

(Office Use Only) Interview Date: _____

Approved/Denied: _____

JEFFERSON COUNTY TRANSITIONAL SERVICES, INC

Ruth Haven

PRELIMINARY INFORMATION/APPLICATION FORM

First _____ M.I. _____ Last _____ DOB _____

Age _____ Sobriety/Clean Date _____ Today's Date _____

SSN _____ Marital Status _____ Phone# _____

Current Address _____

Former Address _____

Able to pay Intake Program Fee prior to admission \$150? Y/N

Have you attended/completed any current or past rehab programs? If so, when and where? _____

Prior RH resident? Y/N Date(s) _____ Level of Education _____

Do you have AA or NA contacts? Y/N If yes, who, where, when? _____

Are you willing to accept any type of employment? Y/ N

If no, explain _____

List past types of employment _____

Physical Limitations? Y/N _____

Past hospitalizations? Y/N Date(s) & Location(s): _____

Are you an alcoholic? Y/N Addict? Y/N Drug of choice: _____

Are you presently taking meds prescribed by a doctor? Y/N

If yes, list all prescriptions _____

List all other meds including vitamins, herbs, etc. _____

Please Circle if you have ever been diagnosed with Bi-Polar, Schizophrenia, Multiple Personality, Borderline Personality Disorder, Depression, Anxiety, PTSD.

What medication have you taken for the above diagnosis? _____

When were you diagnosed with the above: _____

Do you see a therapist, counselor or psychiatrist? _____

If so, list name and location _____

Are you currently incarcerated in jail or prison? Y/N Release Date? _____

Are you on corrections/probation/parole? Y/N County _____

PO/CO name? _____ Upcoming Court Date? _____

Case pending? Y/N County _____ Battery Charge? _____

Lawyer Name & Phone _____

List any past or current charges: (charge & date of charge) _____

Do you have children? Y/N How many? _____ List ages _____

Who do they live with? _____

Do you have an open DCS case? Y/N Explain _____

Are you currently in a relationship? Y/N Name _____

Emergency contact _____ Phone _____ Relationship _____

Person to contact regarding the acceptance/denial decision from interview?

This space is for any other information that you would like to provide.



CONSENT TO OBTAIN AND RELEASE INFORMATION

NAME: _____

DATE OF BIRTH: _____ SSN: _____

By signing this form you give Ruth Haven authorization to obtain information from: Any and all persons and/or agencies as needed to provide adequate care and programming.

To be mailed or emailed to: Brandi Hearne, Director
Ruth Haven
117 Presbyterian Ave
Madison, IN 47250
ruthhaven@ymail.com

The information requested is for the purpose of providing for continuity of care:

- Medications recommended with pertinent clinic notes
- Most recent history and discharge summary
- Most recent aftercare and recovery plans
- Most recent assessments
- Program attendance
- Other

I understand that I may revoke this consent at any time upon fulfillment of the above purpose, this consent will expire 30 days after my release from Ruth Haven.

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 DFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.

Signature: _____ Date: _____

Signature of Witness: _____ Date: _____

To Revoke Authorization: I hereby REVOKE any authorization to obtain information

Signature: _____ Date: _____

Ruth Haven

117 Presbyterian Avenue

Madison, IN 47250

Phone: (812) 274-2907

E-mail: ruthhaven@ymail.com

Ruth Haven, a program of Jefferson County Transitional Services, Inc (JCTS). It is a residential program for women in recovery from alcohol and/or substance abuse which houses up to 9 women as they transition back into society.

The mission of JCTS is to address the substance abuse epidemic in the local and surrounding counties by providing a supportive environment in which people with substance abuse issues can learn about the disease of addiction, develop skills to re-establish their lives, maintain sobriety and give back to the community.

We recognize that women in recovery face significant challenges, including:

*dependency on alcohol/drugs *economic issues *poor work history *health issues

*lack of work skills *housing *limited education *physical/sexual abuse *parenting issues

Our goal is to assist and empower women to overcome these problems so that they have the best chance of success when they leave Ruth Haven.

Governed by a Board of Directors, daily operation of Ruth Haven is carried out by a full-time house manager assisted by volunteers and alumni.

Residents are required to participate in self-help, counseling and community service. They work, pay weekly program fees and maintain the home. They are also required to cooperate with courts and other agencies with which they are involved.

Prospective residents must complete an application form and attend an interview. Once applicant is accepted, she must call every Monday to inform staff of continued interest in residency at Ruth Haven.

If you would like to see a comprehensive list of rules & expectations, I would be happy to send our Resident Handbook upon request.

Thank you for your time.

Sincerely,

Brandi Hearne

Director

Basic criteria for admission:

We request that the applicant have Program Intake Fee (\$150) in advance, and be:

1. Age 18 or older,
2. Presently free from alcohol and all non-prescription psychoactive substances,
3. Free from withdrawal symptoms,
4. Voluntarily seeking services and expressing a desire for services,
5. Free from medical or mental health conditions which would require treatment in another setting,
6. Able to take and pass a urine drug screen,
7. Willing to abide by house agreements,
8. Able to make at least a 6 month commitment to the program,
9. Willing to work/obtain a job if not currently working,
10. Able to pay specified weekly Program Fee.

*We will not admit anyone without \$150 for Intake Program Fee & drug screen, and two (2) forms of ID (driver's license, birth certificate, social security card, or passport).

These are non-negotiable.

For referring agency: Send...

*medical evaluation and assessment with diagnosis (from within 90 days)

*history of drug and alcohol use

*treatment progress and recommendation

*application completed by client

*copy of release of information

If the person applying is taking prescription medication, they must have access to at least a month's supply upon admission. All medications must have a pharmacy label.