



COMPASSROSE

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# STEP 2

APPLICATION

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# INTRODUCTION

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## **DEAR PARENT OR GUARDIAN,**

We know how much you care for your daughter and how deeply you care about getting her into a place that can truly help her and your family. We are grateful to be a place of hope and healing for families just like yours.

As we move forward, here is our application process.

## **CLINICAL APPLICATION**

- Fill out the online application - <https://crm.bestnotes.com/portal/compassrose>
- Provide mental health records from the past three years. You can fax them (260-569-4758) or email them to [admissions@compassroseacademy.org](mailto:admissions@compassroseacademy.org). In particular, any psychological evaluations or assessments are very helpful.

Your daughter cannot be assessed for acceptance into CRA until both of the above are received.

In this packet, you will also find the following documents, which need to be completed and returned to your admissions contact:

### **Consent Form for Exchange of Information**

This is to allow us to speak with others who have worked with your daughter. If you're unable to provide the mental health records mentioned above but have a clinician who can speak about your daughter, please fill out this form to allow us to contact that clinician/organization.

### **Medical Insurance Agreement**

This will allow our Insurance Specialist to contact your insurance company to look into benefits that may financially assist in the cost of your daughter's stay.

### **Academic Release**

This allows our school to contact your daughter's home academic institution to obtain academic records. If your child is home schooled or does online school, please ignore this document and submit your child's most recent transcript directly.

### **Interstate Compact for the Placement of Children**

This is required for out-of-state families only. If your daughter lives within Indiana, please do not complete these forms.

Please contact our Admissions Team with any questions you may have.



# CONSENT FORM

for Exchange of Information

Client for whom release is applicable: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize and consent for Compass Rose Academy and its employees to release information to and/or exchange information with the organization/person designated below.

Organization/Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

The following information may be used or disclosed:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Psychological testing/reports           | <input type="checkbox"/> Discharge summary     | <input type="checkbox"/> School reports   |
| <input type="checkbox"/> Psychometric/psycho-educational testing | <input type="checkbox"/> Diagnostic evaluation | <input type="checkbox"/> Progress reports |
| <input type="checkbox"/> Case plans                              | <input type="checkbox"/> Medical reports       | <input type="checkbox"/> Social history   |
|  | <input type="checkbox"/> Dental records        | <input type="checkbox"/> Other: _____     |

The information may be used or disclosed for the following purpose(s):

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Progress updates    | <input type="checkbox"/> Treatment services   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> After-care services | <input type="checkbox"/> Legal representation | _____                                 |

I understand that the disclosed information may be subject to re-disclosure by the person(s) or class of person(s) receiving it and no longer protected by the federal privacy regulations.

I understand that I may revoke this authorization by notifying WRFS Services, Attention: Records Department, 5233 South 50 East, Wabash IN 46992, in writing of my desire to revoke it. However, I understand that if I revoke this authorization, it will not have any effect on actions taken by WRFS Services, LLC, in reliance on this authorization.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment or eligibility benefits.

Indiana law requires automatic expiration of this release after 60 days for health records and 180 days for mental health records, unless a specific date is noted as follows: \_\_\_\_\_

This form must be fully completed before signing.

\_\_\_\_\_  
Signature of Client or Client's Personal Representative Date

\_\_\_\_\_  
Client's Printed Name Witness



# MEDICAL INSURANCE

Agreement

I/We, the parents/guardians of \_\_\_\_\_  
(Student's Name)

agree to provide current medical insurance during the entire enrollment of above-named Student at Compass Rose Academy, a division of White's Residential & Family Services. I/We understand that I/we are responsible for all medical, dental, and psychological expenses for this student, notwithstanding any health insurance I/we may have. I/We also understand and agree that Compass Rose Academy or White's Residential & Family Services cannot guarantee that all health care providers will honor all insurance coverage. Consequently, I/we may have to file direct claims with my/our insurance carrier.

\_\_\_\_\_  
Signature of Mother/Guardian Date

\_\_\_\_\_  
Signature of Father/Guardian Date

## MEDICAL INSURANCE

Policyholder/Subscriber Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Insured's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Please check the below boxes if your insurance provides coverage:

Medical       Prescription       Dental       Vision       Mental Health

BIN# \_\_\_\_\_ ID# \_\_\_\_\_ Group # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Dates of Coverage: From \_\_\_\_\_ To \_\_\_\_\_

Please attach a legible/enlarged copy of the front and back of your insurance identification cards.  
PLEASE FILL OUT ABOVE INFORMATION IN FULL. FAILURE TO PROVIDE ANY OF THE ABOVE REQUESTED INFORMATION COULD RESULT IN CHARGES TO YOUR CREDIT CARD FOR UNPAID MEDICAL EXPENSES.



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# ACADEMIC RELEASE

Authorization to Release Academic Records

Student Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

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

Dates Attended: \_\_\_\_\_

I hereby authorize the exchange of all records (*scholastic, health, standardized test results, special education records including psychological testing, psychological and psychiatric treatment information and other related materials*) between our home school and Compass Rose Academy, a division of White's Residential & Family Services, and White's Jr./Sr. High School, which may be of assistance in the proper treatment and education of the student.

