

Thank you for your interest in the Rosecrance Jackson Centers (RJC) Halfway House Program. This application has been developed to assist an individual in making a decision regarding a goal of long-term recovery. In order for an individual to be considered for the Halfway House Program, please follow the steps outlined below:

1. Review this packet in its entirety. Complete the Application Pre-Screening as well as answer all questions in the packet and return pages 6-13 to the Halfway House you are applying to. Note: Pages 1-5 are yours to review and keep. **Please complete pages 6-11, and have your referral source complete pages 12-13. Only return pages 6-13 and additional information requested.**

This document contains the following:

- Benefits & Expectations of living in an RJC Halfway House
  - What to bring upon Admission
  - Frequently Asked Questions
  - Listing of RJC Halfway House Locations with contact information
  - Cover Sheet & Questionnaire
  - Referral Source Questionnaire
2. Once the Halfway House receives the required application forms back, determination will be made for eligibility to our program. We will then contact you to discuss eligibility, and to review next steps.
  3. There may be a waiting list. It is your responsibility to follow up weekly to check the status of the waiting list. Do not assume that you have been approved unless directly informed by us.

Please direct all of your questions to the Halfway House Staff.

**Benefits of living in an RJC Halfway House**

- Alcohol and Drug free living environment
- Provides stable housing during the stress of early recovery
- Peer support
- Sober, social activities to decrease isolation
- Assistance in job search and/or resumption of education
- Assistance with budgeting and preparation for independent living
- Enhances knowledge and skills related to recovery
- Development of leadership potential
- Engagement in local 12-Step and recovery community
- Support in accessing local resources and navigating local transportation if needed
- Knowledgeable and supportive staff
- Onsite Individual and Group Therapy

**Expectations of living in an RJC Halfway House**

- No alcohol or other illegal substances
- Attendance at 12-Step meetings or other support groups
- Contact with a sponsor or mentor
- Have a legitimate means of financial support (work, social security, etc.)
- Work toward harmonious living in the house
- Participate in cleaning of the house
- Respect property of Rosecrance, personal property, and the property of others
- Be responsible and follow rules. Inability to follow program rules may affect eligibility for continued stay.
- Take care of self-including personal hygiene and stress management
- Focus on daily living skills
  - Work, attend school, or volunteer within the community
- Attend and actively participate in individual and group therapy

**What to Bring Upon Admission****Required Items:**

- Any Needed Medical Supplies
  - Prescribed medications in their original bottles (30 days if possible)
  - Medication lists from current/last providers
  - Any other medical supplies or devices needed

**Recommended Items:**

- Linens, pillow, and a blanket for a twin bed
- Personal towels for the bathroom
- Personal hygiene items
  - No alcohol-based products (i.e. mouthwash or aftershave)
- Toiletries

\*\*The above items will be provided to clients if needed

- Cell Phone
- Money (for expenses)

**If you have it:**

- Current ID
- Social Security Card
- Birth certificate

**Frequently Asked Questions****Q: How do I apply for the Halfway House?**

A: To apply for the Halfway House, complete the application and return via fax or email to the site you want to apply to.

**Q: When will I hear back?**

A: Halfway House applications are reviewed by a team. There may be follow-up questions to your application so be alert for a phone call or email with follow-up. Applications are typically reviewed within three business days of submission.

**Q: What is the average length of stay?**

A: Length of stay depends on the specific needs of the individual.

**Q: Will I be expected to work?**

A: Yes, clients are expected to work, be attending school, or volunteering within 30 days of admission to the Halfway House.

**Q: Will I have a roommate?**

A: Yes, in most Halfway Houses you will have a roommate. Living with others in early sobriety can be a tremendous positive to escape feelings of isolation and loneliness.

**Q: How much are program fees?**

A: Program fees vary by site and individual's financial status. RJC accepts most insurance plans (coverage will vary).

**Q: May I have visitors?**

A: Approval for visitors on site will be discussed on a case-by-case basis. All visitors must be approved by the treatment team.

**Q: Is there a curfew?**

A: Yes, all sites have a curfew.

**Q: Will I have a household chore?**

A: Yes, all clients contribute to the upkeep of the facility. Chores are simple in nature and can be completed in a relatively short amount of time.

**Q: What if I relapse?**

A: In the event of a relapse, discharge from the program may be necessary. All cases will be evaluated individually.

**Q: Am I allowed to go on passes or stay offsite overnight?**

A: As you progress through the program, you will gain certain privileges, including day and overnight passes. These will be approved or not approved by staff and based on your good standing in the program. This is individually driven and will be determined with the counselor at each site.

**Q: Am I allowed to have a vehicle?**

A: This is determined on a case-by-case basis. A valid driver's license, and insurance is required.

**Q: Can I bring my own furniture or television?**

A: The Halfway Houses are fully furnished. Additional furniture is not permitted.

**Q: I'm a little nervous about coming to the Halfway House. Is being nervous to be expected?**

A: Moving into a new environment will always cause some stress. Know that you will be surrounded by a team of professionals, and a group of residents who have been in your shoes. You are giving yourself a wonderful new chance for long-term sobriety.

