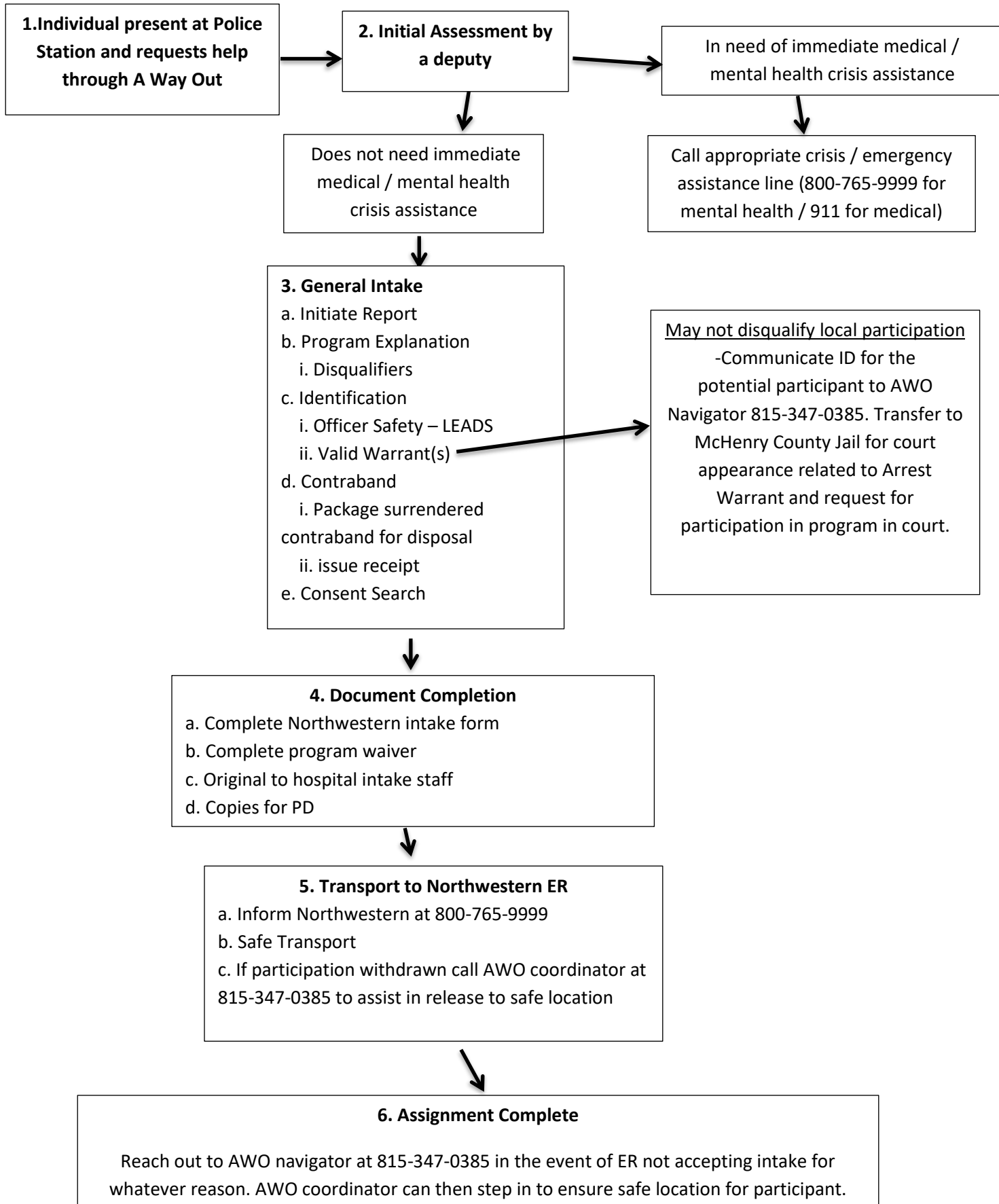


McHenry County A WAY OUT Process Flowchart



MCHEMRY COUNTY A WAY OUT PROGRAM WAIVER

Department Name: _____

Date of Completion: _____

- _____ 1a. This is to certify that I, _____, am over the age of 18 and, to the best of my knowledge, have no active warrants pending for my arrest at this time.
- _____ 1b. This is to certify that I, _____, am the parent of legal guardian of _____, who is under the age of 18 and participating in the McHenry County A Way Out Program voluntarily. I hereby authorize the minor's participation in the McHenry County A Way Out Program. I further agree to be bound by this waiver both individually and on behalf of the minor.
- _____ 2. I understand that if at any time an officer(s) or staff from a participating police department in McHenry County believe I am in need of emergency medical treatment, I will comply and consent to any medical evaluation of the officer(s) or staff believe is necessary.
- _____ 3. I understand that if I no longer wish to participate in the McHenry County A Way Out Program at any time prior to intake at Northwestern Medicine in Woodstock, I will allow the officer(s) or staff from the participating police departments in McHenry County to immediately transport me to a location that said officer(s) or staff believe is safe
- _____ 4. I agree to turn over any and all illegal drugs, illegal drug paraphernalia, alcohol, and any item that could reasonably be used as weapon to an officer(s) or staff from a participating police department in McHenry County
- _____ 5. I agree and understand that I remain responsible for any and all fees and expenses related to the treatment I may receive as a result of this program.
- _____ 6. I agree to allow an officer(s) or staff from a participating police department in McHenry County to transport me to Northwestern Medicine in Woodstock, to remain with me at Northwestern Medicine in Woodstock during intake process and, thereafter, for as long as said officer(s) or staff deem necessary, and to discuss my care and treatment at the facility with the hospital staff and physicians.
- _____ 7. I understand that I am assuming all risk for any and all claims arising from my participation in the McHenry County A Way Out Program. I understand further that the McHenry County Police Department and Northwestern Medicine in Woodstock, it directors, officers, and employees assume no responsibility for any act and/or omission which may cause an damage to any person, including me, in any way connected with

the participation in the McHenry County A Way Out Program. On behalf of myself and my heirs, I do hereby RELEASE, RELINQUISH, INDEMNIFY, and HOLD HARMLESS the McHenry County Sheriff's Office or any other McHenry County Police Department and Northwestern Medicine in Woodstock, its directors, officers, and employees and their assigns, heirs, and successors from any and all damage(s), loss (es), claim(s), and cause(s) of action arising wholly, partially, or in any way from my participation in the McHenry County A Way Out Program.

