

MANUAL
OF THE
DEPARTMENT OF PUBLIC WELFARE
STATE OF MINNESOTA

ORVILLE L. FREEMAN, Governor

**Laws, Policies, Procedures and Underlying
Philosophy in Relation to the Program
for the Mentally Deficient and Epileptic**

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MINNESOTA**

Prepared for county welfare boards as a guide and aid in carrying out their responsibilities to the mentally deficient and epileptic, with emphasis on responsibilities imposed by the guardianship law.

59-MAN-DPW

PREFACE

This Manual has been prepared to help social case workers in the county welfare boards carry out their responsibilities to the mentally deficient and epileptic — especially those responsibilities connected with guardianship to the Commissioner of Public Welfare. It supersedes the manual of 1950. In the main the policies are unchanged, but such changes as have been made are based on a recognition of the need for a broader program as well as a more individualized one. The basic philosophy of Minnesota about the mentally retarded and epileptic is also stressed since without an understanding of this, procedures become merely mechanical.

The Manual material is the result of work by a committee composed of social workers in the institutions, several executives and social workers from county welfare boards, a representative from the Division of Field Services, and the staff of the Section for the Mentally Deficient and Epileptic. Appreciation is expressed to the members of this committee who worked with the Departmental staff. Some of them traveled many miles, for many, many months to attend meetings. The committee considered policies, content, phraseology, and form of the Manual, discussing it with the superintendents and staff within the institutions or with others in the counties.

The chapter on psychology was prepared by the Head of the Bureau for Psychological Services of the Department. While the Section for the Mentally Deficient and Epileptic and the institutions are the units of the Department most concerned with the policies outlined here, there are other units with important responsibilities, and their services are included as part of a total program.

All material relating to other agencies has been reviewed by them in order to be sure that it represents a correct interpretation of their policies in relation to this program.

It is hoped county welfare boards will find this Manual a real help in working with the retarded and epileptic. Also, it is hoped that it will give a better understanding of state and county responsibilities to probate judges and others working with the mentally retarded.

June, 1959



MORRIS HURSH
Commissioner

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Chapter I

BASIC LAWS

I. Historical and Legal Background

Minnesota, since 1851, has accepted responsibility for persons mentally unable to plan for themselves. In that year, the first legislature of the Territory of Minnesota passed a law placing responsibility with the probate judges to protect the interests of such persons. In 1866 a commission was appointed to select a site for an institution. At this time the mentally deficient were not differentiated from the mentally ill, and St. Peter State Hospital housed all who were mentally incompetent. The purpose was protection of the individual and the public — and custodial care alone was offered.

By 1879 it was recognized that some of the "idiotic" or "feebleminded" children could profit by "training and instruction" and they were transferred to the "asylum for the deaf, dumb, and blind" at Faribault. This asylum had been established for the deaf and dumb in 1858, with the blind added in 1881. Under different names and with important improvements, this institution continued until 1905 to provide education for those prevented by their "defects" from receiving proper education in the public schools. In that year a separate institution for the feebleminded and epileptic was provided. This made possible a better training program and care for many who would never return to community life. The improvement of the institution program and the establishment of special classes in the public schools, which was made possible by the 1915 legislature, showed an ever-increasing sense of the responsibility of the state for those handicapped by mental deficiency.

The basis for a state-wide and all-inclusive program for the mentally deficient and epileptic was not established, however, until 1917. This program operates under four basic laws passed by the legislature of that year. The earlier laws that established the institution and special classes recognized some state responsibility for this group. Later laws aid in the administration of the total program made possible in 1917. The basic laws passed in that year placed responsibility for administration upon the Board of Control and county child welfare boards — now the Commissioner of Public Welfare and county welfare boards. Portions of these laws as later amended are given below.

II. Current Laws

A. General responsibility for the welfare of mentally deficient (defective) children

Minn. St. 1957, Sec. 256.01 "COMMISSIONER OF PUBLIC WELFARE; POWERS, DUTIES. Subd. 1. Powers transferred. All the powers and duties now vested in or imposed upon the state board of control by the laws of this state or by any law of the United States are hereby transferred to, vested in, and imposed upon the commissioner of public welfare, except the powers and duties otherwise specifically transferred by Laws 1939, Chapters 431, to other agencies. The commissioner of public welfare is hereby constituted the 'state agency' as defined by the Social Security Act of the United States and the laws of this state."

(The 1917 laws empowering the Board of Control to accept guardianship and placing responsibility upon the Board to take the initiative in all matters involving the interests of such children are quoted and interpreted on page 19.)

Minn. St. 1957, Sec. 393.07 "POWERS, DUTIES. Subd. 1. Act as county welfare board. After its establishment the county welfare board shall forthwith assume the powers, duties, and responsibilities of the county child welfare board, if any, existing in the county, and shall perform such duties as may be required of the county child welfare board or by law or by the commissioner of public welfare with regard to the enforcement of all laws for the protection of defective, illegitimate, dependent, neglected, and delinquent children."

(The adult mentally deficient and epileptic, as well as children, have been given service under these laws since their passage.)

B. Guardianship Laws

Minn. St. 1957, Sec. 525.749 "DEFINITIONS. Subd. 1. For the purposes of Minnesota Statutes, Section 525.75 to 525.79, unless a different meaning is indicated by the context, the words, terms, and phrases defined in this section shall have the meanings given them.

"Subd. 2. 'Patient' means any person for whose commitment as mentally ill, senile, inebriate, mentally deficient, or epileptic, proceedings have been instituted or completed.

"Subd. 6. 'Mentally deficient person' means any person, other than a mentally ill person, so mentally defective as to require supervision, control, or care for his own or the public welfare.

"Subd. 7. 'Epileptic person' means any person suffering from epilepsy and in need of treatment, supervision, control, or care.

"Subd. 10. 'Director' means the director of public institutions."

Minn. St. 1957, Sec. 525.751 "INSTITUTION OF PROCEEDINGS. Subd. 1. Petition; filed by whom. Any relative or reputable resident may file in the court of the county of the patient's settlement or presence a petition for commitment of a patient setting forth the name and address of the patient, the name and address of his nearest relatives, and the reasons for the petition.

"Subd. 2. Custody or restraint of patient. The court may, if it determines that the best interest of the patient, his family, or the public is thereby served, direct the sheriff, or any other person, to take the patient into custody and confine him, for observation and examination, in any licensed hospital or any other place or institution consenting to receive him. The order of the court may be executed on any day and at any time thereof, by the use of all necessary means, including the breaking open of any door, window, or other part of the building, vehicle, boat, or other place in which the patient is located, and the imposition of necessary restraint upon the person of such patient.

"Subd. 3. Consent of director. If the patient has no settlement in this state, all proceedings under such petition may be stayed until the director consents thereto.

"Subd. 4. County attorney to represent the petitioner; counsel for patient. In all such proceedings the county attorney shall appear and represent the petitioner. If the patient so requests, or is held for observation under order of the court, the court shall appoint counsel for him, if he is financially unable to obtain counsel. In all other cases the court may appoint counsel for the patient if it determines the interests of the patient requires counsel."

Minn. St. 1957, Sec. 525.752 "EXAMINATION. Subd. 1. Notice; hearing; professional assistants; welfare board investigation. The patient shall be examined at such time and place and upon notice to the patient and to such other persons and served in such manner as the court determines. The court shall appoint two licensed doctors of medicine, and in addition thereto may appoint one person skilled in the ascertainment of mental deficiency, to assist in the examination. The court may require the county welfare board to make an investigation into the financial circumstances, residence, and social history of such persons and may require a report in writing of such investigations for the use and guidance of the examiners and the institution to which such persons may subsequently be committed.

"Subd. 2. Hearing; notice. Upon the filing of a petition for the commitment of a person who is alleged to be mentally deficient or epileptic the court shall fix the time and place for the hearing thereof. Ten days' notice thereof shall be given by mail to the commissioner of public welfare unless expressly waived by the commissioner. Notice shall also be given to such other persons in such manner and at such time as the court directs.

"Subd. 3. Report of examiners, filing, notice. The examiners and the court shall report their findings. One copy thereof shall be filed in the court and another copy thereof shall be transmitted to the superintendent, or in the case of a mentally deficient or epileptic patient, to the commissioner. The court shall determine the nature and extent of the patient's property and the nature and extent of the property of the persons upon who liability for such patient's care and support is imposed by law. One copy of such findings shall be filed in the court and another copy thereof shall be transmitted to the commissioner. The commissioner shall prescribe the forms for the findings of the examiners and the court.

Minn. St. 1957, Sec. 525.753 "COMMITMENTS.

"Subd. 2. Guardian, commitment. If the patient is found to be mentally deficient or epileptic, the court shall appoint the commissioner guardian of his person and commit him to the care and custody of such commissioner.

"Subd. 5. Defendant in criminal proceedings. When, pursuant to an order of a state or federal district court, a defendant in a criminal proceeding is examined in the probate court, the probate court shall transmit its findings and return the defendant to such district court, unless otherwise ordered. A duplicate of the findings shall be filed in the probate court, but there shall be no petition, property report, or commitment unless otherwise ordered."

Minn. St. 1957, Sec. 525.762 "DETENTION.

"Subd. 2. Upon commitment of a mentally deficient or epileptic patient, the director may place him in an appropriate home, hospital, or institution or exercise general supervision over him anywhere in the state outside of any institution through any child welfare board or other appropriate agency thereto authorized by the director."

III. Meaning of Terms Used in Laws and Manual

A. "Welfare board"

Throughout this Manual, in reference to case work procedure, "welfare board" implies action by the staff. "The board" is used when actual board action is necessary or advisable.

B. "Patient" and "ward"

"The ward" and the legal term "the patient" are used interchangeably after guardianship has been established.

C. "Director" and "Commissioner"

Wherever the law uses the term "Director", "Commissioner" should be substituted. When the office of the Commissioner of Public Welfare was created, all duties and responsibilities of the Director of Public Institutions were transferred to the Commissioner.

Chapter II

GENERAL STATEMENT ABOUT PROGRAM

I. Coordinated Program

A. General responsibility

A number of units of the Department of Public Welfare and of other agencies are involved in a total program for the mentally deficient and epileptic. The Commissioner of Public Welfare is given general responsibility for the welfare of the mentally deficient, which means recognizing that each person is an individual and needs continuous but changing services from birth to death. The Commissioner is responsible for cooperating with other agencies to this end. At the state level he carries out this responsibility through several divisions of his Department but mainly through the Division of Medical Services; at the county level, through the welfare boards.

B. Department of Public Welfare responsibility

1. Division of Medical Services

This is the division in which is centered the main responsibility for general planning, for cooperating with all public and private agencies, and for individual care and treatment. The units most specifically involved are:

a. Section for the Mentally Deficient and Epileptic.

(1) General responsibility

The major responsibility of the Department, other than that of the institutions, rests with the Section for the Mentally Deficient and Epileptic. This section has general responsibility for promoting community programs and working out cooperative policies with other agencies for the benefit of any and all retarded persons. It can be called on by the welfare boards and by private agencies to help determine what activities are needed for this purpose and to aid in planning them.

(2) Guardianship responsibility

A major responsibility, however, is acting for the Commissioner in carrying out the guardianship laws. This Manual is primarily concerned with presenting policies and procedures related to this function.

b. Institutions for the mentally deficient and epileptic (see pages 70 - 75).

Each institution is a unit giving care, training, and education to patients on an individual basis. Each institution is also a part of a coordinated program. Each serves as a facility to meet the needs of some wards at certain times.

c. Bureau for Psychological Services — see page 76.

Through this Bureau psychological services can be obtained to aid in diagnosis or planning.

d. Mental health clinics

These clinics are located in several areas. Usually a clinic serves several counties in addition to the one in which it is located. While the main function is to serve emotionally disturbed or mentally ill persons, diagnostic and consultative services may be obtained for those who are thought to be mentally deficient and epileptic.

e. Community education services

These are provided by the Mental Health Consultant. The mental health con-

sultant can be requested to furnish information or material to be used in community education on mental deficiency and epilepsy, as well as mental illness, and will give counsel on programs or methods for bringing about community understanding.

f. Community mental health consultant services

The Community Mental Health Consultant assists in arranging for in-service training on mental deficiency and epilepsy as well as mental illness.

g. Volunteer services

The Volunteer Services Coordinator has information about the needs of the institutions for gifts or services and will help community groups or individuals channel their activities. When requested, she will consult with counties on the use of volunteers and help to obtain and to integrate assistance from individuals or groups in the community.

2. Division of Child Welfare

a. Licensure of residential and day-care facilities

(Minn. St. 1957, Sec. 257.081 through 257.101).

The responsibility for implementing the laws providing for the licensing of private residential facilities, day-care centers, and boarding homes is placed within the Standards and Licensing Section of the Division of Child Welfare.

Most of the residential facilities caring for only the mentally retarded have been licensed to make it possible for families, with the help of the welfare board, to arrange for care out of the home for children who are awaiting placement in a state institution. While the Division of Child Welfare has direct responsibility for licensing these facilities, for setting standards, and seeing that these standards are met, the welfare boards have responsibility for supervising the children as wards of the Commissioner. (See page 22 of this Manual, and see Minn. St. 1957, Sec. 525.762, Subd. 1.)

3. Division of Public Assistance

Two units in this division provide definite services that may be used for the benefit of mentally retarded and epileptic persons.

a. Aid to the Disabled

This is financial aid available to some severely retarded persons (see page 64).

b. Service to the Blind and Visually Handicapped

The Services for the Blind Section is legally responsible for promoting the welfare of blind and partially-seeing persons. This is true for those who are mentally retarded or epileptic as well as for others. Services may consist of consultation to personnel of the county welfare board or another resource in order that the problems of the visually handicapped may be better understood. When technical services are needed to promote the general well-being of the visually handicapped person and when these services are not obtainable locally, Services for the Blind will provide them through direct service. These technical services may consist of facilitating an educational plan, providing vocational rehabilitation, and developing techniques of self-care. The case worker should register each visually handicapped mentally deficient and epileptic person known to him with the Services for the Blind Section.

4. Division of Field Services

Personnel in this division give service in explanation and implementation of programs and help in training and consulting with county welfare board staff. This service is given in the program for the mentally deficient and epileptic, as in other programs.

a. The district representative

The district representative works in an assigned district and receives a copy of all correspondence sent to the welfare boards by the Section for the Mentally Defici-

ent and Epileptic. He acts in a liaison capacity between the Section for the Mentally Deficient and Epileptic or other Departmental units, and the county welfare boards. He is in a position on the one hand to explain state policies to the counties and on the other hand to explain the problems and needs of the county to the central office. He also aids the social workers in the Section for the Mentally Deficient and Epileptic by consulting with county workers in individual cases in order to promote and facilitate the use of good case work methods in working with the mentally retarded and epileptic.

C. County welfare board responsibility

The county welfare board is the local agency responsible for carrying out the total program on the local level.

D. Other agencies cooperating

The Department of Education and the Department of Health have definite responsibility at both the state and the local level. The public health nurses will share responsibility with the county welfare boards in many cases. The Association for Retarded Children is the private agency whose one concern is for the retarded person. Many others have an interest too.

II. Who Are the Mentally Deficient and Epileptic?

A. "Epileptic" persons

The definition of an epileptic person presupposes a medical diagnosis and need for treatment. Discussion about the advisability of guardianship is based on a determination as to whether a need exists for supervision, care, and control. Factors of personality and environment must be considered, together with the need for medical care.

B. "Mentally deficient" or "mentally retarded" persons

"Mentally deficient" and "mentally retarded" are used interchangeably in this Manual. The mentally deficient person is defined in social terms based on the degree of mental defectiveness. Broadly speaking, mental deficiency is a lack of intellectual development that is associated with or the basis of personal and social inadequacy. The mentally deficient person functions at some intellectual level below that of the average person. This lack of development is brought about by disease, infection, injury, psychological factors, or a hereditary condition. The injury or infection may have been prenatal. In most instances the retarded person cannot be "cured", but treatment often improves his mental and physical condition. After diagnosis he needs not only indicated medical treatment but also training and education suited to his abilities, in order to function at the highest level possible with the mental potential he has. Factors of personality and environment must also be considered in planning for the mentally deficient person.

C. Mental deficiency and mental illness not the same

An understanding of the basic differences between mental illness and mental deficiency is necessary as a basis for working with persons included in this program. Definitions in the law specifically separate mental deficiency from mental illness. The latter is not due to a lack of intellectual development. Sometimes the two conditions are indistinguishable, however. It is, of course, also true that a mentally deficient person may become mentally ill. In this case, treatment could only restore him to his former level of mental ability, and training would still be needed in order that he achieve what is possible with the mental ability he possesses.

III. Guardianship

A. Meaning

Guardianship of a mentally deficient person is established because of his subnormal mental development, which usually makes care or supervision in varying degrees necessary for life. A recommendation for guardianship does not imply that there has been neglect or that the par-

ents are incompetent. Some epileptic persons are also mentally retarded, and those of higher intelligence for whom guardianship should be established are persons who appear unable to adjust to community living or for whom seizure control has not been established. The guardianship law does not place upon the Commissioner responsibility for the support of wards, nor does the fact of guardianship imply that wards should be removed from their homes. This is how guardianship of the mentally deficient and epileptic differs from guardianship because of dependency or neglect. The guardian of the mentally deficient and epileptic person supplements what the parents can do for their child who needs unusual care. Unless legally terminated, this type of guardianship exists for the lifetime of the individual. Thus the guardian assumes total responsibility for planning when the parents are no longer living or are unable to aid in planning for their child.

B. Reasons for guardianship

In general there are seven reasons for guardianship of mentally deficient or epileptic persons, any one of which may make such action advisable:

1. Protection for the future

Many parents are able to plan and care for the retarded child for the foreseeable future but realize that in the event of their incapacity or death, responsibility must be assumed by the state.

2. Need for consultation or aid to parents

Most parents are adequate to plan for and take care of normal children but need aid in planning for and caring for retarded or epileptic children — from the standpoint of actual physical care or from that of adjustment and training. (This often means a recognition that institutional care is needed soon or in the foreseeable future. It may, however, mean consultation or help in planning for community care for an indefinite time.)

3. Unmet needs of retarded person

In some cases parents are unable to meet physical, emotional, or behavior problems and refuse to cooperate in necessary planning to meet those problems.

4. Child without adequate parents

When a retarded child is without parents or must be removed from his parents, guardianship is necessary for planning.

5. Poor adjustment of adult

When there is delinquency or lack of good adjustment on the part of the retarded adult, the authority of guardianship may be needed.

6. Mentally deficient parent

When a parent is found to be mentally deficient and in need of supervision, guardianship should be established for him.

7. Legal protection needed

When legal protection from exploitation is needed, guardianship constitutes a basis for protection of the individual's interests.

In the first two instances planning is done cooperatively by the case worker and the parents, with discussion of both present and future needs. Every effort should be made to obtain the cooperation of parents or relatives in the other situations, but sometimes action is necessary without it.

C. Adjustment of planning to needs of individual

1. The "trainable" and the more severely retarded

These persons will need someone to plan for them or care for them as long as they live. The "trainable" are those capable of learning self-care and how to do

many tasks if well taught and supervised. The more severely retarded are those who will require total care even when adult.

Because guardianship takes the future into consideration many parents look upon it as insurance. They may be able to care for a child at the time he is placed under guardianship but realize that they will need institutional care or, at least, assistance with substitute plans at some later date. Guardianship places upon the county welfare board the responsibility for working with both the ward and his family in every way that will help to meet his needs. If institutionalization is desired but not possible because of lack of space, and removal from the home seems imperative, the county welfare board must aid in making substitute plans. These plans may result in placement in a boarding home, a residential facility, or a private school, or they may result in day care out of the home.

2. The higher-grade or "educable" retarded

The higher-grade retarded person may make a satisfactory adjustment indefinitely if his environment conforms to his abilities. Nevertheless, guardianship may be an advantage because it will provide continuity of supervision in spite of changing circumstances. There is little doubt of the need for guardianship of those who present some problems in addition to mental retardation. With the higher-grade, particularly, this is generally due to factors such as emotional instability, inadequate home training or supervision, lack of suitable schooling, or responsibilities imposed in excess of capacity to meet them. Specific examples of situations of persons in the higher levels of mental retardation in which guardianship is most often needed as a basis for planning are the following:

a. Need for foster home care

The boy or girl who is retarded or epileptic and whose home is inadequate to meet his needs may make a good community adjustment if placed in a foster home. Guardianship is usually needed before such placement is planned.

b. Community failure to provide adequate school opportunities

The school child for whom community resources are inadequate may require institutional placement in order that his need for education and protection may be met.

c. Need for use of authority

Authority may be needed in order to help the boy or girl or the man or woman who has become delinquent or is unable to adjust satisfactorily in the home or community. Supervision may mean changing environmental factors such as family relationships. Institutional training is also often needed.

d. Retardation of parents

Parents and prospective parents who are retarded may need help not only to aid them to make a community adjustment but also to prevent child neglect and the birth of children.

e. Protection from exploitation

The individual who is mentally retarded often needs protection from exploitation.

3. The epileptic person

The welfare board has as great a responsibility for supervising the epileptic ward and helping him to adjust as it has for the mentally deficient ward, and procedures and policies are generally the same. Among the major problems faced by the epileptic person are his difficulty in finding suitable employment and either the rejection or the overprotection he may be subject to at home or in the community. The welfare

board also has an additional responsibility — that of seeing that the epileptic ward has continuing medical care. A major problem of supervision — particularly of the higher grade epileptic person — is getting him to understand and accept his handicap. When intellectually he is average or above average intelligence but handicapped by emotional instability, the approach in giving help must be adjusted to fit his understanding and abilities. Sometimes psychiatric help is needed. Some points to remember relate to:

a. Guardianship and institutional placement

The usual purpose of committing a higher grade epileptic person to state guardianship is to make him eligible for institutional care and treatment because of lack of adjustment to life in the community due to severity of seizures or emotional factors.

b. Possibility of mental retardation

The majority of those referred for commitment as epileptic and for institutionalization are also mentally retarded — many severely so. Sometimes low mentality is due to deterioration.

c. Dual commitment

If a person is epileptic and mentally retarded, legally he may be committed as mentally deficient, as epileptic, or as both mentally deficient and epileptic. But, since mental deficiency is a more basic condition, it is better that this be the basis of the petition. An added reason for this in some cases is that the sterilization law applies only to those who have been committed as mentally deficient.

d. Voluntary application for care in a state institution

Voluntary applications for placement in institutions are legally possible but administratively not feasible at this time (see page 49).

e. Use of the institution

In planning for institutionalization, patients and their families should understand that the institution does not offer any special medical treatment that doctors on the outside cannot give. On the other hand, it does offer supervised care, a regular routine, removal from the pressures and competition of life outside, and placement with others similarly handicapped. Although there is no promise of cure, seizures can sometimes be reduced or eliminated by the use of proper drugs and the lessening of pressures or tensions. When a patient enters an institution, it should be understood that he cannot leave at will. There will be the same planning as for those who are mentally deficient and not epileptic.

4. Situations involving the use of authority

a. Delinquency

When a ward becomes involved in a community situation with antisocial implications, his welfare is still of first importance. The use of authority may be necessary for his welfare or to protect the community. This may sometimes mean removal from the community, even if opposed by his parents or relatives.

b. Status of ward's children

Whenever a petition is filed requesting a hearing in mental deficiency or epilepsy for a parent, careful consideration should be given to plans for minor children. Parental custody can be terminated only by juvenile court action. Unless such action is taken, the parent retains legal custody of his child. In some cases the care of the children may be questionable, but permanent removal may not seem necessary; in such cases it may be well to petition the juvenile court to give the welfare board temporary custody of the children. If a child of mentally deficient parents is also mentally deficient or epileptic, commitment to the Commissioner by the probate court will give authority for planning for him.

c. Gaining cooperation when authority must be used

In situations that may involve authoritative action, every effort should be made to give the mentally retarded person and his family an understanding of the need for such action and to gain their cooperation.

5. Points to remember in all supervision

a. Appropriate goals for supervision

It is essential that the treatment goals and techniques be appropriate to the needs of the individual being helped. As one example, a temporary or more permanent period of institutionalization may not represent failure as often considered — particularly with the higher-grade adult. It may in reality be the best possible way of meeting the ward's needs.

b. The adjustment of the mentally deficient can be altered

Many of the higher-grade mental defectives who are referred for commitment not only suffer from their mental defects, but have lived under especially disadvantageous conditions as well. It is important to remember, therefore, that the early contacts may not show the true abilities and attitudes of an individual. Thus, an understanding of what the individual is capable of doing means recognizing service as a continuing but changing process rather than as one that stops with a diagnosis of mental deficiency.

IV. Understanding of Attitudes

In the consideration of guardianship for a retarded or epileptic child and in planning with the family, understanding of emotional attitudes is necessary. The case worker should:

A. Learn to listen.

The case worker should give the parents every opportunity to describe their child's behavior instead of trying to do this for them. This may relieve tension. The results of intelligence tests and clinic or school reports can then frequently be offered to them as verification of their own observations.

B. Avoid using technical or emotionally charged words or phrases.

This includes words like "idiot", "imbecile", "feeble-minded", "IQ", or "putting away", since these words are apt to increase resistance rather than understanding. In the early stages of discussion even such terms as "mentally deficient", "court commitment", and "institutionalization", seem harsh and cruel, although later these terms must be frankly explained. The worker should talk simply and concretely of the child who is slow or retarded in his mental development; refer to his mental or developmental age rather than to his IQ; help parents to understand the meaning of the IQ by having them compare what their child can do with what other children they know of the same chronological age can do; and speak of the facilities or opportunities for care or training offered by the state, private institutions, or the local community. Later on the worker should explain the term "mentally deficient" as meaning only some degree of lack of normal development. The parents must be reinforced in understanding that planning for the child is not an act that shows lack of love. Knowing that other parents are facing the same problem can sometimes be reassuring.

C. Offer the family a choice of possible solutions for their consideration.

This provision for making a choice is better than a recommendation of just one plan that the parents must either accept or reject. At this point guardianship as protection must be explained. It is then possible to suggest three types of plans. The first two are not dependent upon guardianship although the protective aspects of guardianship are helpful.

1. Continued care in the home

Parents can continue to care for their child at home; and if there are facilities for aiding in this, they should be told of them.

2. Private care out of the home

Parents can try to arrange care in a boarding home or in a religious or other private institution.

3. Eventual state residential care

Parents can make plans to take advantage of state residential facilities when these are available. It should be remembered, always, that since the child belongs to the parents, they are the ones who must live with the decision and be satisfied with it. They must understand that unless the retarded individual is a social menace or the family is grossly incapable of making a proper decision, it is never the policy of the Department of Public Welfare to force plans involving removal from the home even though the child is under guardianship. It should also be understood that a plan to keep a child at home or place him elsewhere can be changed as circumstances change. For this reason guardianship may be advisable when one of the two first plans is chosen, as well as when institutional plans are desired at the time state guardianship is applied for.

D. Never try to hurry a family into deciding on commitment to guardianship

When feelings are extreme, repeated interviews for any planning may be required before the family can make a real decision. It is also wise to talk with both parents — together, if possible — to make sure that they agree and understand what this decision will mean to each of them.

E. Difficulty of making decision to place person in institution

To the extent possible a family should not be hurried in deciding whether to accept institutional plans. Nevertheless, if a family is not emotionally ready for institutional care before space is offered, it must understand that fairness to others awaiting space means that a negative decision may have to be made because the time for consideration must be limited.

V. The Mentally Retarded or Epileptic Not Under Guardianship

Because of the general responsibility given for the welfare of the mentally deficient and epileptic, welfare boards have a responsibility to aid parents in their planning even if guardianship is not desired. The responsibility is not as specific as it is for those who are wards, however, and the needs of this latter group must be met first. Nevertheless, community resources must be made available to all.

