

Admissions Application

Student Name: _____ Date: _____

Necessary Intake Forms:

- Psychological completed within 2 years of intake date
- Medicaid Card
- CBC/Physical/UA within the last year
- School Withdrawal Form
- Birth Certificate (copy)
- Social Security Card (copy)
- Conditions of Placement
- Approved Contact List *(included in packet)*
- Work Permission Form *(included in packet)*
- Order of Commitment

For DJJ Placements:

- Plan of Care
- Funding Letter from RPS
- Emergency Contact Form
- Safety/Transitional Plan
- Social Summary

For DFCS Placements:

- Institutional Placement Agreement/MWO Waiver

"Building Boys, Making Men"

www.bsranh.org

1542 Francis Bridge Road

Davisboro, GA 31018

Phone: 478-348-6555

Fax: 478-348-3652

Broken Shackle Ranch

Student Admission Application

Application Date: _____ BSR Staff Contacted: _____

Applicant Information:

It is very important that you answer all questions on this application and provide us with necessary documentation so that we may meet the needs of your student; if we do not have the necessary information and documents, this will slow down the intake process.

Applicant's Full Name: _____

 Last First Middle

Birthday: _____ SS #: _____ - _____ - _____

Medicaid # : _____

DJJ JPPS Information : *(if applicable)*

County of Custody: _____

CM / JPPS Name: _____ Supervisor: _____

Mailing Address: _____

 Street

 City State Zip

Work Phone: _____ Cell Phone: _____

Fax Number: _____

Email Address: _____

[We must have an emergency number where you or someone in your office can be reached after hours.]

DFCS CM Information: *(if applicable)*

County of Custody: _____

CM / JPPS Name: _____ Supervisor: _____

Mailing Address: _____

 Street

 City State Zip

Work Phone: _____ Cell Phone: _____

Fax Number: _____

Email Address: _____

[We must have an emergency number where you or someone in your office can be reached after hours.]

Family Information:

Name of biological father: _____ Still living? Yes No

Mailing Address: _____
Street

City State Zip
Work Phone: _____ Cell Phone: _____

E-mail Address (if applicable): _____

Name of biological mother: _____ Still living? Yes No

Mailing Address: _____
Street

City State Zip
Work Phone: _____ Cell Phone: _____

E-mail Address (if applicable): _____

Other Relative: _____ Still living? Yes No

Mailing Address: _____
Street

City State Zip
Work Phone: _____ Cell Phone: _____

E-mail Address (if applicable): _____

Previous Placements:

Please list any previous placements, programs, or organizations that the applicant has been involved with or placed in.

Program/Organization Name: _____

Mailing Address: _____
Street

City State Zip
Phone Number: _____ Contact Person: _____

Program/Organization Name: _____

Mailing Address: _____
Street City St Zip
Phone Number: _____ Contact Person: _____

Medical History:

Please give a detailed account of any illnesses or disabilities with which the applicant has been diagnosed. Include any allergies, continuing or past recurrent medical conditions, medications, etc. If medical records are presently available, please attach them to this application and write "see attached" below.

Type of illness/disability: _____

Date acquired/diagnosed: _____

Name of attending physician: _____

Is the illness/disability cured? Yes No

Is there any on-going treatment or medication? Yes No

If yes, please explain: _____

Criminal Charges:

List any criminal charges against the applicant, whether pending or past. Please explain the situation, the charges, and any consequences (probation, adjudication, etc.) that occurred. If criminal records are available, please attach them to this application and write "see attached" below.

Charge: _____

Date of charge: _____ Was applicant found guilty? Yes No

If yes, please explain the consequences as ordered by the court. _____

Charge: _____

Date of charge: _____ Was applicant found guilty? Yes No

If yes, please explain the consequences as ordered by the court. _____

Drug Use:

Please describe any and all drug use in the applicant's past in the space below. Include all types of drugs used, the length of time in addiction, and any treatment received.

