



Screening / Eligibility / Scheduled Assessment

Name: _____

Appointment Time: _____

Appointment Date: _____

Contact Info (if not self)

Name: _____ Phone Number: _____

Date: _____ Time: _____ Relationship: _____

Client Info

Name: _____ DOB: _____

SS# _____

Address, City, State, Zip: _____

Phone: _____

Emergency Contact: Name: _____ Phone: _____

Employer: _____

Funding Source:

_____ Insurance Company: _____

_____ Private Pay Who: _____

_____ County Which: _____

Name of county funding Agent (Request authorization be sent) _____

Contact Phone # for Provider: _____

Policy #/Member #: _____

Group #/Subscriber#: _____

Group Name: _____

Coverage Start Date: _____

Outside of Network/Residential Treatment

Coverage amount: _____

_____ % Covered, remaining _____ % of expenses is considered co-insurance.

Deductible is _____ /individual and _____ /family

Co-Pay is _____ Authorization Required: Y / N

Phone number to call for Authorization: _____

Demographic and History of Client: _____

History of Abuse: _____

Drug of Choice: _____

Date and amount of last use: _____

Prior Treatment: _____

Current Medications: (all medications must be accompanied by a doctor's order) _____

Health Issues: _____

History of seizures: _____

Legal Issues: _____

Probation Agent/County: _____

Medical Clearance Form (TB, Hep C, STDs) needs to be completed before admittance.

If detox is needed, order needs to be faxed to Pathways prior to treatment, and referral sent to Pathways Detox.



To Medical Professionals:

Please complete the following form to confirm medical clearance for admission to Pathways to a Better Life, LLC. A Residential AODA (Alcohol and Drug Abuse) Treatment Program.

Client Name: _____ DOB: _____

Date/s of Visit: _____

Per your observation or statement from the client, is the client (all required for admission):

Free from Communicable Diseases (including, but not limited to):

- ☐ Hep A, B, or C
- ☐ STD's
- ☐ Skin infections
- ☐ MRSA

Free of all withdrawal symptoms requiring medical attention: Yes or No (please circle) and explain:

Ambulatory without assistance? Y or N (please circle)

Any other medical concerns/diagnosis that we should be aware of: Y or N (please circle) and explain:

If applicable, TB results:

PPD: Date Placed: _____ Where Placed: _____

Date Read: _____ Result: _____

Please contact Pathways to a Better Life, LLC if you have any question regarding this form or allowable medications. Results can be faxed to 920-894-1373. Thank you!

Medical Professional Signature

Date

Name of clinic/hospital



What to Bring to Treatment?

Clothing

Bringing approximately 7-10 outfits would be acceptable. We do facilitate weekly outings and activities so make sure to keep that in mind when you are packing for your stay with us. Each building has onsite laundry available for residents to use to accommodate any needs you may have. Please also consider the time of year and changing weather conditions.

Suggested clothing items you may want to bring with you:

- Shoes
- 5-7 shirts, pants, shorts
- Socks
- Undergarments
- Jacket/coat
- Robe
- Slippers
- Pajamas
- Hats
- Swimsuit

Don't Bring: Clothing that is suggestive or that represents drug or alcohol use.

Personal Care Items

Staying at an alcohol or drug abuse treatment center, you are going to be on a much stricter schedule than the one you are probably used to. You won't be able to just "run out" to grab something at a moment's notice. Therefore, it is important that you arrive with everything you might need for an overnight stay.

Some personal care items you may want to bring with you:

- Toothbrush/toothpaste
- Shampoo/conditioner
- Body wash
- Hairbrush
- Lotion or moisturizer
- Deodorant
- Feminine hygiene products
- Razors

Don't Bring: Any personal care items containing alcohol.

Miscellaneous Important Items

Though you will have a strict schedule throughout the program day, you will also have some down time. This means you will have time to reflect upon your life: present, past, and future. It helps to have a journal on hand to record how things are going, how you are feeling, or simply to record your goals and dreams. Also, if you are a reader, books and magazines are also permitted as long as they don't promote drug paraphernalia or substance abuse.

- Books or magazines
- Personal journal
- Insurance card
- Driver's license

Don't Bring: Laptops, MP3 players, cellphones, games, permanent markers, weapons

Upon arrival at our facilities, you will go through an evaluation process in which all your items will be searched and inventoried. This is to ensure no prohibited items or substances are being brought into the facility and to ensure that all items are returned to you upon discharge.

Items such as drugs, alcohol, drug paraphernalia and weapons are strictly prohibited, as well as any item that is suggestive of drugs or alcohol use, such as clothing, CD's and movies representing substance abuse.