Chapter III

COMMITMENT PROCEDURES AND POLICIES

I. Before Petition for a Hearing is Filed

A. Explanation of guardianship

The case worker should make certain that the family understands the guardianship law and court procedures; in a case involving a social problem, a plan for supervision should be made by the case worker.

B. Study and diagnosis

1. Bases for diagnosis

Ordinarily there should be a definite diagnosis of mental deficiency or epilepsy. To obtain this there is need for a complete physical examination, a psychological study, and, in some instances, a psychiatric study.

2. Possible arrangement by court for diagnostic study

Sometimes it is imperative that something be done to provide services to the individual, and it is impossible to get family cooperation for arranging for a diagnostic study. Under such circumstances a petition may be filed, and the judge then has authority to arrange for study and diagnosis (Minn. St. 1957, Sec. 525.751, Subd. 2).

C. Social history

Duplicate copies of the social history, in detail, should be in the central office. (Use outline for social history with headings — page 84.) These are for use in the central office and the institution to which a ward may eventually go. If a second county or private agency is involved, the history should come in triplicate. Compiling the social history will also aid the county to see its problem in focus.

II. Filing of Petition (see page 2)

A. By whom filed

1. By parents or relatives when:

- a. Institutionalization is wanted.
- b. Continued counseling and aid in planning is desired by the family.
- c. Guardianship is desired as "insurance for the future".

2. By county social worker or executive when:

- a. Mental deficiency is a part of a larger social problem.
This should be done with the approval of the board. (See above for procedure when further study is needed for diagnosis.)
- b. There is no responsible relative to file.

3. By others

The law does not require that the welfare board or the Commissioner of Public Welfare give consent to the filing of a petition; so that the judge may accept any petition he deems proper, regardless of who files it. ✓

B. Where filed

1. Usually in the county of legal settlement.

2. Occasionally in the county in which the person is residing without having settlement.

a. Obtaining of acknowledgement from county of settlement

A written statement of acceptance of responsibility should be obtained from the

welfare board of the county of settlement, prior to the hearing. This will avoid later action to determine settlement.

b. Copies to Section for Mentally Deficient and Epileptic

Copies of this correspondence should be on file with the Section for Mentally Deficient and Epileptic.

c. Use of county attorney

If there is any question as to which county is responsible, each county welfare board should request opinion of its attorney.

d. Determination by Commissioner of Public Welfare

If the two county attorneys fail to agree, the Commissioner may be asked by one or both of them to make a determination.

(Information about hearings for those not having settlement in Minnesota is found on pages 68 and 69.)

III. Notice of Hearing

A. To whom sent

1. To patient and family

The Minnesota Supreme Court has indicated the fact that official notice of hearing must be given to the patient, or to a guardian ad litem (guardian for this one action) if the patient is not mentally capable of acknowledging service. In the case of a child, the court sends notice to the family or guardian. If the child is under guardianship as dependent or neglected, the law does not require that the relatives be notified.

2. To Commissioner

The law requires that the court serve notice on the Commissioner. The Section for the Mentally Deficient and Epileptic acts for the Commissioner in acknowledging such service. The law requires ten days between the date of service by the court and the date set for the hearing, in order to give time for the Commissioner to make investigations.

3. To welfare board

This is not required by law although some courts refer any person wishing to file a petition to the welfare board. When the Section receives a notice without previous information from the welfare board, the latter will be given this information. Investigation should then be made immediately.

4. To others

Notice shall also be given to such other persons in such manner and at such times as the court directs.

B. Waiver of notice

1. By whom made

The Section, acting for the Commissioner, may sometimes waive the ten days notice.

2. Circumstances that may justify waiver

a. A long trip to the court house can be saved.

The law implies that the person for whom a determination in mental deficiency or epilepsy is to be made must be present for the hearing. When a parent has brought from a long distance a child obviously mentally deficient or previously diagnosed as mentally deficient, a hearing at that time will make another trip unnecessary.

b. The psychologist should attend hearing.

When medical and social investigations have been made and the psychologist who has given tests is in the community, and if it is advisable that he attend the hearing, a return trip will be saved if he does so.

- c. Planning is dependent upon guardianship.

When immediate plans are necessary and dependent upon guardianship, a waiver is justified provided that social investigations and diagnosis have been completed. ✓

- d. Bringing patient at later time will be impossible.

When, due to the physical condition of the patient or other circumstances, it may be impossible to bring the patient to the court at a later date, a waiver may be necessary.

- e. Social worker is leaving county.

When a social worker who is leaving the community has made all plans with the family but it was impossible to file the petition earlier, only a waiver may make possible his needed attendance at the hearing.

3. Procedure when request for waiver is made by phone

If the situation warrants asking for the waiver of notice by phone, it may be given and then confirmed in writing; however, a representative of the welfare board should be present with the judge to give needed information if full reports are not in the State Agency office.

4. Circumstances not justifying waiver

A waiver will ordinarily not be issued for a person who has been arrested, has been reported as delinquent, is borderline in intelligence, or is emotionally unstable, unless there are already full and up-to-date reports on file in the Section for Mentally Deficient and Epileptic. These reports must contain full information showing that there has been recent psychological and perhaps psychiatric study and that the advisability of action cannot be questioned. Otherwise time is needed for a careful investigation.

IV. Hearing

A. Usual procedures

1. Appearance in court

The person for whom the hearing is held must be present in court to be seen and questioned by the examiners.

2. Appointment of guardian ad litem

The Minnesota Supreme Court has given a decision in the case of Bernetta Wretlind (225 Minnesota 554) to the effect that there must be a guardian ad litem (that is, a guardian for this action) appointed for each child to be examined by the probate court if the parents filed the petition. Because of this decision, some courts now appoint a guardian ad litem for the patient in every case. This is recommended procedure because some courts now hold that this decision applies in all cases. The court is responsible for the appointment, but the welfare board should understand the proceeding since it may be necessary to explain it to the family.

3. Evidence needed

- a. Legal definition

The legal definition of mental deficiency implies that there are three points to be proved: the person is in fact mentally defective; he is so mentally defective as to require some degree of supervision, control, and care; and this is for his own good or for the public welfare.

NOTE: With the words "mentally defective" above changed to epileptic, these considerations also apply in action for commitment of an epileptic person.

b. Reports and records needed

(1) A medical report

(a) In every case

In every case a full report, showing prenatal condition of mother, conditions at birth, illnesses, and general medical diagnosis, is advisable.

(b) For an infant

In the case of an infant, if this contains a definite diagnosis of mental deficiency, psychological evidence is not necessary.

(c) Special emphasis in epilepsy

A medical diagnosis of epilepsy must always be presented.

(2) Reports of psychological studies

Sometimes the evidence is sufficiently doubtful to require successive tests before the petition is filed. There should be a recent test and reports on earlier ones also. (When the intelligence level is at or near the borderline level, it is sometimes well for the psychologist to be in court.)

(3) A psychiatric report

This is necessary if there has been abnormal behavior. It should include a definite diagnosis.

(4) Information on behavior and adjustment

This is necessary in every case. It should contain information on adjustment in the home and the community. It should not be hearsay.

(5) School records, if any

(6) Employment records, if any

If there has been employment, there should be accurate records of this. These will indicate work ability.

c. How evidence is presented at hearing.

The county attorney represents the petitioner and will determine what witnesses are necessary. Whether the petition is filed by the welfare board or a member of the family, the welfare board should cooperate with the county attorney in seeing that witnesses are present.

4. Court records

a. Report of Data and Evidence Presented in Hearing on Mental Deficiency or Epilepsy

(1) What it is

This is a legal form used by the court to record pertinent facts and the findings of the examiners. Much of the factual information for this report is previously obtained by the welfare board. By mutual consent of the court and the welfare board, this portion of the form may be filled out by the case worker before the hearing. This practice is to be encouraged.

(2) Number of copies needed

Although the law requires only one copy, the Commissioner requests that the Report of Data and Evidence be sent in duplicate in order that one copy can be in the permanent file of the Section for Mentally Deficient and Epileptic and the other held for the institution in which placement may later be made. If the hearing takes place in a county other than the county of legal settlement, a third copy is requested.

b. Warrant of Commitment

(1) What it is

This form is a warrant signed by the judge committing the person to the guardianship of the Commissioner of Public Welfare. It is the basis for the authority of the Commissioner and he accepts this without questioning the court procedures upon which it is based.

(2) Where sent

The court sends the warrant to the Section for Mentally Deficient and Epileptic.

(3) Return of original form

The warrant comes in duplicate in order that the original may be acknowledged and returned to the court.

B. Procedures in special situations

1. When a child is a ward of the Commissioner as dependent or neglected

This is really no unusual procedure. It is listed here since there have been questions raised about the need for the second commitment. The two commitments are made for different reasons and are based on different needs. Guardianship in mental deficiency or epilepsy as a second commitment recognizes the need for lifetime supervision. Plans for the hearing in mental deficiency or epilepsy will be made at the request of the unit of the Department of Public Welfare that acts as guardian under the dependency or neglect commitment. The natural parents need not be notified.

2. When deportation to another state is considered

a. Who is considered

A person thought to be mentally retarded and not having settlement in Minnesota may be considered for deportation to the appropriate state.

b. How to initiate action

Full information about the person should be sent in quadruplicate to the Section for Mentally Deficient and Epileptic for referral to the deportation officer.

c. Court hearing

Details on deportation proceedings are given on pages 68 and 69

3. When a person is a defendant in a criminal proceeding (see page 2).

a. Action by district court

The District Court may refer a person under indictment to the probate court to determine whether he is mentally deficient.

b. Action by probate court

The probate court holds a hearing. If the probate court reports mental deficiency, the district court may dismiss or file the charge and refer the person back to the probate court for commitment.

c. Cooperation of state

At this point the state must be officially notified. Immediate institutional plans may be necessary. The Section for Mentally Deficient and Epileptic will cooperate with the welfare board in arranging for this after receiving information justifying the action.

4. When a person is under commitment to Youth Conservation Commission (YCC).

a. Initiation of action by YCC

When the YCC believes commitment as a mentally deficient or an epileptic person is necessary, it will forward triplicate copies of a study made by the YCC to the Section for the Mentally Deficient and Epileptic.

b. Action by Section for Mentally Deficient and Epileptic

Since placement in an institution will usually be desired immediately after commitment, the Section for the Mentally Deficient and Epileptic, in cooperation with institution superintendents, will determine the appropriate institution and the possibility of immediate placement.

c. Possible need for conference

After consideration by one or more institutions and the welfare board of the county of settlement, it may be determined that a conference is necessary before any action is taken.

d. Responsibility of welfare board

(1) For preliminary planning

When a plan has been made, the welfare board of the county of settlement should discuss plans for a hearing with the family and with the county attorney. A report of contacts with the family, any social history not given in the report of the YCC, and a statement of the plan to be followed should be sent in triplicate to the Section for Mentally Deficient and Epileptic.

(2) For definite planning for hearing

(a) Filing petition

If the family does not wish to file the petition, the staff should obtain approval of its board for filing it.

(b) Plans made with YCC

When plans have proceeded to the point of filing the petition, correspondence about details of the hearing, including the date and hour, should be between the welfare board and the YCC, with copies to the Section for Mentally Deficient and Epileptic.

e. Hearing

(1) In county of settlement

Evidence about the youth's conduct and adjustment while under his commitment to the YCC will be needed. A staff member of the YCC who is competent by reason of personal knowledge to give this evidence to the court must be present.

(2) In county of residence but not settlement

(a) When held

When the YCC or the welfare board of the county of settlement considers that circumstances make it inadvisable to hold the hearing in the county of settlement, the hearing may be held in the county of residence but not settlement.

(b) Responsibility of YCC

A member of the YCC staff will interview the judge in the county of residence, whether this is the county where the institution is located or where the youth was placed by YCC. This staff member will also file the petition and arrange for evidence.

(c) Participation of local welfare board

The local welfare board will be given information by the YCC about the hearing although unless the board has firsthand knowledge of the youth and his actions, its participation in the hearing is unnecessary.

(d) Responsibility of welfare board of county of settlement

The welfare board of the county of settlement should write to the judge of the

county in which the hearing is to be held, accepting financial responsibility. Copies of this letter should be sent to the YCC, the Section for the Mentally Deficient and Epileptic, and to the welfare board of the county in which the hearing is to be held.

f. Institutional placement

(1) Previous planning by YCC

If immediate institutional placement is a part of the plan, the YCC will arrange for the medical examination before the hearing and will provide required clothing.

(2) Transportation

(a) When hearing is in county of settlement

When possible, YCC will provide transportation in order to give reassurance to the youth. If this is not possible, the welfare board should make arrangements for entrance as for another ward.

(b) When hearing is in county of residence

The YCC will make arrangements directly with the Section for the Mentally Deficient and Epileptic. It is hoped that YCC will provide transportation. Otherwise an order to the sheriff of the county in which the hearing is to be held may be the only means of providing it.

V. After Commitment

A. When responsibility begins

When the court signs the warrant giving evidence that a person has been committed to the guardianship of the Commissioner of Public Welfare, it immediately becomes the responsibility of the local case worker to plan for the ward.

B. Planning for supervision

1. Explanation to ward and family

a. Explanation of guardianship

The meaning of state guardianship should be discussed with the patient and/or his family even though it has been previously explained in arranging for a hearing. This includes an explanation that the family still has responsibility for providing care and for financial support to the extent of its ability to meet the needs of the ward.

b. Explanation of supervision

(1) When authority may be needed

In a case of delinquency, neglect, or parental incompetence, the case worker should explain the standards that must be adhered to and that it is the purpose of guardianship to help in their achievement and maintenance.

(2) When authority is not needed

In a situation not involving delinquency, neglect, or parental incompetence, the family should know that it will determine, with the help of the case worker, what plans may be made.

2. Relationship with state office

If a change in the recommendation for plans occurs after the social history is sent the state office, the county worker should advise the state office of this.

Chapter IV

SUPERVISION

I. Definition

Supervision is the service given a ward and his family to help him adjust adequately to the environment in which he is living or, if this is impossible, to change his environment. This requires understanding of both his abilities and his inabilities. It also implies understanding the personality and emotional attitudes of the ward and of the members of his family. It further implies knowledge of facilities available to meet the needs of a ward and both readiness and imagination to find and use facilities that might be made available.

II. Classification of Wards

A. Reason

All wards not in institutions require supervision, which can be termed "outside" supervision. As an aid to administration, however, the state maintains broad classifications of wards receiving supervision outside the institutions. These are based on the types of supervision needed and on whether institutional care should be a present part of planning. A name is removed from one group to another as the status of the ward or conditions in the local community change.

B. Divisions of outside supervision (O. S.)

1. Waiting list for institutional placement (W. L.)

This list contains the names of persons for whom space in a state institution is desired but not immediately available. Some of those so classified may be in boarding homes or private institutions. This group may contain persons of all levels of mental ability, but the higher percentage of it comes from those below the educable classification (roughly speaking, below I. Q. 50).

2. Community placement supervision (CPS)

This is designed for persons for whom space is not wanted in a state institution; rather, community placement with supervision is adequate. With some degree of supervision these wards may make a satisfactory community adjustment for an indefinite period of time. This classification has three groups:

a. Trainable or severely retarded persons

This includes adults and children who require some degree of custodial care.

b. Educable children

This includes all children who are educable, whether they live in their own homes or in foster homes.

c. Adults capable of full or partial self-support

Most of this group are in the educable classification. All have reached the age at which they may be self-supporting or partially so.

III. Legal Basis for Program

A. Original law

The original 1917 laws contained the basis for a program for the protection of the "defective" child by providing for the following:

1. Authority for accepting guardianship of children

General authority was given to the Board of Control to accept "powers of legal guardianship over the persons of all children who may be committed by courts of competent jurisdiction to the care of the board" (Laws of 1916-17, Chap. 194, Sec.1)

2. General responsibility for groups of children needing special consideration

"It shall be the duty of the board to promote the enforcement of all laws for the protection of defective, illegitimate, dependent, neglected and delinquent children, to cooperate to this end with juvenile courts and all reputable child-helping and child-placing agencies of a public or private character, and to take the initiative in all matters involving the interests of such children where adequate provision therefore has not already been made." (Laws of 1916-17, Chap. 194, Sec. 1)

3. Authority to child welfare board

"The child welfare board shall perform such duties as may be required of it by the said board of control in furtherance of the purposes of this act." (Laws of 1916-17, Chap. 194, Sec. 4)

4. Guardianship of mentally deficient

Provision was made for guardianship by the Board of Control of "feebleminded persons" through the probate court (Laws of 1916-17, Chap. 344, Sec. 8) This is quoted, as amended, in Chapter I of this Manual.

NOTE: The authority and responsibility given the Board of Control and child welfare boards by these laws was transferred to the Commissioner of Public Welfare and county welfare boards (Minn. St. 1957, Sec. 256.01 and 393.07). See page 1 of this Manual.

B. Inclusion of epileptic

In 1935 the epileptic person was added as one who might be committed to state guardianship through the probate court. The welfare boards, therefore, became responsible for the same type of personal supervision given the mentally retarded.

C. Present responsibility and authority

In 1937 the responsibility of county child welfare boards was transferred to county welfare boards, and in 1939 that of the Board of Control to the Director of Social Welfare and the Director of Public Institutions. In 1953 the position of Commissioner of Public Welfare was created, and the Commissioner took over the responsibility of the two Directors.

The law specifically authorizes the Commissioner (Minn. St. 1957, Sec. 525.762, Subd. 2) to "exercise general supervision" over those committed as mentally deficient and epileptic, and specific authority brings with it definite responsibility. Not only is the Commissioner given responsibility for supervision, but he is authorized to act in opposition to the wishes of the ward and his family if necessary to protect the ward or the community.

D. Division of responsibility

1. The Commissioner of Public Welfare

a. Supervision of wards

The Commissioner must see that supervision is given wards who are under his guardianship. This means he must establish policies and procedures, explain them to the welfare boards, and aid the welfare boards in carrying them out — including advising on proceedings and methods in individual situations. Most of this responsibility is carried out by the Section for the Mentally Deficient and Epileptic.

b. Supervision of those not under guardianship

The Commissioner must also take the initiative in matters involving the interests of defectives who are not committed. This may involve supervisory as well as more general procedures, but there is no specific authority for supervisory action on an

individual basis. Thus, without court action providing guardianship, individual supervision can only be an act of cooperation as requested or agreed to by the family or by the agency having legal authority.

2. Welfare board

a. Supervision of wards

The welfare board is required to supervise wards. It is responsible for the contacts that comprise supervision, using policies and procedures set up by the state.

(1) Frequency of contacts

Contacts should be planned with all wards at least every six months to determine what services are needed. When there is lack of certainty that plans are adequate or that a ward's adjustment is good, contacts should be made more frequently. The frequency should depend upon indicated need.

(2) Duration of responsibility

(a) To ward

As long as a person lives and remains a ward, his welfare is the responsibility of the Commissioner and, therefore, of all who represent the Commissioner. Even though the ward is in an institution, he is intrinsically a part of the community that has responsibility for him; therefore, the welfare board cannot abdicate its interest and portion of the responsibility. For this reason the case should not be closed but carried as "suspended", with a case worker assigned to it to make certain of continuing rather than spasmodic service as requests for service or information are made by the institution. If the case remains in the suspended case load of the worker who was active in making institutional plans, he is in a position to raise the question of community planning if, for some reason, the institution fails to do so. This is true even though there is a change of case worker, for the suspended cases should be assigned with the active case load and become the definite responsibility of specific workers. This attitude of individualizing the wards emphasizes the fact that each is a person and not just a part of the institution's population.

(b) To family

A further reason for keeping such a case open is that supervision of a ward implies service to the family. This may be needed for purposes of arranging a vacation, explaining plans, helping the family feel satisfied with its decision for institutionalization, or planning community placement.

b. Supervision of persons other than wards

See statement under D, 1, b., above, page 19.

IV. Some Considerations in Case Work With the Mentally Retarded and Epileptic

A. Legal requirement

Supervision of a person placed under guardianship is a legal requirement for a county welfare board. This is true whether the ward has settlement in the county of supervision or in some other county. The law specifically authorizes the Commissioner to exercise supervision through a welfare board anywhere in the state (see page 2).

B. Inclusiveness of supervision

Personal guardianship gives responsibility for the promotion and protection of the ward's best interests in every area of his life: at home, at school, at work, at play, and in the community at large.

C. Key principle: individualization

Individualization is the key principle in case work with the mentally retarded and epileptic. Guardianship will be exercised differently for different wards and for the same ward at different periods in his life. It will depend upon such factors as the ward's age, mental level, physical condition, emotional stability, and amount of care needed; the extent to which his family is able to understand and provide for him; the degree of community acceptance of him; the responsibilities he is expected to assume; and his own aspirations.

D. Utilization of skills of others

The case worker should utilize the skill, experience, and facilities of others who have knowledge of the problem of retardation. Those most likely to help are:

1. Other parents

Frequently parents feel the need to talk with other parents; and if it is their desire, they should be put in touch with a group of organized parents if there is one near. If there is not an organized group to which to refer the parent requesting contact, the case worker may arrange a meeting with an individual parent who will be understanding of the feelings involved and is willing to give this service.

2. Public health nurse

The public health nurse will give directions for home care or training when health or physical care are involved. A cooperative relationship between the case worker and the nurse is essential.

3. Physician

It is presumed that every child is under a doctor's general supervision; and in the case of the retarded child this is particularly necessary. In addition to the need for keeping a child well, the doctor may find that one of the many new drugs can be used to good effect in quieting the hyperactive child. The physician may also help the older, brighter ward understand some of the basic principles of health.

4. Clergyman

The clergyman who serves the family's spiritual needs may be found helpful in planning. If he is unfamiliar with the program, however, he may need information about available services and facilities.

5. The educator

The educator can be an important resource for obtaining information about the child's school adjustment. He is frequently in a position to help augment the social worker's understanding of the child.

E. Use of pamphlets

Pamphlets can be obtained from the Department of Public Welfare or from other agencies. In many instances it will be advisable to review these with parents to show how they will be helpful before actually giving them out. Another service the case worker can provide is to review books on mental retardation and to help parents obtain those that may be helpful to them. (Bibliographies can be obtained from the National Association for Retarded Children, the Minnesota Association for Retarded Children, and the library of the Minnesota Department of Public Welfare. The National Epilepsy League has a bibliography on epilepsy. The National Association for Retarded Children also publishes a monthly newspaper, CHILDREN LIMITED, which gives a parent a sense of being part of a group working for all retarded persons.)

V. Case Work Relationship

The case work relationship with the retarded and his family can and should be a purposeful relationship. It requires acceptance, objectivity, imagination, and interest on the part of the worker in order that the ward can be helped to achieve ultimate utilization of his fullest potential.

The case worker strives for the same professional attitude toward the mentally deficient and his family as toward other persons who need his help. He will need to help parents and others understand both the abilities and limitations of the retarded person, remembering that these change from year to year. It is easy to overestimate or underestimate the abilities of the retarded, and the case worker must himself make the effort to have this understanding. The needs of the ward at any particular time will determine how intensive the supervision should be and the case work procedures used.

VI. Services to Wards on Basis of Needs

A. Waiting list

1. How placed on waiting list

a. Placement under guardianship

Names of all persons are added to the waiting list as of the date on which they are placed under guardianship as mentally deficient or epileptic, unless the welfare board notes that institutional space is not desired at that time.

b. Transfer from community placement supervision

Wards counted for community placement supervision may give evidence that supervisory plans cannot last for long, and a request is made to return the name to the waiting list.

2. Service to family

Some families can adjust easily to the presence of the retarded child or adult but need to know that the welfare board not only has the responsibility for service but is interested. Others can continue giving care to the patient without too great strain if they receive regular encouragement and specific suggestions for care and training.

3. Placement out of home

If it is necessary to plan for a retarded person out of the home while awaiting institutionalization, the welfare board must assist the family in making arrangements. If the case worker is unable to make a satisfactory boarding plan in the home county, other facilities must be looked for.

a. Placement of children

Information about licensed private care facilities is found in a special section of the Directory of Child Caring Agencies and Institutions, published by the Division of Child Welfare of the Department of Public Welfare. It will be noted in this Directory that entrance to certain facilities must be arranged through the welfare board of the county where the facility is located. In others arrangements for entrance may be made through the county welfare board of the county where the facility is located, or directly with the facility. It is well if the county in which the facility is located can assist in arranging entrance, but this is not always possible or advisable. Frequently the county welfare board responsible for planning writes directly to the facility about space after ascertaining from the Directory the types of children for whose care the facility is licensed. When placement is made the county welfare board making arrangements must immediately notify the welfare board of the county where the facility is located, sending a social history with information on the family and child necessary for supervision. This is very important since welfare boards are required to supervise all wards living in their counties. Also, when placement is made the Section for Mentally Deficient and Epileptic must be notified. Retarded children placed in residential facilities are usually those whose parents will need further help in planning and therefore should be considered for guardianship. The hearing should be held prior to placement out of the home.

Even when the parents pay all or a part of the cost of care, the welfare board where the family has settlement may be asked to guarantee payment. Most of the facilities will accept a child even though he is also epileptic. Placement out of the home does not militate against state institutional placement later for the ward's name continues on the waiting list.

The booklet "Looking Ahead" also includes a list of all types of schools and facilities for the mentally retarded and epileptic.

b. Placement of adults

It is more difficult to arrange care out of the home for the older person. Some may be placed in nursing homes, or boarding homes, but licensed homes do not exist as they do for the children. Some older persons are sufficiently well adjusted for placement in carefully selected private homes.

4. Need for supervision for those on waiting list

The person who should have institutional care and for whom it is not available requires understanding and adequate supervisory services to the same extent as other wards. It is necessary to make certain that the best possible substitute plan is made and that plans are changed as needed. If the child remains in the home, the parents may need much supportive help.

B. Community placement supervision

1. How placed in this classification

a. When committed to guardianship

Some parents place children under guardianship even when they know they will not desire institutional placement so long as home conditions are satisfactory.

Mentally deficient persons in the higher level are sometimes placed under guardianship in order to give long time supervision, even though the situation seems stable in the foreseeable future.

b. When removed from waiting list

When, with supervision, adjustment has been so good that institutional placement is no longer needed, the ward is transferred to community placement. The welfare board should help the family use all community resources to make it possible to keep a retarded person in the community.

c. Following institutional care or training (see page 24).

2. Services

a. To those requiring some degree of custodial care

(1) Service to ward and family

This will mean continued service to help the family understand the retarded member as he grows older. It will mean making certain that the needs of the ward are met but also stressing the fact that there must be consideration of the rights and needs of other members of the family.

(2) Seeing that basic needs are met by:

(a) Making certain of adequate medical and physical care.

(b) Seeing that motivation is provided.

The worker must be alert to see that motivation is given in order that a ward may reach his fullest development. Some can be taught to do simple tasks that will make them helpful in the home.

(c) Seeing that training is provided.

Training suited to the development of the ward is needed to develop good personal habits and an ability to adjust to others.

b. To the educable child

In general, the kinds of service listed for the trainable child should be provided the educable child, always adjusted to his special needs at any particular time. Emphasis should be put on church, school, and recreational facilities.

c. To the potentially self-supporting

Specific details are given in Chapter V.

C. Financial service for all groups

1. To hold funds

If a ward is entitled to money through a federal agency or has been awarded an amount in settlement for injuries received in an accident, payment is often made to the Commissioner and money is deposited in the Social Welfare Fund of the State Treasury (Minn. St. 1957, Sec. 256.88 through 256.91). Also, at times money that has been inherited or obtained through some other source is paid to the Commissioner and deposited in the Social Welfare Fund.

2. To expend funds

Withdrawals are requested by the Section for the Mentally Deficient and Epileptic on the recommendation of the supervising welfare board.

a. When funds can be withdrawn

Requests for withdrawals are made only once each month — usually about the fifth — and a period of two weeks or more will then elapse before the check is received.