Type of drug: _____

Date you first used the drug: _____ Date you last used the drug: _____

Please rate your use of the drug from 1 to 10, 10 being extremely heavy use, 1 being extremely light use.

1 2 3 4 5 6 7 8 9 10

Please list any treatment you've received for your addiction: _____

Program Goals:

Please list five goals for the applicant to accomplish during his time in this program based on the DJJ Plan of Care:

- 1. Earn GED & Vocational Certification
- 2. Move up through the level system in the program; earn & sustain Level 4 in program
- 3. Counseling:
- 4. _____
- 5. _____

Discharge Plan:

Please explain in detail the plan of discharge the student and provider should work toward.

- Reunification w/ parents/relative
- Non-reunification/Emancipation
- Other

Student Signature: _____ Date: _____



Resident Manual Received & Peer Orientation scheduled:

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Conditions Of Placement

Student Name: _____ DOB: _____

The above named youth now residing at Broken Shackle Ranch, Inc, at 1542 Francis Bridge Road in Davisboro, Georgia, is hereby placed under the supervision of Broken Shackle Ranch, Inc. The Case Manager at _____ County DFCS/DJJ agrees with the placement of the youth at Broken Shackle Ranch, Inc. under the following conditions of placement:

1. Said youth shall not violate any Federal, State, County or Municipal law or ordinance.
2. Said youth shall not have in his possession any firearms, knives, or any other weapons.
3. Said youth shall not abscond (runaway) from Broken Shackle Ranch, Inc.
4. Said youth shall keep the staff advised of his whereabouts at all times without exception; youth is not to leave work site or school without the supervisor's approval, nor is youth to leave the facility without permission.
5. Said youth shall not commit any acts of verbal assault, physical assault, threats, engage in improper sexual conduct, or cause destruction of property while at BSR or in the community under BSR's supervision.
6. Said youth understands that if he is deemed an immediate threat to the safety or well-being of himself or others, approved physical restraint techniques can be used by staff trained in the Handle With Care system. Restraint will be implemented if the youth makes threats of violence or acts in any way aggressively towards himself or others.
7. Said youth shall not borrow, steal, or take anything that does not already belong to them.
8. Said youth shall not curse & treat all other individuals with respect and courtesy.
9. Said youth shall not possess, consume, and/or sell any drugs, alcohol, cigarettes, or inhalants. Said youth shall submit to random drug screens.
10. Said youth shall participate in any and all counseling, groups, and programs as directed by case worker.
11. Said youth shall participate fully with the educational program(s) and the vocational program(s) at BSR.
12. Said youth shall complete all household chores, including keeping his room clean and helping keep the BSR facility neat and clean.
13. Youth agrees to work toward goals set by the worker and BSR.
14. Youth agrees to participate in the behavioral modification program in which appropriate behaviors are encouraged and inappropriate behaviors are discouraged.
15. Said youth shall abide by all verbal & written rules and regulations at BSR, as outlined in the resident manual and Policies & Procedures Manual.
16. Youth is not allowed to use the phone without staff permission.
17. There is NO SMOKING and NO USE OF TOBACCO PRODUCTS while the youth is in the BSR program. Youth may not have any lighters in his possession.

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- 18. BSR has a strict NO TATTOOING rule. If any youth is found to be involved in giving or receiving tattoos, disciplinary action will result, such as (but not limited to) loss of privileges, removal, or criminal charges.
- 19. There is to be no participation in any kind of gang related activities at BSR. Any youth found to be involved in any type of gang activity is subject to loss of privileges, removal, and/or criminal charges.
- 20. Any youth who does not abide by the rules of BSR are subject to loss of privileges and/or removal. Youth may also be charged with criminal charges if actions warrant such charges.
- 21. Youth will be required to pay restitution for any damages done to the group home. Restitution may be acquired through parents, or any other available source.

