

**Circle Park Behavioral Health Services
P.O. Box 6196
Florence, SC, 29502-6196
Phone: 843-665-9349
Fax: 843-669-6122
Recovery Residence Phone: 843-662-9119**

August, 2009

WELCOME! WELCOME! To all our referral sources and to our potential admissions, we want to welcome you to Circle Park and thank you for considering Circle Park Recovery Residence.

We are currently going through some changes in the way we handle our referral process due to some agency restructuring, but be assured that your referral will be handled as quickly as possible.

Some changes that will accompany this restructuring is that we are asking that all new referrals have a month's rent upon admission (\$119 per week - \$476 for 4 weeks) or for those who are sponsored by agencies such as Mental Health, Vocational Rehabilitation, etc. that we are able to confirm two week's financial sponsorship.

Although we may schedule potential admissions after the following listed business hours, we ask that the application process be completed, to include interviews (telephonic and in person), Monday-Thursday between the hours of 8am-5pm.

Please contact our agency at the listed number above regarding a potential referral and we will return your call promptly.

**Please call us if you have any questions or you can also e-mail me with questions at:
jjames@circlepark.com**

Thanks for your support.

**Jeannie James, LPC/S, NCACII, SAP
Director of Clinical Operations
JJJames@Circlepark.com
(843)665-9349**

***PLEASE MAIL OR FAX ONLY THE FORMS INDICATED. ALL OTHER PAGES ARE FOR INFORMATION ONLY**

***MAIL OR FAX THIS FORM**

CONFIDENTIAL WHEN FILLED IN

**REFERRAL FOR ADMISSION
CIRCLE PARK RECOVERY RESIDENCE**

Applicant: _____ Date: _____

Address: _____ D.O.B.: _____

Contact Phone #: _____

Referring Agency: _____

Case Manager/Counselor's Name: _____

Contact #: _____

Client Discharge Date: _____

Brief History: _____

For Circle Park Use Only:

Disposition: _____

Supervisor of Residential Services

Date

Mission Statement and Purpose of Circle Park Recovery Residence

The mission of Circle Park Behavioral Health Services is to reduce the impact of alcohol, tobacco, and other drug abuse on the citizens of Florence County by providing high quality and cost-effective behavioral health services.

The purpose of Circle Park Recovery Residence is to provide a facility for men in early recovery who need safe, affordable housing while they work to reenter society.

*The Recovery Residence is NOT a level of care (treatment). Treatment services will be provided to Recovery Residents through Circle Park's outpatient counseling offices.

WHAT WE EXPECT FROM YOU:

- Courteous, cooperative behavior when dealing with staff and other residents and their families.
- Respect for the confidentiality and privacy of others.
- An honest description of the issue you want us to help you resolve.
- Active participation as a member of the Recovery Residence. This includes securing employment or volunteer work if disabled; completing assigned community chores; attending house meetings; and attending AA/NA meetings.
- To follow the house rules.
- Prompt payment of any charges.
- Willingness to contact us if you need help again after completing services.

WHAT YOU CAN EXPECT FROM US:

- Courtesy and respect.
- Confidentiality.
- A safe, clean and comfortable environment.
- Clear expectations, recommendations and answers to your questions. This includes an understandable description of any financial charges and accurate, timely billing.
- A prompt, fair response to your concerns and complaints. Discuss anything that bothers you with the house manager or their supervisor. If you would like to raise an issue without giving your name, please use the suggestion box in the lobby.

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Recovery Residence Phone: 662-9119

Application for Residency Circle Park Recovery Residence

Mission Statement and Purpose of Circle Park Recovery Residence

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Date: _____

1. Have you read the Mission Statement and Purpose of the Recovery Residence Program? ____

Summarize in your own words your understanding of the Recovery Residence Program Purpose:

2. In your own words state the reason you want to become a resident in the Recovery Residence Program.

3. Personal Data:

Name: _____
Last First Middle

What name do you prefer to be called: _____

Date of Birth _____ Place of Birth _____
City & State

Address you claim as your residence: _____

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Name of the Person who always knows where you are at all times:

Name: _____ Relationship: _____

Address: _____

Street, Apartment #

City: _____:State: _____

Telephone Number: _____

Area Code Number

Name of person to call in an emergency: _____

Relationship: _____ Telephone Number: _____

Military Services: Branch: _____ Dates: _____

Type of Discharge: _____ Rank: _____

4. Education: High School _____ GED _____ College _____

Special Vocational Training: _____

Last date of school attendance: _____ Course of Study: _____

Hobbies/Interests you have developed:

5. Work History: List the last five jobs you held. Start with the current or last. You may use a blank sheet of paper to complete the information.

Employer Name: _____

Address of Employer: _____

Telephone Number: _____

Name of Supervisor: _____

Dates of Employment: _____

From

To

Position or Job Held: _____

Reason for Leaving: _____

Are you eligible for rehire: Yes _____ No _____ Don't Know _____

6. Do you have any known physical or mental conditions? Yes _____ No _____

If yes, describe the Condition: _____

Does the condition require medical treatment? Yes _____ No _____ State the Conditions (Diagnosis) _____

***MAIL OR FAX THIS FORM**

What treatment is required? _____

Are you taking any medically prescribed medications for the condition? Yes ____ No ____

Please list: _____

Have you received treatment for Alcohol or other Substance Addiction before this stay?

