

*Baptist Children's Home and Family Services*  
*Adoption and Foster Care*  
Service and Treatment Authorization  
(Return to Office)

1. I hereby authorize Baptist Children's Home and Family Services and any professional persons designated by the agency to provide the following services:

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FOR: \_\_\_\_\_  
(Client)

2. The nature and purpose of this service and possible alternative methods of service have been fully explained to me.
3. I have been informed of and understand the nature and possible consequences of this service and the possible consequences of refusing this service.
4. I understand that during the course of services, additional or different procedures than those written above may become necessary. Therefore, I further authorize and request that Baptist Children's Home and Family Services institute any such procedures as are necessary and desirable. This may include conditions that are not known to Baptist Children's Home and Family Services' professional staff at the beginning of treatment.
5. I have received and understand the "**Client's Grievance Procedure.**" Should I have a grievance, I understand that I may contact my worker's supervisor (as listed below) or any other staff member including the Executive Director.

Director: Regina Thompson, LCSW

Phone # 618-242-4944 ext. 12

6. I understand that the after hours emergency number is: 618-242-0722
7. I have received a copy of this Service/Treatment Authorization form for my records.

**Signatures**

Client \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Client \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Staff \_\_\_\_\_

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(Title)



*Baptist Children's Home and Family Services*  
Adoption Program  
Client's Grievance Policy

To assure the best possible service for clients, the agency believes that it has the obligation to be responsible to the complaints of clients and to allow them to make these complaints without fear of retaliation.

A client may file a grievance at any time regarding his/her treatment. Any allegation of deviation on the part of a staff member from agency policies on the care, treatment, or management of clients must be regarded as a grievance. Grievance forms shall be provided to the client upon request. All clients are informed of the procedure during the admission process and all necessary assistance will be provided by the agency to assist in completion of the form. The agency will dutifully respond to the grievance no later than two business days.

Grievances may be filed personally with a staff member or mailed to the Executive Director. Staff in receipt of a grievance must forward it to his/her immediate supervisor, the Program Director and the Executive Director within one business day.

The Program Director or the Executive Director will immediately investigate any grievance, talk to all parties concerned and determine appropriate action to be taken. Baptist Children's Home and Family Services shall report, in writing, to the client and the Department of Children and Family Services regional licensing office or the Licensing Representative within 10 business days after complaints are received and their resolution, if any, has occurred. Final decision regarding a response rests with the Executive Director. Any employee who has been the subject of a grievance may request a hearing on the grievance through the agency's appeal process.

The Executive Director or his/her designee shall maintain a record/log of all written grievances and responses. The Board of Trustees will, in a confidential manner and in regular quarterly meetings, review the grievance log in order to assist in their understanding and evaluation of the agency.

*Baptist Children's Home and Family Services*  
Adoption Services  
Client's Grievance Procedure  
*(Copy for your Record)*

In order to assure that you receive the best possible care, Baptist Children's Home & Family Services (BCHFS) believes that it has the obligation to be responsible to any and all complaints and to allow you to make these complaints without fear of retaliation.

As a client you may file a grievance at any time regarding your treatment. Any allegation of deviation on the part of a staff member from agency policies on the care, treatment, or management of clients will be regarded as a grievance. "Client Grievance Forms" will be provided to you upon request.

Grievances may be filed personally with any staff member or mailed to the Executive Director, Doug Devore, 949 County Road 1300 N, Carmi, IL 62821. The Program Director or the Executive Director will dutifully respond to the grievance within two business days. All related parties will be contacted and appropriate action determined.

A formal written response from the Program Director or the Executive Director will be mailed to you within ten business days of receipt of the "Client Grievance Form."

The Executive Director or his/her designee will maintain a record/log of all written grievances and responses.