

THE HUGHEN CENTER, INC.
2849 Ninth Avenue
Port Arthur, Texas 77642
Phone: (409)983-6659 Fax: (409)983-6408

Instructions: This is an interactive form. Please complete all form fields, save the document and email this document to info@hughencenter.org or fax to 409-983-6408.

ADMISSION POLICY

REQUIREMENTS FOR ADMISSION: Day and Residential Students

1. The student must be a boy or girl between the ages of 5-21 with a physical disability.
2. The student may be multi-handicapped, but the primary handicapping condition must be the physical disability
3. The student must be educable and able to benefit from the therapy and specialized program.
4. The student must be socially and emotionally mature enough to adapt to a group classroom and dormitory setting.
5. Hughen cannot accept students for dormitory care who have need for constant medical and nursing care, who are intubated for respiration and/or feeding, who have cardiac problems, severe epilepsy, severe mental retardation, or severe emotional problems.

The decision to admit a child to the program is made by the Center's Screening Committee made up of the department heads from Special education, Physical Therapy, Occupational Therapy, Nursing, Childcare, and Administration. The Orthopedist who serves the Center must agree with the recommendation of the Screening Committee for placement. All placements are on a trial basis. The Center reserves the right to ask the parents/guardians to withdraw any student upon recommendation of the Screening Committee.

RESIDENTIAL POLICY

The Hughen Center, Inc. is licensed by the State of Texas as a basic childcare facility and must follow all guidelines set by Texas Department of Protective and Regulatory Services.

VISITS

The Center reserves the right to determine the time, length, and frequency of all visits by family and friends to the school. Visitors other than immediate family must notify the office in advance. Every visitor, including parents, must sign in and personally check with the Nursing Supervisor on duty - both when picking a student up and returning the student to the campus. No one other than parents/guardians may take a child off campus without prior written permission from the parent/guardian. There is an official form for this purpose which is available through the office and which must be completed on admission. Nursing and the office MUST have phone numbers where parents/guardians can be reached at all time in case of emergencies.

MAIL & GIFTS

Mail to the student should be sent to the student at the Center's address. Upon arrival mail is given unopened to the Nursing department for distribution. For this reason, any checks, cash or correspondence which needs the attention of another department or the office should not be included in litters addressed to the student, but sent in separate envelopes to the appropriate person or department. Packages sent for special occasions should be mailed early enough to arrive several days before the occasion. Any edibles must be sent/given directly to the Nursing Department for distribution. Students are not allowed to keep any food in the dormitory.

OUTINGS

All off-campus outings must be approved by the Director. Students must be accompanied by staff, Center-approved volunteers, or family members if under age 18.

TRANSPORTATION

Airline transportation is available through carriers serving the Beaumont/Port Arthur airport which is about 15 minutes away from the Center. All travel plans MUST be cleared in advance through the office. Transportation to and from the airport is only available during regular working hours- 8 AM to 5 PM, Monday through Friday. The charge for transportation is \$15 per trip. Transportation outside the area is available through a local company. Fees vary with distance/destination. Call the office for information.

FEES

Fees or residents are set annually by the Board of Directors. Dormitory fees include room, board, attendant care, and laundry. **Can't Read.** Accounts must be kept current in order to continue to provide the quality of care, education, and training your student deserves. No one with an outstanding balance due will be admitted to the residential program for the school term unless special arrangements have been approved by the Board. Parents should leave a small amount of spending money with the Nursing Supervisor for personal expenses.

MEDICAL CARE

An annual physical, dental, and vision exam must be done within thirty days prior to admission. The physical exam must include a CBC, TB, and urinalysis report. All immunizations must be up to date and a copy of the immunizations record must be left with Nursing. No student will be admitted to the dormitory without the required medical reports. All residential students must have a signed release for emergency medical care. If the child is covered by insurance, the policy number and form must be left in the office at the time of admission.

A medical consulting staff made up of various specialists is available for referral. If dormitory residents should become ill, they are seen by local physicians. Drugs may be prescribed and given here at the school. The responsible party is billed for the treatment and medications. Two well-equipped hospitals are within five minutes traveling time of the Center. An experienced and well-trained nursing staff is on duty round the clock. Nursing will advise the parent/guardian immediately of any illness or treatment required.

DISCIPLINE

No physical punishment may be used. Instead, time-outs, contracts, removal of privileges, and parent conferences are used, coupled with positive reinforcement for positive and improved behavior.

CHURCH

The HUGHEN bus transports any students who wish to attend the Baptist church for services on Sunday. Catholic services are held on campus each Sunday for the Catholic students or any who wish to attend. The administration will assist parents in arranging attendance at any other church if transportation can be provided.

PERSONAL BELONGINGS

All clothing and other belongings must be marked clearly with an indelible laundry marker or otherwise labeled. Send only durable clothing which is wash and wear. Special care items will be returned. Each student needs a loose, oversized T-shirt and loose fitting shorts for Clinic. Do not send valuable items such as jewelry, expensive toys, and games. **THE HUGHEN CENTER INC WILL ACCEPT NO RESPONSIBILITY FOR LOST OR MISPLACED ITEMS.**

HOLIDAYS

Dormitory students must return home for the schools Christmas holiday, Spring Break, and during the last half of July and first part of August before the new semester begins. The dormitory is closed during these times except for those children placed in foster care by Texas Department of Human Services. Parents are also encouraged to remove their children from the dormitory for Thanksgiving and Easter holidays except in emergencies.

ACADEMIC PROGRAM

A course of study prescribed by the Port Arthur Independent School District is provided for each student. This program is certified by the Texas Education Agency. The needs of each student are carefully considered in planning an individualized program.

Psychoeducational evaluations must be done every three years. From all the available information, an Individualized Educational Plan is developed. Students receive regular report cards. Six-month reviews, and Admissions, Review, and Dismissal (ARD) meetings are held to review the progress the student has made and plan program for the next period. Parents/guardians are invited to attend each of these reviews.

Parent Signature: _____ Date: _____

**Signature required at time of placement.*

APPLICATION FOR ADMISSION

In making application for my child _____ to be admitted to the Hughen School program at The Hughen Center, Inc., the following statements are made to the governing body of the aforementioned Center.

Said child is an orthopedic case, diagnosed as _____ .

We are not in a position presently to give said child the necessary care, treatment, and education in our home. We are making application for admission of our child to your facility at Port Arthur, Texas in order that said child may be properly cared for and instructed as far as can be. We are aware of the fact that the organization is nonprofit.

We hereby bind and obligate ourselves to pay to The Hughen Center, Inc. the sum of \$ _____ a month for food, lodging, care, and instruction for said child. We will pay this amount promptly upon receipt of a monthly billing.

We hereby authorize you to have medical and hospitalization services accorded said child whenever such service may appear necessary and we obligate ourselves to reimburse you for any money you may expend by reason of hospitalization and medical attention.

We agree to promptly remove said child from the facility upon your request.

WITNESS OUR hands this _____ day of _____ , _____ .

Parent/Guardian

THE HUGHEN CENTER, INC.

By _____
Authorized Agent

**Signature required at time of placement.*