Yes _____ No _____

If Yes. How many times prior to this time _____

Where and dates of treatment _____

What age did you begin to use alcohol or the drug of your choice? _____

What substances have you been using? _____

When was your last use? _____

Do you have a history of seizures? Yes ____ No ____

If so, diagnosis and description of seizures: _____

Rate or frequency of seizure: _____

Date of last seizure: _____

Are you in need of any immediate medical or dental treatment? Yes ____ No ____

If Yes, Explain: _____

Have you ever received Psychiatric or Mental Health Care? Yes ____ No ____

If Yes, Explain: _____

7. Describe Your Spiritual Beliefs: _____

8. How will you pay for your stay at the Circle Park Recovery Residence? _____

Describe your current financial obligations: _____

What are you doing to meet your financial responsibilities? _____

Do you have an income? Yes ____ No ____

What is the source of your income? _____

Do you have a current driver's license? Yes ____ No ____

If Yes, What State: _____ Year Issued: _____

***MAIL OR FAX THIS FORM**

Valid Date: _____ Driver's License Number: _____

Do you have transportation? Yes____ No____ If yes, describe: _____

What kind of work will you be seeking while at the Circle Park Recovery Residence?

Do you have a current job or the probability for work? Yes____ No____

Other Comments: _____

Legal Information:

Have you ever been charged/convicted for a criminal offense including motor vehicle violations? Yes____ No____

List Present Charge: _____

Court Date: _____

Disposition: _____

List Present Charge: _____

Court Date: _____

Disposition: _____

List Present Charge: _____

Court Date: _____

Disposition: _____

Are you presently on Parole or Probation? Yes____ No ____ If yes, list your Parole/Probation Officer's name, phone number and address:

Name: _____ Phone Number: _____

Address: _____

Have you ever been on Parole or Probation? Yes ____ No ____

If yes, list you're your Parole/Probation Officer's name, phone number and address:

Name: _____ Phone Number: _____

Address: _____

Please Print your Name: _____

Signature: _____

Date: _____

CIRCLE PARK RECOVERY RESIDENCE

- Residents will share the responsibilities of cooking, daily cleaning, and general upkeep of the house.
- Residents will keep their assigned personal areas neat and clean.
- Curfew will be 11:00 pm Sunday through Thursday and Midnight on Friday and Saturday. At curfew residents must be in their rooms and all electronic devices must be off or turned down to avoid disturbing others.
- Overnight passes must be approved in advance by the Resident House Manager or the Director of Clinical Operations. No passes will be granted to residents for the 1st 48 hours unless there is a verifiable emergency. Upon return from passes, residents will be subject to drug screens.
- Visitors will be welcome from 9:30 am to 10:30 pm daily. Visitors must remain in common areas and residents are responsible for their conduct.
- All fees must be paid in advance for the preceding week by 5PM on Friday. Requests for exception must be made through the Resident House Manager to the Supervisor of Residential Services who oversees House activities.
- Unless they are working or in school, residents must attend all scheduled and on-call House meetings.
- Residents are responsible for safeguarding their own valuables and should not bring items of exceptional value to the House. When asked, the Resident House Manager can store small items in a locked cabinet.
- Vehicles belonging to residents may be kept in the House parking lot, provided they are kept locked and no valuables are left in them. No resident may have more than one vehicle on the premises.
- Residents will support others who live in the House. This includes maintaining their confidentiality, respecting their rights, safeguarding their personal property, supporting their recovery, and treating them courteously and fairly.
- Residents must be fully dressed when they are in any common area.
- Residents will report all incidents, injuries, and violations of these rules to the Resident House Manager as soon as possible.
- Weapons, alcohol, illicit drugs, drug paraphernalia, and other contraband items may not

be kept in the House or on the premises by residents or guests. All residents are subject to random room searches.

- Gambling is not permitted at the Recovery Residence.
- Pets are not permitted at the Recovery Residence.
- Residents must comply with all requirements of their treatment/recovery program, including attendance at self-help group meetings.
- Use of tobacco products is permitted only in designated areas.
- Residents will report all concerns or grievances to the Resident House Manager, and if that does not lead to a satisfactory resolution to the Director of Clinical Operations. If still unsatisfied, residents may use the prescribed grievance procedure.
- To prevent the introduction of contraband items, residents and visitors and their possessions are subject to search by the Resident House Manager or the Director of Clinical Operations, and residents may be required to provide a urine drug sample or submit to a breathalyzer test when the use of alcohol or drugs is suspected. If resident refuses to test or provides positive tests the consequence will be up to and include immediate termination from services.

GRIEVANCE PROCEDURES CIRCLE PARK RECOVERY RESIDENCE

1. The grievance should be brought first to the attention of the Resident Manager and discussed in the weekly house meeting of all residents.
2. If the grievance is not resolved, the Resident Manager is to obtain a conference with the Director of Clinical Operations. The Director of Clinical Operations, the Resident Manager and the resident will participate in this conference.
3. If the grievance is not resolved, a grievance committee composed of the Resident Manager, the Director of Clinical Operations, and the Clinical Director of Circle Park Family Counseling and Addiction Services will meet to hear the grievance. The decision of the committee will be delivered (in writing) to the resident within three working days.
4. If the resident is not satisfied with the grievance committee's findings, an appeal may be made to the Chief Executive Officer of Circle Park under Circle Park's Grievance Policy. Once the Chief Executive Officer has met with the resident a decision will be made to resolve the grievance.
5. If the resident still thinks his grievance has not been properly resolved, he may request a hearing with the Circle Park Board of Directors. All appointments with the Board of Directors must be made through the Chief Executive Officer.