The acting case manager/PO agrees to:

- A. Provide a written behavioral contract for youth upon placement of the youth.
- B. Agree to call youth within a week of placement and to find out how he is doing in the program.
- C. Agree to visit youth at least every quarter and call/write the youth at least once a month while he is in the program.
- D. Agree to maintain close contact with BSR in reference to home passes and release plans upon completion of the program.
- E. Worker agrees to seek payment for any medical expenses incurred while above youth is in the program, through the parent’s insurance, Medicaid 360, or the RPS.
- F. Agree to assist in providing transportation for court dates, pre-scheduled medical appointments, home passes, etc. while youth is placed at BSR. BSR will provide accommodations for on campus visitation.
- G. If youth is removed from the program, worker will have all personal belongings picked up from BSR within thirty (30) days. Note: BSR is not responsible for clothing and/or personal items after thirty (30) days.
- H. If youth runs away from the program, BSR will not be responsible for personal belongings left behind.
- I. DFCS Case manager agrees to conduct all EPDM visits/contacts and notify BSR HSP of the outcome of the visits monthly. Case manager also agrees to communicate the outcomes of all FTM meetings & panel reviews to BSR HSP.

By the signature below, I certify that I have read and/or have had the above conditions read/explained to me. I have discussed these conditions with my court service worker and BSR staff. I certify that I fully understand each part of the above terms and conditions and I will abide by these conditions while placed at BSR. I understand that the violation of the conditions can result in further legal actions, revocation of placement and/or detention.

Youth’s Signature	Date
Court Service Worker’s Signature	Date
BSR Intake Staff Signature	Date

BSR Medical Questionnaire

Student Name: _____ DOB: _____

Any current complaints: _____

Any current medications: _____

Do you wear glasses or contacts? Yes No

Do you wear braces? Yes No

Have your wisdom teeth come in yet? _____

Have you ever been in the hospital or had any surgeries? Yes No

If yes, explain: _____

Do you have any allergies to food or medications and symptoms? Yes No

If yes, explain: _____

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BSR Approved Visitation, Mail, Telephone List

Student Name: _____ Admission Date: _____

Visitation List: (immediate family only)

Name	Relationship	Primary Phone Number
1.		
2.		
3.		
4.		
5.		
6.		

Phone List: (if different from above)

Name	Relationship	Primary Phone Number
1.		
2.		
3.		
4.		
5.		
6.		

Is there anyone with whom the youth may NOT have any contact? If so, please list them here:

Name	Relationship	Primary Phone Number
1.		
2.		
3.		

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Caseworker/PO Signature: _____

Youth's Signature: _____

BSR Search & Seizure Policy

Broken Shackle Ranch, Inc. administration is hereby instituting a search and seizure policy in regard to any and all contraband found on BSR property. BSR has the right to search any and all possessions, property, and persons on BSR property, to seize any items deemed contraband by the BSR administration, and to promptly dispose of any and all contraband found without any retribution on the part of BSR. All seized property will be taken, tagged, and turned in to BSR administration in order to determine whether or not to destroy it.

Contraband includes, but is not limited to the following items:

- Any items that are gang related or have gang related symbols or language
- Any media (music, books, magazines, personal writings, movies, etc) containing vulgar, negative, or otherwise inappropriate messages or themes
- Any drug paraphernalia or any items referencing drugs or drug use
- Any pornographic media, or any media containing suggestive material
- Any unapproved electronics, such as cell phones, music players, game consoles, etc.
- Any clothing with inappropriate messages

Under this policy, contraband will not be stored, kept, or protected in any other manner, regardless of the value of the contraband. Any and all contraband found at BSR will be disposed of at the discretion of the BSR administration and/or leadership. The owner of the contraband will have no right whatsoever to the item(s), in that the owner was aware item(s) were not permitted on the property. All possessions and property of students are required to be approved by an authorized member of the BSR administration. Any item not so approved will be considered contraband and will be disposed of. Any and all possessions and property of students must be approved of by the authorized BSR administration/leadership BEFORE the student's parent or caseworker has left the property. Scheduled weekly searches and random unannounced searches are conducted on a consistent basis; these searches will focus on: the presence & seizure of contraband items, the cleanliness of the area/campus, adherence to licensing standards, maintenance issues, etc.

