Referral/Admission Packet

To

Fairview and Merrick

Community Residence

Updated January 2019

Fairview Recovery Services helps people with the disease of alcoholism, chemical dependency, and co-occurring conditions live independent, healthy, and productive lives by providing a continuum of individualized services and care.

FAIRVIEW/MERRICK
COMMUNITY RESIDENCE
REFERRAL/ADMISSION PACKET
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Promoting growth and self-sufficiency for people in recovery since 1970.

Our History

In 1970, The Fairview Inn, a rambling Victorian house overlooking the Susquehanna Valley on the east side of Binghamton, opened its doors to three people affected by alcoholism. With a budget of $4 per day per resident, John and Janice Morrell realized a vision of providing safe housing for alcoholics who wished to maintain a sober lifestyle. From that modest start, Fairview Recovery Services, Inc. now operates a seven-program continuum of care with a budget of $2.5 million.

How we got there

In 1975 a "Sobering Up Station" (now the Addictions Crisis Center) was opened in downtown Binghamton to house intoxicated individuals found on the street, as an alternative to jail. During the 1980s, information, referral, and professional counseling were introduced at this location and the Halfway House (now known as Community Residence). The concept of treating alcoholism as a disease rather than a moral failing gained acceptance and was reflected in the care that clients received. Beginning in 1997, apartments were developed to provide structured yet independent living for individuals who had completed the Community Residence phase of their recovery. In 2000, HUD-subsidized housing was offered to individuals who were able to live and work independently, yet could continue to benefit from association with the recovering community. From 1997 to the present, supportive services such as vocational educational counseling and intensive case management have been added to enhance the effectiveness of the care provided to persons who are chemically dependent as they progress through the continuum of care.

Career/Training Opportunities

Positions:

- Case managers
- Social workers
- Program aides
- LPNs
- RNs
- EMTs
- Clerical

Supportive Environment with Competitive Salaries

- Team approach
- Full-time; Part-time; Per diem
- Flexible scheduling
- Sign-on incentives for medical positions

Excellent Benefits:

- Health insurance – majority of premium paid by employer
- 401k
- Paid vacation
- Life insurance
- Pre-tax, flexible spending plan
- EAP
- Long-Term Disability
- Cancer Insurance

Educationtional Opportunities

- Student internships
- CASAC training
- Continuing licensure trainings
- EMT training
- State Funded Training Programs

Fairview Recovery Services

Contact:
Personnel Department
Fairview Recovery Services
5 Merrick Street
Binghamton, NY 13904
607-722-8987 ext. 223

02/2011

A Path to Recovery

Professional and compassionate care delivered along a continuum of residential and support services for chemically dependent adults living in Broome and surrounding counties

Fairview Community Residence

Fairview Recovery Services

5 Merrick Street
Binghamton, NY 13904
607-722-8987
Fax: 607-722-6767
Admissions
Fax: 866-372-8208
www.frsinc.org
Fairview@frsinc.org

RESIDENTIAL SERVICES

ADDICTIONS CRISIS CENTER

247 Court Street • Binghamton, NY 13901
607-722-4080 • Fax 607-723-1858

Capacity: 18 beds
Population: Men and women 18 and over facing an alcohol or chemical dependency crisis, in need of a safe sober environment
Funding: NYS OASAS; Public Assistance/ No client fees charged
Services:

- Room and board in a structured, secure setting
- Medically monitored withdrawal services
- 24 hour hotline
- Assessment for individual counseling/ groups
- Referrals to appropriate treatment

Length of stay: 1-14 days
Referral Sources:

- Self/family/friends; other drug/alcohol treatment providers

FAIRVIEW COMMUNITY RESIDENCE/ MERRICK COMMUNITY RESIDENCE

5 Merrick Street • Binghamton, NY 13904
607-722-8987 • Fax 607-722-6767

Capacity: 36 beds
Population: Men and women over 18 in the early stages of recovery from alcohol and/or drug abuse
Funding: SSI/SSD/Public Assistance/NYS OASAS; Self-pay
Services:

- Room and board in a semi-independent, secure setting
- Case management
- Support groups/life skills groups/ individual counseling
- AA/NA meetings
- Recreational activities
- Relapse prevention/intervention
- Alumni activities
- Gender-specific support
- MICA enhanced services
- Referral to vocational/educational and other community services

Length of stay: 3-6 months
Referral Sources: Inpatient/outpatient providers/VA
Living Arrangements: Dormitory style

RESIDENTIAL SERVICES

SUPPORTIVE LIVING: MEN

5 Merrick Street • Binghamton, NY 13904
607-722-8987 • Fax 607-722-6767

Capacity: 30 beds
Population: Men over 18 many that have completed Community Residence level of care
Funding: SSI/Public Assistance/NYS OASAS; HUD/Self-pay
Services:

- Case management
- Support groups
- MICA enhanced services
- Recreation

Living Arrangements: Independent, apartment-based

SUPPORTIVE LIVING: WOMEN AND CHILDREN

5 Merrick Street • Binghamton, NY 13904
607-722-8987 • Fax 607-722-6767

Capacity: 10 beds
Population: Women over 18 many that have completed Community Residence level of care, and their children
Funding: SSI/Public Assistance/NYS OASAS; HUD/Self-pay
Services:

- Case management
- Parenting training
- Support groups
- MICA enhanced services
- Recreation

Living Arrangements: Independent, apartment-based

SHELTER PLUS CARE

5 Merrick Street • Binghamton, NY 13904
607-722-8987 • Fax 607-722-6767

Capacity: 25 apartments
Population: Employed or employable men and women, formerly homeless, with a history of substance abuse, and their families
Funding: Self-pay/HUD/Public Assistance/SSI/SSD
Services:

- Long term rent subsidy
- Case management
- Continued association with recovery community

Living Arrangements: Independent, apartment-based

SUPPORTIVE SERVICES

CAREER CHOICES UNLIMITED

5 Merrick Street • Binghamton, NY 13904
607-722-8987 • Fax 607-722-6767

Population: Male/females over 18 with barriers to employment as a result of a history of alcoholism and/or substance abuse
Funding: NYS OASAS/HUD
Services:

- Vocational and educational assessment and career planning
- Referral for training or educational services and programs
- Job application techniques
- Resume writing
- Interviewing skills
- Group workshops
- Post-employment support

OTHER SERVICES

- Homeless outreach
- Workfare sites
- Research
- Student intern and practicum supervision
- Credentialing training
- Homeless Management Information Services (HMIS)

MISSION STATEMENT

Fairview Recovery Services, Inc. is committed to delivering a continuum of services to individuals with the disease of alcoholism, chemical dependency and co-occurring conditions. These services are designed to provide individuals the opportunity to develop the skills and knowledge to live independent, healthy and productive lives. We strive to deliver high quality care that is respectful of individual differences and needs.

FAIRVIEW RECOVERY SERVICES, INC.
Fairview and Merrick Community Residences
Supportive Living
Addiction Stabilization Center
5 Merrick Street, Binghamton, NY 13904

Consent for Release of Information Concerning Alcoholism/Drug Abuse Patient

Instructions: Prepare one (1) copy for patient's case record. If this form is used for billing purposes, prepare additional copy for Patient Resources Office. If this form is sent to another agency for information, prepare a second copy for patient's case record.

Patient Name: _____
Last *First* *MI*

DISCLOSURE WITH PATIENT'S CONSENT

Extent or nature of information to be disclosed: Dates of residency, progress, service planning, discharge planning

Purpose or need for the disclosure: To facilitate client funding

Between name of person or organization disclosing information:
_Fairview Recovery Services, Inc._____

And name of the person or organization to which the disclosure is being made:
_____

I, the undersigned, have read the above and authorized the staff of the disclosing facility name to disclose such information as herein contained. I understand that this consent may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it. This consent shall expire 6 months from its signing, unless a different time period, event or condition is specified below, in which case such time period, event or condition shall apply. I also understand that any disclosure is bound by Title 42 of the Code of Regulations governing the confidentiality of alcohol and drug abuse patient records and that re-disclosure of this information is forbidden without written authorization on my part.

Time period, event or condition replacing period specified: 6 months from date of discharge

Note: Any information released through this form will be accompanied by Form A-4400 Prohibition on Re-disclosure of Information Concerning Alcoholism/Drug Abuse Patient.