VII. Procedures for Community Placement From an Institution

A. Types of placement

1. Permanent placement

When it seems fairly certain that a ward can adjust in the community, his name is removed from the institution records when he leaves. Unless definitely planned otherwise, all placements will be made on this basis. Any plans for return will then have to be made through the central office. The Central office and the institution will cooperate in planning for return immediately, or as soon as possible, if a change in the local situation makes it necessary that the ward be removed from the community.

2. Trial placement

a. What it is

Trial placement is a plan for removing a ward from an institution when there appears to be some doubt about the likelihood of his making a successful adjustment. His name is left on the institution records. The maximum period of a trial placement is one year. During the period of trial placement, institutional payment is made as for a vacation. Upon recommendation made by the county welfare board to the institution (with a copy to the central office), the trial placement will be made a permanent placement unless the institution or central office feels that further consideration should be given to this action.

b. Details

(1) How arranged

Preparation is made as for a permanent placement, except that the final recommendation is sent on the vacation form, Form DPW-MED-304. (See page 50 and following). Unless this form is received, the name will be removed from the institution records when the patient leaves.

(2) Necessity for careful supervision

During the early period of trial in the community, close supervision is needed.

During this time, the institution staff who know the patient may be of great assistance in helping with his adjustment and will offer further information on habits and attitudes and give suggestions for planning if requested. If at the end of three months the patient is still on trial placement, a report should be sent to the institution, with a copy to the central office. If the patient continues on trial placement, continued reports at three-month intervals should be sent. The institution may take the initiative in giving suggestions for supervision based on information in the reports. Either the institution or the county social worker may suggest a conference, usually at the institution, for discussion of plans. A representative from the central office should participate in such a discussion.

c. How ended

(1) By discharge from institution records

This can occur on recommendation of the county welfare board at any time during the year's trial period. Otherwise, at the end of the year, the institution will notify the county of the end of the period of trial placement, and discharge from the records will take place in the same way as for vacations (see page 55).

(a) Reports following discharge

After discharge from the institution records, supervisory reports should be sent to the central office in duplicate as for all permanent placements.

(2) By return to institution

A ward may be returned to the institution any time during the period of trial placement if the county welfare board, after full consideration, determines that the ward should not remain in the community. Before making this decision, however, the welfare board should send the institution a report showing why the decision seems necessary, with a copy to the central office. If neither the institution nor the central office can offer assistance in obtaining successful adjustment, arrangements for return must be made with the institution. Sometimes it will be necessary to make reports and arrangements by phone, because of some sudden emergency.

d. Return after discharge from institution records

The fact that space at the institution will be held for a maximum period of only one year need not discourage the placement of wards whose ability to adjust is doubtful or discourage families from caring for a child at home even when it is not certain how long it will be best for him and for the family for him to remain there. Assurance is given that return will be arranged through the central office as quickly as possible when requested. Date of entrance will be dependent upon available space at the institution and the emergency of the situation. When return to the institution is requested, the name will be placed at the top of the waiting list even though removal from the community is not urgent at that time. If the situation appears to be an emergency, entrance will be arranged as soon as possible.

3. Failure to return to institution from vacation or escape

This is not really a placement in either instance, but it does necessitate community supervision. Placement, to be successful, requires careful plans, with the institution and the county welfare board exchanging information. If a person remains in the community because there is opposition to his return but no adequate plans have been made in advance, there is likely to be a lack of full cooperation by the family or other interested persons. Experience has shown that poor adjustment is likely to occur, and later return to the institution is often the result. This is especially true if the ward is not returned after escape. For the best morale of the ward and others in the institution and the com-

munity, escape should not seem to bring about a desired end. This, however, puts an added responsibility on the social worker. If a ward is recommended for placement and too much time elapses without it, escape may be the result of desperation. In that case, return is still best, but the staffs of the institution and the welfare board should cooperate in consideration of community placement within a relatively short period of time.

B. Community placement on initiative of institution

1. Types of persons who should be recommended for community placement.

a. General statement

The ward should be one for whom a feasible community plan can be made, taking account of his particular behavior and physical problems.

b. Types listed in order of usual urgency for outside placement:

- (1) The ward who is potentially self-supporting and has had definite training for the purpose of returning to the community.

The welfare board should attempt to make immediate plans under these circumstances. The knowledge that this opportunity will be given serves as motivation for satisfactory response to the institutional program.

- (2) The ward who has had a previous record of serious delinquency or maladjustment but who now appears stable enough to make an adjustment.

This type of placement requires the most care planning.

- (3) The ward who has scored borderline or higher on an intelligence test and presents no serious behavior problems.

It is probable he is not really mentally deficient; and if he proves himself able to adjust in the community, he should be restored to capacity.

- (4) The ward who because of physical handicaps may need additional training outside before he can hold a job.

Details are included under Chapter V, III, B, 2, pages 38 and 39.

- (5) The ward who has had a long period of institutionalization and can work satisfactorily but has physical and emotional handicaps.

This ward will require especially careful placement and supervision.

- (6) The ward who may require some degree of custodial care but whose needs can be met by the family or by the community, with placement in a nursing home, old people's home, or boarding home.

2. Reports and response

a. Report by institution

The institution should take the initiative in recommending placement of a ward when he has completed his training or has reached the point at which he can adjust to community living. A report and recommendation will be sent to the county, with a copy to the Section for Mentally Deficient and Epileptic. A suggested outline is found on page 107.

b. Report by county welfare board

As soon as the county has made a plan that seems suitable, a full report showing the local situation and including a recommendation for plans should be sent to the institution, with a copy to the Section for Mentally Deficient and Epileptic.

c. Time within which placement should be made

(1) General statement

The time elapsing after notification that a ward is ready for placement and before plans are completed for removal from the institution should be as short

as possible — certainly not longer than two to six months. If placement is not made within three months, the county agency should send a progress report to the institution and the central office.

(2) Need for further help

A real effort should be made to remove every person recommended for placement. If removal appears impossible, the institution and the Section for Mentally Deficient and Epileptic should be told of the situation and the efforts that have been made, in order that they may give further information and offer further suggestions about plans.

(3) Priority in placement from the institution

The ward who may be able to support himself partially or wholly should be considered for priority in placement. Every effort should be made to place at least those in VII, B, b, (1), (2), and (3), above, within two months (see page 26).

C. Initiative taken by family or other person in community

1. General statement

A request may be made by the family or other person in the community to the welfare board or the institution. The agency receiving the request must send a current report to the other agency and to the Section for the Mentally Deficient and Epileptic. The plan can then be evaluated in relation to the needs of the ward and to the community situation.

2. Groups for whom community placement is requested

a. The educable child

Children are sometimes placed in an institution because there are no educational facilities in the community or because the home situation is unsatisfactory. Changes may occur in the community making placement possible.

b. The severely retarded or trainable child

Sometimes after placement in an institution the parents may decide that they wish their child back in the home. Generally, if the child is not a detriment to others in the community and would not be neglected, there is no reason to oppose this even though he may need a considerable amount of care. The institution may advise against placement, and the case worker may consider the decision unwise; but even under these circumstances, parents should usually be permitted to make the decision. Nevertheless, the difficulty in care and the effect the child may have on other children in the family should be brought to the attention of the parents.

c. The potentially self-supporting adult or older adolescent

The family, friends, or possible employer may ask for placement of a higher-grade adult capable of self-support. A careful consideration should then be given to determine the ward's readiness for placement.

d. The trainable adult

When there are no longer children in the family home, parents sometimes wish to have a retarded son or daughter return. If occupation can be provided and the ward has no habits objectionable to neighbors, full cooperation should be given in making plans.

D. Initiative by the welfare board

The welfare board should inquire from the institution about the readiness of a ward for placement when he is one whose potentialities indicate that placement should be considered, and the agency has received no report on him after a period of perhaps two years. This should also be done if an institution report indicated that a period of training may have been sufficient even though no recommendation has been made.

The welfare board should also be cognizant of improved conditions in the home or community and should take the initiative in suggesting consideration of placement.

E. Responsibility of Section for the Mentally Deficient and Epileptic

The Section for the Mentally Deficient and Epileptic represents the Commissioner as guardian and is, therefore, responsible for the welfare of wards. It must, consequently, make certain that either the institution or the welfare board has taken the initiative in planning for all who should be placed in the community.

F. Completion of plans

1. Correspondence usually sufficient

If the institution and welfare board exchange full reports on the ward and available facilities, a plan for placement can usually be made. In such instances the Section for the Mentally Deficient and Epileptic must have copies of correspondence in order to give such assistance as may be possible.

2. Conference advisable under some circumstances

In every case in which the welfare board is uncertain of what the conditions for placement should be or the institution is doubtful whether the needs of the ward can be met in the community, a conference will be helpful. The Section for the Mentally Deficient and Epileptic will participate in this and will help to coordinate the efforts of the institution and the county welfare board.

3. Responsibility of Section for Mentally Deficient and Epileptic

Final responsibility for placement rests with the Section, which represents the Commissioner. Concurrence in plans made by the institution and welfare board can be assumed unless questioned by the Section.

4. Preparation of ward for placement

Before placement is finally made the social worker at the institution should see that the ward understands the plans which have been made and is ready to accept supervision from the county case worker. A part of this preparation will be to explain to the ward that he is not to come back to the institution to visit friends or a staff member without having arrangements made through his case worker in the county.

G. Placement outside county of settlement

1. When advised or necessary

There are times when placement outside of the county of legal settlement or the home county may facilitate the adjustment of a ward and should be given consideration. Some of the circumstances that may cause such consideration are: relatives or previous associates in the home county will exert a bad influence; there are no work possibilities of the type recommended as best for the ward; there are relatives or interested persons in another county who would be an asset; or there is a job opening suited to the ward's abilities and interests.

2. How arranged

a. When initiative is taken by county of settlement

When placement is advisable outside the county of legal settlement, the county of legal settlement should ask the second county to assume case work responsibilities. The county of settlement should send a full social history to the second county and give assurance that it will assume financial responsibility. One copy of all correspondence should be sent to the institution participating in planning and another to the central office. Acceptance for supervision must be given before placement is made.

b. When initiative is taken by second county

Sometimes a relative or friend may request placement in a county other than that of legal settlement. When this is the case, the county in which the placement is

requested should take the initiative in investigation, correspondence, and recommendation. The county of settlement should send a social history and must give approval since the county of legal settlement is responsible if expenses arise. Generally, if such a placement is from an institution, it should be on a trial basis.

VIII. Reports to Central Office

A. How often required

1. When first placed

Close supervision is needed for all wards when first placed. If placement is not on a trial basis a report in duplicate should come to the central office within the first three months in order that helpful suggestions may be made if necessary. If requested, the institution will cooperate as for trial placement (see pages 24 and 25).

2. After first year

At least once a year the county should take the initiative in sending to the Section for the Mentally Deficient and Epileptic a report on the adjustment of the ward. It is well to organize the sending of reports on the supervision of wards in such a way that reports will be sent for a certain number each month.

3. Change of status

Whenever the status of the ward or the conditions in the community change in such a way so as to affect the need for institutional care, this information should be sent to the Section for the Mentally Deficient and Epileptic.

4. Notice of death

This should be sent immediately.

B. Contents of report

This should include specific information on behavior, health, family relationships, and school or work record. It should also show services given to the ward and his family, as well as needed areas of supervision. Each report, whether running record or summary, should end with at least a paragraph on what the case worker will try to accomplish during the ensuing weeks and the method of doing so.

C. Source of report

The report should come from the county giving supervision. If this is not the county of settlement, a copy should go to that county.

D. Number of copies

It is requested that reports come in duplicate to the central office, in order that the institution may have a copy. This applies to all wards, whether or not they have had institutional training. The duplicate copy of the report for each person on the waiting list will enable the institution to understand the ward better if and when he enters the institution. If the ward has already been in an institution, the institution staff wishes to have information on his adjustment because it continues to be interested in him and it desires to use the reports as a basis for improving the program or for research.

E. Form of report

The report may be a summary of contacts or duplicates of the running record.

Chapter V
COMMUNITY SUPERVISION
FOR
POTENTIALLY SELF-SUPPORTING WARDS
Additional Information, Facts, and Policies

I. The Potentially Self-Supporting Person

A. General statement

The high-grade mentally retarded person has the same basic desires, needs, and emotions as other persons; however, he cannot be expected to understand and control his desires and emotions to the extent expected of a normal person. The mentally retarded differ from one another just as much as normal persons differ from one another. No characteristic attributed to the mentally retarded applies to all. Each is a mixture of the good and the not so good. Nevertheless, a generalization that often proves true is that characteristics are exaggerated; e.g., a generous person will give away all his possessions, and a stubborn person will not be affected by any amount of reasoning or punishment.

B. Listing of some characteristics

1. Limited understanding of words

The ability of higher-grade retarded persons to use and to understand words is limited; and it is easier for them to understand the concrete rather than the abstract, the particular instance rather than the general principle. In practice this means: be specific; talk simply and understandably; avoid "big" words, but do not "talk down", for the ward will resent this. Expect to have to repeat explanations. Do not accept the ward's statement that he understands but test his understanding in some concrete manner. Sometimes he fails to understand the meaning of words and is hurt or resentful at what he thinks has been said of him or to him.

2. Suggestibility

Retarded persons tend to be more suggestible and easily influenced, more lacking in independent judgment than other persons. This characteristic has both its negative and its positive aspects. It is one of the main reasons why their adjustment is so dependent upon a favorable environment and why the mentally deficient may require supervision for their own or the public welfare. On the negative side it means that if their associates are unscrupulous or their environment is lacking in protection, they may be more easily taken advantage of than are other persons; for example, overworked and underpaid, cheated in transactions involving money, or used sexually. On the positive side, however, it means that if they can be placed in a wholesome environment with people who will not exploit them, they may be as accepting of the good suggestions as they previously were of the bad.

3. Rigidity of reactions

Retarded persons tend to be more rigid than other persons in their reactions. Consequently, they may be unable to adjust to changes that occur in their jobs or elsewhere. This reaction can frequently seem to others to be merely an exhibition of stubbornness. It may be partially accounted for by a lack of understanding and a desire not to admit this. Also, the need for an established routine in their daily living and on their jobs is a fact that must be considered by social workers in making plans. When changes do occur, a retarded person may need help in meeting them.

4. Short mental span

Retarded persons may show a tendency to be flighty, as reflected in an inability to remain with a task until it has been completed or a jumping back and forth from idea to idea in an interview without sufficient sense of direction. This is evidence again that compared to other persons their mental activities tend to be less well integrated and their span of attention shorter. This may, therefore, require greater direction and supervision on their jobs, in interviews, or in their lives in general.

5. Spontaneous action

Retarded persons tend to express their feelings more quickly and spontaneously than so-called normal persons; for example, to get angry, to laugh, or to cry without great provocation. As a result they may more easily get into neighborhood or family squabbles or more openly express their resentment of necessary limitations that case workers may impose. This characteristic means it is difficult for them to hold jobs even when able to do the work required.

6. Inability to foresee consequences

Retarded persons are not as apt to "wonder why" or to see cause and effect relationships even when these have been pointed out to them. This is another reason why, when conditions are undesirable, case workers may need to take much more initiative and responsibility in bringing about changes on their behalf than in the cases of other persons.

7. Literal-mindedness

Retarded persons tend to be more literal-minded, naive, and egocentric than other persons, not as aware that they must take into account the viewpoints of others. It is also difficult for them to understand exceptions. Once resistance has been built up, it is difficult for workers to overcome it. This means: be fair; be truthful; do not make promises that may not be kept.

C. Information on ward needed by case worker

1. Can he fill out an application for a job?
2. Does he know how to apply for a job — when to talk and when to be silent?
3. Can he follow directions for reaching his destination?
4. Can he follow directions on the job if they are simple?
5. Can he work as rapidly as may be needed on the job?
6. Can he accept criticism?
7. Can he accept teasing without anger?
8. Is he neat in his personal appearance?
9. Does he really want to work?
10. Does he understand he has an obligation to his employer and must not quit without notice?

II. General Responsibility of Case Worker

A. To know and explain laws to ward

1. Guardianship

If guardianship is questioned, the case worker should explain frankly and simply why it has been found necessary. Sometimes it helps to explain that all people are different — that some can do one kind of work well and others another kind and that everyone does some things poorly. This can be illustrated with the ward's own abilities: he does such and such a thing well (be specific), but he usually does not make good decisions about himself or his affairs (again be specific). This is why he needs someone to guide and stand back of him. While this explanation may have to be repeated, it, or something like it, usually tends to be satisfying for the time at least. If the worker feels there is a real advantage to a ward in guardianship, supervision will be planned and carried out in a manner that will cause the ward and his family to feel little humiliation or rebellion.

2. Marriage

The ward must understand that there is a legal prohibition against marriage for the mentally deficient (see pages 56 and 57).

3. Legal transactions (see page 58).

4. Voting (see page 58).

B. To explain how to arrange visits to the institution

The ward who is placed from an institution should be encouraged to look upon the staff and patients as friends. However, he should be told that visits to either staff or patients must be arranged by his case worker prior to the time of the visit. Some patients who have left should not return even for an hour, and thus the institution staff must approve a visit, knowing ahead of time the person or building to be visited. Very occasionally arrangements can be made to spend a night. The ward must be told, however, that this is not possible without a statement from his case worker that it has been arranged.

The social worker at the institution should have explained to the ward before he left the institution that this procedure will be necessary for a visit. However, the case worker in the county should reaffirm this in an early interview.

C. To understand relationship to ward

1. Need for supportive help

The case worker who wishes to help these wards make an adjustment must establish rapport based on respect and confidence. His firm and consistent interest in the ward; his sharing of the ward's problems with him and his family; and his acceptance of the ward's limitations are all forms of "supportive" help. Usually these techniques of case work will need to be supplemented by other methods. It is necessary to set attainable standards and require that they be met.

2. Limitations in case worker relationship

The case worker must help the ward to understand how the agency can help and what limitations there are to the help that can be given.

3. Recognition of assets and deficiencies

Although the case worker should stress the ward's assets, he should also understand his deficiencies. This will enable him to aid the ward, his family or employer, to accept and understand them. These deficiencies are the basis of his need for supervision. Unless they are recognized, no plan can be made to compensate for them, nor can attainable goals be established. This means that the case worker must recognize the deficiencies but that he must do it objectively, neither looking down upon the ward as inferior nor becoming sentimental or over-protective. Even when the worker attains this attitude, it is probably unrealistic to expect complete acceptance, particularly from the ward.

D. To aid in financial matters and protect from exploitation

1. Attitude toward spending

Wards, as well as other persons, can resist very strongly financial controls exerted by others. For this reason, the case worker should employ considerable tact in supervising the ward in handling his financial affairs, or the case work relationship can be negatively affected. Most persons need the chance to demonstrate their ability to handle their money. The ward can be expected to be somewhat wasteful and to have difficulty in planning even with help because of his limited mental capacity. A great deal of patience is needed by the case worker since any improvement in ability to plan will take a great deal of time.

2. Help in handling money

A ward should be given an opportunity to handle his own earnings unless a guardian of his estate has been appointed by the probate court. The ward needs help in learning to budget, to shop, and to save some money. It is best to encourage and help the ward to establish his own savings account at a bank and to guide him in his financial activities.

3. Need for added restrictions

Sometimes, as a service to the ward who has recognized or demonstrated the need for more rigid controls of his funds, the Social Welfare Fund of the county welfare board (Minn. St. 1957, Sec. 256.88 - 256.91) may be used for deposits and withdrawals of money. This is most advisable when the ward desires this service and when the amount of money involved is so little that the establishment of a property guardianship is not feasible. See page 24 and pages 61 to 63 for information about funds held by the Commissioner.

E. To exercise authority when needed

1. Justification

The case worker should analyze his authoritative actions carefully to make certain he is not using authority as the easiest way out or as a way of punishing the client for his inability to meet the worker's standards.

2. When needed

Within the limitations set by law and policies there is room for wide variation, and the case worker should strive always to permit the ward as much freedom of choice and action as is within his range of competence. There are, however, definite limits to what a ward may do about living and working conditions, recreation, and associates. Satisfactory actions can be brought about only through the use of authority. For example, a family may be unable to protect a seriously delinquent boy or girl and, yet, repeatedly oppose any constructive action; or mentally deficient parents may be completely overwhelmed by their responsibilities and, yet, their children be so seriously neglected that no real improvement is possible without at least a temporary break up of the family.

3. Placement in an institution

A plan for institutional placement may be the best possible supervisory procedure at times. The case worker must be convinced of this if he is to use this plan in a constructive manner. A ward should never be threatened with entrance to the institution in an effort to obtain compliance, and an employer must be cautioned never to use this threat. On the other hand, to explain to a ward under what conditions institutional planning may be necessary cannot be interpreted as a threat but, rather, as making use of an available resource. The case worker, in cooperation with the Section for Mentally Deficient and Epileptic, must determine when this is advisable and possible.

III. Community Placement

A. Community aspects

1. Preparation of a ward for supervision

a. By whom given

This preparation may be given by the institution, the welfare board, or sometimes the family.

b. Possible resistance to supervision

Most wards accept supervision if they have been properly prepared for it. When resistance does occur, it may represent a desire on the part of the ward to escape from the very restrictions upon which his successful adjustment in the community will actually depend. Also, it may represent a defense against admitting a painful fact on the part of the ward or his family, as though the deficiency and the failures will cease to exist if ignored. It may also be that he resents authority, which to him is represented by the case worker.

c. Meeting resistance

The reason for resistance should be talked through quite frankly with the ward. Even in the most favorable placement, in which the ward's family, employer, or boarding parent is competent to carry the major share of supervision and has agreed to do so, the case worker has the responsibility for helping other persons to give their

aid in the most constructive way possible. He must also see that all efforts to assist in adjustment are coordinated. That is, the responsibility for supervision rests with the case worker, no matter who is delegated to help.

It is probable that opposition will not be overcome until the ward has confidence in the case worker. Attempts to argue a mentally deficient individual out of his feelings or to reason with him are probably doomed to failure. Such attempts are more likely to meet with a fixed opposition to everything the worker says.

Great reliance is usually placed upon trying to change the environment of the mentally deficient person and reducing the demands made upon him. Whenever possible, the cooperation of relatives, friends, or others in the community, such as the minister or physician, should be sought. Before they can influence the retarded person to cooperate with the case worker, they must understand the ward's inadequacies and also his strong points.

2. Points to consider for adjustment in community placement

a. Understanding and patience of person with whom ward is placed

Usually the person with whom a ward is placed should be one willing to take time to explain the job as carefully as needed.

b. Relationship of employer to persons associated with supervision

Placement in a "living-in" situation should not be with anyone closely associated with supervision. It is inadvisable to place a ward with a staff member of the institution or the central office, a board or staff member of a welfare board, or close relatives of any of these persons. Such placement might cause the ward to feel that he did not have full access to the case worker, and if conditions were not satisfactory for him, it might prove embarrassing for the case worker to make a change. Experience has proved that this policy is advisable although sometimes it may prevent an otherwise good placement.

c. Strength of family ties

This should be considered whether placement is in the home or elsewhere. This includes a determination as to whether the family's influence is for the ward's good or for his detriment.

d. Possibility of ties with a church of the ward's choice

Church affiliation and regular church attendance should be encouraged. This will meet spiritual needs, provide friendship, and reinforce right conduct. This will contribute toward making the ward feel that he is an accepted part of the community.

e. Need for social contacts or recreation

The ward's need for recreation should also receive careful attention. Sometimes when he lives in the home of his employer, he is included in many of the family plans for recreation. This may also be true of boarding parents. Recreational opportunities with others of like age will often be provided by the church. When recreation plans are not with the family of the employer or boarding parent, the latter should know how and where he spends his free time. There should be a definite agreement on the hours he keeps and the companions he has, as well as insistence that he maintain acceptable standards of conduct. This supervision by the employer or boarding parent should be given in accordance with arrangements made with the case worker.

B. Points to consider about employment

1. Where to get help

a. Institution from which placed

If the ward has previously been in an institution, a request to the institution for advice, accompanied by a statement of present difficulties, may give a good basis for determining the kind of placement that should be tried.

b. Psychological services

When the case worker is doubtful of the type of job the ward could hold most successfully, assistance can be obtained by arranging for psychological service, explaining to the psychologist the purpose of the request.

c. Minnesota State Employment Service

The regional offices of the Minnesota State Employment Service should know what jobs are available in the community and should be consulted if the case worker needs assistance in locating a job for a ward. In some instances they will administer aptitude tests, which will give information about the ward's ability to hold a specific job.

d. Vocational rehabilitation

If a ward is not visually handicapped, the Division of Vocational Rehabilitation, in the Department of Education, may be helpful in placement of a ward living in the community. This is especially true if the ward has a special aptitude and training is needed to develop skill or if there is a physical handicap other than visual. Arrangements are made directly between the welfare board and the agency. When the Division of Vocational Rehabilitation obtains a job for a ward, the counselor supervises the ward while on the job even though there is no definite job training needed (see pages 38 and 39 for procedure when ward is placed from an institution).

e. Services for the Blind

If the mentally defective or epileptic person is blind or partially seeing, he should be referred to the Services for the Blind Section, Department of Public Welfare, for vocational rehabilitation services. The referral should include current medical and ophthalmological data, as well as complete social history. Psychological tests will be administered by the psychologist of Services for the Blind. The vocational counselor will provide guidance, training if feasible, and placement on a job, as well as post-placement supervision. This supervision will be given in cooperation with the welfare board.

2. Keeping requirements of job within range of abilities of ward

a. Types of work to consider

The mentally deficient person does best at routine unskilled or semi-skilled work performed under careful direction. This usually does not include work on an assembly line or where he must keep to a pace set by faster workers. In rural areas the majority of retarded persons are employed on farms, in domestic service, or in such occupations as egg candling. Many industries are now decentralizing their production centers and erecting factories in rural communities; so there may be increasing opportunities there for placements in industrial plants. In the urban areas, in addition to housework, the majority are employed in factories, laundries, restaurants, hospitals, or nursing homes. Farming and housework may have the advantage of providing living arrangements. Hospital work, if the ward lives in the hospital, tends to be more suitable for an older or a more stable ward than for a younger or an unstable individual who requires supervision for free time.

b. Types of work not to consider

A ward should not be placed where the situation may prove a moral hazard or where responsibility will be too great. For example: a young woman should not be allowed to work in a home in which there is not another woman present to supervise her. Also, if a ward is employed in a nursing home, she should not be given the responsibility of administering medications or be left in charge of a unit or building.

3. Helping employer to understand ward

a. Ability to do job necessary

It should be remembered that an employer is interested in hiring a person because he can do the job and not because he is mentally deficient or epileptic.

b. First contact with employer

Ordinarily, the case worker helps the ward to find a job. When this is true, it opens an opportunity for the case worker to see that the employer has some understanding of the real abilities of the employee, including his need for special consideration in certain areas. At this point it may not be advisable to attempt to explain guardianship or that the employee is a ward of the state. Yet, the interest of the case worker can be presented as an asset to the employer.

4. Explaining guardianship status

If a prospective employer has never employed a retarded person or has unsatisfactorily employed an untrained person he knows was retarded, the very fact of guardianship may cause him to refuse to give a ward a trial or else to be unduly critical of his performance. For that reason it may be legitimate to discuss a job with a prospective employer without explaining the basis for the case worker's interest.

Nevertheless, the fact that a person is a ward of the Commissioner places upon the case worker definite responsibility for his welfare. There are times when a person competent to make decisions may agree to certain conditions that could be considered exploitation if imposed on a retarded person. Therefore, if the employer is not told of the ward's status and the meaning of guardianship before employment, the case worker must determine how soon this can be told and in what manner it will be explained. The ward should understand that this information will be known by the employer. Having guardianship known and understood by the employer can be of real advantage to the ward. If an employer has this knowledge, he can be helped to understand how best to instruct the ward as he begins on his job: to teach one task at a time; to teach largely by demonstration accompanied by simple and repeated verbal explanation; to take the initiative in planning the ward's work; and to make certain that the ward carries out instructions. If the employer can anticipate some of the ward's possible responses, he will be better prepared to deal with them. He should understand the ward's limitations and assets, should set standards that he can reach, and then should assist him to meet those standards.

