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Rosecrance
Lakeview Recovery Home Application

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PLEASE READ ENTIRE APPLICATION

Recovery Home Application

As part of an individual's ongoing recovery process, it is important to consider the benefits of residing in a drug free, peer supported recovery home. Studies have demonstrated how persons recovering from substance use can experience long term recovery when participating in treatment options that offer continued recovery structure and support to enhance one's transition back into community living.

This application and information packet has been developed to assist an individual in making a determination regarding the goal of long term recovery. In order for an individual to be considered for the Rosecrance Adult recovery home program, please follow the steps outlined below.

1. Complete the Recovery Home pre-screening form, answer all of the questions in the packet and return it to Rosecrance Lakeview. Completed applications can be returned by email (not a confidential form of communication), mail or fax. The addresses and phone numbers are found on the bottom of this page. We recommend that you call Rosecrance Lakeview to confirm that your application was received. **The applicant only needs to return pages 6-14 of the application packet. Pages 1-5 are yours to review and keep.**
2. Once the Lakeview Recovery Home receives the pre-screen and the answers to the questions, your application will be reviewed in order to determine whether our program is clinically appropriate. Staff will contact you to discuss the status of your application and the next steps for admission, obtain additional information, and answer any questions you may have about our program and treatment options. If you are currently in a program in which you have limited access to receive telephone calls, you will need to call Lakeview after you submit your application to discuss the status of your application.
3. If you are scheduled for an admission into the recovery home program, you will need to bring with you a valid state ID or your original social security card and/or your original birth certificate. We will not be able to complete your admission into the recovery home program without proper identification. In addition, all program fees and a \$100 deposit is due upon admission.

Lakeview address
3701 N. Ashland Ave
Chicago, IL 60613

Lakeview Phone Number
(773)975-4047

Lakeview Fax
(815)720-9177

Thank you for your interest in the Rosecrance Lakeview Recovery Home Program.

Areas to consider before entering a recovery home:

- You may want to consider a recovery home if you have had a difficult time maintaining your recovery; or if other living arrangements available to you do not offer the recovery support you may need.
- Consider your priorities. Does your recovery rank ahead of other concerns in your life? Significant other, house, employment, family?
- Understand that you will be living and rooming with other residents. It is important to weigh the sacrifices it may take for you to live cooperatively with others against the possible benefits of living in the supportive, structured environment of a recovery home.
- Consider what it might be like to live with others who may be very different from you (older, younger, different culture, etc.).
- Look at many different recovery home programs. Call and visit. It is important to see the places you are considering. Ask about rules, structure and what services are available to you within each program. Some questions you may have:
 - Rules of the program
 - Whether there are any program fees
 - Types of services offered in the facility and community
 - Ability to work while in the program
 - Whether residents are allowed to have a vehicle
 - Types of public transportation available
 - How many roommates reside in an apartment
 - Whether visitors are allowed
- Talk to someone residing in the places you are considering. Ask them what they like and don't like about the program.
- Have you involved your significant other/family in this decision?
- Have you considered your counselor's recommendations?
- How long am I able to reside in the program?
 - The average length of stay at Recovery Homes varies in length. However, many individuals reside within recovery home living for 3 to 9 months. You may choose to stay up to 2 years.
- Begin thinking about this early in treatment to give yourself plenty of time to check places out and make a decision that is right for you.

The benefits of living in the Lakeview Recovery Home

- Alcohol and drug free living environment
- Ongoing recovery education
- Focus on health and wellness, including assistance with fitness and nutrition
- Support in accessing local resources and navigating public transportation if needed
- Recovery peer support and fellowship for ongoing recovery
- Sober, social and recreational activities to decrease isolation and build one's social network
- Academic Coaching
- Assistance in job search and/or continuation of educational goals
- Assistance with budgeting and money management to promote savings for future independent living
- Enhance knowledge and skills to enjoy a rewarding recovery program
- Develop and enhance leadership skills
- Friendships and fellowship opportunities that frequently continue after moving out
- Stable housing during the stress of early recovery
- Knowledgeable, experienced and supportive staff

