name: _____ Contact Person: _____

Address: _____ Phone: _____

Current Pharmacy: _____

Life Insurance Policy: _____ Yes (copy of policy attached) _____ No

Funeral Home Preference: _____ Cemetery Preference: _____

Advance Directives Completed: _____ Yes

HOUSE RULES

Mutual Respect

Residents are expected to be considerate of other residents, personnel, and visitors at all times. Verbal abuse, physical abuse, sexual abuse/harassment or the threat of physical or sexual abuse toward other residents, personnel, or visitors will be just cause for discharge from Hickory Log.

Talking Loudly

Residents should not talk so loudly as to disturb other residents or visitors. Special consideration should be given during mealtime in the dining room when most residents are enjoying their meals. Pleasant conversation is an important part of the dining experience, but loud boisterous talking is annoying.

Telephone Use

Residents who do not have private telephones may use the Hickory Log telephone. Residents are requested to limit use of phone to no more than five minutes at one time. Resident phone calls can be made between the hours of 7:00 AM – 9:00 PM weekdays and between 9:00 AM – 9:00 PM on weekends and holidays. All long-distance calls are the responsibility of the resident and will be billed to them on a monthly basis.

Possession of Cash

Residents may have no more than one-hundred dollars (\$100) on hand at any time. The men may keep their cash in their room. There are also individual envelopes managed by the Executive Assistant that the men may utilize to keep their cash. See Resident Money Management Policy for more information.

Weapons

Residents are not permitted to keep any weapon designed to do bodily harm in their possession or in their rooms.

Fire and Safety Drills

Fire and safety drills will be conducted periodically. Residents are required to participate in these drills and to follow the instructions of the person in charge.

Visiting Hours

Visiting hours are from 8:00 AM until 8:00 PM. Questionable visitors and behaviors will be reported to the designated contact for the family member. In cases where the management feels the resident may be subject to solicitation, exploitation, and/or abuse the home reserves the right to censor such visits if a family member cannot be reached.

Rooms

The management reserves the right to clean any room or area and to discard any items deemed to be unsanitary and to pose a potential health threat to the resident or other residents, staff or visitors.

Hickory Log House Rules

Dress Code

Residents are required to be fully dressed (including shoes) when out of their rooms. All residents are requested to be in street clothes when coming to common areas of the home.

Possession of Valuables and Use of Personal Property

The home offers locked storage for any personal property or valuables the resident wishes to keep safe. All other personal property is to be kept in the resident's room and will remain the responsibility of the resident. Management must approve all items brought to the home.

Activity Programs

Religious, social and various activity programs are conducted at the home. Residents, their families and friends are encouraged to participate in scheduled activities and to offer suggestions and volunteer in our activity planning and programs. A monthly calendar of events is posted on the bulletin board.

Leaving the Premises

When the resident wishes to leave the premises, the person the resident is leaving with will be asked to fill in the required information on the sign-out form. Management should be notified in advance to make arrangements and to receive resident's medications, if needed.

Visitor Registry

A register is provided in the foyer of the home and all visitors should register upon entering the building.

Smoking

Smoking and the use of chewing tobacco and/or snuff is a privilege afforded to residents and will be permitted only in designated areas outside the building. Additional restrictions may be applied to individual residents as management deems necessary to safeguard the safety of the residents, personnel, and visitors to the home. All smoking materials must be properly disposed of in the receptacle provided.

Use of Alcohol or Illegal Drugs

Use or possession of alcoholic beverages and illegal drugs are not permitted in the building or on the grounds.

Audio/Video & Technology Use

Televisions, stereos, radios, and video games in the residents' rooms should not be played loudly. All equipment shall be turned off in the residents' rooms by 10:00PM weekdays and 11:00PM on weekends. Should equipment be deemed too loud, either by staff or another resident, the resident will be asked to lower the volume. Failure to do so will result in restrictive use.

Pornographic Material

Possession of pornographic material is not permitted in the home or on the grounds.

Hickory Log House Rules

Possession of Food

Family members or visitors should check with the Administrator before bringing food to a resident to ensure the food does not conflict with the resident's diet plan or another resident's food allergies. Food brought to the home should not require refrigeration unless the individual resident has a mini-fridge in their room and should be in a container labeled with the resident's name. All food and drink items must be consumed in the dining room.

Pharmacy of Choice

The resident may choose their preferred pharmacy given that the pharmacy complies with community packaging requirements and the resident's family will deliver medication to the home on the last day of the month prior to needed use. The home has a preferred pharmacy that provides community packaging.

Possession of Medications

Residents are not permitted to keep any medications in their rooms or on their person without written consent from physician and home's approval. This includes over the counter medications such as cold medication, cough syrup, antacid, aspirin, Tylenol, eye drops, vitamins, etc. Nitroglycerin is allowed with physician's order.

Medication Assistance

Residents will be assisted with their medications by trained staff only as ordered by the physician.

Sleeping

Normal sleeping hours are 10:00PM – 6:00AM weekdays; and 11:00PM – 7:00AM weekends. Lights in residents' rooms should be off during these times to not interfere with roommates or other residents.

Residents should sleep only in their room and not in the common areas of the home. Residents are not permitted to fully recline on the living room sofas.

Flu Inoculation

Due to the highly contagious nature of flu, all residents are encouraged to take an annual flu inoculation.

I have read and understand the house rules as written. I understand if I need to see these rules a copy is posted in the home for viewing. I understand if I have any questions, I can ask any staff. I understand the sustained failure to adhere to the House Rules will result in my removal from Hickory Log either indefinitely or permanently.

Resident or Legal Guardian

Date