5. Agreement with employer

a. Amount of wage

(1) No penalty for guardianship

Many wards are capable workers and should not be penalized by less wages than others are paid, merely because their guardianship is known; however, there may be times when less than the going wage may be acceptable.

(a) Period of trial or training

Occasionally, less than the going wage — but not below the local minimum wage — may be agreed to because there is doubt of the ward's stability or competence or because the employer will have to exercise an unusual amount of patience in supervision or to provide a period of training. When this is the case, there should be a definite understanding that an increase in pay will be considered when competence or stability increases.

(b) Ability to do job considered

In an occasional instance there may be a situation in which a ward might be considered for employment but because of his mental deficiency or epilepsy he could not accomplish a normal amount of work or do it with ordinary efficiency. If an employer would seem justified in refusing to employ him

at the minimum wage, the case worker might take the initiative in discussing with the State Industrial Commission the advisability of issuing a permit for employment at a lesser wage. Before requesting such a permit, the worker should present the facts to the Section for Mentally Deficient and Epileptic for consideration and advice.

(2) Business proposition

(a) As relates to job and wage

Before a placement is made or approved by the welfare board, there should be a tentative agreement with the employer about tenure, the amount of wages, how and when they will be paid, hours of work, and duties performed. The rights of the ward in relation to social security and workmen's compensation should be protected. If a ward is employed in a shop where there is a union, his rights and responsibilities in relation to the union should be considered.

(b) Conditions when living at place of employment

If a ward is to live at his place of employment, an agreement should include sleeping and eating arrangements and relationship to the family, especially about plans for church activities and recreation. This latter applies particularly to farm placements, domestic work, and work in small hospitals or private nursing homes.

III. Special Problems of Case Worker

A. Determining when ward can find own job

1. Relationship to ward and employer

Some wards are capable of finding their own jobs; and when this is the case, they should be encouraged to do so.

When a ward finds his own job and the case worker believes that conditions are satisfactory, his status should not be revealed to the employer without the ward's knowledge. If the ward does not wish the employer to know of his status, supervision can be given through office and/or home visits without the case worker making contact with the employer.

2. Responsibility of case worker

The case worker, however, should be alert to the situation and should fully evaluate the job in terms of its advisability from the standpoint of environmental or emotional factors and or the ward's ability to fill its requirements. Care should be taken that the situation is not one that could lead to difficulties.

3. Helping ward to reveal status

The case worker should help the ward to come to the point at which he can tell the employer of his status or will wish the case worker to do this for him. This will then relieve the strain that is present when information is being concealed.

B. Placement from an institution (general directions in Chapter IV)

1. When welfare board makes work placement

Ordinarily the greatest difficulty in placing a ward comes from providing adequate social contacts and living arrangements. This is the responsibility of the welfare board under all circumstances. Therefore, if a ward has acquired good attitudes and work skills, placement on a job can usually be made by the welfare board. It must be remembered, however, that ability to work under controlled conditions does not always mean ability to adjust under competitive conditions.

2. Plan for aid from Division of Vocational Rehabilitation

a. Types of cases needing help from Division of Vocational Rehabilitation

There are three main groups requiring this aid: those who need training on the job, especially where it requires skills of which a ward is capable but that he has not been taught; those who have a physical handicap other than visual and require special understanding and techniques for job placement and supervision; and those who have the potential for doing a good job but are emotionally unstable, so that the training process is difficult.

b. Report to county by institution

When a person is ready for placement from an institution but the staff believes that the ward's abilities and skills are such that adjustment would be facilitated by services from the Division of Vocational Rehabilitation, a report and this recommendation should be sent to the county of settlement and the central office.

c. Plan to be made by county

The county of settlement will be asked for full cooperation, including discussion of tentative plans with the family, making living arrangements, and agreement to pay board and living expenses during a period of training. The county should report to the institution, outlining plans possible in the community, including plans for financial assistance. This agreement to pay board if warranted and necessary applies whether placement is made in the county of legal settlement or in another county selected by the Division of Vocational Rehabilitation because of facilities for training. (Living expenses while in training will be borne by the Division of Vocational Rehabilitation when warranted and necessary.)

d. Study by Division of Vocational Rehabilitation

After assurance of cooperation is given by the county, the institution will request a representative from the Division of Vocational Rehabilitation to join in a conference at the institution relative to making a full study of the individual and outlining a plan for rehabilitation services in the home county if possible. Four copies of this report will be sent to the institution by the Division of Vocational Rehabilitation. The institution will then send a copy to the central office and to the county of settlement. If a second county is to be involved, the report will be sent in duplicate to the county of settlement.

e. Cooperative planning by county and vocational counselor

If the plan suggested by the Division of Vocational Rehabilitation is in the county of settlement, the case worker should immediately get in touch with the vocational counselor to arrange for cooperative supervision. The case worker will have responsibility for making living arrangements and for supervising the ward, except for supervision needed on the job. The counselor will assume responsibility for all contacts related to employment, but the case worker and counselor should coordinate their separate responsibilities in order that there will be understanding and agreement on what is expected from the ward.

f. Planning when placement is not in county of settlement

If the placement suggested by the Division of Vocational Rehabilitation is not in the county of settlement, the case worker should immediately forward the duplicate to the welfare board of the second county, guaranteeing financial support if warranted and necessary, and asking that case work responsibilities be assumed. If a county other than that of settlement agrees to the proposed plan, the case worker of that county should make the necessary contacts with the Division of Vocational Rehabilitation in order that agreement may be made on a plan.

g. Need for immediate placement

When the county case worker and the counselor from the Division of Vocational Rehabilitation have a cooperative plan worked out, arrangements for the actual placement should be made with the institution by the case worker of the county assuming supervision. Copies of all correspondence in making such plans should be sent to the institution and the central office.

Correspondence, reports, and action as indicated above should receive priority consideration because delay on the part of one participant may cause indefinite delay in working out plans.

3. Placement from the Annex for Defective Delinquents

a. Same cooperation asked from counties

Procedures for placement from the Annex for Defective Delinquents (ADD), with or without the participation of the Division of Vocational Rehabilitation, are, in general, the same as for other institutions.

b. Adjustment in initiation of plans

Initiative for placement must rest almost entirely with the staff at the ADD. In most instances the Section for Mentally Deficient and Epileptic interviews the man and concurs with the ADD's recommendation for placement before the cooperation of the welfare board is requested.

c. Aid in supervision

The welfare board is responsible for supervising the ward in the local community; however, in a particularly difficult situation and at the request of the welfare board, a staff member of the ADD may give additional backing to the supervisory process by also making occasional visits.

d. Immediate return always possible

If the ward becomes delinquent or any situation arises that requires his immediate removal from the community, the ADD will send for him immediately if notified that he is held in custody (see page 50). Arrangements may be made directly with the Annex for Defective Delinquents. Arrangements for return may be made by telephone, but a report of the behavior making return necessary should be sent to the ADD, with a copy to the Section for Mentally Deficient and Epileptic.

C. Determining amount of supervision needed

1. At time of placement

Frequent contacts should be made by the case worker with the ward, his employer, and his family or the person with whom he lives. The ward needs to learn what is expected of him in both personal and work relationships and to adjust to the new environment.

2. Following ward's adjustment

A definite schedule of supervisory visits or office contacts, when feasible, should be arranged. Every effort should be made to keep to the schedule although circumstances may make additional contacts desirable. The ward should be expected to share in the responsibility for keeping appointments and for getting in touch with the worker when he needs his help. It must be remembered that great patience may be needed to bring about adjustment.

3. During first year

The importance of careful supervision during the first year following the release of any ward from an institution, and particularly during the initial adjustment period, cannot be overemphasized.

4. Later

Contacts may be lessened after a satisfactory adjustment is made, but legal responsibility for the welfare of the ward continues as long as guardianship exists. Therefore, under no circumstances should a ward be left to shift entirely for himself.

Chapter VI

INSTITUTIONAL PLACEMENT

I. Offer of Space

A. For whom offered

1. From waiting list

When a vacancy occurs in any institution, the Section for Mentally Deficient and Epileptic offers it for the next person on the waiting list qualifying for it. As bases for determining qualifications, sex, chronological age, and mental age are fundamental. Other considerations are whether: a person must have full or partial physical care; there is a definite medical problem; there is a behavior problem requiring special methods of training; and a definite school program appears feasible and, if so, the type of training needed. When the building program at Brainerd is completed, each of the three large institutions will receive patients from a surrounding district. This plan was being gradually inaugurated at the time this Manual was being prepared.

a. Institutions accepting patients of all ages and levels of mental ability

(1) Faribault State School and Hospital (Placements at Lake Owasso are made from Faribault). ✓

(2) Cambridge State School and Hospital

Cambridge was previously for persons having epileptic seizures. It is now a general institution, and epileptic wards will be placed at Brainerd and Faribault as well as Cambridge. }

(3) Brainerd State School and Hospital

This is a new institution and will not have facilities for some types of patients until it is completed. }

b. Institutions giving specialized services or to a specific group

[Where specialized services are offered, immediate placement is sometimes possible.] If only a specific group can be accepted, placement of an individual recently committed to guardianship may be made even though hundreds are on the waiting list ahead of his name. The institutions with limited intake are:

(1) Owatonna State School

This provides for educable children whose mental age is at least five years and who do not present other serious physical or emotional handicaps. ✓

(2) Shakopee Home for Children

This houses 30 girls in the trainable or severely retarded group who are able to walk up and down stairs. Chronologically, they are between four and twelve years of age. ✓

(3) Annex for Defective Delinquents

This provides training for a group of adult or older adolescent males. Only those who are serious behavior problems in the upper level of mental deficiency are placed there. ✓

2. Emergency placement

a. Absolute basis

It is necessary to make certain that no plan other than institutional care is possi-

ble before emergency entrance can even be considered. This means that if, by the payment of board, plans out of the home could be made, no emergency is recognized. This policy is based on an Attorney General's opinion, which states that paying board under these circumstances is a proper expense for the local tax unit if the family is unable to meet this expense even though not otherwise indigent.

b. How arranged

All requests for emergency institutional consideration should come in duplicate to the Section for Mentally Deficient and Epileptic, in order that a copy may be forwarded to the appropriate institution. The report should include a full statement of any change in the patient's mental and physical condition and a summary of all developments occurring since the initial social history or the last report sent in duplicate.

c. Situations in which emergency placement may be justified:

- (1) When there is serious delinquency
- (2) When there is an older person requiring custodial care
- (3) When there is a pregnant ward
- (4) When home of a parent who is a ward is broken up
- (5) When a child requires medical or psychiatric care not possible to give except in a state institution

d. Emergency placement not always possible

Even when an emergency is recognized, immediate placement cannot always be made. The Section for Mentally Deficient and Epileptic will confer or correspond with the county in an effort to help make substitute plans.

3. Priority placement

a. What it is

This is only considered for a child who, it appears, has the potential ability to become a self-supporting adult and who would be placed at Owatonna except for an additional handicap that makes that placement impossible. It may also be considered for an epileptic ward who is not mentally deficient.

b. Reason for it

Most children must wait for at least three or four years for placement in an institution. A child who may become self-supporting if he receives adequate training, if deprived of education for that length of time, may never be able to develop his potentialities.

c. Who qualifies

Not every child with an IQ above 50, or even above 60 or 70, nor every epileptic with a higher IQ, can be considered as probably becoming self-supporting. Priority placement for a child means another child placed under guardianship earlier may have to wait longer even though urgently in need of institutional care and training. For this reason it is only under very unusual circumstances that a priority placement will be made. Thus, a realistic evaluation of probable self-support is fundamental. Requirements to be met are:

(1) Impossibility of other schooling

There is no possibility of arranging for schooling in any other manner.

(2) Possibility of self-support despite handicaps

The child is sufficiently high mentally, and his handicaps are of such a nature that there is a good basis for believing that he can be given educational training that will enable him to become self-supporting.

The physical or emotional handicap must be specifically evaluated in relation to probable self-support: the severity and controllability of seizures; the type and severity of the physical handicap as related to the possibility of a job within the patient's mental ability; and the degree of probability that the emotional instability will respond to treatment and will therefore, not be permanent.

d. Decision

All information will be carefully evaluated by the institution in which placement is considered, as well as by the Section for Mentally Deficient and Epileptic, and only those who fully meet the requirements will be considered.

B. Procedures in offering space

1. Through welfare board

The offer of space goes through the welfare board, which determines with the relatives whether space will be accepted and, when it is accepted, is responsible for seeing that requirements for entrance are met.

2. Method of offer

The offer is usually made on duplicate forms, Form DPW-Med-177, one of which is returned to the Section for the Mentally Deficient and Epileptic and then forwarded to the institution. This should give the definite date of entrance. If, for any reason, it is changed, the county must notify the institution as well as the central office.

3. Time allowed for acceptance of offer

Under usual circumstances, acceptance of the space should be sent to the Section for Mentally Deficient and Epileptic within two weeks. A period of up to three weeks will then be allowed to prepare for entrance. If the institution and the central office are not notified of an acceptable reason for delay—such as illness or exposure to contagious disease—by the end of six weeks after the date offered, the space will no longer be available but will be offered to someone else." It is understandable that parents may wish more time to determine whether to accept institutional space." This procedure is necessary, however, in view of the long waiting list, in order not to have beds left vacant at the institution.

When, because of additional space, a large number of vacancies are to be filled, definite dates for entrance must be set, and usually less time is allowed for preparation, than here stated.

4. Refusal of offer

a. Basis of refusal

(1) Family's wish

Usually this refusal is based on the desire of the family to keep the ward at home.

(2) Decision of welfare board

There are times, however, when the county refuses space because a ward for whom the county has major responsibility is so well placed that the county feels justified in continuing support.

b. Removal of name from waiting list

If space at the institution is not desired when offered, the central office should be notified as soon as possible, in order that the space can be offered to someone else. The name is then removed from the waiting list.

c. Occurrence of subsequent emergency

If institutional space is refused and at a later date the family finds institutional plans are advisable, precedence will be given over later commitments. If the situation can be termed an emergency, immediate institutional placement will be offered if possible.

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II. Attitudes Toward Institutional Placement

A. Basic reasons for placement

1. Resource for care, training and education

When plans are considered for placement in an institution, the institution should be looked upon as a resource for care for the mentally deficient or epileptic person and as a place for his education and training.

2. Protection of public

In the case of the occasional person who is a menace to the public, the institution also serves as a means of public protection.

B. Case worker's responsibility

1. For own attitude

The case worker should not look upon the institution as a last resort even when placement in an institution is the only resource possible.

2. Helping family

The case worker must help the ward and his family accept the institution as the place where the best interests of the ward will be served.

3. Danger of overselling institutional plan

On the other hand, the case worker must not oversell what the institution can accomplish. Preconceived ideas of what the institution will do may create false hopes. The general purpose of the institution and a statement about its facilities is as far as the case worker should go. Policies on vacations, etc., should be explained—but as policies only. It is well in making general statements to wards or to dull families, however, to remember that general statements are sometimes misinterpreted as promises.

III. Preparation for Entrance

A. Case work need

1. Helping the family prepare for this experience

Every effort should be made to prepare the family of the severely retarded child for the experience of institutional placement. There are times, then, when the family can prepare the child for living away from home. Even when parents are understanding and intelligent, however, they may need help in knowing how best to overcome the child's fear of the unknown. When the ward is older, usually the case worker must help him as well as his family to accept a change.

2. Recognizing the responsibility of the institution

A patient or his family should be given truthful information about his destination. No promises should be made to the ward or his family about the length of institutionalization, when a vacation will be approved, how the patient will be classified, or what training or medical treatment will be given. It is the responsibility of the institution to find out the needs of each person and to provide the most appropriate placement and care.

B. Mechanics of preparation

Admission requirements are basically the same for all institutions for the mentally deficient except the Annex for Defective Delinquents (ADD). It is the responsibility of the case worker to see that requirements are met.

1. Medical and current personal information

A medical examination and some other current information is necessary, and directions and forms are provided for recording what is required. Information given on the

forms should be known to the institution staff prior to the patient's entrance.

a. Forms for information — DPW-Med-303, -306, and -503

The recording of information on these forms is required for entrance to an institution, with the exception of the Annex for Defective Delinquents. When possible, an examination should be given and recorded for any man entering the Annex. Forms are furnished by the Department but are sent with an offer of space — except in the counties of large population, where these forms may be stocked.

The forms should be fully filled out. The completed forms should be sent to the institution receiving the patient, and a copy of the covering letter should be sent to the Section for Mentally Deficient and Epileptic. A copy of Form DPW-Med-503 must be sent to the Section also. Otherwise the Section does not need copies of the forms but does need to know when they were sent. All information should arrive at the institution at least one week before the date of entrance.

(1) Medical Examination blank Form—DPW-Med-306

A family may have its own doctor make the examination, but the case worker should set a date by which the form giving the information should be in. In sending the form to the physician, the worker should attach a note giving this date and showing the necessity for his early cooperation because of the date of institutional placement and the need for the institution to have the information before that date. A record of the date of all shots and inoculations, physical disabilities, and medication, is needed by the physician prior to the patient's entrance. Only one copy of this is needed by the institution.

(2) Information Needed Immediately by Physician—Form DPW-Med-303

This contains information for immediate use by the physician and the hospital ward. Duplicate copies to the institution are necessary in all cases. The case worker is responsible for seeing that the information is obtained although portions can be filled out by the person who has the care of the patient, whether this be the parent or the boarding parent. Information on medication, diet, and allergies or other conditions that will require special attention at the institution are necessary as a basis for planning treatment. Prescriptions or medical information will be furnished by the doctor. The address and telephone number of the family should be entered by the case worker.

(3) Status of Patient at Time of Institutional Placement—Form DPW-Med-503

The original social history contains basic information, and any changes in this should be recorded so as to bring up to date the information on the family and the patient. Form DPW-Med-503 is provided for recording changes. Only one copy of this is needed by the institution, but the Section also needs a copy of it.

In addition to the three forms prepared for the institution, the duplicates of supervisory reports on file in the central office for the total period of supervision will be forwarded to the institution when a ward is placed.

e. Reasons for examination and information

There are definite reasons why a medical examination and additional information are necessary, even for entrance to an institution with a full medical staff and equipment. The examination and information are or show:

(1) Record of patient's condition

They are a record of the patient's condition at the time of entrance, which may be of value in diagnosing some later condition.

(2) New information

There may be information on the condition of the patient that was not included in the commitment material or that has changed. Also changes in family conditions and relationships are important in planning for the patient.

(3) Conditions needing attention

They show whether the patient needs immediate attention because of a medical condition, such as diabetes or a heart condition.

(4) Prior medication

They give a record of medication that the patient was receiving prior to institutionalization. The feeding formula or diet is also important.

(5) Immunization record

They give a record of previous immunizations, which is needed information as a basis for what is to be done by the institution.

—(6) Protection to institution or welfare board

They can also be a protection to the institution or county welfare board if later there are complaints by the parents about the physical condition of the patient soon after admission.

2. Delay of entrance under some circumstances

a. When tests are positive

The case worker should check the forms to make certain that required tests have been made and whether any reports are positive. If the latter is true, entrance should be delayed for further examinations, and both the Section for Mentally Deficient and Epileptic and the institution should be notified in order that space will be held.

b. Exposure to contagious disease

If the ward has been exposed to a contagious disease, the case worker should notify the Section for Mentally Deficient and Epileptic and the institution and should not take the ward to the institution until the local doctor states that the danger of spreading infection has passed. If a patient enters the institution and it is then learned that there has been exposure, the county agency should notify the superintendent of the institution at once by phone.

3. Clothing

a. Responsibility for provision

It is the responsibility of the welfare board to see that a patient is provided with adequate clothing prior to entrance even though the family or some other agency may actually provide the clothing. This is true whether or not the welfare board must meet the financial cost.

b. Directions and list of clothing

Directions for providing clothing and a list of the clothing needed for persons requiring different types of care is given on pages 91 and 93. This list can be discussed with the family and a copy of the form left with its members if they are to provide the clothing.

c. Furnishing clothing after initial supply

Families may continue to supply clothing but are not required to do so. Counties will not be asked for clothing other than that listed for provision at the time of entrance.

4. Arrangements for payment (Minn. St. 1957, Sec. 252.04)

Form DPW-F-54 should be used in discussing with the family its ability to pay for institutional care. The form should be returned to the central office whether the family is or is not to pay the state. A definite statement of county responsibility is helpful.

5. Arrangements if entrance is on emergency basis

When an emergency placement is offered, if possible, the full physical examination and all of the other arrangements required for entrance should be completed before the patient is taken to the institution. If clothing cannot be obtained, it should be sent later.

IV. Entrance to an Institution

A. Time of entrance

The patient must be entered on a day other than Saturday or Sunday but not on a holiday. Entrance must be during business hours (from 8 a.m. to 4 p.m.). Special arrangements must be made if, because of an emergency, entrance must be on a Saturday or at a later hour.

B. Transportation

1. Arrangements made by welfare board

The welfare board must make certain that satisfactory plans for transportation are made. Some resources are as follows:

a. The family

If the family can arrange for transportation, this is usually best.

b. The case worker

It helps the case worker to establish a better relationship with the ward and his family when she transports him to the institution if his family is unable to do so. When the family cannot arrange transportation, it is often well for a member of the family to accompany the person who is making the trip.

c. Sheriff

An order to the sheriff (Minn. St. 1957, Sec. 252.06) to transport a ward to a state institution may be requested of the Commissioner when the use of authority is needed to carry out plans. An order may also be requested as a means of providing transportation that is so difficult no other method is available. This might include transportation for an older, partially helpless person, whom the case worker could not handle. Request for an order to the sheriff should be limited to these two situations.

2. Restriction on who may accompany female wards

No male worker should take a female patient to or from the institution unaccompanied by a woman. No male person should be permitted to take an adolescent or adult female patient unaccompanied by a woman unless it is the patient's husband or father, or an adult relative approved by the welfare board.

C. Handling of opposition to entrance

1. Circumstances requiring force

Force should not be used unless it is necessary for the adequate care or protection of the ward or for the protection of the community.

2. Advisability of board approval

It is suggested that board approval be obtained in order that the board will understand the situation if later there are protests against the action. In case of an emergency, it may be necessary to act without board approval, but this should be obtained at the next meeting.

3. Use of case work procedures

Whenever possible, advance arrangements should be made with the family for the removal of the ward. When this is not possible or when the ward is removed from a place other than his home, it is the responsibility of the case worker to notify the family at the time of removal and to explain the reasons for the removal. Even though there has been delinquency, removal from the community is on the basis of the responsibility of the Commissioner for a ward, and the case worker must see that action is taken with due consideration for what is good case work practice.

4. Transportation

It is probable that the help of the sheriff is needed under such circumstances, and an order can be requested. The case worker still has responsibility to see that procedures are in accordance with good case work practices. The sheriff is there to assist and to use his legal authority.

D. Entrance under special circumstances

1. Trial placement at Owatonna State School

a. Basis for trial placement

The program of the Owatonna State School is arranged to give educational and socializing opportunities to an exceedingly limited group of children and young people (see page 41). For this reason the institution staff reviews each case before entrance to determine whether the ward is one whose needs can best be met by that program. For many it is obvious that this is the best plan, and for others it is obvious that it is not. For others, there is doubt. If there is doubt, entrance may be permitted on a trial basis. ✓

b. Reasons for accepting on trial basis

Doubt may exist under five circumstances, as follows:

- (1) A relatively high chronological age of the ward — particularly in the later teens
- (2) A comparatively low I. Q.—near 50—combined with social immaturity
- (3) A tendency of the I. Q. to drop, as shown by reports of repeated tests
- (4) A severe physical handicap that may interfere with participation in the program
- (5) Unstable or delinquent behavior—perhaps with an I. Q. in the upper levels—that causes the ward to present problems that Owatonna may not be equipped to meet

c. Trial period

The extent of the trial period is indefinite. A decision may be made within a few weeks, or it may be delayed and the trial extended into a second or even a third school year. If at any time it is determined that Owatonna is not the right institution for placement, the welfare board must make community plans unless the date this child was committed to guardianship has been reached for placement in another institution. In that case, transfer will be arranged if community placement is not desired or adequate. If the ward is returned to the community because the date of commitment to guardianship has not been reached for placement in another institution, his name goes on the waiting list as of the date of commitment to guardianship. The only exception to requiring return to the community for placement on the waiting list is that if the ward presents problems that cannot be met through the use of any other facilities in the state, transfer to another institution will be made on an emergency basis regardless of the date of the guardianship commitment. ✓ X

During the period Owatonna retains the child on trial status, it will send a report to the county, with a copy to the central office, before the end of each school year, indicating whether trial status should be continued.

2. Placement after commitment

a. Reason

Such emergency entrances are rare and are made only in an occasional case of delinquency, an unusual physical or emotional condition, or an emergency created by illness or death of someone caring for a severely retarded person. ✓

b. Responsibility of welfare board

(1) At time of hearing

If a plan has been made with the Section for Mentally Deficient and Epileptic and the institution that when the ward is committed to state guardianship, he may immediately enter, it is the responsibility of the welfare board to notify the Section for Mentally Deficient and Epileptic, by phone immediately after the judge signs the warrant and to make certain that the warrant and one copy of the Report of Data and Evidence are put in the mail for the central office. The other copy of this form should be taken to the institution by the person transporting the ward.

(2) Sheriff's order

On the basis of the phone call and a statement that the warrant is in the mail, authorization for entrance will be given and an order to the sheriff issued if requested.

3. Pregnant wards

a. Where confined

Mentally deficient wards who are pregnant may be considered for confinement at Faribault State School and Hospital or at Cambridge State School and Hospital if there is space available at the time needed. Wards so placed should be those who are in need of a period of institutional care and training after confinement.

b. Form to be used

The form "Information on Pregnant Wards Entering Institution" Form DPW-Med-504, should be used in addition to the regular medical blanks. This will be provided by the central office and sent when entrance is authorized. A layette must be provided before entrance, or sent to the institution if pregnancy is discovered after the ward enters the institution.

c. Timing of entrance

Plans should be made for entrance about three months before the date when confinement is expected, or earlier if the girl or woman needs some type of special care or treatment.

d. Arranging transportation

It is well to have a doctor's statement, in writing, that the trip will not be detrimental if entrance is delayed until near the date of confinement or if there is some unusual physical condition requiring special care.

e. Removal of baby

The county of legal settlement must remove the baby from the institution within the first month unless the superintendent recommends that it remain longer. The institution will plan directly with the county for removal.

4. Voluntary entrance

There is a law (Minn. St. 1957, Sec. 525.75) providing for voluntary entrance, but this has been infrequently used for either the epileptic or the mentally deficient. The Commissioner has first responsibility to his wards; and until there is space not needed by those under guardianship, voluntary entrance would mean an injustice to those for whom the Commissioner has definite responsibility. For both the mentally deficient and epileptic, there is a waiting list of wards for whom space is not available.

5. After escape

a. Return within 60 days

(1) By the family or case worker

This is the best method when the escapee is a child or a person who will return without the use of authority.

(2) The institution's responsibility

If a ward escapes from an institution and within 60 days is taken into custody inside the State of Minnesota, the superintendent will send for him if notified that he is held for return.

(3) Use of sheriff

(a) To hold

The law authorizing the Commissioner to request the sheriff to transport a ward to an institution does not provide for a specific request to take the ward into custody and hold him until the institution can send for him. Many sheriffs and police officers will do this, however, if notified that the ward is a runaway. If the sheriff is doubtful of his authority, the county attorney should be asked for advice.