_____	_____	_____	_____
Patient Signature	Date	Signature of Parent/Guardian when required	Date
_____	_____	_____	_____
Patient Name (Printed)	Date	Parent/Guardian Name (Printed)	Date

Fairview and Merrick Community Residences
Supportive Living
Addiction Stabilization Center
5 Merrick Street, Binghamton, NY 13904

Consent for Release of Information Concerning Alcoholism/Drug Abuse Patient

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Patient Name: _____
Last *First* *MI*

DISCLOSURE WITH PATIENT'S CONSENT

Extent or nature of information to be disclosed: Dates of residency, progress, service planning, discharge planning

Purpose or need for the disclosure: To facilitate client funding

Between name of person or organization disclosing information: Fairview Recovery Services **And the name of the Financial/funding source to which the disclosure is being made:**

Broome County Department of Social Services and Chemical Dependency Service Unit (CDSU)

I, the undersigned, have read the above and authorized the staff of the disclosing facility name to disclose such information as herein contained. I understand that this consent may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it. This consent shall expire 6 months from its signing, unless a different time period, event or condition is specified below, in which case such time period, event or condition shall apply. I also understand that any disclosure is bound by Title 42 of the Code of Regulations governing the confidentiality of alcohol and drug abuse patient records and that re-disclosure of this information is forbidden without written authorization on my part.

Time period, event or condition replacing period specified: 6 months from date of discharge

Note: Any information released through this form will be accompanied by Form A-4400 Prohibition on Re-disclosure of Information Concerning Alcoholism/Drug Abuse Patient.

_____	_____	_____	_____
Patient Signature	Date	Signature of Parent/Guardian when required	Date
_____	_____	_____	_____
Patient Name (Printed)	Date	Parent/Guardian Name (Printed)	Date

CIN:_____

Congregate Care Level II Referral Authorization Form

Broome County Department of Social Services/Chemical Dependency Services Unit
36-42 Main St Binghamton, NY 13905 ~ 607-778-1253 ~ cesullivan@co.broome.ny.us
Fax: 607-778-1254

Date: _____*Name & Address of Referring Agency:*_____

*Phone #:*_____*Fax#*_____

Client Name: _____ DOB: _____ *SS#*_____

PLEASE NOTE: DO NOT SUBMIT FORM UNTIL TEMPORARY ASSISTANCE APPLICATION IS SUBMITTED TO DSS

EXPECT A 48 HOUR TURNAROUND TIME FOR RESPONSE ON REQUEST.

Specific CCII Program you are requesting approval for (*List name/address/phone/fax # of program and level of care/type of program*

☐**Broome County Program:** _____

☐**Out of County Program:** _____

Level of Care: ☐**Community Residence** ☐**Supportive Living** ☐**Other**_____

Brief Summary of Client's History and Diagnosis: (may attach additional documentation)
(Include information regarding client's condition and history related to their condition)

Treatment Rationale:
(Progress/lack of progress/why this level of care is necessary, ***if out of county – Clinical justification how/why this level of care/treatment cannot be accomplished locally,*** *and how you expect it will help the patient.)*

Approximate Duration: _____
(Length of time treatment/service is necessary)

Name of Licensed/Credentialed Provider: P**rint**_____

Signature: _____

DSS/CDSU CLINICAL APPROVAL – No payment from DSS will occur unless approval is granted.
THIS FORM DOES NOT SERVE AS A GUARANTEE OF PAYMENT.

☐**APPROVAL** ☐ **DENIAL (Future requests must be resubmitted)**

Signature of Broome County DSS District CASAC**:** _____ Date: _____

☐**ACTIVE TA CASE OR PENDING APPLICATION** ☐**NO ACTIVE TA CASE OR APPLICATION ON FILE**

Signature of CDSU/BCDSS Caseworker: _____

FAIRVIEW RECOVERY SERVICES, INC.
Michele Napolitano, Executive Director

FAIRVIEW COMMUNITY RESIDENCE
MERRICK COMMUNITY RESIDENCE
SUPPORTIVE LIVING
5 Merrick Street
Binghamton, NY 13904
Phone (607) 722-8987
Fax (607) 722-6767

ADDICTIONS CRISIS CENTER
247 Court Street
Binghamton, NY 13901
Phone (607) 722-4080
Fax (607) 723-1858

Dear Referring Agency,

As a requirement of HUD, the ***"Client Homeless Status: Eligibility Documentation"*** form has been added to our referral packet. If the individual you are referring is not homeless, please indicate that next to the client's name on the form and sign it.

If the individual is homeless, please check the box that describes the individual's situation and attach supporting documentation to the form.

Examples of supporting documentation can be found in the second column on the form. If you are in need of additional assistance, or have any questions regarding this referral requirement, please feel free to contact our Admissions Coordinator at (607) 722-8987 ext. 230 or our Residential Director at (607) 722-8987 ext. 232.

Thank you for your cooperation with this HUD requirement.

Sincerely,

Michele Napolitano, MSEd, CRC, CASAC
Executive Director

CLIENT HOMELESS STATUS: ELIGIBILITY DOCUMENTATION

Client Name:_____ Date of Intake: _____

Check the current status and attach the appropriate documentation to verify homelessness eligibility.

Homeless Status	Type of Documentation	Documentation Attached
Living on the street	A signed and dated general certification from an outreach worker verifying that the services are going to homeless persons, and indicates where the persons served reside.	
Persons living on the street Persons coming from living on the street (and into a place meant for human habitation)	Staff should provide written information obtained from third party regarding the participant's whereabouts, and, then sign and date the statement.	
Persons coming from an emergency Shelter for homeless persons	Written referral from the agency.	
Persons coming from transitional housing for homeless persons	Written verifications to include residency and homeless status prior to program entry.	
Persons being evicted from a private dwelling	Documentation of income, efforts to obtain housing, why participant would be on street, and either documentation of formal eviction proceedings or statement from family evicting participant. (not eligible for acceptance directly into PH from 2005 awards onward.)	
Persons from a short-term stay in an institution who previously resided on the street or in an emergency shelter	Written verification from the institution's staff that the participant has been residing in the institution for less than 31 days, and information on the previous living situation.	
Persons being discharged from a longer stay in an institution	Written verification from the institution of discharge within one week of accepting client into SHP/S+C program AND documentation of income, efforts to obtain housing, and why person would be homeless without assistance.	
Persons fleeing domestic violence	Written, signed and dated verification from the participant.	
Other:	Written verification from client or referring agency.	
CHRONIC HOMELESSNESS Single, disabled Adult + Continuously homeless for 1 yr or more OR.. 4 episodes of homelessness in the past 3 yrs (streets/shelters)	Written verification from outreach workers, shelters AND brief, written statement regarding previous shelter/street stays (dates, locations) AND – documentation of disability	

NOTES:

STAFF MEMBER:_____ Date:_____

CLIENT: I verify this information is true & accurate. I confirm that I have been or am about to be homeless.

_____ Date:_____

Signature of Client

Client Introduction

Thank you for applying to Fairview/Merrick Community Residences. We are a Community Residence for the recovering alcoholic. We will develop an individualized Service Plan (i.e. Alcohol and Drug, Mental Health, Marital/ Family, Social, Educational/ Vocational/ Employment, Heath and Legal), with you within thirty (30) days of admission to Fairview, with input from the referral source. The average length of stay is three to six months. Length of stay is determined by each individual's needs and progress.

To help us know you better, and for you to be more aquatinted with us, we ask you to fill out the accompanying forms in a thorough and honest manner.

There are also forms to be completed by your primary counselor.

All information will be treated confidentially. If you are accepted to Fairview, all information supplied by yourself, your primary counselor, and your current treatment agency will be part of your permanent record and will be referred to throughout your stay at Fairview.

After we receive all of this information, from you and your counselor, your counselor will be notified within 48 hours with a bed date, if you are an appropriate candidate for our Community Residence. Occasionally, further information is needed prior to giving a bed date.

You will be accepted on a 72 hour trial visit at Fairview or Merrick Community Residence to determine appropriateness for admission. Admission appropriateness will be determined by mutual agreement between the client and Fairview Recovery Services, Inc.

Again, thank you for applying at Fairview/Merrick Community Residences.