Bill of Rights

When you receive any type of service for mental health, alcoholism, drug abuse, or a developmental disability you have the following rights *under Wisconsin Statutes sec.51.61 (1) and HSS 94 Wis, Administrative Code:*

PERSONAL RIGHTS:

- You must be treated with dignity and respect, free of any verbal or physical abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You can decide whether you want to participate in religious services.
- You cannot be made to work except for personal housekeeping chores. If you agree to do other work, you must be paid.
- You cannot be treated differently because of your race, national origin, sex, age, religion, disability, or sexual orientation.
- You can make your own decision about things like getting married, voting, and writing a will.
- Your surroundings must be kept clean and safe.
- You must be given the opportunity to exercise and go outside for fresh air regularly and frequently.

TREATMENT AND RELATED RIGHTS:

- You must be provided prompt and adequate treatment, rehabilitation, and education services appropriate for you.
- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives and possible side effects and medications.
- No treatment or medication may be given to you without your consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. (If you have a guardian, however, your guardian can consent to treatment and medication on your behalf)
- You must not be given unnecessary or excessive medication.
- You cannot be subject to electro-convulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.
- You must be informed of any costs of your care and TREATMENT that you or your relatives may have to pay.
- You must be treated in the least restrictive manner and setting necessary to safely and appropriately meet your needs.
- You may not be restrained or placed in a locked room (seclusion) unless in an emergency when it is necessary to prevent physical harm to you or to others.

COMMUNICATION AND PRIVACY RIGHTS:

- You may call or write to your public officials or your lawyer or advocate.
- You may not be filmed or taped unless you agree to it.
- You may use your own money as you choose, within some limits.

- You may send and receive private mail.(Staff cannot read your mail unless you or your guardian asks them to do so. Staff may check your mail for contraband. They can only do so if you are watching.)
- You may use the telephone daily. *
- You must have privacy when you are in the bathroom.
- You may wear your own clothing. *
- You must be given the opportunity to have your clothes washed.
- You may keep and use your own belongings. *
- You must be given a reasonable amount of secure storage space. *

Some of your rights may be limited or denied for treatment or safety rules. (See rights with an * after them) Your wishes and the wishes of your guardian should be considered. If any of your rights are limited or denied, you must be informed of the reasons for doing so. You may ask to talk with staff about it. You may also file a grievance about any limits of your rights.

RECORD PRIVACY AND ACCESS LAWS:

Under Wisconsin Statute sec.51.30 and HSS92, Wisconsin Administrative Code:

- Your treatment information must be kept private (confidential).
- Your records cannot be released without your consent, unless the law specifically allows for it.
- You can ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you can see of the rest of your records while you are receiving services. You must be informed of the reasons for any such limits. You can challenge those reasons in the grievance process. After discharge, you can see your entire record if you ask to do so.
- If you believe something in your record is wrong, you can challenge its accuracy. If staff will not change the part of your record you have challenged, you can put your own version in your record.

RIGHT OF ACCESS TO COURTS:

- You may sue someone for damages or other court relief if they violate any of your rights.
- Involuntary patients can ask a court to review the order to place them in a facility.

GRIEVANCE RESOLUTION PROCESS:

- If you feel your rights have been violated, you may file a grievance.
- You cannot be threatened or penalized in any way for filing a grievance.
- The service provider or facility must inform you of your rights and how to use the grievance process.
- You may, at the end of the grievance process, or any time during it, choose to take the matter to court.

YOU HAVE THE RESPONSIBILITY:

1. to be honest about matters that relate to you as a patient;
2. to attempt to understand your problem;
3. to attempt to follow the directives and advice offered by the staff;
4. to know the staff who are caring for you;
5. to report changes in your condition to those responsible for your care and welfare;
6. to be considerate and respectful of the rights of both fellow residents and staff;
7. to honor the confidentiality and privacy of other patients;
8. to use the grievance procedure if you feel your rights are being violated;
9. to keep appointments and cooperate with staff;
10. to avoid making unreasonable demands;

11. to follow the policies and expectations of your rehabilitation unit;
12. to take an active part in your rehabilitation program;
13. to take an active part in daily group therapy sessions.

I HEREBY ACKNOWLEDGE IN WRITING THAT I HAVE RECEIVED A COPY OF AND UNDERSTAND MY RIGHTS AND RESPONSIBILITIES AS A RESIDENT OF PATHWAYS TO A BETTER LIFE, LLC.

Staff member signature and date

Resident signature and date



Resident Expectations

In order to facilitate personal growth, the recovering person must be willing to learn certain responsible behaviors for their recovery journey. The staff at Pathways to a Better Life, LLC, which may be referred to as Pathways, do our best to mentor our residents toward this healthy lifestyle. These expectations are a guideline to help keep Pathways a place of safety, support, and learning for all.

Failure to comply with these expectations may result in discharge or a referral to another level of care.