(b) To return

If the sheriff will not hold the ward for return within the 60-day period, an order can be issued for him to take the ward to the institution. Payment for return will then be the responsibility of the county.

b. Return after 60 days

At the end of 60 days, the county will be notified that the name of the ward will be dropped from the institution records if he has not been returned. Arrangements for entrance will then have to be made through the central office. This means that return will be by the county and at county expense. Unless the welfare board can arrange for return by the family or a case worker, a request will have to be made for an order to the sheriff.

V. Visits and Vacations

A. Definitions

Visit ----- Absence of 7 consecutive days or less

Vacation ----- Absence of 8 consecutive days or more

(In the making of these determinations, the day following the day of departure is to be counted as the first day of absence, and the day prior to the day of return is to be counted as the last day of absence.)

Trial placement ----- Absence of not to exceed one year for the purpose of finding out whether community placement is possible. (See page 24 and following explanation.)

Adult ----- Person who is 18 years of age or older, other than one at Owatonna State School.

Child ----- Person under 18 years of age, except that all students at Owatonna are counted as children.

B. Basis for Visits and Vacations

This is a general section giving basic principles. Interpretation and details are found under "Specific Policies and Procedures," on page 52.

1. Reasons for visits and vacations

a. For happiness of ward

- b. For continuing contacts with family and community
 - c. For needed medical or dental care that families wish to provide
2. Added reasons for vacations

A vacation is frequently for the definite purpose of keeping the individual in touch with the community in the hope that eventually there will be permanent placement there. Vacations are not given with the idea of providing a family with free labor, with the person's return to an institution when there is no longer need for his help.

3. No Christmas vacations for children

Christmas visits or vacations for children cannot be permitted. It is recognized that Christmas is a family day and that in many families there might be increased happiness if the child living in an institution could spend this period at home. It is also recognized that what is permitted for one must be permitted for all under similar circumstances. In view of the above statement, this policy has been determined as best for the following reasons:

a. Judgment of medical staffs

The medical staffs at the institutions have considered this carefully and feel that for health reasons, the children should not leave the institutions during the winter months.

b. Weather conditions

At Christmas time, plans made might not be carried out because of the uncertainty of the weather, and the children would be disappointed.

c. Christmas celebrations at institutions

Christmas at the institutions is geared to the children's understanding and interests. All the institutions have special programs at Christmas that the children anticipate and in which they take part.

d. Staffing problems

This is the busiest season of the year for the staffs at institutions because of the programs and the volume of gifts and mail. Every person who leaves an institution for even an overnight stay must have a physical check-up and have his clothing prepared and listed to take with him. Those persons on medication must have this prepared to take with them. With the staff available it is not physically possible to prepare children to go out in great numbers and at the same time give adequate attention to those who would remain.

e. Question of contagious disease

This is the season when, if children bring back a contagious disease, a quarantine would disrupt the school program for a long period of time. The children are not as likely to bring back a contagious disease at Easter; also, if a quarantine is necessary after Easter, it is near the end of the school period, so that less school time is lost.

C. Bases for Broad Policies

1. Best interests of patients

The welfare of patients in a state institution is the first consideration of that institution. The Department of Public Welfare and the institutions of the state have full right and authority to make regulations that are necessary to carry out their responsibilities. Under this authority, regulations on vacations must be made that are consistent with meeting the needs of the patients entrusted to the care of the institutions.

2. Administrative requirements

Vacation policies must be geared to the adequacy of staff personnel in all levels to

carry out a program of daily care and training for all children, and also the added duties necessitated by preparing patients for vacations.

3. Responsibility to community

When a patient leaves an institution even for overnight, he becomes a resident of a community, even if temporarily. The community, therefore, has a responsibility to him, but it also has the right to know whether there are hazards in his behavior to be considered.

4. Cooperative planning between institution and welfare board

The welfare board represents the community and also has legal responsibility for the mentally retarded and epileptic. Therefore, plans for a visit or vacation are made on a cooperative basis. The institution and the county welfare board must ascertain under what conditions a visit or vacation would be spent and must decide whether these are good, questionable, or impossibly bad. The institution must determine whether the patient is one who would be benefited or harmed by time away from the institution and whether the proposed vacation plan would meet his needs.

D. Specific Policies and Procedures

1. Explanation upon entering an institution

All vacation policies should be explained to the family. It should be emphasized that when a vacation is requested, the request to the welfare board should be made at least one month before the vacation is desired. The parents should be given a copy of the vacation policies (Form DPW-Med-497).

2. First visit or vacation

Visits or vacations are not advisable until a satisfactory institutional adjustment has occurred. This may take place by the end of the first three of four months although sometimes it may take a year or longer.

3. Method of arranging vacation

A vacation is arranged by correspondence between the institution and the county welfare board. Procedures vary, dependent on whether the visit or vacation is the first one.

4. Action on request for vacation

a. Basic regulations

(1) Establishment of advisability

If there is doubt as to whether the request conforms to policy (e.g., whether the patient has had time to make an adjustment) or that the proposed situation existing in the community would meet the needs of the ward, the county welfare board should correspond with the institution in order to obtain an exchange of information on the family situation and the patient's condition. This is usually necessary for a first vacation. Copies of correspondence must be sent to the central office.

(2) Preparation of forms of recommendation

When the advisability of a vacation is established, Form DPW-Med-304 must be sent to the institution, with all requested information given, and a copy sent to the central office. Where there have been previous satisfactory vacations and the situation is unchanged, the form may be sent without correspondence. The form should reach the institution at least ten days before the date on which the vacation is to begin. The institution will immediately notify the county if it cannot concur in the recommendation. Concurrence can be assumed if the county has not received any information from the institution within one week.

(3) Possible advisability of signed agreement

The adequacy of the home may be doubtful, and the return of the ward at the end of the vacation may be uncertain. Yet it may seem that a vacation should be approved. In such an instance a signed agreement for return is sometimes advisable. Under some circumstances a deposit sufficient to cover the cost of return may be requested. If this is done, care should be taken to give a receipt showing why the money is paid and to take back the receipt if the money is returned.

(4) Requirement for welfare board approval of visit or vacation

There must be a separate approval for each visit or vacation, except that blanket approval by the welfare board may be given for 60 days and broken up into shorter periods.

(a) Procedure when vacation is broken into smaller units

When a vacation of 60 days is approved by the welfare board and it is found desirable to break it into visits or shorter vacations, with the approval of the institution, the county welfare agency should give the family a copy of the completed vacation recommendation form, Form DPW-Med-304, with the form entitled "Additional Visits—Information for Families" (Form DPW-Med-498), attached. The agency should discuss these forms with the family, cautioning that unless arrangements are made as directed, additional visits without return to the welfare board will not be possible. It should also caution that the institution must determine for each request whether it is best for the child.

If the welfare board does not concur in this broken vacation, the appropriate statement on the vacation form should be marked out.

b. Vacation in county other than that of settlement

(1) Request made to county of settlement

If the request is made to the county of settlement but the vacation would be spent in a second county, referral should be made, with necessary information included, to the second county, which should make the investigation, carry on the correspondence, and make a recommendation. The county of settlement must, however, concur with the recommendation for a vacation before the vacation can be granted.

(2) Request made to county of vacation

If the request is made to a county other than that of settlement and there have not been previous contacts, that county should send copies of all correspondence and a statement of the recommended plan to the county of settlement for approval before making the final recommendation. If previous vacations have been satisfactory and the situation has not changed, a copy of Form DPW-Med-304 to the the county of settlement will suffice.

c. Emergency visits or vacations

Requests for emergency visits or vacations should be held to a minimum. In determining whether an emergency visit or vacation is necessary, the welfare board should present to the institution full information on the family situation, including the family's attitudes toward the child and on conformance to regulations.

(1) Bases for granting emergency visits or vacations

(a) Necessary medical or dental care

This is evidenced by the expressed wish of the parents to provide care that cannot be given during the regular vacation period. The institution

must make the determination as to whether the medical or dental care to be given is necessary and could not be given during the regular vacation period.

(b) Needed for physical or emotional well-being

This is evidenced by a written statement by the superintendent or his clinical assistant that the visit or vacation is necessary for this purpose. In the case of an emergency visit or vacation for emotional reasons, information from the county on the total family situation will be necessary for the institution in making a determination.

(c) Illness or death in the family

Arrangements usually must be made by phone, with written confirmation sent later. Emergency visits for death or extreme illness may be arranged for patients at the Annex for Defective Delinquents in the same manner.

(d) Need to interview a possible employer

All arrangements, including transportation from the institution, should ordinarily be made by the welfare board. The men from the ADD may sometimes have this type of visit.

5. Length and dates for visits or vacations

a. Maximum length and basis for exception

Sixty days is the maximum length of a vacation. Ordinarily an extension beyond this can be considered only if the ward has been exposed to a contagious disease; if he is ill and needs to recuperate; or if illness or some unforeseen happening in the family has made it impossible for the date of return to be kept. The case worker must determine whether in his opinion the reason given for an extension is adequate and, if so, recommend the extension, using Form DPW-Med-304. It may be necessary to send a full explanation of the reasons in order that the institution will know whether approval should be given.

b. Total vacation time

Ordinarily one long vacation during a calendar year is all that is permitted. Shorter vacations in lieu of a longer one should not total more than 60 days. The number of visits is determined by the institution and is dependent upon what is best for the child.

c. Prohibition against visits and vacations from the ADD

There are no visits or vacations from the Annex for Defective Delinquents except in emergencies as indicated above.

d. Dates within which vacations are approved

(1) Adults

An adult from an institution other than the ADD may have a visit or vacation at any time during the year unless he is part of the definite school population.

(2) Children

Visits or vacations for children come between dates of April 1 and October 1, except that if Easter is in March, there may be a visit over Easter. There are no visits or vacations between October 1 and April 1 except in emergencies as indicated above. No patient—child or adult—who is in a definite school program may have a visit or vacation at a time when school is in session.

6. Participation by Section for Mentally Deficient and Epileptic

The Section for the Mentally Deficient and Epileptic will receive copies of all reports about vacation planning but will not participate in the planning unless it has information relating to the advisability of plans that is not being considered by the institution and the county agency.

7. Calling for ward at institution

a. By whom

The ward must be called for by a responsible adult and must be returned to the designated place in the institution at the end of the vacation period. A female ward who is adolescent or adult must not be called for by an unaccompanied male unless he is her husband or father. Exceptions to this can be made only on the specific recommendation of the welfare board.

b. When

To the extent possible, wards should be called for on business days and during business hours; nevertheless, special arrangements can be made to call for a ward on a Sunday or a holiday or up to 8 p.m. If the request of a relative to call for a child during a time other than business hours seems reasonable, this may be noted on Form DPW-Med-304; and if disapproval is not received from the institution within a week, concurrence can be assumed.

8. Return

a. By whom

The regulations about who may call for a patient hold for his return.

b. When

A patient may be returned on a Saturday, a Sunday, or a holiday, but before 5 p.m.

c. Procedure if patient is not returned by date set

If a person is not returned at the end of the time approved for a visit, vacation, or trial placement, the superintendent will notify the county welfare board immediately, if possible, or at least within three days. If the patient is not returned or the institution does not get a reply indicating a valid reason, the name will be dropped from the records at the end of ten days.

d. Occasional need for use of authority for return

If investigation by a case worker indicates the fact that return is imperative and the family refuses to cooperate, there should be careful consideration — perhaps a request for board action — on a recommendation that the Commissioner of Public Welfare issue an order to the sheriff to return the patient. The expense of this must be borne by the county. Before this is done, every effort should be made to understand the reasons for the family's failure to make the return and then to try to gain its cooperation.

e. Occasional advisability of community placement without return

Occasionally, even though placement has not been previously approved, allowing the ward to remain in the community will prove to be the best procedure. This will usually be in the case of a trainable ward allowed to remain with his family. This decision should be arrived at on the basis of correspondence with the institution.

9. Payment for care during time of visit, or vacation, or trial placement

No deduction will be made for a visit, vacation, or trial placement for any patient who is being paid for by the county. No deduction will be made for a visit in an instance in which the family is paying, but a deduction will be made for a vacation or trial placement after the first 7 days.

10. Supervision during time of visit or vacation

The county welfare board of the county where a vacation is spent is responsible for supervising the ward during the vacation period and for seeing that he is returned at the end of that period. Information about supervision while on trial placement is found on pages 24, 25, and 26.

Chapter VII

ADDITIONAL LAWS AND POLICIES APPLYING TO WARDS

I. Legal Restrictions

A. Marriage

1. The law (Minn. St. — as amended 1959 — Sec. 517.03)

No marriage shall be contracted while either of the parties has a husband or wife living; nor within six months after either has been divorced from a former spouse; excepting re-intermarriage between such parties; nor within six months after either was a party to a marriage which has been adjudged a nullity, excepting intermarriage between such parties; nor between parties who are nearer than second cousins; whether of the half or whole blood, computed by the rules of the civil law; nor between persons either one of whom is imbecile, feeble-minded or insane; nor between persons one or both of whom are under 15 years of age; provided, however, that mentally deficient persons committed to the guardianship of the commissioner of public welfare may marry on receipt of written consent of the commissioner. The commissioner may grant such consent if it appears from his investigation that such marriage is for the best interest of the ward and the public. The clerk of the district court in the county where the application for a license is made by such ward shall not issue the license unless and until he has received a signed copy of the consent of the commissioner of public welfare.

a. Purpose of restriction

Prevention of marriage is based on the assumption that children may be born who will inherit the handicap of the parent, or who will not be given proper care due to the parent's inability to provide it.

b. Basis for changes made in 1959

(1) The epileptic

Persons having epileptic seizures may be highly competent and in only a comparatively small percentage of cases is the condition one that may be transmitted from parent to child. The legislature in 1959 removed the prohibition against the marriage of epileptics. All persons having seizures should not be prohibited from living a normal life because there are some for whom marriage may not be good. There are, of course, many persons who are both mentally deficient and epileptic. Where this is true, if guardianship is established it should be based on the mental deficiency.

(2) Mentally deficient

The law as amended prohibits marriage of the mentally deficient but provides that the Commissioner may permit marriage of a ward if it appears to be for the best interests of the ward and the public. Whether a mentally deficient person would transmit his mental deficiency to offspring cannot always be known; however, ordinarily a mentally deficient person is unable to accept and carry out the responsibilities of parenthood. But if parenthood is not possible, there are times when a mentally deficient person can make a good adjustment in marriage and should not be barred by a law whose purpose is not applicable to him. Occasionally there may be other exceptions on an individual basis.

2. Procedures to carry out the law

The law still prohibits marriage of the mentally deficient except with the consent of the Commissioner and this should be explained to adults or to the parents of adolescents. The reasons for the law should be explained although it may be difficult for some wards to accept it.

a. When case worker recommends marriage

The case worker cannot promise the ward that his application to marry will be

approved unless this has previously been discussed with the representative of the Commissioner and informal approval received. This approval would ordinarily be based on:

- (1) The inability of the ward to have children.
- (2) The ability of the ward to carry out his responsibilities as a spouse.

b. Method

(1) Legal requirements

Minn. St. as amended in 1959 — Sec. 246.01 gives under powers and duties of the Commissioner the following method of carrying out this law:

For the purpose of carrying out his duties, the commissioner of public welfare shall accept from mentally deficient wards for whom he is specifically appointed guardian a signed application for his consent to the marriage of said ward. Upon receipt of such application he shall promptly conduct such investigation as he deems proper and determine if the contemplated marriage is for the best interest of the ward and the public. A signed copy of the commissioner's determination shall be mailed to the ward and to the clerk of the district court of the county where the application for such marriage license was made.

(2) Specific requirements

(a) The ward

The ward must make written application, and where this is approved by the welfare board, assistance can be given in preparing the request.

(b) The welfare board

The welfare board will then send the ward's application to the Commissioner with a recommendation and the facts upon which the recommendation is based.

(c) The Commissioner

If the Commissioner agrees with the recommendation of the welfare board, he will make his determination and mail a copy of his decision to the ward, the clerk of court, and the welfare board. If he is not convinced that marriage is for the best interest of the ward and the public, he will investigate further before making a determination.

(3) When ward applies directly to the Commissioner

If the ward applies directly to the Commissioner without the aid of the welfare board, the application will be referred to the welfare board and then the procedure as given in (2) will be carried out.

3. Marriage without legal sanction

Even though marriage of a mentally deficient person is prohibited by law, if it is consummated it is a legal marriage and if the person is under guardianship his status is unchanged.

4. Special considerations

With or without consent, there are two points that must be understood:

a. When a marriage is voidable

If there is sterility and the spouse was not told, he has grounds for asking, at a later date, that the marriage be voided.

b. Settlement of female spouse

The Attorney General has given an opinion that a female who marries after she has been made a ward takes the place of settlement of her husband. If she has children they will also have this settlement.

B. Divorce

1. Not prohibited

A ward is not prohibited from suing for a divorce. The court determines procedures.

a. Possibility of suit in own name

If the judge decides that the ward understands the nature of the action, he may accept his petition.

b. Appointment of guardian ad litem

(1) If suit is brought by ward

The court may determine that a ward is incapable of understanding the action to be brought. In that case the court will appoint a guardian ad litem to represent the ward.

(2) If suit is brought by spouse

If a spouse sues a ward for divorce, usually a guardian ad litem is appointed.

2. Duty of case worker

The case worker should make sure that the interests of the ward are protected. Under most circumstances the ward should be present in court. Sometimes the court may ask the case worker to accept appointment as guardian ad litem.

C. Signing legal contracts

1. Mentally deficient person

A person under guardianship as mentally deficient is not competent to sign a deed or other legal contract and should have a guardian of estate appointed to act for him.

2. Epileptic person

The Attorney General has ruled that commitment in epilepsy does not mean that the individual is incompetent to manage his financial affairs.

3. Use of county attorney

The case worker should consult the county attorney about possible legal implications if this appears needed.

D. Voting

The Constitution of Minnesota provides that "no person under guardianship, or who may be non compos mentis or insane, shall be entitled or permitted to vote at any election in this state."

II. Sterilization

A. The law

Sterilization of mentally deficient but not epileptic wards is permitted (Minn. St. 1957, Sec. 256.07). This law is permissive, not mandatory.

B. Basis for law

The law permitting sterilization was not passed until 1925. Marriage of the mentally deficient, however, was prohibited in 1901, on the assumption that such persons should not have children. Yet, many children are born to mentally deficient parents either in or out of wedlock. Their children do not have an enviable future even when they are not mentally deficient. Thus, sterilization helps to make it possible to plan adequately for the adjustment of mentally deficient persons under conditions not calling for the assumption of too great responsibility.

C. Authority for operation

The Commissioner of Public Welfare must authorize a surgeon to perform the operation. This is done only after consideration of reports of a doctor and a psychologist appointed by the

Commissioner to see the patient, and after consultation with the superintendent of the State School and Hospital in which the patient has been placed.

D. For whom approved

Approval is on an individual basis, but there are some general policies established as basic for consideration.

1. Mental level

Usually operations are advised only for persons sufficiently high mentally to maintain themselves out of an institution even though needing supervision. Furthermore, it is doubtful that there will be approval for a ward testing in the borderline range of intelligence quotients.

2. Age

a. Females

Girls under 18 and women approaching menopause are usually not approved for sterilization. Occasionally, when younger girls come from families with homes providing a good environment but in which the need for the added protection of sterility is recognized, an exception is made.

b. Males

There is no upper age limit for men, and the lower limit for boys is approximately the same as for girls.

E. Consents to operation

1. Who legally gives consent

a. Spouse

If the ward is married, the consent of the spouse should always be taken even though there is separation but not divorce.

b. Parents

If there is no spouse but both parents are living, (it is well to obtain the consent of both unless there has been a divorce and custody has been given to one parent.) If a ward is separated from the spouse, the parent's consent should be obtained as well as that of the spouse.

c. Relatives

If there is no spouse or parent to give consent and there is more than one relative in the next of kin group—whether this be siblings, grandparents, aunts and uncles, or cousins—it is well to take consent from more than one in order that there be no later friction between relatives. If the spouse or nearest blood relative is under guardianship, the consent of the next nearest legally competent blood relative should be obtained.

d. Commissioner

If, after diligent search, no relatives can be located, the Commissioner may give consent.

2. Responsibility of case worker for obtaining consents

When sterilization has been advised, the reason for advising it should be explained by the case worker to the person legally responsible for giving consent. Some points to consider when talking with relatives are:

a. Necessity for guardianship

Consents must never be taken prior to commitment to guardianship.

b. Non-exertion of pressure

Pressure must not be brought to obtain consent. This is true whether the opposition is on religious grounds or on other grounds.

c. Community planning

Sterilization is considered as part of the basis for community planning. It may facilitate placement. Under some conditions a sterile person may be supervised in the community when under the same conditions if he were not sterile, he should have a longer period in the institution.

d. Necessity for carrying out plans

The Commissioner will not make a bargain with anyone to release a ward if the ward is sterilized; however, when a plan is agreed to, based on the fact that the ward will be sterile, it is expected that it will be carried out following the operation.

3. Consent of ward

Although the law does not require a ward's consent, as a matter of policy it is obtained, and the operation is not performed without it. Usually discussion with the ward is left for the social worker at the institution after the staff has made a recommendation.

4. Forms for consent by spouse or relative

These are furnished by the Section for Mentally Deficient and Epileptic. The form provides for permission for other surgery. For women this may prevent another incision if other surgical needs are found, such as a diseased appendix. The person giving consent should sign two forms since one is retained by the Section for Mentally Deficient and Epileptic and the other is forwarded to the institution. If the county wishes to keep a copy, a third should be signed.

F. Time in institution

1. Entrance with idea of later consideration

For many wards sterilization is considered at the time of entrance but as part of future planning. The length of time an individual will remain at the institution prior to consideration of an operation will depend upon the recommendation of the institution. Usually a period for training is advisable. This may mean up to two years or even longer.

2. Operation following years in institution

Some persons considered for this operation may have entered the institution without this having been considered as part of a plan for future placement. It may be considered after they have spent years in the institution.

3. When ward enters for immediate consideration

In the occasional instance in which the ward enters an institution with the recommendation of the welfare board for consideration of an operation but for early return to the community, the institution must confirm the diagnosis of mental deficiency, make a physical examination, and give its recommendation before any plans for return can be considered as definite. In the case of a female, under no circumstances will an operation be performed until sufficient time has elapsed to make certain that she is not pregnant.

The institution may determine that a period of training is advisable before sterilization is approved. Even when an operation is approved, it may not be possible for the institution to arrange for surgery immediately.

4. Time after operation

For medical reasons women will remain in the institution for a period of six weeks after an operation and men for four weeks.

G. Sterilization by private surgeon

Sometimes a spouse or parents wish to plan with a private surgeon for an operation upon

a ward. Operations under such conditions have been performed by surgeons of the highest standing, but the arrangements have been made directly with the surgeon by the family and the ward. No authorization or official approval can be given for an operation other than in full accordance with the provisions of the law. No person who has any official connection with the state or who represents it should take part in making arrangements with the surgeon. If a family requests that a doctor be given information about a ward's status and his intelligence level, it can be done without in any way participating in planning for an operation.

If a ward is in the institution and the family wishes to make such plans, it has been the policy of the state, working through the welfare board, to arrange a trial placement, which may be extended into a more permanent placement. This will be based on a satisfactory plan for supervision.

H. Community planning

1. Obligation of case worker

When a ward has been sterilized, the welfare board has a definite responsibility to have community plans made when he is ready to leave the institution. The fact that he will have no children does not lessen the need for careful planning and supervision. Supervision should be planned and given in accordance with policies outlined in the sections on supervision.

2. Effects of operation

Families and individuals can be told that sterilization will not interfere with the normal processes of nature. Marital relations will be possible. Sterilization will only prevent conception following intercourse.

III. Operations Other Than Sterilization

A. When ward is in institution

Consent of the nearest relative must be obtained for an operation other than sterilization on a minor or an adult. If the nearest relative is also under guardianship or committed as mentally ill, consent must come from the nearest relative not legally incompetent. If no relative can be located, the Commissioner may give consent (Minn. St. 1957, Sec. 256.06). When an immediate operation is necessary and neither a relative nor the Commissioner can be located, the superintendent may authorize the operation (Minn. St., Sec. 246.10).

B. When ward is in community

1. For a minor

If the ward is a minor, consent for an operation recommended by a competent surgeon should be requested from the member of the family most closely related. If there is no immediate relative competent to give such consent, the Commissioner will give approval.

2. For an adult

If the ward is an adult, family consent need not be requested. The Commissioner may be asked to give approval.

IV. Adoption of a Mentally Retarded or Epileptic Ward

Occasionally, a request is made for the adoption of a child committed to guardianship as mentally deficient or epileptic. This is usually when a mother remarries, and the stepfather wishes to adopt the child. Investigation and recommendation are made by the Division of Child Welfare as in other cases. But, if the adoption is completed, it does not affect the guardianship of the Commissioner of Public Welfare. The new parent has the same relationship to the Commissioner as a natural parent whose child is under guardianship.

V. Management of Ward's Income or Property

A. Appointment of guardian of estate

The court may be petitioned for the appointment of a guardian of the estate if the ward has property. Usually, if the ward inherits other than personal property or if there is a large amount of money, a guardian other than the state is appointed. The court has the responsibility for determining the qualifications of the person suggested as guardian, but the welfare board should make certain that he is a person who will look after the interests of the ward. If there is doubt about this, such information should be given to the court. Often a trust company is appointed.

B. Holding of ward's money in county welfare account

Money belonging to a ward may be held in a county welfare account (Minn. St. 1957 Sec. 256.88 and 256.89).

1. Earnings of ward

Sometimes money coming to wards through sources other than his own earnings is held by the county. Usually this is not the case. Even for earnings, under most circumstances it is better to help the ward open a bank account and learn to handle his money.

2. Need for keeping records

If the county welfare board holds the funds of a ward in its Social Welfare Fund account, it is well to have the ward keep a careful account of deposits and disbursements. He will then always know the amount on deposit, and an accounting can be given to any interested friends. Also, in this way the ward may learn something about keeping accounts.

C. Holding of ward's funds by Commissioner of Public Welfare

1. How obtained

Guardianship of the mentally deficient and epileptic by the Commissioner is of the person only; however, he can hold money to be expended for wards under the following conditions:

a. Following court order

Minn. St. 1957, Sec. 256.93, provides that the court may authorize the Commissioner to take possession of a ward's personal property in a case in which there is an estate within jurisdiction of the court. Also, an order may be made by the court designating the Commissioner to take possession of some funds other than an estate.

b. Without a court order

Minn. St. 1957, Sec. 256.88, provides that the Commissioner may hold funds in trust for wards. The Commissioner may accept monthly payments from federal agencies without a court order, or money in payment of an insurance policy, etc., if requested to do so and if there is no question involved that should be determined legally.

2. Where held

All money paid to the Commissioner for a ward is deposited in the social welfare fund of the state treasury. When there is an amount on deposit in the state treasury greater than probable yearly expenditures, it is included in state funds drawing interest. Interest is allotted to each account at the end of each fiscal year.

3. How expended

The money on deposit is used for the support of the ward and/or other personal expenditures for his well-being and happiness.

a. If ward lives in community

The local welfare board recommends what expenditures should be made. Re-

quests go to the treasurer only once a month — usually the fifth — and two weeks or more may elapse before the check is received.

b. When in institution

(1) Personal expenses

Money for personal expenditures including clothing is sent at stated intervals or as needed. A balance is kept at the institution for this purpose.

(2) Payment for institutional care

Payment for institutional charges by the Commissioner of Public Welfare from funds held in the state Social Welfare Fund for a mentally deficient or epileptic ward will be governed by two factors: the amount of the ward's income and the balance on hand in the ward's social welfare account.

(a) Accumulation of reserve

A ward with continuing income will be permitted to accumulate and to maintain a reserve of \$300 before charges are made for costs of institutional care. A ward with an estate but no income will be permitted to retain \$500 as a reserve for personal expenses.

(b) When income justifies payment of full account

When a ward has a monthly income of \$55 or more and has accumulated in his Social Welfare Fund account \$300 plus an amount sufficient to make a full quarter payment, the Commissioner will pay from the ward's funds the full 52 per cent of costs of institutional care as set forth in Minn. St. 1957, Sec. 252.04.