Michele Napolitano, MSEd, CRC, CASAC
Executive Director

Counselor Introduction

Thank you for your referral to Fairview Recovery Services, Inc. The Fairview campus has two Community Residences for the recovering substance abuser; one 24 bed male Residence and one 12 bed female Residence. Fairview offers a structured living environment and many other services. The primary purpose is to bridge the gap between intensive treatment and independent living. The Community Residence supports a 12 Step model of recovery.

In order to assist us in evaluating your client for the appropriateness for our program, we need you to complete the enclosed Counselor Questionnaire and return it along with:

- Verification that the client has applied for DSS for Congregate Care Living
- SSI/SSD clients who are accepted need to be willing to stop Direct Deposits and have checks mailed directly to Fairview. (Upon discharge from FRS, Fairview will assist clients with re-establishing a bank account for SSI/SSD funds).
- Substance Abuse Evaluation
- Mental Health Psychosocial Assessment if available
- Current Psychosocial Evaluation
- Screening Admission Note/ Current Psychiatric Update
- Written documentation of tuberculosis testing/ PPD
- Copy of a Physical Assessment & bloodwork completed within the past 6 months
- Current Medication Record
- Criminal History
- Counselor Questionnaire
- Client Questionnaire
- Fairview Community Residence Referral Packet Checklist

Your client will be accepted on a 72 hour trial visit at Fairview or Merrick Community Residence to determine appropriateness for admission. Admission appropriateness will be determined by mutual agreement between the client and Fairview Recovery Services, Inc.

Each resident develops an individualized Service Plan within thirty (30) days of admission to Fairview, (i.e. Alcohol and Drug, Mental Health, Marital/ Family, Social, Educational/ Vocational/ Employment, Health and Legal), with input from the referral source. The average length of stay is three to six months. Length of stay is determined by each individual's needs and progress.

Again, thank you for your referral to Fairview Recovery Services, Inc.

Michele Napolitano, MSEd, CRC, CASAC
Executive Director

Fairview Recovery Services, Inc.
Referral/Admission Packet Checklist

Client Name: _____

Client packet should contain all of the following:

Client Introduction
Fairview Recovery Services Client Questionnaire
Resident's Agreement Statement
30 Day Orientation Statement

Please place a check in the boxes next to the items you received and sign and date when received.

Client's Signature: _____
Date Received: _____

You should complete and sign the Fairview Recovery Services, Inc. Client Questionnaire, and your counselor will return this questionnaire with his/her referral forms.

Please return this form to Fairview Recovery Services, Inc. with all completed information.

Fairview Recovery Services, Inc.
Referral/Admission Packet Checklist

Client Name: _____

Client packet should contain all of the following:

- Client Introduction
- Counselor Introduction
- Fairview Recovery Services Client Questionnaire
- Fairview Recovery Services Counselor Questionnaire
- Resident's Agreement Statement
- 30 Day Orientation Statement
- Psychosocial/ Substance Abuse Evaluation
- Written documentation of tuberculosis testing/ PPD
- Current Psychiatric Assessment
- Copy of a Physical Assessment & bloodwork completed within the past 6 months
- Current Medication Record
- Criminal History
- Tobacco-Free Policy & Procedure
- Tobacco-Free Agreement
- LOCADTR (Initial Determination / Level of Care Determination / Admission Decision
- Release TRS-62 LOCADTR Assessment

Please place a check in the boxes below next to the items you are sending in conjunction with this admission packet.

If applicable to the client's case the referral source is asked to provide:

- Mental Health Psychosocial Assessment
- Current Psychological Assessment
- Current Psychiatric Assessment

Please return this form to Fairview Recovery Services with all completed information.

FAIRVIEW/MERRICK
COMMUNITY RESIDENCE

What to Pack for Your Stay

For your convenience, please use this checklist as you prepare for your stay at our facility.

Please bring only items identified on the list below. Laundry facilities are available for your use.

Upon Admission, All Clients are Expected to Bring:

● Up to $30 in Cash, ● Insurance Card ● Photo Identification

3 BAG LIMIT PER PATIENT

Clothing
- ☐ 6 Shirts/Blouses
- ☐ 6 Pairs Jeans/Pants/Skirts in Combination
- ☐ 7 Changes Underwear
- ☐ Bras (females)
- ☐ 7 Pairs Socks
- ☐ 1 Pair Pajamas
- ☐ 1 Robe
- ☐ 1 Pair Slippers
- ☐ 2 Sweaters
- ☐ 1 Outer Set (coat/jacket, gloves, hat, boots)
- ☐ 1 Pair Comfortable Walking Shoes

Bedding: Twin Bed Linen Set
- ☐ Sheets (1 Fitted, 1 Flat)
- ☐ 1 Blanket ☐ 1 Comforter

Toiletries/Other
- ☐ 1 Container Shampoo (new/unopened)
- ☐ 1 Non-Aerosol Deodorant (new/unopened)
- ☐ Notebook, Stationary, Stamps, Pens
- ☐ Appropriate Books, Novels and Magazines
- ☐ Pre-paid Phone Card, Money for Pay Phone
- ☐ Family Photos (glass must be removed from frames)

Medical
- ☐ Written List of Medications

Exercise Gear (used only at designated exercise times)
*main use for Fairview provided YMCA Membership
- ☐ 1 Pair Sneakers
- ☐ 2 Pairs Shorts
- ☐ 2 Sweat Suits
- ☐ 1 Swim Suit (one piece for women, trunks for men)
- ☐ 1 Pair Flip Flops (for Shower Area)

Reminders

As of July 24, 2008, all OASAS regulated health care facilities in New York State are tobacco free

Staff reserves the right to approve or disapprove any item that may be determined inappropriate for treatment.

Please refrain from packing the following items:

Per OASAS regulations, cigarettes, paraphernalia and other tobacco products are <u>banned</u> from all FRS grounds and facilities.

- Mesh or See-through Clothing
- Low-cut/ Tight-fitting Clothes
- Pants, Jeans or Skirts with Holes or Patches
- Flammable Products
- Graphic T-Shirts Depicting Rock Groups, Alcohol, Drugs, Sex, Violence
- Games, Cards, Posters, Sexually Explicit Pictures
- Alcohol containing Items (Perfume, Mouthwash, Cologne, Aftershave)
- Sharp Objects (Scissors, Knives, Nail Clippers, Tweezers, Knitting Needles, Electric Hair Clippers, Nail Files.
- Over the Counter Medications, including Vitamins, Ointment and Vaseline
- **<u>Anything</u> that Could be used as a Weapon will be Confiscated and Destroyed**
- Aerosol Cans
- White or Loose Powder
- Bleach
- Shoe Polish
- Finger Nail Polish Remover
- Lighter Fluid

TOBACCO USE POLICY AND PROCEDURES

Fairview Recovery Services, Inc. Original Date: 05/16/08
Revised Date: 10/08/14

POLICY AND PROCEDURE

PROCEDURE FOR: Addressing tobacco use at Fairview Recovery Services, Inc. programs.

PURPOSE: To increase awareness of health dangers relating to use of tobacco.

Policy Statement:
Fairview Recovery Services programs provide crisis, residential and educational services for adults dealing with chemical dependency. Fairview is dedicated to providing quality services in a healthy, drug free environment.

In 1988 the U.S. Public Health Services, under Surgeon General C. Everett Koop, published the report, The Health Consequences of Smoking: Nicotine Addiction. In this report Dr. Koop states, "Smoking is the chief avoidable cause of death in our society." He indicates that nicotine is the substance in tobacco that causes addiction. Nicotine is a mood altering, psychoactive substance that is highly addictive. Since 1980, DSM (Diagnostic and Statistical Manual of Mental Disorders) has listed both nicotine withdrawal and nicotine dependence as diagnosable conditions.

Objectives:
1. To provide quality, comprehensive crisis, residential, and educational services to the clients at Fairview Recovery Services.
2. To provide tobacco/ nicotine dependence recovery assistance/options to staff.
3. To provide tobacco/nicotine dependence recovery assistance within the care offered to the clients of Fairview Recovery Services programs through assessment, education, prevention, and treatment.

1. Provide Tobacco/Nicotine Dependence Education and Recovery options for staff

A. All employees will be offered information on the medical complications of tobacco use and nicotine dependence.

B. All clinical staff will be offered training on how to identify nicotine dependence. This will include training on assessing, education, treatment planning, and on-going care for nicotine dependence.

