JEFFERSON COUNTY TRANSITIONAL SERVICES, INC



PRELIMINARY INFORMATION/APPLICATION FORM						
First	M.I	_Last	DOB			
			Today's Date			
SSN	Marital Sta	atus	Phone#			
Curren	t Address					
Forme	Address					
			(\$135) & Drug screen (\$5)? Y/N			
-		-	r past rehab programs? If so, when and			
Prior R	H resident? Y/N Date(s)	Level of Education			
Do you	have AA or NA contacts	? Y/N If yes,	who, where, when?			
Are you	u willing to accept any ty	pe of employr	ment? Y/ N			
If no, e	xplain					
List pas	st types of employment_					
Physica	al Limitations? Y/N					
Past ho	ospitalizations? Y/N Da	te(s) & Locatio	on(s):			
Are you	u an alcoholic? Y/N Ado	dict? Y/N D	rug of choice:			
Are you	u presently taking meds p	prescribed by	a doctor? Y/N			
If yes, I	ist all prescriptions					
List all	other meds including vita	amins, herbs,	etc			

Do you have a mental health diagnosis? Y/N									
									Do you see a therapist, counselor or psychiatrist?
If so, list name and l	ocation								
Are you on probatio	n/parole? Y/N County		P.O						
Case pending? Y/N	County	Release Date							
Lawyer Name & Pho	one								
List any past or curr	ent charges: (charge & d	ate of charge)							
Do you have childre	n? Y/N How many?	List ages_							
Who do they live wi	th?								
Do you have an ope	n DCS case? Y/N Expla	in							
	Pho		Relationship						
Person to contact re	egarding the acceptance	denial decision	from interview?						

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

Thank you for your interest in Ruth Haven. (Revised 6-2018)



CONSENT TO OBTAIN AND RELEASE INFORMATION

NAME: _____

DATE OF BIRTH: ______SSN: _____SSN: _____

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

To be mailed or emailed to:

Cherilyn Miller, House Manager 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 in 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:

Sign	atur	e:	
0			_



117 Presbyterían Avenue Madíson, 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 and a night monitor who is also in recovery.

Residents are required to participate in self-help, counseling and community service. They work, pay rent 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,

Cherilyn D. Miller

House Manager

Basic criteria for admission:

We request that the applicant have at least the first week's rent 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 4 month commitment to the program,
- 9. Willing to work/obtain a job if not currently working,
- 10. Able to pay specified rent.

*We will not admit anyone without \$140 for first week's rent & 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 recommendations
- *TB screen results dated no more than 30 days prior (if available)
- *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.