(c) When income justifies repaying county

When a ward has a monthly income of less than \$55 and has accumulated a reserve of \$300, the county cost of \$20 per quarter (\$80 per year) will be paid from the ward's funds when this amount is in excess of the \$300. If, however, the ward accumulates \$420 or more in his Social Welfare Fund account, the full 52 per cent of costs for one quarter will be paid.

(d) When total deposit justifies payment

When a ward has no income but has money on deposit in the state Social Welfare Fund, payment for costs of institutional care will be made from his Social Welfare Fund account only when the amount on deposit exceeds \$500. The county charge for care (\$20 per quarter) will be paid if the amount on deposit is between \$500 and \$1000. If the amount on deposit exceeds \$1000, the full 52 per cent of costs will be paid until the amount is reduced to \$1000.

VI. Support for the Mentally Retarded or Epileptic

A. A personal responsibility

1. Of ward himself

When a ward is adult and capable of self-support, he should meet his own obligations to the extent his income permits.

2. Of guardian of estate

Funds that the guardian holds for a ward should be expended for his support and in his interest. This includes funds held by the Commissioner.

3. Of family

The retarded person is the responsibility of the family to the same extent as a normal person.

B. Responsibility of local tax unit

This responsibility may be met in one of the following ways:

1. By regular relief

This includes meeting basic needs or providing hospital care.

2. By payment for ward in a private residential school, nursing home, boarding home or other facility

When the ward must be removed from the home and the parents are not in need of any other financial aid but cannot meet this expense, it is a legitimate one for the local tax unit.

C. By categorical aids

1. Aid to Dependent Children

Eligibility requirements must be met, including the ability of the parent to care adequately for the children. When a parent is mentally deficient, a property guardian may have to be appointed.

2. Old Age Assistance

Basic eligibility requirements must be met on the same basis as for old persons not retarded. A property guardian may have to be appointed.

3. Aid to the Disabled

Eligibility requirements relating to financial status and the degree of incapacity must be met. This aid makes it feasible to provide for many adults in the community who might otherwise have to have institutional care.

4. Aid to the Blind or Visually Handicapped

The blind may receive financial aid in one of the three following ways:

a. Aid to the Blind grants

Eligibility requirements must be met for an Aid to the Blind grant.

b. Vocational rehabilitation maintenance grant

A mentally defective and/or epileptic client accepted for vocational rehabilitation services and in financial need may be eligible to receive a maintenance grant while in training. (This applies to all vocational rehabilitation trainees, and the funds come from the Division of Vocational Rehabilitation.)

c. Maintenance grants for visually handicapped in special educational program

If a mentally defective or epileptic child with a visual handicap is found to be educable and in need of a specialized educational resource outside the State of Minnesota, the Services for the Blind Section of the Department of Public Welfare will participate in providing maintenance on the basis of need.

D. By monthly payments from Federal Government

1. Pension or compensation because of service in armed forces

This applies to the ward himself. Payments are made because of disability acquired in service.

2. Payments for children of deceased persons

a. Child of a deceased veteran

Monthly allotments for a ward are frequently paid to the Commissioner without court procedure, but a certified copy of the warrant of commitment must be sent to the Veterans Administration in order for the Commissioner to obtain these payments. For a mentally deficient ward these payments may be continued indefinitely if application is made for continuance and is approved on the ground that the person is permanently incapable of self-support because of a condition existing prior to his 18th

birthday. The Commissioner makes a yearly financial report to the Federal Government.

b. Railroad retirement benefits

Monthly allotments are paid to a child of a deceased railroad worker. No court action is necessary for the Commissioner to receive such benefits for a ward, but a certified copy of the warrant of commitment must be sent. The same application for continuance beyond the 18th birthday is now possible as for veterans' benefits.

c. Social security benefits

The same conditions apply as for b, except that a certified copy of the warrant of commitment is not required for the Commissioner to have funds paid to him for a ward qualifying for this aid. Nevertheless, the social security office prefers paying the child's allotment to the living parent if she is a responsible person, even though the ward is in an institution. A child or incompetent adult is entitled to benefits even though he was not supported by the parent from whom the benefits derive.

VII. Special Court Procedures

A. Commitment of ward to Youth Conservation Commission

1. When considered

There are occasional times when a youth of borderline intelligence who is delinquent or incorrigible is committed as mentally deficient. After discussion with the Youth Conservation Commission, it may be determined that its facilities would be more appropriate than those of the Commissioner of Public Welfare.

2. Court where action taken

The juvenile court action would have to be in the county in which the delinquent acts were committed.

3. Plans when ward has been placed in institution

Information on the basis of recommendation for such action will come from the institution, but the Section for Mentally Deficient and Epileptic will be responsible for furnishing information to the YCC and to the county. If the ward is in an institution, the major responsibility for the initiation of plans will rest with the two state agencies.

4. Status of guardianship

If a ward of the Commissioner is committed to the Youth Conservation Commission, the responsibility of the Commissioner and, therefore, of the welfare board becomes inactive and remains so unless the youth is returned to the custody of the Commissioner by agreement with YCC or until he reaches the age at which the YCC responsibility ends. If it is determined that he is not mentally deficient (or epileptic, if that is the basis of the guardianship), the Commissioner will initiate action for restoration. Otherwise, at age 21—or 25, if action was taken by the District Court — supervision will revert to the county welfare board representing the Commissioner.

B. Juvenile court action for guardianship of children of a ward

1. Why initiated

A parent, even though under guardianship as mentally deficient or epileptic, retains custody of his children unless there has been court action to decide otherwise. If a parent is committed as mentally deficient, it is doubtful that he is able to assume responsibility for bringing up a family.

2. Notice of action

When a child is brought into juvenile court for a hearing in neglect or dependency, the parent must be notified (Minn. St. 1957, Sec. 260.08). This includes any parent even

though he is under guardianship and in an institution. Notice of hearing should also be served upon the Commissioner.

3. When parent should attend hearing

If the parent is opposed to the removal of his children, he should be present at the hearing. If he is institutionalized, this may mean a subpoena for him and for an attendant. If it is deemed unwise for him to be present because he is exceedingly low-grade mentally or is emotionally unstable, the court may decide that a guardian ad litem should be appointed to represent him. In fact, it is recommended that the court be asked to do this.

4. Child born in an institution

If a child is born in the institution and the mother remains after the child has been placed in a boarding home, the welfare board should usually request temporary custody even though plans may later be made to return the child to the mother.

C. Discharge of guardianship and restoration to capacity

1. Difference in two procedures

On the assumption that mental deficiency is a permanent condition, guardianship exists for life unless it is set aside by subsequent court action. The law provides two ways of doing this, as follows:

a. Restoration to capacity (Minn. St. 1957, Sec. 525.78, Subd. 1 to 4)

This is used when there is evidence that the ward is not mentally deficient or epileptic. ✓

b. Discharge from guardianship (Minn. St. 1957, Sec. 525.78, Subd. 5 and 6)

This is used when although the ward is mentally deficient or epileptic, guardianship is not needed or cannot be exercised. ✓

2. Who may file

a. In restoration proceedings

- (1) The Commissioner of Public Welfare
- (2) The ward or someone acting for him

b. In discharge proceedings

- (1) The Commissioner of Public Welfare

3. Restoration

a. When petition is filed by or for the ward

(1) Responsibility of county attorney

The law provides that the county attorney shall be notified and oppose restoration if he deems such action for the best interests of the public. He presents to the court the case of the state and the county welfare board.

(2) Responsibility of Section for Mentally Deficient and Epileptic

(a) Aiding in plans for hearing in court

The Section for Mentally Deficient and Epileptic acts for the Commissioner. If the State Agency and the welfare board agree that the petition should be opposed but the county attorney disagrees, the Section will ask that the Attorney General consider the question and confer with the county attorney. The Section for Mentally Deficient and Epileptic will cooperate with the welfare board and give all assistance possible. If the ward is not in an institution, this will include arranging with the Bureau for Psychological Services for a psychologist to give tests, if needed, and to testify at the hearing.

(b) Determination as to when there will be no opposition

If the Commissioner determines after investigation that the ward is not mentally deficient or not epileptic, the court will be notified that there will be no opposition. If the Commissioner determines that guardianship is not needed, even though the person may in his estimation still be mentally deficient or epileptic, or if there is not sufficient evidence to justify opposition, the Commissioner will notify the court that the petition will not be opposed. This will not be done, however, until after a recommendation has been received from the welfare board following discussion with the county attorney about this proposed action.

There are times when a petition is filed by or for the ward on the recommendation of the welfare board and the Section. This occurs when the state feels that it cannot legitimately petition for restoration but determines that the ward has a basis for a petition and that supervision is no longer necessary.

(3) Responsibility of welfare board if ward is in community

(a) To send current report

The welfare board should send the Section for Mentally Deficient and Epileptic a current report on supervision, including results of intelligence tests and social and work adjustment.

(b) To report relationship with family

The welfare board should state whether there has been discussion of action with the ward or his family. If a satisfactory working relationship has been established with a ward and his family, a petition not approved by the case worker is rarely filed.

(c) To discuss with county attorney

The welfare board should discuss the petition and possible evidence with the county attorney because he will represent the state if the petition is to be opposed.

(d) To recommend action

The welfare board should make a recommendation to the Section for Mentally Deficient and Epileptic as to whether the petition should be opposed.

(e) To provide witnesses

The welfare board should provide witnesses who have first-hand knowledge subject to cross examination.

(4) Division of responsibility when ward is in an institution

(a) Welfare board

The county welfare board is responsible for (c) and (d) above and for (a) (b) and (e) to the extent that evidence is available from community contacts.

(b) Institution

If the ward is in an institution, a full report and recommendation will be made by the superintendent. Witnesses will be provided, including a psychologist and, perhaps, the superintendent himself — provided that the ward has been in the institution long enough to be studied and evaluated.

b. When petition is filed by Commissioner

If the Commissioner has psychological and social evidence that a ward is not mentally deficient and that supervision is not needed, he will file a petition asking for restoration to capacity. Social evidence to be used as a basis for this is supplied by the welfare board. In the case of an epileptic person the evidence is medical evidence that the person is not an epileptic.

c. Possibility of appeal to district court

If the probate court restores the ward to capacity, the decision does not take effect for 30 days. Within that period an appeal to the district court from the decision of the probate court is provided for by Minn. St. 1957, Sec. 525.79. Refer to Minn. St. 1957, Sec., 525.71 - 525.74 for procedure.

4. Discharge of guardianship

a. Basis for petition

A petition for discharge of guardianship will be filed by the Commissioner upon the report and recommendation of the welfare board, under the following circumstances:

(1) Ward out of state

The ward has remained out of the state for more than two years.

(2) Ward lost

The ward has been lost for a sufficient time to make it appear unlikely that he is in Minnesota.

(3) Ward older and well adjusted

The ward is an older well-adjusted person for whom it seems unlikely service will be needed that cannot eventually be supplied by Old Age Assistance.

(4) Lack of complication of family problems

The ward is young but is one who cannot become a parent, and his adjustment is good, indicating the fact that supervision is not necessary. (This has most often been used in an instance in which a girl is sterile and marriage seems to offer a basis for a good adjustment.)

(5) Individual basis

On an individual basis the ward has made a good adjustment but cannot be classified in one of the preceding categories. In this case a good evaluation of the following factors is necessary:

(a) Length of time under guardianship

(b) Frequency and nature of supervisory contacts

The report should include the ward's response to these contacts.

(c) Period of stable adjustment

This should have existed sufficiently long to indicate the fact that the ward can adjust successfully and that supervision, although it may be needed later, is not a foreseeable need at this time.

(d) Information on the children and their care, schooling, and adjustment (if ward is married).

(e) Evaluation of strength and stability of spouse.

(f) Adequacy of ward to care for family.

D. Action for abduction of ward

Abduction of a ward from an institution or from any placement in the community is a felony (Minn. St. 1957, Sec. 252.05). Action can be taken under this statute although it has been infrequent. The county attorney should be notified of the abduction.

VIII. Out-of-state Contacts

A. Interstate correspondence

1. When to use central office

a. General state procedures

All interstate correspondence on placement of the mentally deficient or epileptic must be routed through the Section for Mentally Deficient and Epileptic. It will then

be referred to the deportation officer of the Department.

Correspondence goes through the deportation departments of the two states. Return to this state by deportation is possible for a period of two years. If the ward remains out of the state for two years he will be discharged from guardianship and will no longer be eligible for institutional care in Minnesota.

b. Request for placement

All requests for placement in another state must be referred in quadruplicate to the Section for Mentally Deficient and Epileptic. An adequate social history should be given, together with the reason for the request and accurate names and addresses in the other state. Permission cannot be given for a mentally deficient or epileptic ward to move to another state without investigation and approval of the deportation authorities in both states.

c. Referral when ward leaves state

When a ward leaves the state without approval, the county welfare board should notify the Section for Mentally Deficient and Epileptic. A definite address should be given, if possible, together with a summary of contacts not previously reported. These reports should come in quadruplicate. Out-of-state referrals are made on an individual basis and not routinely.

d. When no report made to second state

If a family moves from the state and takes a child who is a ward, usually no referral is made if neither the family nor the child presents social problems.

B. Deportation

1. When considered

If a mentally deficient or epileptic person does not have settlement in Minnesota and is thought to be one who will become a public charge or an undesirable resident, return to another state as mentally deficient or epileptic should be considered (Minn. St. 1957 246.23).

2. Report sent by welfare board

Full information in the form of a social history on the retarded person should be sent in quadruplicate by the county welfare board to the Section for Mentally Deficient and Epileptic for referral to the deportation officer. It should include an accurate and detailed statement, with dates, showing where the patient has lived for the past five years and whether he has been on relief or in an institution during any of this period. If he has, the statement should show the exact length of time as accurately as possible.

3. Contact with second state

The deportation officer will then refer the matter to the state of probable settlement for verification.

4. Hearing necessary

Before deportation is authorized, there must be a hearing and commitment in this state.

5. Arrangements for deportation

Details of plans for deportation are arranged through the deportation officer. Payment is made by the state.

6. Discharge after deportation

After deportation the court will be asked to discharge guardianship.

Chapter VIII

INSTITUTIONS FOR THE MENTALLY DEFICIENT AND EPILEPTIC

Listed in order of date of opening

I. Post Office Address

1. Faribault State School and Hospital Station A, Faribault, Minnesota
2. Cambridge State School and Hospital Pouch A, Cambridge, Minnesota
3. Owatonna State School Pouch A, Owatonna, Minnesota
4. Annex for Defective Delinquents Box B, St. Cloud, Minnesota
5. Shakopee Home for Children Shakopee, Minnesota
6. Lake Owasso Children's Home 210 N. Owasso Boulevard
St. Paul 13, Minnesota
(Annex to Faribault State School and Hospital)
7. Brainerd State School and Hospital Brainerd, Minnesota

II. Location and Transportation

Faribault State School and Hospital

The school is located in Rice County, east of the Cannon River, in the city of Faribault, on U. S. Highway 65 and Minnesota Highways 60 and 218. It is about 55 miles south of St. Paul. The area of the property is 1183 acres. The Chicago, Rock Island, and Pacific Railroad and the Jefferson Transportation Company offer daily train and bus transportation, and there is taxi or bus service from the city of Faribault to the State School and Hospital.

Lake Owasso Children's Home

Lake Owasso Children's Home is located at 210 N. Owasso Boulevard, St. Paul 13, Minnesota. A resident nurse supervisor is in charge. Since the Home is operated as an annex of the Faribault State School and Hospital, the same regulations apply to it as are in effect at that institution. Transportation is by car. Admission is only by transfer from Faribault. ✓

Cambridge State School and Hospital

The Cambridge State School and Hospital is located in Cambridge, Isanti County, a mile southwest of the business section. It is about 45 miles north of Minneapolis, on U. S. Highway 65. The area of the property is 360 acres. The Great Northern Railway Co. and the Greyhound Bus Line offer daily transportation to the City of Cambridge, and there is taxi service from the city to the institution.

Owatonna State School

The school is located in Steele County, in the extreme northwest part of the city of Owatonna, about 65 miles south of the Twin Cities, on U. S. Highways 14 and 65 and Minnesota Highway 218. The area of the campus and of farm property is 636 acres. The Chicago, Rock Island, and Pacific Railroad offers daily train transportation to and from Owatonna going north and south. There are two bus companies serving the city of Owatonna: the Jefferson Transportation Company is responsible for the north-south and the Greyhound Bus Company for the east-west transportation. Taxi service is available from the train and bus depots; however, the distance from the bus depot

to the Owatonna State School is only eight-tenths of a mile, and, therefore, the School is within walking distance for those who would rather walk than take a taxi. Also, the distance from the Rock Island Railroad to the Owatonna State School is only one-half a mile.

Annex for Defective Delinquents

The Annex for Defective Delinquents is located at the State Reformatory at St. Cloud, in Sherburne County, approximately 70 miles from the Twin Cities. It is about three miles south-east of the City of St. Cloud on U. S. Highway 10 and can be reached by bus. St. Cloud can also be reached by either the Great Northern or the Northern Pacific Railroad, with taxi service to the Annex. The Annex is part of the Reformatory, but the men are housed in a dormitory, and the Superintendent of the Reformatory serves as Superintendent of the Annex.

Shakopee Home for Children

Shakopee Home for Children is a cottage located on the grounds of the Women's Reformatory at Shakopee, Scott County, about 25 miles south of the Twin Cities, on U. S. Highway 169 and Minnesota Highway 101. The Chicago and Northwestern Railroad and the Greyhound Bus Company furnish transportation. Taxi service is possible from the railroad depot and the bus depot to the Home.

Brainerd State School and Hospital

Brainerd State School and Hospital is located at Brainerd, in Crow Wing County, the geographical center of Minnesota. The institution is located one mile east of the city limits on Minnesota Highway 18. U.S. Highway 371 and U.S. Highway 210 and Minnesota Highway 218 also pass through the city. Brainerd is a division point of the Northern Pacific Railroad and is served by the Greyhound Bus Company and the North Central Air Lines. Taxi service to the institution is available. No local bus service is available.

III. Special Services

In order to give appropriate training and to meet the physical, emotional and spiritual needs of each ward, the institutions provide the following basic services:

Each institution has provisions for medical care although only Faribault and Cambridge have resident physicians.

Each arranges for necessary dental care. Every one except Shakopee and Lake Owasso has a hospital under the direction of a registered nurse, and each has access to pharmaceutical and laboratory facilities. Children from Shakopee are placed in the local hospital, if necessary, and if seriously ill, those from Lake Owasso are transferred to the Faribault State School and Hospital.

Each has a dietitian or chef.

With the exception of Shakopee and Lake Owasso, each has an educational and training program headed by a school principal or training director. The wards in both of the excepted institutions have only training programs since none of them are educable.

Every one except Shakopee has an athletic and/or recreational staff. At Shakopee the supervising nurses provide this program.

The larger institutions and Owatonna, as an educational institution, have libraries.

Each has psychological services if not a resident psychologist.

Each of the three state school and hospitals has a staff of social workers. Owatonna State School has a social worker and a Child Care Supervisor, who is a social worker.

Each has the opportunity for religious training, devotion, and services with Catholic, Jewish, or Protestant direction. Cambridge, Faribault, and the ADD have resident chaplains.

IV. Population

Until 1956, ambulatory epileptic patients were placed at Cambridge State School and Hospital. Now they will also be placed at Faribault State School and Hospital and later at Brainerd State School and Hospital. Information on the care and training given and the types of persons served

by each institution is contained elsewhere in this Manual.

As of May 1, 1959, the institutions were caring for more persons than is considered desirable for the space and facilities available. As an indication of the number receiving care, the population of each institution on that date is given:

Faribault State School and Hospital	-----	3,132
Cambridge State School and Hospital	-----	1,972
Owatonna State School	-----	357
Lake Owasso Children's Home	-----	109
Brainerd State School and Hospital	-----	88
Annex for Defective Delinquents	-----	58
Shakopee Home for Children	-----	29

5745

Brainerd, the newest of our institutions, has 400 beds under construction. It is anticipated that by 1965 it will provide for 2,000 patients.

V. Regulations

Social workers can better understand and, therefore, explain the services of the institutions if they have visited them. The regulations given below, however, are general ones that can serve as a basis for discussion with families when making plans. When the general regulations do not apply to any specific institution, this is noted. In addition, each institution has specific instructions for relatives and correspondents that should be obtained and followed.

A. Entrance

A plan is underway for the eventual districting of the state for the three larger institutions — Faribault State School and Hospital, Cambridge State School and Hospital, and Brainerd State School and Hospital.

Instructions for entrance are outlined on pages 44 to 49 of this Manual.

If the hour of entrance is near meal time it would be well if the patient could have his meal before entrance, especially because institution meal hours are earlier than is customary outside.

In most institutions patients are placed in the hospital for further medical check-up and staff study before being assigned to a group for care and training. All patients at Lake Owasso are transferred from Faribault State School and Hospital.

B. Religion

It is important that the religious preference be noted for each person entering the institution. Patients are assigned to the church or denomination designated on their entrance blanks, and the same affiliation should be maintained while in the institution. Catholic, Jewish, and Protestant services are held; and the minister, priest, or rabbi may have access to the patient for religious instruction. Confirmation is arranged for those capable of taking instruction when desired by them or their families.

C. Clothing

Every patient should enter the institution with at least the amount of clothing listed on the sheet of directions. There is no requirement that the family must furnish clothing thereafter, and the institution will provide what is needed; nonetheless, parents are encouraged to continue to furnish clothing if they can, and an effort will be made to see that the patient always wears his own clothing.

D. Medical and dental services

Comprehensive medical attention is given all patients. Ordinary dental work, such as cleaning, treating, amalgam filling, or extracting, is provided.

In case of serious illness the superintendent notifies the patient's parent, guardian, or

person listed for notification. No operation will be performed upon any patient without the relative's consent unless it is necessary to save the patient's life or health and there is not time to get consent.

E. Mail and inquiries

See Jail and 25-96

At the time of entrance the name of the relative or other person to whom a patient will write should be given. A patient may write to his correspondent at least once a month. Of course, some patients, because of too limited education or intelligence, cannot write. Efforts are made to assist them to do so if they are able to phrase a letter. Others can write but do not wish to do so. Patients may receive letters from persons other than their families, subject to approval by the superintendent. No routine letters are sent out about the patient's progress and condition, except in case of illness, as noted above.

F. Packages and gifts

A patient must not be brought or sent any perishable, breakable, impractical, or possibly harmful article or anything of unusual value. Chewing gum is not advisable for any epileptic or for any ward sufficiently low in mental ability to be likely to swallow it. No article of clothing should be sent without previous inquiry as to whether the patient needs it and, if so, the proper size. An institution is always glad to furnish this information upon request or to suggest other articles that the patient may need or can use. The institution will be glad to offer gift suggestions for a particular child.

G. Money

Money must not be enclosed in a patient's letter or package nor handed to a patient. In order that each patient's belongings can be identified and protected, he is not allowed to carry money with him during his residence in the institution. All money he receives is deposited to his personal account at the office and will be used, under supervision, for the purchase of such things as candy or fruit, small articles of clothing, toilet articles, trinkets, toys, etc., that will give him happiness. Both the Faribault State School and Hospital and the Cambridge State School and Hospital have institution stores where these things may be purchased. Although the other institutions do not have stores or canteens where the patients may make their own choices, purchases will be made for them, or occasionally a staff member may take a patient to the nearest town to make his own purchases.

H. Visitors and visiting hours

1. Who may visit

With the exception of the ADD, friends as well as relatives may visit a patient during visiting hours; however, friends should have the approval of the family, and even with that the superintendent may refuse the privilege if it seems advisable.

2. Supervision and restriction of visits

The superintendent reserves the right to supervise visits and to restrict the number of these. If it appears to the institution that it is unwise for certain persons to visit the institution, they may ask the welfare board to aid in explaining to those refused why it is not advisable. Only in highly unusual circumstances would the visiting privilege be denied parents. With the exception of the Faribault State School and Hospital, visitors will not be allowed to see anyone who is in the hospital or infirmary section except in case of emergency, and then only one person may visit. For this reason it is advisable to notify the superintendent in advance of the date of the proposed visit, in order that notification can be sent if the person is in the hospital or if the school is quarantined because of an epidemic.

3. Time of visits

In general each institution asks that no visits be made during the first month after entrance and recommends that the visits be limited to not more than one a month thereafter.

4. Days and hours

Visiting hours for Cambridge State School and Hospital, are as follows:

Any day, including Sundays and holidays	9 a.m. to 4 p.m.
Hospital visiting hours, any day, including Sundays and holidays	10 a.m. to 11 a.m. and 2 p.m. to 4 p.m.

Visiting hours for Faribault State School and Hospital are as follows:

Every day except Tuesday and Thursday	1 p.m. to 4 p.m.
Wednesday	7 p.m. to 8 p.m.

Special arrangements may be made for visiting at other times.

Visiting hours for the ADD should be arranged ahead of the date on which a visit is desired since this institution has, of necessity, somewhat stricter regulations.

Visiting hours for Brainerd State School and Hospital are as follows:

Daily	9 a.m. to 4 p.m.
Permission may be given, when in the patient's best interest, for a patient to visit with relatives outside the institution until as late as 8 p.m.	

For the other institutions the following are the visiting hours:

Weekdays	from	9 a.m. to 11:30 a.m. 1:30 p.m. to 4:30 p.m.
Saturdays	from	9 a.m. to 11:30 a.m. only
Sundays and holidays	from	1:30 p.m. to 4:30 p.m. only

I. Complaints

If the patient should complain of his care or treatment, a prompt report of the complaint should be made to the superintendent, in order that he may investigate its accuracy. The institution wishes to have the patient as satisfied as possible; to remove, if possible, the cause of his complaint; and to prevent carelessness, neglect, or mistreatment.

J. Vacations

Full information is given on pages 50 to 55 of this Manual.

K. Community placement

Full information is given on pages 24 to 40 of this Manual.

L. Training programs

1. Faribault, Cambridge, and Brainerd State Schools and Hospitals

The population of the institutions at Faribault and Cambridge are composed of varied groups of all ages and degrees of retardation. The population of the institution at Brainerd will be the same when the institution is completed. There are few patients under 21 years of age who have I.Q.s above 50, and these are the ones with severe physical handicaps or with emotional or behavior patterns that make them unsuitable for the Owatonna State School. (Formal academic instruction of this group is on an individual basis and is closely related to physical and psychiatric observation to determine if and when transfer to Owatonna may be advisable.) Formal school instruction largely limited to the kindergarten or primary level but adjusted to the needs of each child is also provided for those with I.Q.s below 50 who are able to profit from a very simple academic program and from training in social adjustment. In addition, there are classes or shops in various types of handwork or industrial arts for all patients who are capable of participating regardless of their age or sex. (Patients who are able also help in all types of work at the institution, the emphasis being on a placement that will benefit the individual, whether it is training for return to the community or better adjustment and happiness within the institution.)

2. Owatonna State School

The educational program begins with kindergarten and, for those capable of advancing, continues through approximately the sixth grade, which is ordinarily the maximum grade that can be reached by the mentally retarded. The emphasis is on training for social adjustment together with occupational skills. Most of the older children have a half day of academic training and a half day of shop work. In addition, those capable of doing so help with the work of the institution on a training basis. All assignments are based on the needs and abilities of the individual children since not all are capable of the same advancement. Students are ordinarily considered for community placement between their 18th and 21st birthdays, and no ward should remain after the age of 21. If unable to make a community adjustment by this age, patients may be transferred to one of the other facilities for the retarded.

