(Office Use Only) Interview Date:		
Approved/Denied:		

JEFFERSON COUNTY TRANSITIONAL SERVICES, INC

Ruth Haven

RESIDENT INFORMATION/APPLICATION FORM

Name		Date of Application			
DOB	Age	Sobriety/Clean Date	Phone#		
Current Addr	ess				
Former Addre	ess				
SSN	Ma	arital Status	Cash on Hand		
Able to pay first week's rent upon admission (\$135) & Drug screen (\$5)? Y/N					
-		npleted any current or p	ast rehab programs? If so, when		
Prior 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 Need accommodations? Y/N					
Past hospitalizations? Y/N Date(s) & Location(s):					
Are you an al	coholic? \	//N Addict? Y/N Dru	g of choice:		
Are you presently taking meds prescribed by a doctor? Y/N					

If yes, list all prescriptions				
List all other meds including vitamins, herb	os, etc			
Do you have a mental health diagnosis? Y/N				
When were you diagnosed with the above:				
Do you see a therapist, counselor or psych	iatrist?			
If so, list name and location				
Are you on probation/parole? Y/N County	/	P.O		
Case pending? Y/N County	Lawyer Name &	Phone		
	Release Date? _			
List any past or current charges: (charge & d	ate of charge)			
Do you have children? Y/N How many?				
Who do they live with?				
Do you have an open DCS case? Y/N Expl	ain			
Emergency contactPhor	ne	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 autho and/or agencies as needed to provide adequate	rization to obtain information from: Any and all persons e care and programming.
To be phoned, mailed or emailed to:	Cherilyn Miller, House Manager Ruth Haven 117 Presbyterian Ave Madison, IN 47250 812-274-2907
The information requested is for the purpose of	f providing for continuity of care:
 Medications recommended with pertinen Most recent history and discharge summa Most recent aftercare and recovery plans Most recent assessments Program attendance Other 	
I understand that I may revoke this consent at a consent will expire 30 days after my release fro	any time upon fulfillment of the above purpose, this m Ruth Haven.
CFR, Part 2). The Federal rules prohibit you from further disclosure is expressly permitted by the otherwise permitted by 42 DFR Part 2. A general	n records protected by federal confidentiality rules (42 m making any further disclosure of this information unless written consent of the person to whom it pertains or as all authorization for the release of medical or other The Federal rules restrict any use of the information to 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 Presbyterían Avenue Madíson, IN 47250

Phone: (812) 274-2907

E-mail: ruthhaven@ymail.com

Ruth Haven, a program of Jefferson County Transitional Services, Inc. (JCTSI) 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 JCTSI 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 day (including weekends) 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, two (2) forms of ID (driver's license, birth certificate, social security card, or passport), and TB test. These are non-negotiable. All of these criteria must be met prior to arrival at Ruth Haven.

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.