- Use of mood-altering chemicals/drugs, including alcohol, is not allowed on or off the premises. **Violation of either of these will result in immediate removal from the premises and suspension from the program until your treatment team can meet and develop the most appropriate intervention, up to immediate discharge.**
- Random alcohol and drug screening is standard practice and compliance is necessary for any resident. There is a Drug Screening Consent form for you to sign as this practice is part of your treatment plan. Refusal will be considered a positive result and will lead to discharge from the program.
- Violence or threats of violence (including verbal abuse) to other clients or to staff members will result in discharge. Your right to confidentiality, by Federal and State law, will not protect you when you commit or threaten to commit crimes on Pathways premises or against Pathways personnel. These will be reported to the police.
- Weapons of any kind will not be allowed. This includes but not limited to; knives, bow and arrow, guns of any kind (paint ball, bb/pellet, bullet, blowguns, etc.), and any other instrument that could be used to harm another. You will also be expected to sign a specific acknowledgment based on an understanding that this policy supersedes the Wisconsin Conceal and Carry law.
- Romantic relationships between clients are found to result in poor treatment outcomes and are strongly discouraged and will result in disciplinary action.
- Sexual and romantic relationships with staff members will not be tolerated due to the potential for abuse and are unethical.
- Harassment of any kind (emotional, behavioral, verbal, and sexual) will not be tolerated towards other clients or staff. This also includes attempts to undermine professional and paraprofessional staff by displaying disrespectful behaviors.

- Gambling of any kind is strongly discouraged and may result in disciplinary action.
- It is expected that clients honor the confidentiality and privacy of the other clients. This means not disclosing the identity of fellow clients to others outside of the facility. This includes disclosing information regarding fellow clients within the recovery communities and other personal or social networks.
- It is expected that everyone is considerate and respectful of the rights of fellow clients and staff and that everyone is treated with dignity and respect.
- Clients are strongly encouraged to sign the necessary releases of information to promote continuing care. Best practice service delivery includes outside persons including sponsors, parole and probation agents, child service workers, family members, friends, and anyone else you and your treatment team deems appropriate.
- Each client is expected to follow the program schedule of Pathways. Scheduled programming generally begins at 7:45 a.m. and runs through 5:00 p.m. All residents are expected to be dressed and ready by 7:45a. Programming also includes a minimum of four 12-step meetings a week, including weekends.
- Leaving the facility is not recommended, but does occur from time to time. You must seek prior approval from your counselor (24 hours' notice), sign in and out of the facility, and arrange for transportation.
- If you need transportation for an appointment, you will need to make arrangements with a taxi service, family member or a volunteer. All appointments need to be approved by a counselor with at least 24 hours in advance. Pathways may provide transportation, if available.
- Clients are expected to carry the Pathways office phone number when away from the facility in case of an emergency, to contact staff. Business cards are available from the Administrators or any staff member.
- Each peer will be introduced to a senior peer to help them get acclimated to these expectations and house procedures.
- Smoking is allowed outside in the designated areas only. Cigarette butts are to be disposed in the container provided.
- All medications must be accompanied by the physician's signed order. This includes but is not limited to all over the counter medications, vitamins, cough drops, and pain relievers. All of these are kept in a locked box that is assigned specifically to you. Staff will grant you access to your medications as you need them. While we are not responsible to remind you to take your medications, we do observe and document that we witnessed you taking them. Medications of any kind are not allowed to be kept with you (except under special circumstances), in your room, or anywhere on the site other than your assigned lock box.
- All visitors are encouraged to visit during visitation hours and outside of the programming activities. Visiting hours are Saturdays and Sundays 2:00pm-5:00pm. With respect for the privacy and confidentiality of the other residents, visitation is limited to the designated areas. During the orientation phase, your visitation is limited.

- Please refrain from having visitors in your room. If you require privacy with a family member, please notify your counselor prior to the visit so arrangements can be made.
- Dinner is between 5:00pm-5:30pm. We serve a family style dinner for all residents. If you cannot be here for evening meal, please let the staff and resident responsible for cooking, know that you will be absent. Breakfast and lunch are both self-serve.
- It is expected that you clean up after yourself in both the kitchen and the dining areas.
- You will be involved in cooking groups with other peers during your treatment at Pathways. Learning to plan for and prepare meals is an important living skill and considered part of our programming. In order to meet state regulations, you will be required to log temperatures at various times through the cooking process. You will need to go through a food service training program with our dietary staff in order to learn state regulations that our licensure requires we meet. Part of this expectation is that all food be kept in an airtight container labeled with name of item and date it was opened.
- We prefer all eating and drinking take place in the dining area.
- Personal belongings and rooms may be checked, at any time, by the staff at Pathways, if there is suspicion of contraband or problematic materials. We make every effort to be respectful of your personal belongings during these checks.
- In order to provide safety and security, and to ensure no contraband inadvertently enters the premises, staff will check luggage or packages. Staff will make every effort to do this with respect and with the resident present.
- Residents acknowledge that Metro Drug Canine Unit may do a house search, including assigned areas, at any time, even if you are not present at the time of search.
- A phone is available for resident's private use. Please limit the phone calls to two (2), ten minute personal calls, so that other residents have equal opportunity to utilize the phone. Residents in orientation phase have limited phone access and should check with staff prior to placing a call. We request phone usage be only in the group room or living room. This is for the safety of residents and program integrity due to the potential of engaging in negative behaviors with people who may not support your recovery.
- Personal cell phones are not allowed in this program.
- Personal laptops are not allowed as part of this program. Should a resident need the use of a computer for a job search or recovery related research, a request can be made to a staff and a time may be arranged on a staff computer with supervision.
- Pathways is not responsible for resident's money and valuables. We will supply a lock box placed in the office for those items.
- Residents and staff of Pathways may not purchase goods or services for another client or the facility in general. This includes but is not limited to; cigarettes, soda, laundry items, and or personal gifts. Clients and staff may not lend or give money to other residents.