**There are 2 Halfway Houses within the RJC network located in Sioux City, Iowa.  
Please select the Halfway House you are applying to.**

Adult Halfway Houses (ages 18 and up):  
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Chad's House on Grandview

Phone: 712-258-4776

\_\_\_\_\_ Efax: 712-224-2169

Clint Eastling, Addiction Counselor [ceastling@rosecrance.org](mailto:ceastling@rosecrance.org)

Dan McDonald, Recovery Specialist [dmcdonald@rosecrance.org](mailto:dmcdonald@rosecrance.org)

Cynthia House

Phone: 712-258-5424

\_\_\_\_\_ Efax: 712-224-2169

Tammy Struve, Addiction Counselor [tstruve@rosecrance.org](mailto:tstruve@rosecrance.org)

Lori Coyle, Recovery Specialist [lcoyle@rosecrance.org](mailto:lcoyle@rosecrance.org)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (Name / relationship): \_\_\_\_\_

Emergency phone #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Physician Location/Address: \_\_\_\_\_

Psychiatrist (if applicable): \_\_\_\_\_

Current Medications (both prescribed and OTC): \_\_\_\_\_  
\_\_\_\_\_

Last TB Test Date: \_\_\_\_\_ Location/Physician: \_\_\_\_\_

Special Needs / Accommodations: \_\_\_\_\_

Any medical conditions / allergies / chronic pain: \_\_\_\_\_  
\_\_\_\_\_Source of Income:  Wages/Salary  Public Assistance  Retirement/Pension  Disability  None

If yes, how much do you earn or receive per month? \_\_\_\_\_

If no, who provides your financial support? \_\_\_\_\_

Do you have insurance and/or Iowa Medicaid?  Yes  NoDo you have registered/insured vehicle you intend to bring?  Yes  NoDo you have a valid driver's license?  Yes  NoReferral Source/contact # \_\_\_\_\_  
\_\_\_\_\_Are you currently in Substance Abuse treatment?  Yes  No**If yes:**

Location/Type (Inpatient/IOP): \_\_\_\_\_

Admission date to current treatment: \_\_\_\_\_ Estimated discharge date: \_\_\_\_\_

**If no:**

When and where did you last receive treatment? \_\_\_\_\_

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**Questionnaire**

Instructions: Please answer the following questions to the best of your ability.

**Presenting Problem –**

1) Why are you inquiring about a Halfway House? \_\_\_\_\_

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2) What do you expect from staying at a Halfway House? \_\_\_\_\_

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**Drug Use –**

1) Describe your drug use history. Include the drugs you have used, the amount and the duration of use. Have you ever over dosed? \_\_\_\_\_

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2) When was your last date of use? \_\_\_\_\_  
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**Support System –**

1) Who is supportive of your recovery? Describe them. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Is there anyone that negatively impacts your recovery? Describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Please list names of any children, their current and expected living arrangements, including custody/visitation schedules. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vocational –**

1) What is your highest level of education completed? \_\_\_\_\_  
2) Do you have any certifications? \_\_\_\_\_  
Do you have goals or plans for continued education? \_\_\_\_\_  
\_\_\_\_\_  
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3) What work experiences have you had? \_\_\_\_\_  
\_\_\_\_\_

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4) Any restrictions that will not allow you to work? \_\_\_\_\_

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5) Do you have any unpaid debts such as past bills, court fines, medical bills etc.? \_\_\_\_\_

**Legal –**

1) What is your legal history? Please include county of arrest, any jail or prison stays, convictions, and current status of parole, probation, probation officer, and upcoming court dates. \_\_\_\_\_

**Mental Health –**

1) If applicable, please list any mental health diagnoses previously provided. \_\_\_\_\_

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2) Do you have any history of psychiatric hospitalizations within the past year? \_\_\_\_\_

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3) Do you have any history of suicide attempts? If so, when? \_\_\_\_\_

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4) Do you have a history of cross addiction (i.e. eating disorder, self-harm, gambling, love/sex, etc.)? \_\_\_\_\_

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**Recovery Efforts and Goals –**

1) Have you ever participated in a recovery program? Please explain your experience and any preferences. \_\_\_\_\_

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2) Are you currently sponsored or mentored? \_\_\_\_\_

3) What sacrifices or changes need to be made for you to remain in recovery? \_\_\_\_\_

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4) What do you want to accomplish while being at the Halfway House? \_\_\_\_\_

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5) How long do you project it will take for you to meet those goals? \_\_\_\_\_

6) What are your plans after you leave a Halfway House? \_\_\_\_\_

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**Please sign and date below verifying that you have read this packet and have completed it to the best of your ability.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Halfway House Referral form:** The following section is to be completed by your referral source.

Referral Source (Name and Agency): \_\_\_\_\_

Referral Phone Number: \_\_\_\_\_ Referral Email: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date of Admit: \_\_\_\_\_ Estimated discharge date: \_\_\_\_\_

1) Please explain the individual's need for a sober living environment at this time (overall assessment of current state and recent progress):

2) Please check the appropriate boxes and provide information if requested:

*Boxes unchecked or left blank are assumed to be non-applicable to the individual being referred:*

Substance Abuse Diagnosis(es): \_\_\_\_\_

Mental Health Diagnosis(es): \_\_\_\_\_

Upcoming court dates: Give dates: \_\_\_\_\_

3) Describe how the applicant responds to program rules, suggestions or to authority:

4) Client's current insurance provider: \_\_\_\_\_  
\_\_\_\_\_

Does this client have full benefits? \_\_\_\_\_

Has a medical exemption been completed for this client if needed? \_\_\_\_\_

If so, date completed: \_\_\_\_\_

5) Recommendations-Additional Comments or Information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_