C. All employees will be offered the following:

1. Pamphlets, brochures and other reading materials to assist and educate them on the effects of using tobacco/nicotine products.
2. Over-the- counter nicotine replacement when not able to obtain through insurance.
3. Counseling through EAP referral.
4. New YorkState Tobacco Free Quit Line

D. If staff members do not follow the Tobacco Policy, disciplinary action will be handles following Fairview's disciplinary process. (i.e.: verbal warning, written warning…)

2. Provide tobacco/nicotine prevention, education and nicotine replacement treatment for clients

A. During all intakes and reviews, the clinical staff will assess clients for tobacco/nicotine dependence using the Fagerstrom Test for Nicotine Dependence and document their level of dependence.

B. All clients, regardless of the tobacco history, will be offered an educational seminar on the effects of tobacco use.

C. During the admission process, all clients will sign an agreement stating that they have been informed of the tobacco policy.

D. Clinical staff will assist the clients in obtaining Nicotine Replacement Therapy upon request.

E. All clients who are identified as needing tobacco cessation will have this area addressed in their service plan.

Fairview Recovery Services, Inc.

To support a tobacco free environment, I agree to the following:

- I will not use any type of tobacco products while on the Fairview Recovery Services premises. I understand this includes the supportive living apartments, parking lots, and vehicles.

- As a tobacco user I understand treatment goals specific to nicotine dependence will be included in my treatment plan.

- I agree I will not bring tobacco products or paraphernalia including lighters, snuff, chewing tobacco, cigars, cigarettes, etc. to any Fairview Recovery Services site understanding that staff will confiscate and destroy them.

- In the event that I violate such policy I understand that my case will be reviewed with possible revisions to my treatment plan. I understand that if I am found to be smoking in any of Fairview Recovery Services facilities I may be discharged from that program immediately.

- In an effort to support peers who have also agreed to this initiative, I agree to take measures to remove the odor or evidence of smoking from my person before I enter any of Fairview Recovery Services facilities (i.e. washing hands).

- As a non-smoker as part of the Fairview Recovery Services admission process I have been informed of this policy.

_____ _____

Client Signature Date

_____ _____

Staff Signature Date

Fairview Recovery Services, Inc.
Counselor Questionnaire

Client Name: _____

Thank you for taking time to help us evaluate your client for placement into Fairview/Merrick Community Residence. Your answers to all of the following questions are critical to our assessment of your client's appropriateness for admission to our facility.

1. Why do you feel that your client should be admitted to Fairview?
   _____
   _____
   _____

2. Please tell us your impressions of your client's current denial system. Please circle the most appropriate number:

No Denial	Moderate Denial	High Denial	Extreme Denial
1	2	3	4

3. In what areas has your client made the most progress in treatment? _____
   _____
   _____
   _____

4. In what specific areas will your client need the most encouragement and support if your client is admitted to Fairview? _____
   _____
   _____
   _____

5. It can be a challenge for people in early recovery to live in close contact and harmony with others. Please circle the number that most accurately describes how your client gets along with peers:

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

6. Please add any additional information that will help us help your client._____
   _____
   _____

Thank you for spending the time to help your client through this referral/admission process. Should your client live at Fairview, we would like to stay in contact with your agency and yourself so that we can all be supportive of this resident. Please let us know the best times to contact you and, if possible, a direct phone line.

_____ _____
Signature of Primary Counselor Date

Fairview Recovery Services, Inc.
Client Questionnaire

Client Name: _____

1. Please tell us your impressions of where you are at in treatment at the present time, what have you gained and what you need to work on in treatment:
   _____
   _____
   _____
   _____
   _____

2. This Community Residence provides a safe, sober living environment. Why are you seeking to live in this type of environment at this time? _____
   _____
   _____
   _____
   _____

3. There will be other people living in the Community Residence who are also in early recovery. How will you add to the quality of recovery in the Community Residence?
   _____
   _____
   _____
   _____

4. What are your personal assets and your personal liabilities in this phase of your recovery?
   _____
   _____
   _____
   _____
   _____

5. What are you willing to do specifically in the area of self help, continuing treatment and personal growth during the next 4-6 months?_____
   _____
   _____
   _____
   _____

6. Do you have a court case pending? _____ If yes, are you facing jail time? _____
   If yes, explain_____
   _____
   _____
   _____

CLIENT QUESTIONAIRE, CONTINUED

7. Have you ever been treated for mental illness? _____ If yes, explain: _____
_____
_____
_____

8. Do you have a learning disability? _____ If yes, explain: _____
_____
_____
_____

9. Have you ever sexually abused a minor? _____

10. Have you ever been convicted of arson? _____

11. Have you ever been in jail or prison? _____ If yes, how many different times? _____
How much total time have you spent in jail or prisons? _____

12. Do you have any medical problems? _____ If yes, explain: _____
_____
_____
_____

13. In the past 12 months has anyone hit, slapped, pushed, punched or kicked you? If yes who?
_____
_____
_____

14. What is your level of contact or involvement on an on going basis with the person named above?
_____
_____
_____
_____

15. Do you have a current order of protection in place against someone else or against you? If yes, against or by who, through what court?
_____
_____
_____

_____ _____
Signature of Client Date

Food Service Policy:

The Community Residence program offers three (3) nutritional meals per day, plus snacks, seven (7) days per week.

Meal hours must be observed. Breakfast is between 6:30 AM and 8:30 AM everyday. Lunch is served from 12:00 noon until 1:00 PM except on Saturday and Sunday when a brunch is served from 11:30 AM until 1:00 noon. All residents that will not be at the facility for a meal must notify the cook at least 24 hours before the designated mealtime. A meal will be wrapped and set aside for consumption upon your return. All residents are expected to be at dinner at 5:00 PM every day as this is a check-in point. Dinner is served from 5:00 PM until 6:00 PM.

The Food Service Coordinator is responsible for purchasing all of the food for the Community Residence including local distributors, government surplus, and food pantries or food co-ops. The Food Service Coordinator is responsible for making arrangements for the pickup or delivery of required food items.

The Food Service Coordinator will then organize the food in the food storage areas and freezers.

The Food Service Coordinator does menu planning for both the Merrick and Fairview Community Residences. Residents are given the opportunity to provide feedback on menu planning through four (4) different venues.

Residents participate in a life skills cycle that includes two (2) group sessions on cooking and nutrition. During these groups residents receive information on menu planning and came submit these menus to the Food Service Coordinator to incorporate into the weekly menu.

The Resident Advisory Council meets weekly to provide feedback to the staff on programmatic issues that includes meals.

The program provides the residents with a suggestion box. Residents have the ability to give input on meal planning by placing their requests in the suggestion box.

The assigned or designated cooking staff will prepare lunch and dinner meals under the supervision of the Food Service Coordinator.

Residents are assigned a house job that is expected to be completed on a daily basis by 8:15 AM Monday through Friday and by 12:00 noon on Saturday and Sunday unless otherwise specified on the job list. Each resident is also assigned to the cooking crew and dishwashing list at least one (1) time per stay. Residents are also responsible for setting up and clearing the dining area at mealtime. The Community Residence job descriptions are provided in the House Chores Policy.

MEDICATION POLICY FOR COMMUNITY RESIDENCE

Objective: To provide a uniform procedure for the handling of all medications in the Community Residence.

Policy: It is the policy of Fairview Recovery Services, Inc. Community Residential programs to provide a supportive alcohol and drug-free environment. Therefore, alcohol and/or mood altering drugs are not allowed on the premises. We recognize that there is an individualized need for certain residents to take medications for both their physical and mental health needs. Given this, the only acceptable mood altering drugs that are allowed on the premises are those medications that are prescribed by a physician.

Procedures:

All residents are required to inform the Community Residence staff of the medications that they are taking upon admission. All residents are required to inform the Community Residence staff of any new medication which is acquired during their residence.

All medications shall be turned over to the Community Residence staff. The staff will place them in the locked medicine cabinet in the Community Residence office. The door to the Community Residence office is also kept locked, providing double lock safety.

The staff receiving the medications will record the medication in the individual's care record in the medical section as to the name, amount, how it is taken, date of prescription and prescribing physician's name. In addition, the quantity or number of pills in the bottle will be noted on the medication sheet in the residence's care record. The above stated information will also be transferred to a medication sheet. This sheet will be placed in the medication binder for daily sign off. Both the resident and the staff who is supervising the self-administration will sign off on the medication sheet for all self-administered medications.