By signing this document, I attest that I fully understand the aforementioned policy and completely agree to adhere to the policy as written.

Student	Date

BSR Staff/Witness	Date

Caseworker/PO	Date

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BROKEN SHACKLE RANCH, INC.

Notice : Students placed in the Broken Shackle Ranch, Inc. program may be subject to some of the behaviors that the students have had problems with in the recent past. Below are behaviors, actions and attitudes by other students in the program that may be witnessed. The staff of BSR will do everything in their power to keep these behaviors, actions, and attitudes to an absolute minimum and commit that negative behaviors will result in negative consequences. At this current time, these are the behaviors and actions that we have observed in students currently enrolled in our program:

Current resident age range: 16-20

Failure to follow instructions

Negative Attitude

Mild Cursing

Room failed inspection

Going to unauthorized area

I have read the list of behaviors, actions, and attitudes above and understand that any child I place with BSR may be subject to any of these behaviors, actions, and attitudes at any given time in the program. I have considered the information provided in Rule .09(1)(a)1 above and have determined that the placement environment is appropriate and does not represent an undue risk to the health and safety of the child or children being placed.

Signature of Placement Agency Representative

Date

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Signature of BSR Staff Witness

Date

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BSR Work Permission Form

The BSR program works on several aspects of a student’s character, including: behavior, work ethic vocational skills, discipline, spirituality, social and leadership skills. We currently teach the following vocational trades at BSR: Automotive Maintenance, Food Service, Construction, Landscaping, and Welding. In order to teach a student the full application of any trade, he must be trained on various potentially dangerous equipment, machinery, and tools. We require all students and instructors to wear protective measures. Students age 16 and under can only operate equipment under direct supervision of staff. Unfortunately, accidents do happen and a student may be injured despite our best efforts. We have medical staff available during work hours to transport students to the nearest hospital should their condition warrant this. We ask that you give us permission to train your youth on the tools necessary for his trade. The student may work with the following potentially dangerous equipment, machinery, and tools including, but not limited to:

Construction	Cabinetry	Landscaping	Welding	Automotive
Rigid table saw	Line boring machine	Edger	Disk Grinder	Jack car lift
Radial arm saw	Hinge boring machine	Sledge hammer	Hand Drill	Torch
Table saw	Table saw	Hoe	Porta Band	Hyd press
Slide saw	Thickness planner	Lawn mower	Scroll machine	Hand grinder
Compound miter saw	Sharper	Machete	Oxy acetylene rig	Bench
Masonry cut off saw	Board saw	Pruner	Welder	Engine puller
Cut off saw	Molding machine	Rake	AC/DC welder	Engine stand
Miter saw	Air nail gun	Bow saw	Plasarc mancine	Hand tools
Cable skill saw	Pocket drilling machine	Tree saw masonry saw	Air compressor	
Pneumatic air nail guns	Face frame table	Shears	Tig welder	
Air nail guns	Compound miter saw	Shovel, flat	Chop saw skill saw	
Airless framing nail gun	Circular saw	Shovel, spade	Pipe threader	
Airless finish nail gun	Scroll saw	Spade	Oxy Acetylene tracking torch	
Sawzall	Router	Tiller	Drill Press	
Jig saw	Belt sander	Trowel	Bench grider jet	
Corless drill	Electric drill	Chopper	Engraver	
Electric drill	Electric sander	Weed eater	Fans 20 ton jacks	
Tile wet saw	Hand tools		Mig welder	
Roto zip cutter			Air compressor generator	
Air staple gun				
Axe				
Maul				
Bush hook cutter				
Hand tools (hammer, etc.)				
Ladders				
Scaffolding				

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I give permission for _____ to use the equipment necessary for his training while at BSR.