_____ 8. I understand that if I do not have transportation of my own to the recommended treatment facility, I may choose to receive services for free from Connect 2 Recovery a division of New Directions Addiction Recovery Services. This organization cooperates with, but is an independent entity outside, the A Way Out program. On behalf of myself and my heirs, I do hereby RELEASE, RELINQUISH, INDEMNIFY, and HOLD HARMLESS the Connect 2 Recovery, a division of New Directions Addiction Recovery Services in Crystal Lake, its directors, officers, and employees and their assigns, heirs, and successors from any and all damage(s), loss (es), claim(s), and cause(s) of action arising wholly, partially, or in any way from my participation in their transportation program.

_____ 9a. I **agree** to allow the A Way Out Navigator to provide updates on my treatment status to this police department.

_____ 9b. I **do not agree** to allow the A Way Out Navigator to provide updates on my treatment status to this police department.

_____ 10. By signing this document, I certify and affirm that I have read and understood it and all of its provisions, and I am signing voluntarily. By signing this document, I certify and affirm that I am not so impaired by drugs or alcohol that I lack the mental capacity to understand the nature and effect of this waiver.

Participant's Name (No Cursive)

Participant's Signature

Parent's or Legal Guardian's Name (No Cursive)

Parent's or Legal Guardian's Signature

Officer's Name (No Cursive)

Officer's Signature

A Way Out – McHenry County Northwestern Medicine Intake Questionnaire

Participant's Name: _____ **Date:** _____

Participant's Current Address: _____

Participant's Date of Birth: ____/____/____

Participants Sex: Male or Female

Participant: Are you now, or have you served in the military? Yes or No

Participant Phone: _____ **Can you receive text:** Yes or No

If the A Way Out Navigator is unable to reach you at this number is there an alternative contact person:

Name: _____ Phone: _____

1. Did the subject turn over any drugs, drug paraphernalia, or weapons? If yes, describe.

2. Does the subject confess to being under the influence of drugs or alcohol or appear to be under the influence of drugs or alcohol? If yes, what medical or emotional behaviors were noticed?

3. Does the subject express any desire to hurt himself/herself or someone else? Based on your interaction with subject or otherwise, do you have any reason to believe the subject poses a risk to themselves or another person? Describe?

4. Prior to transport, conduct a pat down search of the subject and describe any weapons, drugs, drug paraphernalia, or other contraband discovered.

Officer: _____

Signature of Officer: _____

Name of Department: _____

Does department want to receive follow-up information: Yes or No

Upon completion, please send questionnaire and waiver to the A Way Out Navigator.

Attn: Louis Rafti

Email: louisr@ndars.org

Phone: 815-347-0385