3. Annex for Defective Delinquents

The men first work in a group at an exceedingly simple job, with the emphasis put on good habits of personal hygiene and ability to get on with others. If they are successful, they are then assigned to individual jobs in the Reformatory according to their needs and ability. There is an opportunity for some handicraft work that might be classified as occupational therapy. Many of the men attend the mental hygiene class, which is held for an hour each day. Emphasis is placed upon giving information and developing attitudes that will help the ward to make a better adjustment if he returns to the community.

4. Shakopee Home for Children

No additional staff is employed for schooling or special activities with this group of trainable or severely retarded little girls; but the staff, under the direction of two trained nurses who are in charge, has a good program of activities based on the abilities of the individual children.

5. Lake Owasso Children's Home

The group of teenage or older females here are largely in the trainable group and the teaching or special activities are provided by the regular staff. ✓

M. Procedure if patient dies in an institution

1. Notification

The family will be notified immediately by the institution. If the family cannot be reached, the welfare board will be notified and asked to try to locate the family.

2. Arrangements

If the family wishes to have the funeral at home, it will make arrangements with the institution for removing the body. All expenses must then be borne by the family. Except in the case of Brainerd State School and Hospital, if the family fails to make other arrangements or if it prefers burial at the institution, services will be conducted by the chaplain or appropriate minister. Burial will be in the institution cemetery at institution expense unless the family wishes to reimburse the institution. If the family of a patient at Brainerd State School and Hospital is unable to meet the expense of removal for burial, it will need to make arrangements with its county welfare board. Since Brainerd State School and Hospital does not have a cemetery, the remains of those patients who do not have relatives will be accepted by the University of Minnesota for medical teaching purposes.

Chapter IX

PSYCHOLOGICAL SERVICES

I. General Statement

The Bureau for Psychological Services of the Department of Public Welfare maintains a staff of psychologists who are assigned to psychological work for county welfare boards, private social agencies, and public schools. By reason of a legislative appropriation it is possible for the Department of Public Welfare to provide the services of these trained specialists at a low rate. No charge is made for traveling expenses. All such additional costs are borne by the Department of Public Welfare, a fact that makes it possible to equalize the expense of the service to agencies and counties at different distances from St. Paul. The psychological examination of children and adults who may be mentally retarded is a primary function of the Bureau.

II Whom to Refer

Since many retarded children and adults are recognizably handicapped, the decision to refer them for psychological testing may rest on other than the diagnostic question. Testing for persons known to be retarded is frequently requested for (1) evaluation of degree of handicap, (2) assessment of relative skills, (3) changes in mental ability since earlier testing (to establish trends), (4) understanding of emotional reactions to the handicap, and (5) clarification of personality development.

On the other hand, children who demonstrate marked lack of adjustment or academic problems may conceivably be overburdened in their daily lives as a result of unrecognized mental retardation. Some types of mentally retarded persons are not different in appearance from normal persons. They may also have verbal skills suggesting at least average ability. In such cases in which it may seem likely that retardation is being overlooked as a possible contribution, a testing referral may clarify planning for the child.

It is also true, of course, that some adults whose behavior is attributed to willful waywardness or emotional illness may actually be in need of the protection of guardianship in view of especially low intellectual endowment. Conversely, mentally retarded wards of the state occasionally increase in ability (though not capacity) to the point at which re-evaluation for "restoration to capacity" may be wise.

(A further justifiable reason for referring a retarded child for additional testing is to help an overwrought parent. This is particularly desirable when casework processes with the parent may be facilitated by the contact provided by a testing report.

III. How to Refer

A. Referral forms

For each case to be referred, send the Psychological Referral (Form DPW-Med-21), to the Bureau for Psychological Services. A supply of this form may be obtained by writing the Bureau for Psychological Services. On this form is space for supplying information that will

- (1) allow the Bureau to decide whether or not it can be of assistance in studying the case,
- (2) give the information necessary to check records of previous studies on the case, and (3) help to plan for the type of study to be made and the time it will require.

B. Referral summary

The person making the referral should be able to fill out the referral form completely and adequately. Often the case will present a combination of problems, rather than a single one, as in the case of a child in a boarding home who has become pre-delinquent and who also shows a poor school adjustment. In such a case the psychologist may be able to point out unrecognized problems as a result of his study, but he directs his attention chiefly toward the problems presented by the referring agency. The referral, therefore, should summarize the immediate reasons for referral, as well as possible problems anticipated by the agency (such as genuine delinquency or possible mental retardation); and it should include specific information pertinent to the problems. This will enable the psychologist to give appropriate tests and make pertinent observations, on the basis of which he can make a report of findings and a statement about their significance in terms of treatment.

Unless it is possible for the psychologist to obtain the necessary additional information, he will rarely be able to make recommendations about plans for cases he has examined. It is wise to emphasize this point in connection with the mentally deficient because of the tendency to expect definite statements on the treatment of subnormal persons on the basis of intelligence tests alone. While it is always advisable to take into account all available evidence from the social history in the diagnosis of the mentally deficient, it is absolutely necessary to do this when the intelligence quotient falls within the 50-80 range.

C. Referring for a second study

1. Same referral procedure

If an individual is referred to the Bureau for a second study, whether for re-examination of level of intelligence, at the request of the psychologist, or because the case now presents a new problem, the same referral procedure should be followed. If the new referral is for the purpose of requesting the psychologist to evaluate the effects of a suggested plan for treatment, information should be provided that will indicate what treatment plans were put into effect and any observed facts about progress made by the individual. The procedure of sending in the referral to the Bureau ahead of time will enable the psychologist to determine and inform the referring agency whether further testing is needed or whether a case conference will be sufficient.

IV. How to Prepare for Psychologist's Visit

A. Scheduling of psychologist's time

1. Speedy service and economy as considerations

Each of the psychologists is assigned to a district within the state. In planning trips within the district, he must keep in mind: (1) the desirability of supplying the speediest possible service and (2) the necessity of arranging trips that are economical, both from the standpoint of traveling costs and from the standpoint of reducing to a minimum the amount of time spent on the road. The most favorable circumstances for planning an economical trip is the receipt of requests from a group of counties adjacent to each other. It is not practicable to stop in a county for less than one day; and, as a rule, visits of at least two or three days are more satisfactory. Therefore, it is generally a good rule to send in the referral forms after four or five cases have accumulated. In many counties the schools and public health nurses channel their referrals through the welfare board. Where this is not done, however, it is wise to maintain good communications among welfare agency, public schools, public health nurses, and other case-finding resources within a specific area, in order that the efficiency of scheduling can be further enhanced by combined or at least coordinated referrals from these resources.

2. Situations requiring emergency service

In the exceptional case that requires immediate attention, the referral should include a statement indicating the reasons why early study is necessary. For example, this type of referral is in order when a child must be brought into court at an early date on a charge of delinquency.

3. Testing time necessary for differing situations

The schedule for the psychologist should be planned as carefully as possible in advance. The extensiveness of the study will determine the amount of time needed with the individual.

a. Single intelligence test and case conference

The minimum procedure in testing is likely to be the administration of a single intelligence test and a case conference, followed by routine scoring and the preparation of a report by the psychologist. Not less than two hours is needed for such a study.

b. Complex problems

When a case presents a more complex problem, the psychologist will be of more assistance if one or more of the following procedures are used:

- (1) Interview with the individual being studied
- (2) Interview with relative, teacher, etc.

This may be for the purpose of obtaining further information or for discussion and interpretation of psychological findings, as in the case of parents of a mentally deficient child who have been unwilling to accept the child's limitations.

(3) Administration of additional tests

Additional intelligence tests as well as achievement tests, diagnostic reading tests, personality tests, interest inventory, or tests of special aptitudes or skills may be needed. When feasible, it is desirable to schedule two appointments if a variety of tests is to be given. Occasionally, when recent intelligence ratings are reported, the psychologist may consider it unnecessary to give an added test of this type and can then spend the entire time on the more specific problems at hand.

c. Personality testing

It is difficult to generalize about the amount of time needed for the study of particular cases. But if personality testing is contemplated, with or without intelligence testing, it is best to schedule the case for a half-day study because, as a general rule, the administration, scoring, and interpretation of the more complex tests requires a great deal of the examiner's time.

d. Location considerations

The testing should be scheduled as much as possible in a central location. This is an especially important consideration when work has been scheduled to be conducted in the public schools. If the work must be conducted in scattered schools within a county, scheduling should take into consideration time lost in travel between schools.

e. Order of scheduling urgent and other cases

It is wise to schedule the most urgent cases near the beginning of the psychologist's stay in the county. Otherwise, if the amount of time required to complete the work has been underestimated, it may become necessary to postpone such cases. A frequent problem of scheduling is the difficulty in reconciling the necessity for making definite appointments with the desirability of keeping the schedule flexible.

A helpful practice is to make tentative mid-afternoon appointments with persons in the local community who may be reached by telephone. This allows for unforeseen developments and also permits adding an additional appointment in case the psychologist finds that time permits.

B. Testing conditions

The important principle to be remembered in connection with preparing for the psychologist is that the tests he administers must be given under specified conditions and to a cooperative person if results are to be valid.

The room in which the psychologist works should be comfortable for the person being examined. For children this will require a low table, a high chair, or some means of building up the height of an ordinary chair. The room should be a quiet one, in order that the individual may be free from distractions such as noise, activities going on outside the window, interruptions, etc. An examination should never be interrupted.

Such considerations as these make it almost always wise to have the psychological study made in some place other than the individual's own home. The main exception to this general rule is in the case of children whose handicaps make transportation exceedingly difficult. In this case the psychologist may decide that the home is desirable, provided that it is possible to have a quiet room and freedom from interruptions.

C. Preparation of client for testing

1. Physical defect or illness considerations

If any organic disease is suspected but not diagnosed, it is always desirable to have the individual seen by a physician before referring him for psychological study. If he wears glasses, he should be cautioned to bring them with him. If he has poor vision, every possible effort should be made to have the correction made and glasses provided some months prior to the appointment. Similar considerations apply to other remediable physical defects or illnesses. (Correcting such physical conditions before the psychological study will avoid the need for repetition of intelligence examinations due to inaccurate test ratings.)

2. General considerations

For an infant or a young child, it is well to have a relative accompany the child to the building. If two children are brought at the same time, an adult will need to be available to care for one child if necessary. It is important to avoid feeding times or times when naps are usually taken. Avoid fatigue by having the child arrive only shortly before the psychologist is to be available. If the child is known to be negativistic in his reaction to strange adults, this information should be communicated to the psychologist before the examination, in order that ample time will be allowed for gradual establishment of rapport. In a rare case the test will not be attempted at the time of the first visit; and the time will be spent making friends with the child, with the test rescheduled for a later time. With any child, care should be taken to avoid scheduling a psychological examination at a time of considerable emotional strain; e.g., just prior to his appearance at a court hearing or at the time of his removal from a foster family home.

3. What to tell the client

The caseworker can assist the psychologist in establishing a good working relationship with older children and adults by making every effort to build a favorable attitude toward the psychological appointment. Naturally, the manner of getting such cooperation will depend on the individual to be studied, the type of study to be made, the problem the person presents, and the nature of the relationship between him and the caseworker. Further, however, certain general suggestions may be made. The worker should try to

(picture the situation as one that a person will find interesting and that most people enjoy.)
If possible the worker should bring it up as a next step for the person in dealing with, or being helped to understand, some problems that he experiences. A young school child may think of the psychologist as the "play teacher". If the study is stressing educational, vocational, or adjustment problems, the older, brighter individual will often respond to the suggestion that it is a service to him. He may be told that it is an effort to help work out congenial school plans, or to find out the best kind of a job for him, or in some other way to help him know more about himself. When a dull person is to be examined because of possible mental deficiency, a simpler approach should be taken. The case-worker should speak of "having a talk with the psychologist", who may be pictured as "asking you some questions" or "helping decide what kind of work you can do best". If asked whether a test is to be given, the case worker should not deny that it is, but should proceed to elaborate on the situation as suggested above. One way of preventing a feeling of anxiety is to call the test a "general ability test" or a "question-and-answer test". Reference should never be made to a "mental test" or an "intelligence test". Mothers of retarded children usually will be interested in anything that will help them understand why their offspring "have trouble learning" or "remembering".

V. Making Use of Psychological Findings

A. Caution about role of psychologist and use of I.Q.

The role of the psychologist in intelligence testing and the "I.Q." are familiar to all—so familiar and so widely accepted, perhaps, that a few cautions about them should be noted.

[In general, normal intelligence may be considered as the capacity for adjustment to the social environment in such a manner that one may compete on equal terms with his normal fellows and manage himself and his affairs with ordinary prudence. Mental deficiency refers to any degree of deficiency in this capacity.] Intelligence tests are instruments designed to sample the kinds of behavior that have been found to be of importance in adjustment in the social environment—such things as problem solving, vocabulary, and a host of other things in which human beings differ in their abilities to perform even when the opportunities for learning and practice have been about equal.

Many tests utilize the "mental age" method of scaling, which is dependent upon the observation that the ability of the average child in performing various intellectual tasks shows a consistent relationship to increases in age. The "Intelligence Quotient", or I.Q., is simply a ratio of the attained mental age to the chronological age of a subject. It is not a per cent score, and the units are not equal. That is, a person with an I.Q. of 100 is not twice as intelligent as a person with an I.Q. of 50—at least not by any meaningful standard. The obtained I.Q. is dependent to a considerable extent upon the test used, the training and experience of the examiner, the age of the subject, and a number of other factors. All of these limitations indicate the importance of having psychological examinations performed and interpreted by a properly trained and experienced person.

B. General considerations in diagnosis

1. Need for careful interpretation of psychometric findings

As has been indicated, the clinical terms denoting different levels of mental deficiency and the corresponding I.Q. scores are rather arbitrary and may be misleading if not properly understood and interpreted. For example, there is no remarkable difference between two persons with I.Qs of 49 and 51 respectively although one might falsely conclude that there was such a difference from noting that the first fell within the trainable range while the second was classed in the educable range. This indicates the need for careful interpretation of the psychometric findings, best accomplished in a conference between

the psychologist and the social worker or next best done by careful attention to the comments of the psychologist in the written report. There is a great danger otherwise of reading a false precision into a numerical I.Q. score.

2. Certain problems involved in diagnosis of mental deficiency and commitment to guardianship

Diagnosis of mental deficiency and commitment to guardianship present increasing problems as one considers individuals with higher and higher I.Q. scores. For example, there may be little problem in determining that a retarded person of I.Q. 10 will need lifelong care and supervision that can best be provided by commitment and institutionalization, but the decision will not be so easy in the case of a person with an I.Q. in the 70's who comes to the attention of the agency because of truancy and petty thievery. In such a case social history data are primary to the psychometric findings.

3. Modification of emotional problems; family and community attitudes

The psychologist may often be of aid in ascertaining the extent to which emotional problems, family and community attitudes, and personality defects may be modified, thus contributing to the total evaluation of the case.

C. Psychometric groupings of mental deficiency

The psychologist utilizes the clinical classifications or grades of mental deficiency as a convenient descriptive device in order to relate his findings to legal and social definitions. Briefly outlined, different grades of mental deficiency, their respective I.Q. levels, and their general education and social limitations are as follows:

1. Total-care patients — I.Q. 0-24

These persons are obviously mentally deficient. The mental age of the total-care patient rarely exceeds three years even when he is 20 or 30 or more years old. These persons rarely acquire more than a few words of speech and are usually dependent upon others for their simplest wants. They never make any progress in learning school subjects but can often be taught simple habit training and bodily care (see Teach Me, page 7). Severe physical disabilities, such as spastic paralysis, hydrocephalus, etc., are often present along with the lack of capacity, thus contributing to the difficulty in bringing about a satisfactory home adjustment.

2. Trainable persons — I.Q. 25-49

These individuals, together with the total-care patients, make up the so-called "low-grade" mental defectives. While the trainable person may learn to provide his own physical care and may do useful work even to the extent of holding a simple job, his mental age will not exceed eight years no matter how old he becomes. The trainable person will always require supervision and, in most cases, support by others. He may learn to sign his name, read signs and simple stories, and make change from a dollar; but his educational potential is extremely limited.

3. Educable persons — I.Q. 50-69

The mental age of the educable person will rarely exceed 11 years even when he is a full-grown adult. These persons are usually capable of education to at least the second- or third grade level and often may do successful work in the fifth or sixth grades although there is always some retardation; that is, they are usually not ready for first grade work until age seven or eight instead of the usual age of six.

The educable are usually capable of self-support unless serious physical disability and/or emotional instability accompany the intellectual defect.

4. Borderline persons — I.Q. 70-79

Persons in the borderline range generally adjust satisfactorily to society without coming to the attention of social agencies. Persons of this level often succeed in attaining

completed grade school educations but rarely attempt high school. They usually succeed well—often better than persons of average or superior intelligence—in routine jobs of an unskilled or semiskilled nature. Sometimes, however, emotional and/or personality defects added to the borderline I.Q. cause behavior which makes the diagnosis that of mental deficiency.

D. Court testimony and court use of testing results

If it seems desirable to have the psychologist who studies a given case explain in court such examinations as he administered and give the reasons for his recommendation, the hearing should be arranged when he is scheduled for the county. The time spent in court will be charged to the county at the usual per diem fee. The Bureau also will send certified reports of examinations and recommendations if the judge desires it or the welfare board feels it necessary. In most instances the certified copies will satisfy the court. Probably, only in the occasional case in which commitment is strongly opposed, will a request for direct testimony from the psychologist be considered necessary.

E. Interpretation of testing results

The written report of psychological examination is exclusively for the use of professional, school or welfare agency personnel. If parents have volunteered to pay the cost of examination, it should be clearly understood that they do not thereby gain possession of the written report or permission to read it. On the other hand, the psychologist is always willing to discuss the test performance with the parents after the examination has been given. This can in most cases be done immediately after the administration of the test, especially when only an evaluation of intelligence has been made. The psychologist will discuss the potentialities of the examinee in a tactful, positive, but frank manner. In many cases it has proved to be profitable for the social worker, the parents, and the psychologist to sit down together to discuss the meaning of the test findings.

Chapter X

FORMS AND OUTLINES USED

1. **Outline For Social History (Referral history guide)**
2. **Offer Of Space, Form DPW-Med-171**
3. **Mechanics In Planning Entrance To A State Institution For The Mentally Deficient And Epileptic Form DPW-Med-495**
4. **Status Of Patient At Time Of Institutional Placement, Form DPW-Med-503**
5. **Clothing Requirements (Adults) Form DPW-Med-496**
6. **Clothing Requirements (Children) Form DPW-Med-496A**
7. **Medical Examination Blank, Form DPW-Med-306**
8. **Information Needed Immediately By Physician, Form DPW-Med-303**
9. **Information On Pregnant Wards Entering Institution, Form DPW-Med-504**
10. **Financial Information, Form DPW-F-54**
11. **Visit And Vacation Policies And Regulations (A statement for parents), Form DPW-Med-497**
12. **Recommendation For Visit, Vacation, Or Trial Placement, Form DPW-Med-304**
13. **Additional Visits (Information for families), Form DPW-Med-498**
14. **Notice Of Expiration Of Vacation, Visit, Or Trial Placement, Form DPW-Med-305**
15. **Authorization For Surgery (Including sterilization), Form DPW-Med-1075**
16. **Psychological Referral, Form DPW-Med-21**
17. **Outline For Institutions To Use When Placement Considered**

REFERRAL HISTORY GUIDE

To be used by
Department of Public Welfare & County Welfare Boards
for all referrals

In preparing history be sure to leave a margin at the left side and at the top of at least one and one quarter inches. The history should be submitted in duplicate.

In the upper right hand corner of the first page, place the following information:

Name (of person being referred)
DPW No.
County No.
Hospital No.
Name of county
Date

The history should be single spaced with a double space between paragraphs.

Headings of the topics, designated by Roman numerals or capital letters, should be used in order that a specific item of information can be quickly picked out when needed but it is not necessary to type all the minor subtopic headings. Each heading should be capitalized and placed a double space above the material it covers.

FOREWORD

The following outline has been developed as a guide in preparing necessary data in the referral of persons for various services.

Parts I, II, and IV cover data basic to all referrals. Part III provides for data pertinent to the special needs and problems of the person, either adult or child requiring service. Select and use the individualized program material for specified required information which is essential to the referral. To understand the client and his problems, to facilitate correspondence, as well as to be useful in research, it is essential that all requested information be included wherever pertinent. (In this manual only the individualized material for the mentally deficient and epileptic is given under III.)

I. REFERRING AGENCY

- A. Name of agency
- B. Reason for referral
- C. Date of referral
- D. Source of information: List all persons who have contributed information as well as documentary sources.

II. IDENTIFYING INFORMATION

- A. Person being referred — child or adult
 1. Name of person being referred, including nicknames and aliases
 2. Birthplace
 3. Birthdate

4. Birth status: Legitimate or illegitimate (if child)
5. Sex
6. Race and nationality
7. Present address, including street, city and county
8. Legal settlement
9. Legal status (other guardianship?)
10. Veteran's benefit status, include "C" number and service serial number
11. School and grade, present if child, and attained, if adult
12. Usual occupation, include social security number
13. Financial status, including social security, railroad retirement benefits, savings, estates, trust funds, etc.
14. Religion, include date and place of baptism and confirmation. Give church attendance
15. Marriages, give name of spouse, dates and places of marriages, divorces, etc.

B. Family and home history

1. Parents, ^{6, 14, 22} and siblings: Provide the following data for each parent. ^{6, 14, 22} Basic information, such as names, addresses, etc., should be included for each sibling. ^{6, 14, 22} Be sure to include information concerning known problems among other family members. Such problems may be dissimilar and only indirectly related to those of the person being referred and may include physical, social, developmental behavior or other areas. Further information should be given for those siblings having direct contacts with person being referred.
 - a. Name and address (maiden name of mother)
 - b. Birthdate and birthplace
 - c. Legal settlement
 - d. Race and nationality
 - e. Religion and church affiliation
 - f. Health history, including mental illness
 - g. School history, including school accomplishment and any special training
 - h. Psychological tests — date, type, and result
 - i. Personality and social adjustment
 - j. Occupation and work history
 - k. Social security status and social security number
 - l. Railroad retirement status
 - m. Marital history—name of spouse, dates and places of marriages and divorces
 - n. Finances
 - o. Veteran's status
 - p. Institutional and court history
 - q. Date and cause of death
 - r. Additional pertinent history
2. Other relatives and/or boarding parents who have contact with the person being referred, or who are of importance in planning for him.
3. Home—natural or foster home as may be the case.

III. INDIVIDUALIZED PROGRAM MATERIAL ON PATIENT

A. Birth and developmental history

1. Indicate whether pregnancy and birth were normal and give as much detail as possible, the date or age when the patient was weaned, first walked, sat alone, talked, and was toilet trained. When was patient first noticed to be slow, mentally retarded, or epileptic? Describe if there were unusual feeding problems or habits during early years.

2. Give full information concerning separation from mother or family, whether for a short or long time; the dates and circumstances related to the separation and the child's emotional reactions.

B. Medical information

1. Reports of medical examinations, treatments, immunizations, and diagnoses should be secured, whether from a local physician, a hospital or clinic. This should be in sufficient detail to serve as a basis for further diagnosis and treatment and should clearly show if there are any other handicaps or deformities.

For epileptics give as much information as possible. Give type of seizure (if possible) and describe. Does patient have warning, frequencies (indicate time of day seizure occurs), behavior immediately after seizure, effects of medications and lack of medication. Give apparent precipitating factors or stimuli.

2. Record illnesses, accidents and injuries, their date of occurrence and their severity, and whether person is currently under treatment. Give name and address of physician now treating person as well as type of treatment, drugs, physiotherapy, surgery.
3. Indicate any unusual dental conditions and give name and address of attending dentist.
4. Has patient any special needs such as orthopedic shoes, a walker, braces, etc.?

C. Psychological examinations

Please provide copies of each psychological report previously made. Where copies are not obtainable, information should be given including personality and aptitude tests given at school or elsewhere. For tests securing an intelligence quotient, the IQ alone is not sufficient; always give in addition the name of the agency where the patient was tested and in the following order:

Date

Chronological age (C. A.)

Mental age (M. A.)

Intelligence quotient (I. Q.)

Name of test

Name of examiner

The comments of the examiner since these may qualify the results

D. Personal appearance and social skills, and habits

1. Give a full general description with height, weight, color of eyes, hair and complexion, including physical stigmata. Include significant losses or gains in weight.
2. Does patient dress self, attend to personal grooming, feed self, have food fancies, smoke, chew tobacco, drink liquor, go with the opposite sex? Any fears or phobias? Biting of nails, sucking of thumb, etc.? (Infantile habits.)

E. Social adjustment

1. This should include a report of the behavior in the home, showing the relationship between the patient and other members of his family, as well as his adjustment with others in the neighborhood and community.
2. There should be a specific description of temper tantrums, abnormal sex manifestations, delinquencies, type of discipline or punishment given for misdeeds and by whom, or any

type of unusual behavior in or out of the home, showing under what circumstances these have occurred, how often, and whether others were also involved. Indicate source of information.

3. Describe any duties in the home, hobbies pursued, skills developed, sports enjoyed, and membership in community groups or other affiliations.

F. School record

This should be verified and should include all dates showing time spent in school as well as age at entrance and departure, grades repeated, and final grade placement. Also include description of actual achievement, behavior, and adjustment in the classroom and on the playground as reported by the teacher.

G. Employment record

Give dates and place of employment with a specific description of the duties performed and the rate of pay. This should include the attitude of the patient toward his job, his employer, and the persons with whom he worked, and his social adjustment on the job. It should also include reasons for changing jobs. If this information is in detail, it will help to indicate whether the placement has been one in accordance with the capabilities of the patient.

H. Additional family information

Give information on miscarriages of mother, with causes, if known. Physical and mental conditions of the family living in home, with emphasis on known retardation, physical and mental abnormalities. Give same information on immediate relatives not living in the home and on both sides of the family back to grandparents of patient.

I. Evaluation

Evaluate the attitude and interest of parents and siblings, toward the patient. Will they write, visit, provide gifts, arrange visits and vacations at home if the patient is institutionalized? What is the family attitude toward the welfare board and the social worker? Does the family desire institutional care when available?

IV. THE PRESENTING PROBLEM AND THE AGENCY'S ACTIVITIES WITH REFERENCE TO THE PROBLEM

This section should be objective information of the referred person's present problem and the succession of events which culminated in the necessity for referral. **Conclude with a statement of the case worker's plan for the patient.** (The detailed informative facts of the referral will, of course, have been included in the individualized program material as outlined in Part III.)

This referral should be signed by the individual preparing it, along with his title.

**OFFER OF SPACE
IN AN INSTITUTION FOR THE MENTALLY DEFICIENT AND EPILEPTIC**

To _____ County Welfare Board Date _____

Attention: _____

There is now space at _____
for _____

If _____ (DPW #) he
(CWB #) qualifies, she may be
(Inst. #)
entered. Please return the duplicate to the Section for the Mentally Deficient and Epileptic not
later than _____

he
If she qualifies and space is accepted, it will be held only until _____

All required forms and reports should be sent to the institution and should be received there at least
one week before the date of entrance. Consult the Manual for information on material needed by Section
for Mentally Deficient and Epileptic. The superintendent should be notified by the county of the defi-
nite date of entrance and who will bring the ward to the institution.