Case Worker/PO Signature: _____ **Date:** _____

Consent and Agreement

Student Name: _____ DOB: _____

The undersigned party or parties hereby consent and agree to the following conditions in behalf of this resident during his stay at Broken Shackle Ranch, Inc.

Off-Premises Activities: The undersigned understands that the resident may be involved in off-campus activities, i.e. work sites, school, and that the resident will be transported on/in Broken Shackle Ranch vehicles. The undersigned understands and agrees to indemnify and hold harmless the program, its agents, board members, and employees from any loss claim, damage, action, cause of action, cost and/or expense incurred by the program as a result of any significant off- campus activities.

Medical/Dental/Emergency Treatment and Transfer: The undersigned understands that while the resident is at Broken Shackle Ranch, the need for emergency treatment, minor surgeries, medical treatment, dental and /or transfer to a hospital may become necessary or appropriate. Should the need for such emergencies as minor injuries, medical treatment, dental, and/or transfer be deemed necessary or appropriate, the undersigned consents to such treatment and agrees to indemnify Broken Shackle Ranch, its employees, agents, and board members from any loss, claim, damage, action, cause of action, or cost resulting from such treatment.

Consent for Photo ID: The undersigned consents to having one or more photographs taken of the resident for the purpose of identification during the resident’s stay. These photographs will be used for school identification.

Destruction of Program Property: The undersigned understand that the resident is responsible for his actions whether on or off campus, which may result in damage to, destruction of, or theft of Broken Shackle Ranch property or property belonging to others, whether or not such property is located at Broken Shackle Ranch. The undersigned agrees to accept liability for any such damage, destruction, or theft and to reimburse Broken Shackle Ranch or other owners of property damaged, destroyed, or stolen by the resident, for the full replacement value of such property. Additionally, the undersigned hereby agrees to indemnify and hold harmless Broken Shackle Ranch, its employees, agents, and board members for all claims, losses, damages, actions, causes of actions, costs and expenses incurred as a result of any action by the resident, whether on or off campus, arising out of the damage, destruction, or theft of any property.

Elopement/Unauthorized Leave: The undersigned understands that there is no guarantee that a resident will not elope. However, in the event that the resident should elope from the program,

In compliance with Title VI of the Civil Rights Acts of 1964 (P.L. 88-352) no person shall be excluded from services of Broken Shackle Ranch, Inc. on the grounds of race, color, or national origin.

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Broken Shackle Ranch will notify the responsible party as promptly as possible. In addition, if necessary or appropriate, Broken Shackle Ranch may notify law enforcement authorities in order to assist in the relocation of the resident. Should that occur, the responsible party hereby authorizes and consents to the disclosure, by Broken Shackle Ranch, to the law enforcement authorities, of all necessary information concerning the patient whether or not confidential, in order to assist law enforcement authorities in relocating the resident.

Confinement: The undersigned understands and agrees that the use of confinement may be necessary in order to prevent the resident from absconding. Should confinement become necessary during the resident’s stay, the undersigned understands and agrees to indemnify the program, its agents, employees, and board members from any loss claim, damage, action, cause of action, or cost due to any injury occurring as a result of such confinement.

The undersigned understands and agrees to permit Broken Shackle Ranch, Inc., its employees and/or law enforcement authorities acting on behalf of the undersigned to retrieve the resident on elopement and return the resident to Broken Shackle Ranch, Inc. Additionally, the undersigned hereby agrees to indemnify and hold harmless Broken Shackle Ranch, its employees, agents, and board members for all claims, losses, damages, actions, causes of action, and costs incurred by any of them as a result of any action of the resident arising out of or in connection with the elopement.

