

# Shelter Care

3619 SW 15<sup>th</sup> Ave. Willmar, MN 56201

Phone: (320) 235-3664

Fax: (320) 235-1671



## ***What do we provide/who do we serve?***

- We provide 24-hour, safe, structured care for boys and girls aged 9-17. We are not able to offer placement for residents 18 or older.
- Our day treatment program is Monday—Thursday, 12pm-3pm. It does not include schooling. Credit for day treatment does transfer to the schools. The Willmar Public School District provides the residents' educational services.
- School is in-person in the WPSD unless the resident's stay is less than 30 days. Otherwise, online school or other accommodations need to be set up via the county/guardians.
- Placement physicals are required for all long-term residents within two weeks of placement and will be set up by Shelter staff.
- Shelter Care staff can transport to schools within the Willmar Public School District, as well as for medical, dental, eye, and other appointments within the city of Willmar.
- Monthly staffing of residents is required.
- We are licensed for Shelter and Group Home. Group home starts after 90 days of stay with no interruption to care.
- Our program capacity is 13 residents.
- We also offer truancy weekends and short respite stays based on availability.
- Residents need to stay for at least one overnight for billing purposes.
- Potential intakes with serious medical/dietary needs can be discussed but will more than likely not be a good fit for our program. We cannot accept intakes that are blind, as we do not have the facility/staffing patterns to adequately serve them.
- We offer completion of Diagnostic Assessments and Family Assessments. They take up to/in excess of 45 days to complete.

## ***What do we not provide?***

- Shelter Care does not offer Rule 25. Transportation for CD treatment is dependent on staff coverage, and should be provided by the county/guardians if possible. We do not offer CD assessments, etc. All chemical dependency requirements need to be set up by the county.
- We do not offer detox services and cannot accept a new resident that is under the influence at time of intake.
- We do not offer care for hygiene (including help with showering, changing, diapers, pads and menstruation, etc).
- We cannot accept residents who do not understand conversational English.
- It is the county's responsibility to supervise visits with guardians, as we do not provide that service. We can monitor/supervise phone calls when requested, though this may need to be scheduled.
- Psychosexual evaluations following a recommendation need to be set up by the county. Neuropsych and Psych evaluations are provided externally with a recommendation.
- We cannot provide care for potential residents with an IQ below 80.

## ***What do we need from social workers to accept a new resident?***

- We have a screening process before accepting a referral. When submitting a referral, please include any Diagnostic Assessments, Psych Evals, narratives, hospital discharge paperwork, and any other relevant information.
- Before an emergency drop-off, the screening process still needs to be completed, as well as the referral checklist. We will still need to re-view any Diagnostic Assessments, Psych Evals, narratives, hospital discharge paperwork, and any other relevant information before accepting a referral. We will also need insurance information and certain documents from the intake packet completed. Please have all this available.
- We screen for physical aggression/recent assault charges, extensive/recent run history, severe suicidal ideation (attempts or continuous self harm), low IQ (below 80), extensive daily assistance needs, and if the child has been found incompetent.
- All medications need to have signed and thoroughly completed doctors orders sent before intake. This includes medication name, dosage, time of day given, instructions, and possible side effects.
- At minimum, a 15 day supply of medications in the original punch pack/bottle needs to be provided at intake.
- The placement agreement, release of information, and med orders need to be completed and returned before intake.
- Copies of IEPs, DAs, 504 plans, and school behavioral information is requested at or before intake.



**Greater Minnesota Family Services  
Shelter Care**

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Phone: (320) 235-3664 Fax: (320) 235-1671

**Referral for Shelter Care**

Referred by: \_\_\_\_\_ Agency: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

**Please complete this form as thoroughly as possible, leaving nothing blank. If the answer is 'yes', please describe. If the answer is 'no' or 'NA', please write no or NA. Do not leave anything blank.**

Reason for seeking placement at Shelter Care (please be specific in a brief narrative):

Client initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Sibling(s) (name, DOB): \_\_\_\_\_

Guardian(s)' name: \_\_\_\_\_

Guardian phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of last DA: \_\_\_\_\_ (Please provide a copy of most recent DA/IEP/relevant documents with this referral)

Party responsible for payment:  County/Grant: \_\_\_\_\_  Primary Insurance: \_\_\_\_\_

Type of placement:  Voluntary  Court-ordered (CHIPS)  72-hour hold  Court-ordered (other – please include in the court order that the child can be removed and placed in a more secure setting if needed)

Length of Placement: \_\_\_\_\_  
(estimated: 7-14 days, 30, 60, 90 days, etc)

Purpose of Placement:  Rule 79  Respite  Reunification  Truancy  Transition  Other: \_\_\_\_\_

Services Requested:  Day Treatment  Shelter Care  Diagnostic Assessment  Family Therapy  Individual Therapy  
 Other: \_\_\_\_\_

Pertinent Background Information:

1. Is the child in agreement with placement?  No  Yes

2. Do they have chemical abuse/use issues?  No  Yes: \_\_\_\_\_

3. Is the child currently in need of detoxification?  No  Yes

4. Is this child currently involved in the legal system?  No  Yes: \_\_\_\_\_

5. Does this child have a Severely Emotionally Disturbed diagnosis?  No  Yes

SED: \_\_\_\_\_

List medications (YOU MUST BRING AT LEAST 15 DAY SUPPLY AT INTAKE; if pills need cut, we need to know in advance):

6. Does this child have any serious medical needs or physical limitations/concerns?

7. Are there concerns of this child being victimized and/or victimizing others? Are there vulnerability concerns?

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**8. Run Risk:**  Mild  Moderate  Severe

Has child ever run from home/placement or been reported as a missing person by parent, but returned on their own?

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Has child been frequently reported missing, but returned by law enforcement or their own with no further incident?

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Has child chronically run away from home/placements for extended periods of time? \_\_\_\_\_

Date(s) of prior runs: \_\_\_\_\_

Where have they run from? \_\_\_\_\_

Circumstances of the run(s): \_\_\_\_\_

**9. Suicide Risk:**  Mild  Moderate  Severe

Has the child had recent self-injurious behaviors?

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Has the child recently verbally threatened to commit suicide?

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Has the child actively attempted to commit suicide? (cutting, overdosing, etc)

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**10. Physical Aggression Risk:**  Mild  Moderate  Severe

Has the child ever threatened to harm anyone? With a weapon?

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Has the child ever harmed anyone? (thrown objects at them, pushed them, etc)

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Has the child ever destroyed property?

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Have they ever seriously injured (or attempted to injure) another person? If applicable, who are they aggressive toward?

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Where has the aggression taken place? What are the circumstances?

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10. Is this child currently reporting any sexual or physical abuse?  No  Yes (refer to 10a and 10b)

10a. Is the report under investigation at this time?  No  Yes (by whom?) \_\_\_\_\_

10b. Description of abuse:

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11. Does this child have any history of inappropriate sexual behavior?

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