"Over the Counter" medication will be treated in the same manner as other prescription medication. Staff is responsible to log this medication on a medication sheet and sign off on the sheet as stated above.

Medication times will be posted in various locations to inform the residents of when they can take their medications. Standardized times will be set for morning, dinner and bed. If an individual is on a medication that is taken at a third interval during the day, they will set up a time with their Case Manager. It is the Case Manager's responsibility to inform the rest of the staff as to the resident's individualized needs and so note it in the significant notebook.

The medication procedure is as follows:

1. The staff member will ensure only one resident at a time is in the office.
2. The staff member will observe the resident take out one medication bottle, remove the proper dose, and place the dose on a sanitary surface (i.e. paper plate, napkin).
3. The resident will hand the medication bottle to the staff member, the staff member will then match the bottle to the medication sheet to ensure accuracy of medication, dose and time medication is to be taken.
4. After the staff member has matched the medication bottle to the medication sheet, the resident will then consume that medication and then both staff and the resident will initial the medication sheet in the appropriate date and time section for that particular medication.
5. The resident will then proceed to the next medication, with both staff and resident following the same procedure outlined in numbers 2 through 4 until all medications

for that resident are consumed as prescribed by the physician for that time period.

6. When the resident has completed consuming all medications for that time period, the staff member will then place all the medications in the designated secured area of the office.

Taking a quantity out of the bottle other then the prescribed amount on the bottle will be viewed as an issue of non-compliance with program rules.

It is the responsibility of the resident to renew prescriptions. The Community Residence staff will assist residents to refill a medication by helping them contact their physician to refill the medication, or by issuing a reminder notice to the resident when the remaining quantity is low.

Only medications prescribed by the resident's physician will be permitted for use. In the event that two (2) physicians are prescribing medication, the Case Manager will help the resident coordinate services between physicians.

Residents will take a Medical Recommendation Form with them to any medical or mental health appointments. Residents are required to present this form to the provider to document any medications or recommendations. Residents are required to submit the form to their Case Manager upon return to the Community Residence.

Mood altering prescriptions ordered by a resident's physician will be permitted within the context of necessity. The Case Manager will be requesting that residents inform their physician of the need to abstain from these types of drugs unless medically required.

Residents requiring medication dosages while off Community Residence grounds will be responsible to prepare their medication dose prior to departure from the Community Residence. This will be overseen and monitored by the staff as identified in the medication policy.

Residents will self-administer medication in accordance with the Community Residence's policy on medication. When residents return to the Community Residence, the on duty staff person will check with the resident to determine that they took their medication as prescribed

Over the counter medications will be stored in the first aid cabinet, separate from the prescription medication.

The facility will not be held responsible for residents who abuse a drug.

Specific details on the handling of medicine are available at most pharmacies.

Medication procedure for successful discharges or for residents who are not under the influence but who no longer want to remain at the Community Residence:

When a resident is discharging to the community or Supportive Living, the following will occur:

1. Staff will review all current medications with the resident to ensure he/she understands what medication he/she is taking and the proper dose and time that each medication is to be taken. Staff will list each medication, dosage, and time(s) to be taken on the discharge summary. Both staff and client will sign and date the discharge summary. A copy of the discharge summary will be given to the resident.

2. Staff will review all of the resident's medication sheets, check the name on the bottles from the resident's medication box (and the controlled substance locked box) to ensure all medications given to the resident are the correct medications and all are accounted for.
3. Staff will then have a second staff member review the medication sheets and the resident's medication box (as well as the controlled substance locked box) to ensure all medications are properly being discharged with the resident.
4. Staff will then place all medications in a bag and staple the bag closed.
5. Staff will write a note on the last page in the medication book, stating that medications were given to the resident and the date the resident was discharged. Staff will indicate that a second staff member checked the medication sheets, name on bottles, medication boxes (resident's as well as the controlled substance medication box). Both staff members will sign and date this note.
6. Staff will also write a progress note in the resident's chart, indicating that medications were given to the resident and that a second staff member checked the medication sheet, name on bottles, medication boxes (resident's as well as the controlled substance medication box).

Medication procedure for unsuccessful discharges and/or residents who must leave the facility until an administrative review is conducted:

In the event that the resident will be remaining in our continuum of care and agrees to go to the ACC or another facility the following will occur:

1. The same procedure will be followed as above in items 2 (two) through 6 (six), with the exception that the medications are **not** given to the client.
2. The resident will then be transported to the designated facility by two staff members. The medications will remain in the staff member's possession during the transport.
3. The staff member will give all the medications directly to a staff member at the facility that the resident will be residing.

Medication procedure for residents who are under the influence and no longer want our services, or residents who are under the influence and want to remain in our continuum of care but cannot obtain a bed at another facility:

1. The resident will **not** be given any of his/her controlled substance medications (in the event he/she has any).
2. The resident will be provided 1 (one) day's worth of his/her non-controlled substance medications and the resident will be advised to return to the facility the following day, not under the influence, to obtain the remainder of his/her medications. In the event that the resident wants to remain in our continuum of care, the resident will be provided another day's worth of his/her non-controlled substance medications until he/she obtains a bed at the ACC.
3. The Community Residence will hold all medications of discharged residents up to 30-days before disposing of them.

FAIRVIEW & MERRICK
COMMUNITY RESIDENCE PROGRAMS
Resident Admission Agreement

GUIDELINES FOR LIVING

October 19, 2017

For the duration of my stay as a resident of Fairview Recovery Services, Inc.:
I have read and hereby agree to abide by the following rules and regulations:

1. Positively no alcohol, substance use or gambling. This means any use on or off the grounds of Fairview Recovery Services, Inc. *Any drinking, use of illegal substances, or use of prescription medication not prescribed specifically for that resident may result in immediate discharge.*
NO playing cards unless approved by staff. No betting, gambling, pools on sporting events etc. No scratch off lottery ticket. NO Gambling of any kind.

2. Absolutely no violence, threats of violence or aggressive physical contact. Such actions are not allowed by any member of the community and are considered detrimental to personal recovery and others' recovery. *These actions may result in immediate discharge.*
Additionally, you will be residing in a residential neighborhood and it is expected that you will treat neighbors and their property with respect.

3. No verbal abuse, threats, intimidating or "street" behavior INCLUDING VULGARITY. Such actions are considered detrimental to personal recovery and others' recovery. *These actions will result in an administrative review and may result in immediate discharge*

4. Sexual behavior between clients will not be tolerated. While peer support is encouraged, this type of behavior is inappropriate at this level of care and is unacceptable. *These actions may result in immediate discharge of all persons involved.*

5. Racial slurs, sexual harassment and/or abuse between clients or others is unacceptable. *These actions will result in an administrative review and may result in immediate discharge.*

6. Upon admission, personal belongings must be limited to <u>three (3) bags</u>. 'Sharps', knives, weapons, aerosol cans, products containing alcohol, or any items (including magazines, VHS tapes, DVD's) that contain discriminating, sexual, intimidating wording and or graphics are **NOT** allowed. These are houses of recovery and these types of materials have no place here. *Some products such as lotions, shampoo, and deodorants that contain alcohol MUST be approved by staff.*

***Clients are asked to maintain a maximum of three (3) bags of belongings throughout your stay with the expectation of downsizing personal items as necessary.**

7. Personal Belongings: Fairview Recovery Services, Inc. is not responsible for personal belongings. Fairview Recovery Services, Inc. is not responsible to replace lost, stolen or damaged personal property. For safety and security reasons, residents are expected to keep their rooms locked at all times. *Personal belongings left behind by a resident who leaves will be held for a **<u>period of fourteen (14) days</u>**. After that time, all belongings will be considered forfeited and will be disposed of at the discretion of FRS, Inc.*
Any non-approved personal belongings that have been confiscated by staff will be held for **<u>72 hours</u>**. It is the responsibility of the client to remove these items from Fairview property.

Residents are prohibited from allowing other residents to borrow their personal belongings and/or money during their stay at the residential community. Selling of any resident's item(s) to another resident is also strictly prohibited. Fairview Recovery Services, Inc. is not responsible for "re-acquiring" property that was loaned to another resident during their stay at the community residences.