SECTION FOR MENTALLY DEFICIENT & EPILEPTIC

By _____

To be filled out by County Welfare Board

Date _____

_____ (DPW #)
(CWB #) qualifies for the space
(Inst. #) does not qualify

at _____ It is _____ accepted. He will be entered not
is not _____ She

later than _____

Signed: _____ County Welfare Board

By _____

DPW-Med-171
(Rev. 1-59)

MECHANICS IN PLANNING ENTRANCE TO A STATE INSTITUTION FOR THE MENTALLY DEFICIENT AND EPILEPTIC

1. When space is offered through the sending of Form DPW-Med-171, get in touch with the family immediately in order to find out whether it will be accepted.
2. Return duplicate of Form DPW-Med-171, giving this information to the central office, **within 2 weeks.**
3. If the space is accepted, arrange with the family or directly with the doctor, for the doctor to give a medical examination as provided for on Form DPW-Med-306, and check to see that all examinations and tests are made. **Impress upon the doctor the necessity for an immediate report.**
4. Have the family or boarding parent give information for, or fill out, Form DPW-Med-303 in duplicate. Both copies are for the institution.
5. Record changes in social history information on Form DPW-Med-503. Send one copy to the institution and one copy to the Section for the Mentally Deficient and Epileptic. (Forms DPW-Med-306, -303, and -503 will be sent with each offer of space except for residents of urban counties, where they are stocked.)
6. Send all three forms to the institution at least **one week** before placement date. Send copy of covering letter and a copy of Form DPW-Med-503 to the central office. Medical information prior to entrance is important for the patient's welfare. The doctor filling out Form DPW-Med-306 should be apprised of this. If necessary, Form DPW-Med-306 may be sent without waiting for laboratory reports or an X-ray report when that is required; however, these reports should reach the institution before the patient enters. Directions for the doctors to send specimens or X-rays for checking are on Form DPW-Med-306.
7. Have Form DPW-F-54 filled out by a responsible relative unless it is certain that the county must make payment. In that case a statement should be made by the county having financial responsibility. This should be sent to the Section for the Mentally Deficient and Epileptic.
8. Discuss clothing needs with the family, and provide the appropriate clothing list, Form DPW-Med-496, (Part I or Part II), with directions, if the family can furnish it. If the family is unable to supply clothing because of economic reasons, it should be supplied by the county.
9. **BE SURE THAT THE INSTITUTION IS NOTIFIED OF THE DATE OF ENTRANCE IF A DEFINITE DATE IS NOT SET WHEN SPACE IS OFFERED. IF A DEFINITE DATE IS SET, MAKE CERTAIN THAT ARRANGEMENTS ARE MADE FOR THAT DATE.**

STATUS OF PATIENT AT TIME OF INSTITUTIONAL PLACEMENT

To be used by the case worker if there is a lapse of time between the date of the original social history and date of placement.

The social history should be reviewed, and all changes in the family information and development or status of patient should be recorded below. Add whether patient is aware of his own condition and whether he has been included in planning and his response. Describe what can be expected of patient on admission to institution and any fears or resistances. Copies go to the institution and the Department of Public Welfare. Use back of sheet if necessary.

Name (Last, First, Middle)	DPW # CWB #	Reporting Co. and Worker	Date of Report
-------------------------------	----------------	--------------------------	----------------

Original: Institution
Copies: DPW
 CWB

DPW-Med-503
(10-58)

CLOTHING REQUIREMENTS FOR ENTRANCE TO INSTITUTIONS FOR THE
MENTALLY DEFICIENT AND EPILEPTIC

Adults

1. It is the first responsibility of parents to provide their child with adequate clothing if at all possible. (Directions should be followed.)
2. The lists on the reverse side of this form give items of clothing considered adequate for adult patients, depending on their varying needs. The list actually provided will be determined with the case worker.
3. It is expected that all clothing on the list will be taken to the institution with the patient; however, if this proves impossible, the clothing should be sent immediately afterward, or arrangements should be made for purchasing it.
4. All clothing must be new or in good condition.
5. Clothing should be durable.
6. Clothing should be washable, insofar as possible.
7. Clothing should not be marked, for the institution wishes to have all clothing marked in the same manner and will do this after the person has entered.
8. Individual substitutions are possible for an occasional case in which a person needs special garments because of unusual physical conditions.
9. For a bedridden patient it is suggested that the regulation open-back hospital gown be provided.
10. The family should continue to provide clothing if at all possible although this is not an absolute requirement. Not only is this a part of institutional support, but for the patient who remembers home it is a morale builder. Even for the patient who does not, it forms a bond with his home.

LISTS OF CLOTHING ADJUSTED TO THE NEEDS OF A PATIENT

FEMALE		MALE	
1. For the ADULT WHO IS ABLE to care for personal needs and take part in activities:		2. For the ADULT WHO IS ABLE to care for personal needs and take part in activities:	
Everyday hose	6 pr.	Everyday hose	6 pr.
Dress, hose	2 pr.	Dress, hose	3 pr.
Galoshes or rubbers	1 pr.	Galoshes or overshoes	1 pr.
Shoes, everyday	2 pr.	Shoes, everyday	2 pr.
Shoes, dress	1 pr.	Shoes, dress	1 pr.
Dresses, everyday	4	Belt, if needed	1
Dresses, dress-up	2	Trousers, everyday	3
Panties	7	Trousers, dress	2
Slips	4	Shirts, everyday	6
Bras or vests	7	Shirts, dress	3
Nightwear	3	Nightwear	4
Slacks, jeans, etc.	3	Shorts, underwear	7
Coat, winter	1	Shirts or white T-shirts	7
Jacket or sweater	1	Underwear, knee length cotton	4
Headscarf, cap or hat	1	Jacket, summer	2
Mittens or gloves	1 pr.	Mackinaw, winter	1
Sanitary belt	1	Tie	1
Robe or housecoat	1	Bathrobe	1
Rainwear	1	Rainwear	1
Girdle or garter belt	2	Cap, winter	1
Bed slippers	1 pr.	Mittens	2 pr.
		Loafers or bed slippers	1 pr.
3. For the ADULT WHO IS UNABLE to care for personal needs and whose participation in activities is limited:		4. For the ADULT WHO IS UNABLE to care for personal needs and whose participation in activities is limited:	
Everyday hose	6 pr.	Everyday hose	6 pr.
Dress, hose	2 pr.	Dress, hose	2 pr.
Galoshes or rubbers	1 pr.	Galoshes or overshoes	1 pr.
Shoes, everyday	1 pr.	Shoes, everyday	1 pr.
Shoes, dress	1 pr.	Shoes, dress	1 pr.
Dresses, everyday	6	Belt, if needed	1
Panties	10	Trousers, everyday	6
Slips	2	Trousers, dress	2
Bras or vests	7	Shirts, everyday	6
Nightwear	4	Shirts, dress	2
Slacks, jeans, etc.	0	Nightwear	4
Coat, winter	1	Shorts, underwear	10
Jacket or sweater	1	Shirts or white T-shirts	7
Headscarf, cap or hat	1	Jacket, summer	1
Mittens or gloves	1 pr.	Mackinaw, winter	1
Sanitary belt	1	Tie	1
Girdle or garter belt	1	Cap, winter	1
Dresses, dress-up	1	Mittens	1 pr.
Bed slippers	1 pr.	Loafers or bed slippers	1 pr.

**CLOTHING REQUIREMENTS FOR ENTRANCE TO INSTITUTIONS FOR THE
MENTALLY DEFICIENT AND EPILEPTIC**

Children

1. It is the first responsibility of parents to provide their child with adequate clothing if at all possible. (Directions should be followed.)
2. The lists on the reverse side of this form give items of clothing considered adequate for patients, depending on their varying needs. The list actually provided will be determined with the case worker.
3. It is expected that all clothing on the list will be taken to the institution with the patient; however, if this proves impossible, the clothing should be sent immediately afterward, or arrangements should be made for purchasing it.
4. All clothing must be new or in good condition.
5. Clothing should be durable.
6. Clothing should be washable, insofar as possible.
7. Clothing should **not** be marked, for the institution wishes to have all clothing marked in the same manner and will do this after the child has entered.
8. Individual substitutions are possible for an occasional case in which a child needs special garments because of unusual physical conditions.
9. In addition to clothing listed, an untidy child whose parents take him out when visiting will need a pair of rubber or plastic panties.
10. For a nursery or bedridden child it is suggested that the regulation open-back hospital gown be provided.
11. The family should continue to provide clothing if at all possible although this is not an absolute requirement. Not only is this a part of institutional support, but for the child who remembers home it is a morale builder. Even for the child who does not, it forms a bond with his home.

LISTS OF CLOTHING ADJUSTED TO THE NEEDS OF A PATIENT
FEMALE **MALE**

5. For the CHILD WHO IS ABLE to care for personal needs and take part in activities:

Hose, everyday	7 pr.
Galoshes or rubbers	1 pr.
Shoes, everyday	1 pr.
Shoes, dress	1 pr.
Dresses, everyday	6
Dress, dress-up	1
Panties	7
Slips	3
Bras or vests	7
Nightwear	3
Slacks, jeans, etc.	3
Coat, winter	1
Jacket or sweater	1
Headscarf, cap or hat	1
Mittens or gloves	1 pr.
Robe or housecoat	1
Rainwear	1
Bed slippers	1 pr.

6. For the CHILD WHO IS ABLE to care for personal needs and take part in activities:

Hose, everyday	7 pr.
Galoshes or overshoes	1 pr.
Shoes, everyday	1 pr.
Shoes, dress	1 pr.
Belt, if needed	1
Trousers, everyday	6
Trousers, dress	1
Shirts, everyday	6
Shirts, dress	2
Nightwear	4
Shorts, underwear	7
Shirts or white T-shirts	7
Underwear, knee length cotton	4
Jacket, summer	1
Mackinaw, winter	1
Tie	1
Rainwear	1
Cap, winter	1
Mittens	2 pr.
Loafers or bed slippers	1 pr.
Bathrobe	1

7. For the CHILD WHO IS UNABLE to care for personal needs and whose participation in activities is limited:

Hose, everyday	7 pr.
Galoshes or rubbers	1 pr.
Shoes, everyday	1 pr.
Shoes, dress	1 pr.
Dresses, everyday	7
Dresses, dress-up	2
Panties	12
Slips	2
Bras or vests	7
Nightwear	4
Slacks, jeans, etc.	3
Coat, winter	1
Jacket or sweater	1
Headscarf, cap or hat	1
Mittens or gloves	1 pr.

8. For the CHILD WHO IS UNABLE to care for personal needs and whose participation in activities is limited:

Hose, everyday	7 pr.
Galoshes or overshoes	1 pr.
Shoes, everyday	1 pr.
Shoes, dress	1 pr.
Belt, if needed	1
Trousers, everyday	10
Trousers, dress	2
Shirts, everyday	6
Shirts, dress	2
Nightwear	4
Shorts, underwear	10
Shirts or white T-shirts	7
Jacket, summer	1
Mackinaw, winter	1
Tie	1
Cap, winter	1
Mittens	1 pr.

9. For NURSERY (Male and Female) CHILDREN who are bedridden:

Flannel diapers	2 doz.	Rubber pants	2
Undershirts	6	Play suits	6
Hose	6 pr.	Dresses (girls)	2
Slack suits (boys)	2	Nightwear of type used	6
Shoes (when needed)	1 pr.	Jacket, coat, & cap, if needed	1

MEDICAL EXAMINATION FOR ENTRANCE TO _____

(Institution)

Name _____ Sex _____ Birthdate _____
Weight _____ Height or body length _____ Temp. _____ Pulse _____ B.P. _____

CHECK NORMAL FINDINGS - RECORD ABNORMALITIES - NOTE IF OMISSIONS

Head _____ (Fontanelles, if infant)
Abdomen _____
Skin _____ External Genitals _____
Eyes _____ Herniae _____
Vision in General _____ Pelvic Organs _____
Ears _____ Muscles, Bones & Joints _____
Hearing _____
Nose & Throat _____ Varicosities _____
Neck _____ Size & Shape of Pupils _____
Thorax _____
Breasts _____ Reaction to Light & Accommodation _____
Lungs _____
Heart _____ Deep Reflexes _____
Babinski _____ Romberg _____

Date of Smallpox Vaccination _____
(Required unless successfully vaccinated during last 5 years.)
Dates of Typhoid Immunization _____
State if completed _____

Dates of Diptheria-Tetanus Toxoid Immunization:
(required if over 6 years old)
URINE ANALYSIS: Date _____
(State abnormal findings) _____

Dates of Diptheria-Tetanus Pertussis Immunization:
(Required from 6 months to 6 years)
State if completed _____
Date of Chest X-ray _____
(send film to Tuberculosis Control Unit, Anoka State Hospital, Anoka, Minn., indicating name of patient and institution to be entered.)
(Omit X-ray for Faribault and Cambridge.)
Date _____ Report _____

OTHER PERTINENT FINDINGS: Suggestions and additional information helpful to Institution Staff Physician

DIAGNOSES: _____

PRESENT MEDICATION WITH PRESCRIPTION: _____
SIGNATURE _____ M.D.

DATE _____ (Address) _____

Information Needed Immediately by Physician upon Patient's Entrance to _____
 (Prepare in Duplicate for Institution) Name of Institution

The case worker is responsible for seeing that needed information is recorded on this form. The first eight items can be best filled out by the person actually caring for the patient although the case worker may have to give assistance.

Name _____ Date _____

1. DIET (if bottle fed, give formula) _____

2. CONVULSIONS (note severity, frequency, and medications) _____

3. OTHER CONDITIONS REQUIRING IMMEDIATE ATTENTION (such as diabetes, infections, allergies, heart conditions, etc.) _____

4. LACK OF CONTROL OVER BOWEL OR BLADDER _____

5. DEGREE OF HELPLESSNESS (such as: is a bed patient, can sit on the floor or chair, or is ambulatory, note if able to climb stairs) _____

6. HYPERACTIVITY (explain) _____

7. ABNORMAL BEHAVIOR OR HABITS (explain—such as swallowing foreign objects) _____

8. MEDICATIONS (indicate whether under medication and for what purpose. Will medication accompany patient?) _____

9. ANY ADDITIONAL PERTINENT INFORMATION _____

IN CASE OF EMERGENCY NOTIFY _____ RELATIONSHIP _____

ADDRESS _____ NAME _____ TELEPHONE NUMBER _____

SOURCE OF INFORMATION _____ SIGNATURE OF WORKER _____

SIGNATURE OF EXECUTIVE SECRETARY _____ NAME OF COUNTY WELFARE BOARD _____

DPW-Med-303
(Rev.5-59)

USE REVERSE SIDE FOR ANY ADDITIONAL INFORMATION

INFORMATION ON PREGNANT WARDS ENTERING INSTITUTION

Name _____ County _____

Menstruation

Date of first day of last menstruation _____

Previous Pregnancies

Number full-term _____ Number premature _____

Type of delivery No. normal _____ No. forceps _____ No. Caesarean _____

Miscarriages or abortions

Number _____ stage of gestation

1. _____	Cause 1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Report of tests and of antiluetic treatment given and number by which reported to Board of Health
RESULT

Wasserman	Date	Positive	Negative	Treatment
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Smear for gonorrhoea

1. _____
 2. _____
 3. _____
 4. _____

Minimum layette to be furnished by county

- | | |
|---------------------------------|------------------------------------|
| 3 shirts | 1 large blanket to wrap baby |
| 3 pairs of stockings | 1 small blanket |
| 3 bands | 1 slip and dress for going home to |
| 3 cotton flannel gowns | fit infant six months of age |
| 24 diapers | 1 cap and coat for child three to |
| 3 small mouthed nursing bottles | six months old |
| 3 cotton dresses | |

Date filled in _____

FINANCIAL INFORMATION

Chapters 678 and 732, Laws of 1953, provide that patients in state hospitals for mentally ill, mentally deficient, and epileptic persons shall pay for their care at rates determined by the Commissioner of Public Welfare. These laws further provide that certain relatives, who are financially able, are responsible for the cost, and place the responsibility for determining their ability to pay on the Commissioner of Public Welfare. In order that he may have a basis for his decision, please sign your name under item No. 1 or supply the information requested under item No. 2 and sign your name. Please return this form in the enclosed envelope.

No. 1. I am financially able and willing to pay \$ _____ per month for the cost of care for _____ in 19____.

Date _____

Signed _____

Address _____

No. 2. I am unable to pay \$ _____ per month for the cost of care for _____ in 19____, and submit the following statement of my circumstances to support my inability to meet these payments.

Dependents

	Name	Address	Age	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Cash on hand, Bank Deposits, and Postal Savings Accounts	\$ _____
Stock, Bonds, Mortgages, etc.	_____
Other Personal Property \$ _____	Indebtedness \$ _____ Net Worth _____
Real Estate \$ _____	Indebtedness \$ _____ Net Worth _____
	Total \$ _____

Income from all Sources:

Salary (Annual)	\$ _____
Net Profit-Business or Farm, Previous Year	\$ _____
Dividends, Interest, etc.	\$ _____
Total	\$ _____

I have (have not) claimed _____ as an exemption in my State and/or Federal Income Tax returns. I certify that the foregoing information is accurate and complete.

Information compiled by: _____

Signed _____

Address _____

_____ County Welfare Bd.

Relationship to Patient _____

By _____

Date _____

VISIT AND VACATION POLICIES AND REGULATIONS

A Statement for Parents

In the determination of policies of the institutions for the mentally retarded or epileptic, the first consideration is: "What is best for this person?" Consideration must also be given to two further questions: "What is possible administratively and what is best for the group?" Parents must understand policies and regulations in order that there may be full cooperation of all concerned in the interest of their child. There may be a time when a request for a visit or vacation will have to be refused because it would not be best for the person to leave the institution at that time or under conditions existing in the home community.

I. DEFINITIONS

Visit — Absence of 7 consecutive days or less.

Vacation — Absence of 8 consecutive days or more.

(No deductions or refunds in payment will be made for the first 7 days. If parents pay the full monthly amount, they will not be charged for additional days.)

Child — Person under 18 years of age, except that all students at Owatonna State School are counted as children.

Adult — Person who is 18 years of age or older — except those at Owatonna.

II. APPROVAL BY WELFARE BOARD

Every request for a visit or vacation should be made to the welfare board except for each short period when a 60-days approved vacation is broken into shorter periods. The request should be made at least one month before the date desired.

This is to give the welfare board time to discuss the advisability and, if it approves the request, to give information to the institution in time for the institution to determine whether the visit or vacation is advisable.

III. GENERAL REGULATIONS

Length of Vacation

Vacations will be limited to 60 days. An extension can be considered only when an unforeseen emergency exists, such as illness or exposure to contagious disease. A total of three months will be the maximum time when an extension is approved.

No vacation for a child classified in a school department can exceed the period of the school vacation.

Time of Year When Vacation or Visit is Permitted

Adults may have vacations or visits at any time during the year.

Children not receiving schooling may have vacations or visits at any time between the dates of April 1 and October 1.

Children who are in school may have vacations or visits between the periods of April 1 and October 1 but only when school is not in session and when visits or vacations will not interfere with the school program. If Easter occurs in March or early April and the school Easter vacation is in March, a vacation or visit may be approved for that time.

Plans for any dental or medical care that the family wishes to provide for children should be made for the period between April 1 and October 1, or during school vacations for those having definite schooling.

Ordinarily it is not best for a child to be taken out because of illness or death in the family. If the family feels an exception should be made, the request should be discussed with the welfare board. The worker can then discuss the advisability by phoning the institution.

First Visit or Vacation After Placement

A visit or vacation is not advisable until a satisfactory institutional adjustment has occurred. This may take place by the end of the first three or four months although sometimes it may take a year or longer.

Number Within a Year

Vacation time is limited to one of 60 days or shorter ones totaling not more than 60 days. If more than one long vacation is requested within a year, permanent placement in the home should be considered.

The number of visits will be based on the best interests of the child or adult as determined by the institution in cooperation with the welfare board. There must be a separate recommendation for each visit or vacation, except that when a long vacation is recommended, the family may break it into shorter periods within the approved dates by arrangement with the welfare board and institution.

Wards at the Annex for Defective Delinquents are not permitted either visits or vacations.

Need for Definite Plans

Each person having a vacation or a visit must be called for and returned by a responsible adult. The person should be called for on a weekday, not a holiday, and during business hours — nine a.m. to five p.m. The welfare board must notify the institution who will call and the day and approximate time of arrival at the institution. If plans cannot be kept, the institution should be notified in order to prevent needless disappointment. If it is impossible to call at these hours, this fact should be discussed with the welfare board and another time arranged. It should be remembered, however, that such exception puts an added burden on the institution staff and should not be requested if other plans are possible.

No female adult or adolescent can leave the institution with a man other than her husband or father unless he is accompanied by a responsible woman. Any exception to this must be approved by the welfare board.

All returns must be made before five p.m. but may be made on any day, including Saturday and Sunday. A responsible adult must accompany the patient to the institution.

IV. ADJUSTMENT ON VACATION

The social worker and the institution are always interested in the adjustment of the ward on vacation. Perhaps the social worker will call and discuss this with the family. If not, the parent may take the initiative in reporting the adjustment by calling or writing the welfare board, and this information will then be passed on to the institution.

RECOMMENDATION FOR VISIT, VACATION, OR TRIAL PLACEMENT
OF A MENTALLY DEFICIENT OR EPILEPTIC PERSON

Recommendation is made that the ward named to the right permitted to have a: Visit Vacation Trial Placement	Date
	Name of Ward
	DPW Number
	CWB Number
	Institution Number
	Name of Institution

period will extend through the dates specified below and will be spent at the home and address below listed. The person below, whose relationship or basis of interest to the ward is also stated will call for the ward at the specified time.

Beginning Date	Ending Date
Place at home of	Whose relationship is
Street Address of home	City
Person to be calling for ward	Relationship or basis of interest of this person
Place at which ward will be called for	Date to be called for

It is assumed that this plan is satisfactory unless word to the contrary is received from the institution or central office within a week. It is understood that if the relative and institution agree that visits or more than one short vacation are better than a long vacation between the dates given, this can be arranged without further referral to the county welfare board.

----- County Welfare Board
By: -----
(Executive Secretary or Supervising Worker)

If the above named ward has a relative at another institution who is also being considered for a visit, vacation, or trial placement, complete the following section.

Relative's Name	Name of Institution
Relationship	Specify if visit, vacation, or trial placement

Information on any special conditions in the home that should be understood by the institution and used to prepare the ward for vacation should be given on the reverse side.

FOR INSTITUTION USE ONLY	
Date taken:	-----
Date notice sent:	-----
Date returned:	-----

Copy - Institution
Copy - DPW (Section for Mentally Deficient or Epileptic)
Copy - County file

Med-304
(Rev. 2-57)

ADDITIONAL VISITS

Information for Families

The attached form shows the dates between which a vacation has been approved, with the understanding that it may be broken into shorter periods.

If you wish shorter periods of time in your home within these dates, follow the procedure outlined below.

- 1. a. When you first call for this person at the institution, discuss with an institution staff member your wish to have several short visits rather than the one long period.
- b. At this time inform the institution staff member of the dates on which you wish the second or third visit to begin and end. Be certain that the person talked with is authorized to approve visits or vacations and that note is made of your dates.

2. Do not return to the welfare board to arrange a second visit or vacation within the limits shown on the vacation approval.

3. If it was impossible to arrange for a second visit at the time you took the person on the first vacation, take time to do it when you return the person from the first vacation.

4. If the above arrangement was not possible, before calling for the person for the second or third visit, be sure to make the request in writing at least one week before you wish the visit to begin.

If the institution determines, after a first visit or vacation, that a second within the longer period cannot be approved, you will be notified and the reason explained. Otherwise, if you requested a second or third visit or vacation at least a week before the date you asked to call, you can assume that is is satisfactory.

5. Notify the county welfare board when you return the person from the first visit. Also notify the welfare board of the date on which you bring the person home for a second or third visit and the date on which the person is returned after such visit.

Approval by the county welfare board of a long vacation that may be broken into shorter periods does not mean that this will be approved by the institution. There must be reconsideration for each visit, and the decision is made by the institution as to whether it is best for the person.

Prepare in
triplicate

NOTICE OF EXPIRATION OF VACATION, VISIT, OR TRIAL PLACEMENT
FOR MENTALLY DEFICIENT OR EPILEPTIC PERSON

(To be sent three days after expiration date)

Date

To: County Welfare Board

Attention:

Name

Institution No.

DPW No.

CWB No.

This is notification that the

..... Vacation)
..... Visit) of the above named ward has expired.
..... Trial Placement)

This is to report that the above named ward left the institution named below on

..... The date of the return was

If the ward is not returned by

....., his name will be dropped from the institution records and space will not be held
unless an extension is arranged by the county welfare board.

Institution

Superintendent

By:

- Original - county welfare board
- 1st copy - DPW (Section for Mentally Deficient or Epileptic)
- 2nd copy - institution

STERILIZATION

Consent of Spouse or Nearest Kin

To the Commissioner of Public Welfare STATE/HOSPITAL

Regarding _____ name of patient

I hereby grant permission to the medical staff of the state hospital where the above-named patient is located, to perform or have performed the operation or procedure known as Vasectomy tubectomy, for the purpose of sterilization in accordance with Minn. St. 1957, Sec. 256.07-256.10

_____ on this patient.

I further consent to:

1. The performance of such additional operations or procedures in connection with the above operation or procedures as are considered necessary or desirable in the judgment of the surgeon or medical staff of the hospital;
2. The surgeon utilizing the anaesthesia he deems most desirable;
3. The disposal by the authorities of the hospital of any tissue or parts which it may be necessary to remove.

Date _____

Signature _____

Relationship _____

Address _____

Witness _____

Address _____

NOTE: This form, minus the typed-in portions at the top, is used for all surgery except sterilizations.

AUTHORIZATION FOR SURGERY
DPW-Med-1075 (7-57)

PSYCHOLOGICAL REFERRAL

BUREAU FOR PSYCHOLOGICAL SERVICES
DIVISION OF MEDICAL SERVICES
DEPARTMENT OF PUBLIC WELFARE

County _____

I. Identifying Information

Full Name _____ Sex _____
Street Address _____ Date of Birth _____

II. Reason for Referral _____

III. Family Identification: Relatives of Case

Father's Name _____ Date of Birth _____
Mother's Maiden Name _____ Date of Birth _____
Siblings (names and birthdates) _____

Spouse's Name _____ Date of Birth _____
Children (names and birthdates) _____

IV. Possible Handicaps to Examination

Explain in a brief note under the appropriate heading.

Vision _____ Ability to read _____
Hearing _____ Use of English _____
Use of arms (hands) _____ Attitude toward examination _____
Ability to talk clearly _____ Other: (shy, negativistic, upset, etc.) _____

V. Previous Examinations by Psychologists or Psychiatrists

Note the dates of any such examinations and by whom they were carried out. If possible, attach a written copy of any findings and recommendations. Inquire at school in the case of children of school age and for adults who may have attended special classes.

VI. Summary of Case History or school records

Include all problems the case presents and possible treatment plans that might be influenced by psychologist's study.

(Use back of sheet for additional referral information)

VI. Summary of Case History (cont'd)

Reporter _____ County or Agency _____
Date of referral _____



OUTLINE FOR INSTITUTIONS TO USE WHEN PLACEMENT IS CONSIDERED

I. Physical Condition

General health; physical disabilities; height; weight; strength, as it may affect a work placement; and seizure control if epileptic.

II. Psychological Reports

III. Educational Achievement

IV. Personality and General Adjustment

1. Ability to get along with other people — individually or in group activities
2. Emotional stability
3. Response to frustration
4. Morals; that is, concepts of right and wrong

V. Personal Habits

1. Cleanliness and orderliness
2. Personal appearance
3. Care of personal belongings

VI. Attitudes Toward Work

1. Willingness to accept supervision
2. Willingness to do fair share
3. Willingness to accept responsibility and to show initiative (within personal limitations)
4. Punctuality
5. Ability to get along with co-workers
6. Readiness to complete assignment (no thoughtless quitting of job)
7. General deportment and dress

VII. Specific Work Skills — Including Work Assignments Held

VIII. Ability to Use Leisure Time

Interests and extent of participation

IX. Church Affiliation

Confirmed — when and where; degree of interest

X. Family and Community Contacts During the Last Several Years

Who has visited, written, or sent gifts; degree of interest and whether beneficial or otherwise.

XI. Recommendation and Type of Placement Advised

(When possible a picture will be sent if requested)

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For convenience in use of the Manual, certain broad concepts of function or information have been included such as casework, responsibility, and legal citations or references. Important items have been cross-indexed or cross-referenced.

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