Expectations and Requirements of residing in a Rosecrance Recovery Home

- No possession or use of alcohol or other illicit/mood altering substances
- Attendance at 12 step meetings
- Weekly contact with a sponsor
- \$100 Security deposit required upon admission
- Have a legitimate means of financial support
- Monthly program fees made in a timely manner
- Cooperative and harmonious living in the house
- Participation in cleaning of the apartment and common living areas
- Respect towards agency and peers' personal property
- Adherence to recovery structure and program guidelines
- Maintenance of your personal wellness and relapse prevention skills
- Learning daily living skills to maintain balance and structure in one's recovery
- Work, attend school and/or Volunteer in the community

Items to bring to your admission appointment:

- \$100 Deposit and any assessed program fees.
- Income Verification-W-2, last year's tax return, or Social Security Administration Income verification
- Pillow, linens, blankets for a twin bed
- Personal towels
- Personal hygiene items (no alcohol-based products such as after shave, mouthwash)
- Toiletries
- Laundry supplies-detergent, plastic hangers, laundry basket (there is a washer/dryer in each unit)
- Recovery reading materials
- Alarm clock
- Writing materials
- State I.D./Driver's license
- Small lamp for the dresser (optional)
- Food Items
- 30 day supply of approved medications contained within the original bottle/packaging
- State Identification, Social Security Card, or original birth certificate
- Ventra card (this is the Chicago Transit Authority card used to access public transportation, available at grocery stores, Walgreens, CVS, or any CTA train station)

Possible items to bring

- iPod
- Cell phone
- Laptop computer or iPad

You will need to provide your own food, cleaning supplies and paper products. If you do not have finances for food we will assist you with obtaining benefits that you may qualify for with the Department of Human Services. You will also need to maintain any medications that you have been prescribed. If you will need assistance obtaining medications or accessing healthcare providers, we will refer you to community based medical, dental, or mental health services.

The recovery homes are fully furnished. You will not be able to bring additional furniture items into the apartment.

Vehicles are NOT permitted at the Lakeview recovery home. Training in using public transportation will be provided.



ROSECRANCE RECOVERY HOMES
Lakeview Recovery Home Client Application

Pre-Screening Form

Name: _____ Date: _____

Age: _____ DOB: _____ Phone #: _____

Address: _____

Emergency Contact name: _____ Phone #: _____

Client source of funding/income: _____

List current medications/dosage: _____

Referral Source/phone # _____

Counselor/Caseworker name: _____

Counselor/Caseworker phone #: _____

Admit date to current treatment episode (inpatient, IOP): _____

Estimated discharge date: _____ Do you have a car? _____

Please answer the following questions to the best of your ability. The way you answer these questions is very important. Answer them in COMPLETE sentences. Do not answer them with one word answers-- meaning no "yes" and "no" answers. If you need more room, please attach an additional sheet with your responses. The more details you give us the better we will be able to determine whether our program meets your needs.

1. Presenting Problem

Why are you seeking services of a recovery home? What do you expect from staying at a recovery home and how will it help your recovery? What do you want to accomplish?

Have you ever lived in a sober living or a recovery home before? Yes No

- If yes, where and when did you live there? What was helpful? Not helpful?

How long do you feel you need to stay in a recovery home?

Do you know what you plans will be after leaving the recovery home? Yes No

- If yes, what are they?

What are your priorities and what will you need to sacrifice?

What is your current living situation? What barriers to recovery are there for you in this environment?

2. Substance Use History

Briefly describe your alcohol/drug history.

- Include the substances that you have used, as well as the amount and the duration of your use, and any history of overdose.

What is your current clean time? What is the longest period of time you've been clean before?

Briefly describe your treatment history.

Program	Dates of Stay	Successful completion?	What was helpful?
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Are you interested in seeking any outpatient treatment services at this time? Yes No

Have you worked a program of recovery before? Yes No

- If so, please describe what you did in your personal recovery program (meetings, sponsorship, etc.).