8. Upon admission, each resident will be placed on a 30-day orientation phase. During this phase, residents will be allowed to leave the Fairview/Merrick property without a peer only for medical, treatment-related or legal reasons. At any other time during this orientation phase, residents will need to "sign out" with another

resident who has completed the orientation phase. Examples of times where residents will need to be "signed out" with a peer include self-help meetings, going to the store, visiting family off-grounds, etc.

9. "Hours of Operation" Policies:

Curfew
- Sunday – Thursday 10:00 PM, Friday and Saturday 10:30 PM

TV and Radio Use in Resident's Bedrooms
- Monday – Friday: 4:00 PM – 11:00 PM
- Saturday – Sunday: 8:00AM – 11:00PM

TV Use in Community Room
- Monday – Thursday: 4:00PM – 11:00PM *
- Friday: 4:00PM – 1:00AM
- Saturday: 8:00AM – 1:00AM
- Sunday: 8:00AM – 11:00PM
  * Weekdays/weekends for news and weather only 6:30 AM – 8:30 AM in community rooms.

Radio Use in Community Areas
- **No radios/headphones are allowed in common areas indoors**, but are allowed on Fairview grounds outside. Radios that are played in your rooms are only to be played between 4:00 PM and 11:00 PM, Monday through Friday, and between 8:00 AM and 11:00 PM Saturday and Sunday.

Laundry Room
- (Fairview) Mon – Fri 5:00 PM – 12:00 AM, Sat – Sun 8:00 AM – 12:00 AM
- (NOH) Every Day 8:00 AM – 11:00 PM

Quiet Hours
- Sunday – Thursday 11:00 PM – 7:00 AM
- Friday and Saturday 1:00 AM – 8:00 AM

Recreation Times*

* Recreation **does not** include television use unless watching a staff approved, recovery related program. Also, while women are allowed to be in the dining room during this time, they need to be participating in recreational activities, not simply visiting.

- Ping Pong and game systems are allowed during the following hours:
  - Monday through Friday from 6:00PM – 9:00PM
  - Saturday and Sunday from 1:00PM – 9:00PM
- Wii is allowed during normal recreation times.

10. Office Hours and Policies: The office is open 24 hours a day with the exception of:

Monday – Friday*	Saturday – Sunday
7:45AM – 8:15AM	7:45AM – 8:15AM
3:45PM – 4:15PM	8:00PM – 8:30PM
12:00PM – 12:30PM	
11:45AM – 12:15AM	

Any time the Fairview CR office door blinds are down, or the NOH CR door is shut; please **do not knock** on the door; as the office is either closed or staff is dealing with an emergency situation in the office. If there is an **emergency** and you need to speak to staff immediately, pick up the phone to the right of the kitchen to ring the **emergency** phone in the office.

11. All prescribed and over the counter medications must be reported to on duty staff. Residents must follow up with their primary Case Manager during their next individual session. Residents are responsible to take any prescribed medication (*as* prescribed) at designated times.

12. Breathalyzer and/or urine testing will be given randomly. Refusal of staffs' request to take such test(s) will be considered non-compliance and may result in immediate discharge.

13. All residents are required to be out of bed, dressed, have their beds made, rooms orderly, and out of their room by 8:30 AM (Monday – Friday) and 10:00 AM (Saturday – Sunday). All lights, fans, TVs and radios must be turned off, garbage must be emptied and windows shut prior to leaving your room. Random room checks will be done throughout the day. Returning to your room prior to 4 p.m. without staff permission is prohibited.

14. No cross-room visiting is allowed by any residents for any reason, even with a door open. If you wish to visit with a peer please use the first floor common areas or go outside.

15. All residents are required to sign out and sign in and to list *specific* destination on the log located in the dining room. A *specific* destination must be listed (not "Walk" or "Friend's House"). Residents are **not** to sign other resident's names on the log, as this log is considered a legal document, and forgery of the log may be considered a felony. Residents may take a lunch with them if they cannot return for lunch due to appointments and/or treatment.

16. Residents are allowed to leave grounds for no more than five (5) hours at a time. Any flexibility to this rule must be cleared through resident's Case Manager. Residents need to be present at their community residence for a minimum of one hour before leaving the grounds again.

17. Meal Hours:

- Breakfast Monday – Sunday 6:30 AM to 8:30 AM
- Lunch Monday – Friday 11:45 PM to 1:00 PM
- Brunch Saturday and Sunday 11:45 AM to 12:30 PM **(in place of lunch on Sat/Sun)**

18. Dinner Protocol: All residents are required to be at dinner at 5:00 PM every day, as this is a daily check-in point. During the meditation before dinner, all residents are to stand behind their chair that they plan to sit in. Dinner is served until 5:30 PM. **Any resident arriving for dinner past 5:00 PM will be placed on house restriction for the remainder of the evening until meeting with their Case Manager the following morning.** Residents must remain in their seat until 5:30 PM, unless using the restroom or getting more food and/or beverages. Any resident leaving the dining room before 5:30 PM will be subject to consequences. Clients can request to have dinners saved if they are at OP TX during dinner time.

19. Excused Dinner Absence: All residents **must** obtain permission from his/her Case Manager to miss dinner at the Community Residence. Residents that will not be at the facility for a meal must notify the cook well before the designated mealtime. A meal will be wrapped and set aside.

20. Food Policies: Food hoarding, stealing from others personal food supplies, taking over-sized portions or removing food from the house (other than a bagged lunch) for consumption off premises, is not acceptable. Food is available during the night time hours in the dining room refrigerator. Residents are responsible for their own dishes, food wrappers, crumbs, fluid spills, beverage containers and all debris as well as cleaning up any mess they have created. *Cereal is for breakfast ONLY!

Only residents assigned to a job in the kitchen may be allowed in the kitchen at any given time. There is no exiting through the kitchen exit door at any time. Residents may only enter the kitchen with staff permission when not assigned a chore at that designated time. No residents are allowed in the kitchen after 10:00pm for any reason. The kitchen door must be closed at all times.

Residents of the Merrick House are not allowed access to the dining room for food after 10:30 PM. Merrick residents may utilize the refrigerators in the Merrick House for food after 10:30 PM, however, they are not allowed to cook in the Merrick House. As in the Fairview House, residents are responsible for cleaning all dishes used.

21. Personal Cleanliness Policies: General personal hygiene must be observed. Neglect of such will be handled as a recovery related issue. Please observe the following:

- Replace the roll of toilet paper when close to the end.
- Flush the toilet and put the toilet seat down after use.
- Rinse out the tub after taking a shower and clear the drain.
- Rinse out the sink and wipe off the mirrors after shaving and brushing teeth.
- Limit grooming time to 15 minutes and turn off the lights when leaving the room.
- Put shower curtain inside the shower before use & close the curtain after to prevent mold.
- Residents are **not** allowed to cut another resident's hair.
- **No** large sized quantities of hair coloring solutions, professional or otherwise, are allowed.
    - Hair coloring products limited to (2) individual sized packaging only.
    - Products must **not** contain alcohol or other flammable agents.

22. Dress Code Policy

- Please remove hats in the house.
- Shoes must be worn at all times.
- Resident's torso must be covered at all times – no bathing suits or halter-tops.
- No bathrobes or pajamas are allowed downstairs before 10:30 PM or after 6:30 AM.
- Residents need to be fully dressed at all times including; in bed/sleeping, coming to and from shower.
- Staff reserves the right to request that residents change to more appropriate dress.
- **No** clothing with inappropriate language, sexual content, drugs, or alcohol references is allowed.
- Residents must wear clothes, bathrobes or pajamas when walking to the bathroom.

23. Attendance at weekly "House" meetings and Case Management Groups is mandatory. Absences are only acceptable when other medical or recovery-related meetings cannot be canceled and staff is appropriately notified prior to the meeting of such absences.

24. Weekend Passes: Once residents have successfully completed their orientation phase, they may apply for a weekend pass. These passes are granted for every other weekend or at the discretion of the Case Managers. Passes are to be processed at the Case Managers group before you go on pass**.** During this processing, residents will present their plans for their pass including what meetings they will attend, what safety plan they have, and who they will be with.

Assigned jobs are expected to be covered prior to leaving. A breathalyzer and/or urine screen is expected to be taken upon returning and checking in, at the discretion of the Case Manager. Individuals assigned to weekend cooking must see the Food Coordinator by Thursday to review the menu and make sure they understand how to prepare assigned meals. ALL medications need to be packed (for weekend pass) on the night prior to leaving between 7:00 PM and 9:00 PM or after 10:00 PM.