The undersigned have read and understand the rights of the Broken Shackle Ranch, Inc. resident and agree to assume the responsibilities specified herein on this the _____ day of _____.

Signature of Responsible Party
DFCS or DJJ Representative

Resident Signature

Signature of BSR Witness, BSR Staff

Medical Consents & Releases

Client Name: _____ Date of Birth: _____

My initials beside each of the following statements indicate that I have read & understand each statement.

_____ I grant Broken Shackle Ranch, Inc. permission to provide psychotherapy, administer medications, and provide for general health care to my child under the direction of licensed consulting physicians. I understand my informed consent must be obtained specifically before psychotropic medications and other mood stabilizing medications can be administered to my child except in situations determined by the psychiatrist to be emergencies.

_____ I grant Broken Shackle Ranch, Inc. permission to authorize admission to a hospital, administration of anesthesia or surgery in the event of a medical emergency when verbal/written approval cannot be obtained from me. I understand that efforts to communicate such emergencies to me will continue until contact has been made. Non-emergency hospitalizations will require prior consent from me.

_____ I grant permission for Broken Shackle Ranch, Inc. to release medical information about my child to physicians/hospitals/medical facilities/medical services consulted regarding my child's health care.

_____ I agree for Broken Shackle Ranch, Inc. to release any information required for the determination of benefits to:

(Insurance Company or other 3rd party payor) _____

These consents shall be valid until rescinded by me in writing and communicated to Broken Shackle Ranch, Inc. administration and my child's JPPS/Case Manager.

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Parent/Guardian Signature **Date**

Witness **Date**



FORMS
Registration & Release Form

Important: Type or print legibly. Any inaccuracies on this form may be reflected on trainee, participant, or instructor transcripts, training, and assessment records.

ATS/AAC Name: Broken Shackle Ranch, Inc.
 Check one: Trainee Participant Instructor Performance Evaluator

Name: _____

SS#/NCCER Card #: _____ *(numbers other than SS# must be obtained from the Registry Department)*

Job Title: Student

Address: 1542 Francis Bridge Road

City: Davisboro State: Georgia Zip: 31018

Phone: 478-331-6555 Fax: 478-348-3652 Email: _____

Company Name: Broken Shackle Ranch, Inc.

Company Address: 1542 Francis Bridge Road

City: Davisboro State: Georgia Zip: 31018

Phone: 478-331-6555 Fax: 478-348-3652 Email: dauidcobb@bsr.eduation

I hereby authorize the NCCER Registry Department to verify information in my training records to Sponsor Representative/Primary Administrator upon request. I release and hold harmless NCCER for this verification process.

(if required)

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Note: To be entered in NCCER’s Automated National Registry, you must complete and sign the Registration and Release form. This form must either be forwarded by your ATS/AAC to NCCER’s Registry Department, or the ATS/AAC may choose to maintain the Registration and Release forms locally and provide the Registry Department with a blanket release form letter. This letter must include the signature of the Sponsor Representative/Primary Administrator or other authorized officer of the ATS/AAC.

Reports containing trainee/participant information, including score sheets, training prescriptions, and transcripts, should NOT be distributed without properly documented release information from the trainee/participant.

Mail/fax to: NCCER – Registry Department
 13614 Progress Boulevard ● Alachua, FL 32615
 P 888.622.3720 ext. 6914/6916/6917/6918 ● F 386.518.6255



Georgia Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, Salmonella Typhi, Shigella spp., or Shiga toxin-producing Escherichia coli (STEC), nontyphoidal Salmonella or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms. Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (Salmonella Typhi), shigellosis (Shigella spp. infection), Escherichia coli 0157:H7 or other STEC infection, nontyphoidal Salmonella, or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli 0157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli 0157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Georgia Food Service Rules and Regulations Chapter 511-6-1 and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the Health Authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ Date: _____

Food Employee Name (please print) _____

Signature of Food Employee _____

Signature of Permit Holder or Representative _____ Date: _____