\_\_\_\_\_ Official Transcript of Credit

\_\_\_\_\_ Withdrawal Grades

\_\_\_\_\_ Incomplete Classes

\_\_\_\_\_ Test Data

\_\_\_\_\_ Health Records

\_\_\_\_\_ Counseling

\_\_\_\_\_ Consultants

\_\_\_\_\_ Referral Therapists

\_\_\_\_\_ Other

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

**Send Transcripts to:**

White's High School  
ATTN: Compass Rose Academy  
5233 South 50 East  
Wabash, IN 46992  
Phone: 260.569.4757  
School: 260.563.1158  
Fax: 260.563.8975



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# INTERSTATE COMPACT

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## DEAR PARENTS,

The Interstate Compact on the Placement of Children (ICPC) is a way that states track the movement of children as they move/are placed from one state to another. Compass Rose Academy is licensed by the state of Indiana as a Child Caring Facility. This means that we are held accountable by the Department of Child Services (DCS), Indiana State Department of Health (ISDH) and State Fire Marshal. As the law is currently written, any Child Caring Facility must complete proper paperwork for the ICPC.

The ICPC is mostly suited for court-ordered placements, adoptions, and foster care situations where the responsibility of a child is transitioned from one agency to another. This makes the language on the paperwork a bit confusing at times for the purpose of enrolling a student with a Child Caring Facility. *For the purposes of enrolling a student at Compass Rose Academy, the "Sending agency or person" noted on the paperwork refers to the parent/legal guardian who is enrolling the student.*

Please complete Section I to the best of your ability. Leave blank anything you are unsure of and we will take care of it. You do not need to do anything to Section II. In Section III, sign and date where it says "signature of sending agency or person."

Compass Rose Academy will submit this information to the appropriate representative in your home state. Your home state will then submit it to the state of Indiana. Once both states have approved, we are able to admit to your child, pending clinical acceptance.

Please let us know if you have any additional questions.

Thank you for your help in this matter,

Compass Rose Academy

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:

FROM:

SECTION I - IDENTIFYING DATA				
Notice is given of intent to place - Name of Child:		Ethnicity: Hispanic Origin:		Yes No
				Unable to determine/unknown
Social Security Number:		ICWA Eligible		Race:
		Yes No		American Indian or Alaskan Native
Sex:		Date of Birth		Title IV-E determination
Female				Asian
		Yes No Pending		Native Hawaiian/Other Pacific Islander
Name of Mother:		Name of Father:		
Name of Agency or Person Responsible for Planning for Child:				Phone:
Address:				
Name of Agency or Person Financially Responsible for Child:				Phone:
Address:				
SECTION II - PLACEMENT INFORMATION				
Name of Person(s) or Facility Child is to be placed with: Compass Rose Academy/White's Residential and Family Services			Soc Sec # (optional):	
			Soc Sec # (optional):	
Address: 5233 South 50 East Wabash In 46992			Phone: 260-569-4757	
Type of Care Requested:		Parent	ADOPTION	
		Relative (Not Parent)	IV-E Subsidy	
Foster Family Home	Residential Treatment Center	Relationship: _____	Non IV-E Subsidy	
Group Home Care	Institutional Care-Article VI,	_____	To Be Finalized In:	
<input checked="" type="checkbox"/> Child Caring Institution	Adjudicated Delinquent	Other: _____	Sending State	
		_____	Receiving State	
Current Legal Status of Child:				
Sending Agency Custody/Guardianship		Protective Supervision		
<input checked="" type="checkbox"/> Parent Relative Custody/Guardianship		Parental Rights Terminated-Right to Place for Adoption		
Court Jurisdiction Only		Unaccompanied Refugee Minor		
		Other: _____		
SECTION III - SERVICES REQUESTED				
Initial Report Requested (if applicable):		Supervisory Services Requested:		Supervisory Reports Requested:
Parent Home Study		Request Receiving State to Arrange Supervision		Quarterly
Relative Home Study		Another Agency Agreed to Supervise		Semi-Annually
Adoptive Home Study		Sending Agency to Supervise		Upon Request
Foster Home Study				Other: _____
Name and Address of Supervising Agency in Receiving State:				
Enclosed:	Child's Social History	Court Order	Financial/Medical Plan	Other Enclosures
	Home Study of Placement Resource	ICWA Enclosure	IV-E Eligibility Documentation	
Signature of Sending Agency or Person:				Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:				Date:

DISTRIBUTION (Complete six (6) copies):

- \* Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- \* Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- \* Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.
- \* Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.

**SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC**

Placement may be made	Placement shall not be made
<b>REMARKS:</b>	
Signature of Receiving State Compact Administrator, Deputy or Alternate:	Date:

**DISTRIBUTION (Complete six (6) copies):**

- \* Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- \* Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- \* Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.
- \* Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.



# NEXT STEPS

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## STEP 1

### INQUIRE

#### INQUIRE

Call admissions to discuss if Compass Rose would be a good fit for your daughter.

#### VISIT OUR CAMPUS

We strongly encourage parents to set up a time to visit campus to meet the program team and see our facilities.

#### APPLY

Download and complete [Step 2: Application](#) packet.

## STEP 2

### APPLY

#### VISIT OUR CAMPUS

If you have not already done so, we strongly encourage parents to set up a time to visit campus to meet the program team and see our facilities.

#### SUBMIT

Submit an application, your daughter's mental health records and other forms from the Application Packet.

#### ACCEPT

If your daughter is clinically accepted and all other documentation is complete, set an admission date.

#### ENROLL

Download the [Step 3: Enrollment](#) packet.

## STEP 3

### ENROLL

#### FINALIZE

To prepare for admission day, please contact us to set up the most convenient time for your daughter's admission to Compass Rose. We will provide a schedule for you of the layout of your daughter's admission day.

#### VISIT OUR CAMPUS

Your daughter's admission day will be scheduled from beginning to end to ensure a steady transition into Compass Rose. Admission day varies depending on the time and day that your daughter is enrolled as well as any special circumstances that need to be considered.



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