25. House Chores: Each resident is assigned a House Chore which is expected to be completed on a daily basis. The chores are rotated every two weeks and are listed on a clipboard outside of the office. The AM jobs are to be completed by **8:30 AM*** Monday - Friday and 10:30 AM Saturday and Sunday unless otherwise specified on the job list. Evening jobs are expected to be completed between the hours of 8:30 PM and 10:30 PM Sunday – Thursday, and 8:00 PM – 11:00 PM on Fridays and Saturdays.

*exception: Dishes start at 8:30AM

Each of the three (3) Resident Assistants (RA's) will be checking all jobs each day and marking either a "S" (meaning satisfactory) or "U" (meaning unsatisfactory) on the chore list **Any resident receiving a "U" will receive consequences** including additional chores, house restriction, being placed back into the orientation phase and/or leading to eventual discharge from the Fairview Residential Program.

26. House Restriction: Often as a result of resident's non-compliance with rules and regulations, a resident placed on house restriction must remain at their specific community residence (Fairview or Merrick) until this restriction is lifted. *Only Case Managers, the Program Coordinator or the Residential Director may lift a resident's house restriction.* While on house restriction, residents may only leave their community residence for

treatment, legal or medical appointments. They may not leave their community residence for self-help meetings. Also, residents may not have visitors while they are on house restriction.

27. In-House Self-Help Meetings: On Sunday's at 3PM, there is a scheduled self-help meeting on site. Clients are encouraged to participate, but attendance is not mandatory. **All recreational activities are suspended during those times.**

28. Visiting Days, Hours and Policy: Residents may have visitors from 12:00 noon until 7:00 PM every day. Visitors must use the phone in the lobby when arriving so that staff can greet them there and have them sign a confidentiality statement. Visitors must sign in before their visit and cannot be on Fairview Property without having signed in upon their arrival. Visitation **MUST** take place in the FHH or NOHH dining area.

Residents who have visitation with their children must take full responsibility for supervising them and must remain in direct contact with them at all times. Use of the Living Room at Merrick House for parent's visiting **MUST** be approved in advance by a Case Manager. Children 12 years of age and under are allowed in Merrick House at any time during visiting hours. All visits must take place in common areas not in bedrooms.

Occasionally a resident may invite a friend or family member to eat lunch or dinner at the facility provided that a request is made to staff at least 24 hours in advance for approval. **Spontaneous invitations to eat at the facility are not permitted; as such invitations create problems with meal planning.**

29. Resident Vehicle Policy: ****Residents may not drive at any time unless on a pass for the weekend.***
No resident vehicles are allowed. Medical issues involving transportation needs will be considered on an individual basis with physicians orders, and reviewed periodically. For residents with vehicles for approved medical considerations, the following rules must be followed:

- Residents may not transport other residents.
- Overnight parking will be in the lower end of the lot only.
- Vehicles must be parked on Merrick Street during the day.
- Residents must have a proof of current driver's license, registration and insurance.

30. Cell Phone Policy: Cellular phones may be utilized by residents; however, cell phone use must be **off of the Fairview/Merrick Community Residence Property**. This includes resident bedrooms, all common areas and outside grounds. Cell phones must be signed in and out. **Cell phones are not to be kept by residents overnight. Cell phones must be signed back in immediately upon returning to Fairview property.**

31. Pay Phone Policy: When a resident is on the phone they are expected to follow 15-minute guidelines one time an hour. Residents also need to be considerate and respectful of privacy. Residents have the right to ask for privacy at the pay phone and others are to be courteous and respectful of this need. Residents should inform staff if other residents are in non-compliance. **NO CALLS AFTER 11:00 PM.**

32. Behavioral Policies: Each resident has the right and responsibility to confront another resident on their old behaviors. It is each resident's responsibility, based on the severity of the behavior, to inform staff.

- Vulgarity is not acceptable, and is considered "old behavior". It will not be tolerated, and consequences will be administered to residents who continually use vulgar language.

- Stealing is considered detrimental to one's recovery. Theft of any items and/or property is prohibited and may result in immediate discharge.

33. Vandalism Policy: Vandalism of Fairview Recovery Services, Inc. property is strictly prohibited and will not be tolerated. This includes structural damage (walls, doors, etc.), graffiti, intentional destruction of Fairview Recovery Services items and/or materials as well as all appliances and furniture located within all Fairview

facilities. Residents caught participating in such vandalism will receive consequences leading up to and including immediate discharge.

If such vandalism occurs and staff is unable to determine the resident(s) that caused the damage, **all clients** living within that specific living facility (i.e. Fairview, Merrick, etc.) may be placed on House Restriction until the responsible individual(s) come forward to staff.

34. Smoking Policy: Based on OASAS requirements, Fairview Recovery Services, Inc. is a non-smoking, tobacco-free facility. Tobacco products of any type (including smokeless tobacco, chew, etc.) are not allowed anywhere on the grounds.
Additionally, **NO** 'vaping' is allowed in the Community Residence or any other building on FRS property. Any tobacco items and/or paraphernalia seen by staff on Fairview grounds will be confiscated and destroyed. Violators of these rules will receive consequences including possible discharge.

35. Missed Appointments Due to Illness: If you are ill and miss treatment, educational/vocational obligations and/or group sessions, you will be placed on house restriction for that day. (i.e. too sick to leave Fairview property) It is the clients responsibility to call treatment/volunteer.

36. Room Searches: Fairview Recovery Services has the right to conduct room searches as part of the protocol required to maintain safety within the program. When the resident is not present, two (2) staff will complete the room search. Fairview staff reserve the right to confiscate any prohibited items found.

37. Women with Children

- You are responsible for your child at all times.
- Peers can NOT watch your children at any time.
- Child Care: Required to enroll child in child care to ensure parent can attend outpatient treatment, CR groups, CCU requirements, self help and other obligations of the Community Residence Program.
- Children should not attend the individual sessions with their parent (sessions should occur when the child is in day care).
- Children are expected to be in bed/quiet time no later than 8:30pm nightly.
- Children are not allowed on or near the exercise equipment at any time.
- All parents with a child in the residence will be required to attend the on-site parenting course regardless of prior parenting class completions.
- Required to provide Fairview with a copy of the child custody agreement, when applicable.
- Medications for children: all medications must be turned over to staff. When a medication is required, parents will bring the child to a staff member to obtain the medication. The parent is responsible for administering the medicine in the medication room with a staff member present.
  All medications, including over the counter, will require a Doctor's note of approval confirming the necessity for the medication.
- Rent: the rental amount for a child is $300.00 per month plus food stamps.
  WIC checks will not be turned over to the residence, but will be maintained by the parent.

STAFF ARE MANDATED REPORTERS
AND WILL REPORT ANY ABUSE, NEGLECT AS REQUIRED BY LAW.

38. Miscellaneous Policies and Procedures

- Both Fairview and Merrick Community Residences have a subscription to the Press and Sun Bulletin newspaper. Newspapers are to remain in the common rooms. Please do not take them in your rooms to read later.

- Accessing and/or selling of food stamps by residents is not allowed. The Department of Social Services considers this an act of Welfare Fraud.

- Residents are not allowed to eat or drink within either of the two TV areas in the Fairview house or either of the living rooms in the Merrick house.

- Residents are not to put their feet on any furniture, or sleep on any of the couches or chairs in the common areas.

- No energy drinks.

- No food/drinks in bedrooms, living rooms, hallways, offices or group rooms

    - Dining area ONLY

I have received a copy of the Residents Admission Agreement/Guidelines for Living and understand that I can discuss them at any time with any staff person. I understand that if I am in question of any of the previously documented rules and regulations or have any issues surrounding these rules and regulations, I am responsible for contacting my Case Manager.

FAIRVIEW RECOVERY SERVICES, INC.

Michele Napolitano, MSEd, CRC, CASAC
Executive Director
5 Merrick Street
Binghamton, NY 13904
Phone (607) 722-8987
Fax (607) 722-6767

FAIRVIEW COMMUNITY RESIDENCE
MERRICK COMMUNITY RESIDENCE
SUPPORTIVE LIVING
CAREER CHOICES UNLIMITED
5 Merrick Street
Binghamton, NY 13904
Phone (607) 722-8987
Fax (607) 722-6767

ADDICTION STABILIZATION CENTER
247 Court Street
Binghamton, NY 13901
Phone (607) 722-4080
Fax (607) 723-1858

CLIENT RIGHTS

AS A CLIENT IN OUR PROGRAM, YOU HAVE THE FOLLOWING RIGHTS:

1. The right to an individually designed plan of services based on individual needs which the client has participated in developing and which includes goals that the client has agreed to work toward.