What do you need to change to remain in recovery?

Do you have a sponsor? Yes No If yes, what is their name? _____

3. Mental Health History

Have you ever been diagnosed with a mental health concern? Yes No

- If yes, what is the diagnosis? What treatment are you currently receiving?

Are you taking any medication for mental health concerns? Yes No

- If yes, please list all medications below:

Name	Dosage	Frequency	Prescribing Doctor

Will you have a 30 day supply upon admission to the recovery home? Yes No

Have you ever had any thoughts of committing suicide?

- If yes, please describe the thoughts, when you last had them, and any suicide attempts.

Do you have a psychiatrist? Yes No

- If not, would you like a referral for a psychiatrist? Yes No

Do you have an individual therapist? Yes No

- If not, would you like a referral for a therapist? Yes No

Do you have any history of trauma (abuse, neglect, bullying, etc.)? Yes No

- If yes, please describe as much as you feel comfortable explaining.
- Have you addressed any of these issues in the past, and if so how?

4. Social History

What was your family environment like while growing up?

Do you have a significant other? Yes No Do you have children? Yes No

- If yes to either of these questions, what is your relationship like?

Who is supportive of your recovery? Are they supportive of you moving into a recovery home?

Is there anyone who might negatively affect your recovery?

5. Medical History

Have you been tested for TB in the past year? Yes No Date: _____ Result: _____

Do you have any ongoing medical needs for which you are receiving treatment? Yes No

- If so, what type of care are you receiving?
- Please name any doctors or clinicians from whom you are receiving care.

List any medications that you are currently taking and reason.

Name	Dosage	Frequency	Reason

Do you have any dietary restrictions or allergies? Yes No

- If yes, please describe:

6. Education/Occupational History

What is the highest level of education you have reached?

Do you have any certifications? Yes No If yes, what? _____

What are your plans for continued education?

What work experiences have you had?

Are there any restrictions or barriers that will prevent you from working?

7. Financial

Do you have any income? Yes No

- If yes, from where and how much do you receive a month? If no, who provides your financial support?

Do you have any debt (Past bills, court fines, medical, etc.)? Yes No

- If so, how much?

8. Legal

Have you ever been arrested? Yes No

- If yes, please list the charge, if you were convicted, and any sentence served.

Are you currently on parole, probation, or supervision? Yes No

- If yes, for what charge, how long, in what county, who is your parole/probation officer?

9. Etc.

What do you like to do for fun; do you have any hobbies?

What are your strengths?

Do you have any experience with taking public transportation? Yes No

Do you have any concerns or issues that may interfere with taking public transportation? Yes No

- If yes, please describe:

Is there anything else you would like us to know about you?

Please answer Yes or No if you agree to the following statements prior to acceptance into Lakeview programming:

1. I will not use of alcohol or other substances of abuse: Yes No

2. Pay a security deposit (\$100.00): Yes No

3. Pay a program fee: Yes No

4. Attend support meetings in the community and develop a support network: Yes No

5. Obtain a sponsor within one month of your admission to this program: Yes No

6. Work toward harmonious living in the house: Yes No

8. Help keep an orderly and clean apartment and environment: Yes No

9. Respect others' property: Yes No

10. Be responsible and follow all rules: Yes No

11. Accept consequences when a rule has been violated: Yes No

12. Practice stress management skills: Yes No

15. Complete recommended length of stay: Yes No

16. Work, attend school, and/or volunteer within 6 weeks of admission to this program: Yes No

Please sign below acknowledging that you read this packet and answered honestly.

Signature

Date



**ROSECRANCE RECOVERY HOMES
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The following section is to be completed by your referral source.

Referral Source Name: _____

Agency: _____

1. Counselors assessment for referral: _____

2. Client diagnosis/medications/Doctors name: _____

3. Progress in current placement: _____

4. Describe how the client responds to program rules, suggestions or to authority: _____

5. Recommendations-Additional Comments or Information: _____

Signature

Date