

SECOND CHANCE HOMES
INQUIRY AND REFERRAL PACKET

The population for Second Chance Home is parents whose children are involved OR are at risk of involvement with Child and Family Services due to child abuse and/or neglect related to substance abuse.

Name of potential resident: _____

Gender: __male __female Age: _____years

Current housing situation: _____

Contact information (for future openings): _____

Referral source: _____

Date: _____

RESIDENT CRITERIA

Client must meet the following criteria to be considered for residence at SCH:

- Parent is 18 years of age or older
- The child is at risk of removal or has been removed and the parent(s) acknowledge the removal is due to substance abuse-related neglect
- Parent meets DSM-IV criteria for drug/alcohol dependency
- Parent is able to understand and willing to comply with Participation Agreement and Informed Consent
- Parent is willing to participate in Second Chance Homes programming
- Staff/Team approval

If client meets one or more of the following criteria, client will be ineligible for participation in SCH:

- Parent has been convicted of a deliberate homicide or murder, kidnapping, robbery, felony assault or other violent felonies, sex offenses
- Parent has another charge pending for which (s)he would be deemed ineligible
- Parent has a medical or psychiatric condition causing a degree of impairment or instability such that it would interfere with program participation and functioning

FINAL ELIGIBILITY WILL BE DETERMINED AT THE CONCLUSION OF THE SCREENING PROCESS

REFERRER:

Does individual meet initial criteria?

Yes – Complete this packet entirely; Call Second Chance Homes Intake 294-5090- Jayme, to set up appointment; Fax completed packet to Jayme @ 294-5091;

Date of referral to Jayme: _____

Potential resident's Contact Information: Phone: _____ Best time to call: _____

No – Please state reason not eligible:

(If no, please fax this completed face sheet and signed release form to Jayme 294-5091.)

SECOND CHANCE HOMES
RESIDENT CRITERIA
POTENTIAL RESIDENT REVIEW THE FOLLOWING:

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Client understands the above criteria. Client also understands that he/she may be deemed eligible or ineligible for participation in Second Chance Homes programming based on the above criteria. If SCH staff discovers that client meets one or more of the ineligibility criteria after admission to the program, client will be terminated from the program.

Client Signature _____
Date _____

SECOND CHANCE HOMES
AUTHORIZATION FOR THE RELEASE OF INFORMATION

To: Second Chance Homes Staff

From: _____

Name: _____ Birth date: _____

Maiden or other name: _____

X I hereby request and authorize you to release to the Second Chance Homes program the following types of information you have pertaining to my participation:

X I hereby authorize the Second Chance Homes program to release to you the specified information requested below:

X Intake History/Admission Information

X Medical/Medication records

X Psychological Testing

X Social Information

X Progress Notes/Reports

X Treatment Plans

X Chemical Dependency Assessment

X Discharge Summary

Summary

X Photographs

X Other (Credit History/Criminal History/other specified information)

Purpose Statement: Coordination of Services

I understand that I may revoke this authorization at any time with a written request except to the extent that action has been taken in reliance on authorization (42 CFR Part 2). Otherwise, this consent will expire one hundred eighty (180) days from the date listed below or at any such time I decline continued screening/participation in screening for the Second Chance Homes program.

The following statement is for clients involved in chemical dependency counseling services: Prohibition of Redislosure: This release accompanies records concerning a client in alcohol/drug abuse treatment. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A federal authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules may restrict any use of the information to criminally investigate or prosecute for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. I understand that there is a potential for the information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and the information may no longer be protected by the federal confidentiality rules.

Client Signature _____ Date _____

Witness Signature _____ Date _____

SECOND CHANCE HOMES
Potential Resident Information for further intake:

Name: _____ Date of Birth: _____

SSN: _____ Phone: _____

Address: _____

Resides with/where: _____

Marital Status: _____ Race: _____

Highest Level of Education completed: _____

Employment Status: _____

Any children current residing with potential resident? _____ How many? _____

Any children currently placed outside the home? _____ How many? _____

Where? _____

Child(ren's) name: _____

Child(ren's) birthdates: _____

Is there a desire for contact and/or reunification with children? _____

Child(ren's) Father's name: _____ Birthdate: _____

Address: _____ Phone #: _____

Has potential resident had a CD Eval? _____ Where? _____

When? _____ Recommendations? _____

Drug of Choice: _____ Secondary Drug of Choice _____

Past Treatment? _____

Do you have a Mental Health Disgnosis? _____ What? _____

Are you currently taking any Medications? _____ What? _____

Have you taken any Medications in the past? _____ What? _____

Have you been involved with the legal system? _____

Describe: _____

Do you have any charges pending? _____ What? _____

Are you on probation or parole? _____ How long? _____

Other agencies involved with potential resident:

Referring Agency Info:

Agency: _____

Contact Person: _____ Phone: _____

Resident Criteria form reviewed and signed? Yes

Potential Resident sign _____ Date: _____

Referrer sign _____ Date: _____