2. The right to considerate and respectful care.

3. The right to be free of personal involvement with any agency staff member.

4. The right to receive services from staff, which is competent, caring, and of sufficient number to provide services adequately.

5. The right to be treated in a way that recognizes and responds to his/her cultural identity and/or disability and/or sexual orientation and/or sex.

6. The right to know the name of his/her primary counselor responsible for his/her care, and the name of any other person providing care. Additionally, Fairview participates in a student internship program with several local colleges. These interns participate in individual/group treatment and care. I understand I have the right to refuse student intern participation in my treatment and interactions.

7. A staff member whose work performance is impaired shall treat no patient.

8. The right to obtain from his/her primary counselor current information concerning his/her diagnosis and treatment in terms that can reasonably be understood.

9. The right to know the agency rules that apply to patient conduct.

10. The right to receive services in a physical environment that is safe, sanitary, reflective of human dignity, conducive to effective treatment and that appropriately safeguards the privacy and confidentiality of patient-staff interactions.

11. No treatment requiring the order of a physician is rendered to a patient except a physician's prior written order based on a personal examination.

12. The right to confidentiality as required by Federal Law and Regulations (42 CFR Part 2). *

13. The right to be free from physical, verbal or mental abuse.

14. The right to receive information about provider services available on site or through referral, and how to access such services.

15. The right to receive prompt and reasonable response to requests for provider services, or a stated future time to receive such services in accordance with an individual treatment plan.

16. The right to receive in writing the reasons of a recommendation of discharge and information of appeal procedures.

17. The right to examine, obtain a receipt, and receive an explanation of provider bills, charges, and payments, regardless of payment source.

18. The right to receive a copy of the patient's records for a reasonable fee.

19. The right to be free from performing labor or personal services solely for provider or staff benefit, that are not consistent with treatment goals, and to receive compensation for any labor or employment service in accord with applicable state and federal law.

20. Participants referred to a faith based provider have the right to be given a referral to a non faith based provider.
21. The following rights apply to patients who reside in an inpatient/residential setting:

    i. To practice religion in a reasonable manner not inconsistent with treatment plans or goals and/or have access to spiritual counseling if available;
    ii. To communicate with outside persons in accord with the individualized treatment plan;
    iii. To freely communicate with the Office, public officials, clergy and attorneys;
    iv. To receive visitors at reasonable times in relative privacy in accord with the individualized treatment plan;
    v. To be free from restraint or seclusion;
    vi. To have a reasonable degree of privacy in living quarters and a reasonable amount of safe personal storage space;
    vii. To retain ownership of personal belongings, that are not contrary to treatment goals;
    viii. To have balanced and nutritious diet.

22. The right to object to conditions at the clinic and the right to a prompt, reasoned response from agency management. Each patient has the right to complain to the Executive Director, Michele Napolitano, of Fairview Recovery Services, Inc. located at 5 Merrick Street, Binghamton, NY, 13904. Contact #: (607) 722-8987 ext.224. Complaints may also be made in writing to the Office of Alcoholism and Substance Abuse Services, 1450 Western Avenue, Albany, NY, 12203 or contact: (800) 553-5790.

23. All treatment at Fairview Recovery Services, Inc. is voluntary and can be ended at any time.

* Federal Law and Regulations protect the confidentiality of alcohol and drug abuse patient records maintained by this program. Generally, this program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser UNLESS:

1. The patient consents in writing
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal Law and Regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations.
Federal Law and Regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.
Federal Laws and Regulations do not protect any information about suspected child abuse or neglect form being reported under State Law to appropriate State or Local Authorities.
(See 42 USC 290dd-3 and 42 USC 290ee-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations.)
(Approved by the Office of Management and Budget under Control No. 0930-0099).

I have read and received a copy of my client rights. I have asked any and all questions, and at this time understand these rights.

*updated 2011

Fairview Recovery Services

THIRTY DAY ORIENTATION PHASE

The clinical staff of Fairview Recovery Services, Inc. has designed this phase to assist the newly admitted client with an opportunity to connect with his/her peers, clinical staff and community supports. This phase will also provide clinical staff with an evaluation period to assess the client's appropriateness for continued Community Residence stay. To accomplish these goals, the following guidelines are in effect during the 30-Day Orientation Phase:

- No weekend passes
- The client must obtain approval from on duty counselor prior to leaving Community Residence premises and must notify on duty counselor upon return to premises.
- The client have at least 1 Non-Orientation Phase peer with him/her when leaving Community Residence premises to attend self-help meetings, to run errands, to attend recreational activities, shopping, etc. and must return with peer(s).
- With the on-duty counselor's approval, the client may attend Outpatient Treatment, Medical Appointments, Legal Appointments, Meetings, DSS Appointments, etc. without Non-Orientation Phase peer(s) with immediate return to Community Residence premises upon conclusion of such appointments.

All clients are expected to attend kitchen and power tool orientation the first Wednesday they are here at the Community Residence. Kitchen orientation begins at 1 p.m. in the FHH kitchen with the Food Service Coordinator.

Non-compliance with these guidelines will be addressed as a clinical issue and may jeopardize residency at Fairview Recovery Services, Inc.

If you have any questions about the above guidelines, please talk to your Case Manager.

NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

CONSENT TO RELEASE OF INFORMATION CONCERNING ALCOHOLISM/DRUG ABUSE PATIENT
LOCADTR ASSESSMENT

Revoked On: _____ Staff Initials: _____

Patient's Last Name	First	M.I.
Case Number		
Facility	Unit	

INSTRUCTIONS: **GIVE A COPY OF THIS FORM TO PATIENT!** Prepare one (1) copy for the patient's case record. If this form is to be sent to another agency with a request for information, prepare an additional copy for the patient's case record.

PATIENT'S CONSENT TO DISCLOSE AND OBTAIN PERSONAL IDENTIFYING INFORMATION

EXTENT OF NATURE OF INFORMATION TO BE DISCLOSED OR OBTAINED:

All information necessary to complete a personalized Level of Care for Alcohol and Drug Treatment Referral "LOCADTR" assessment.

PURPOSE OR NATURE FOR DISCLOSURE/RELEASE AND NAME OF ORGANIZATIONS DISCLOSING AND OBTAINING PERSONAL IDENTIFYING INFORMATION:

I consent to the disclosure of confidential information to, and among, the New York State Office of Alcoholism and Substance Abuse Services (OASAS), the OASAS-Certified treatment facility identified above, and Payer / Managed Care Plan _____ _____ of my clinical treatment including information from the OASAS Client Data System (CDS) and my Social Security Number.

I understand that the level of care determination assessment will only be shared with me, the OASAS treatment facility, and Payer / Plan identified above. Unless I have given written permission to share the information with other agencies, programs or payers.

I further understand that non-personal identifying information may be evaluated so that the effectiveness of the LOCADTR assessment tool can be evaluated.

I, the undersigned, have read the above and authorize the New York State Office of Alcoholism and Substance Abuse Services and the staff of the OASAS-certified treatment facility named above to disclose and obtain such information as herein specified.

I understand that this consent may be withdrawn by me in writing at any time except to the extent that action has been taken in reliance upon it. This consent shall expire within six (6) months from its signing, unless a different time period, event or condition is specified below, in which case such time period, event or condition shall apply. I also understand that any disclosure of any identifying information is bound by Title 42 of the Code of Federal Regulations (C.F.R.) Part 2, governing the confidentiality of alcohol and drug abuse patient records, as well as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. §§160 &164; and that redisclosure of this additional information to a party other than those designated above is forbidden without additional written authorization on my part.

NOTE: Any information released through this form **MUST** be accompanied by the form **Prohibition on Redisclosure of Information Concerning Alcoholism / Drug Abuse Patient** (TRS-1)

I understand that generally the program may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form. I have received a copy of this form.

_____ (Signature of Patient)

_____ (Signature of Parent/Guardian)

_____ (Print Name of Patient)

_____ (Print Name of Parent/Guardian)

_____ (Date)

_____ (Date)