- Part of programming at Pathways is to learn healthy living skills, and part of that includes keeping your living space clean. There is a chore list completed each week and as a client, you are assigned specific areas of responsibilities throughout the facility during your stay. If you are not aware of the proper cleaning methods for your assigned area, staff is available to assist and instruct you. It is also your responsibility to clean your own bedroom area.
- Please have all chores completed by the end of the day. This allows you to have time for relaxation and mingling with peers prior to bedtime and may enhance your ability to have a more restful sleep.
- All residents are expected to maintain their personal appearance and hygiene.
- For the purpose of hygiene, we request that residents wear footwear at all times when not in your rooms.
- It is appreciated if beds are made daily and your room remains tidy.
- Television and radio devices may be used anytime treatment programming is not in session. The volume on these devices must be kept reasonable and not be disruptive to staff or peers.
- Please be in your room and have lights out at 11:00pm. This allows staff to account for you and reduces any disturbance to other residents.
- When exploring the surrounding grounds, it is asked that residents remain in pairs or a group of three to avoid opposite sex pairs. This is for your safety, and reduces the likelihood of accusations between residents.
- Clients are expected to demonstrate respect for Pathways and its furnishings. This includes, but not limited to; changing bedrooms in any way (for example; nailing into the walls), cleaning up after yourself, and keeping your shoes off the furniture.
- There is a limited storage space available for residents. When you are discharged or asked to leave, you will have 30 days to claim any personal belongings unless other arrangements have been made through your Counselor or the Administrators. After 30 days, belongings will be donated to a non-profit organization. We will not be responsible for lost or stolen items. Medications are an exception and you must take them with you.
- Please remember to keep the laundry room available for staff between the hours of 2:00pm and 4:00pm to maintain items for Pathways.
- Pathways provides a Family Program for a portion of the day each Saturday. We request you to be present even if your family is not there. It is an opportunity for you to understand the family dynamics of addiction and enhance your recovery.
- The counselors and staff of Pathways are well aware of the struggles faced by individuals in early recovery. As such, our counselors and paraprofessional staff are available 24 hours a day for counseling in the event that you need support. Clients are encouraged to use the staff at Pathways for support for ongoing recovery. **WE ARE HERE FOR YOU!**
- At discharge, all items given to the client at admission; bedding, towels, books, pillows, baskets, clock, etc.; must be returned in good condition.

I have read and understand the Client's Expectations of Pathways to a Better Life, LLC in its entirety. I agree to the terms of the agreement, and to abide by the rules and policies set forth by the agreement.

I am aware that any violation of any of these expectations and rules could result in discharge from treatment.

Print Name:

Signature:

_____ Date: _____

I accept the forfeiture of my right to possess or carry a concealed weapon on the premises of Pathways to a Better Life, LLC.

Print Name:

Signature:

_____ Date: _____

Revised: 10/2016



Pathways Dress Code Policy

When entering our facility, please keep in mind that Pathways to a Better Life, LLC has a strict dress code.

Clothing and attire that is unacceptable:

Tank tops

Shorts/skirts that are above mid-thigh length (must be 1" below fingertips when arms are placed at your side)

Blouses/shirts with spaghetti straps

Blouses/shirts that are low cut in front, showing cleavage or baring midriff

Clothing with alcohol, drug, racial, violent, or sexually related advertising

Lack of or inappropriate underclothing

Pants with a low waist, baring midriff, backside or worn low on hips exposing underclothing or skin

Lycra tights, leggings, or form-fitting shorts

Lack of footwear; Shoes are required at all times per State Regulations

If you are visiting in our facility and your clothing does not meet these standards, you may be asked to leave the facility. It makes it easier for patients to adhere to these rules if family members and visitors are also willing to adhere to them.

Thank you for your attention to your choice of clothing.

Revised 2/20/17