Butte SPIRIT Home Application Cover Page

Step 1- Submit an Application: A submitted application package includes three important elements:

- Completed 3 page application form
- Completed Release of Information for your current or most recent treatment provider (if you have one)
- Current (within the past 45 days) Substance Use Disorder Evaluation indicating that you are a good fit for an ASAM Level 3.1 Recovery Home. If you have not had an evaluation in the past 45 days, we can help you schedule one.

Step 2- Schedule an Interview: Once your application has been reviewed, we will contact you to set a time for an interview

- Please note that Butte SPIRIT Home does not provide detox services, all applicants are expected to have at least 30 days clean and sober at the time of application
- In conjunction with the interview, you will have to submit to a drug and alcohol screening
- Butte SPIRIT Home has a zero tolerance policy, if you drink or use while you are a Resident with us, you will no longer be allowed to participate in the program and we will refer you to a higher level of care.

Step 3- Prepare to Move In: Before moving into the SPIRIT Home, you must provide the following:

- Copy of a Negative TB Test (Send us a copy of a TB test from within the last year, or contact Community Health at 723-4075 if you need to schedule one)
- Copy of a Negative COVID-19 Screening (Contact Community Health at 723-4075 to schedule one)
- Initial Assessment with one of our LACs (Contact the SMART Program at 299-3680 to schedule one)

Step 4- Move in to the Recovery Home: Move ins are typically scheduled Tuesday-Friday and will include:

- Tour and Orientation with the Residence Manager
- Receive a copy of the Resident Handbook and House Rules
- Settle into your new room and meet the recovery community at the SPIRIT Home
- MANDATORY 3 month commitment to living in the SPIRIT Home

Butte SPIRIT Home: Pre-Admission/Admission Applicant Information (Form 5)

Staff:	Today's Date: / /	Time: am/pm
Desired Move-In Date: / /	Reason for Move:	
Applicant Name:		
Date of Birth: / /	Phone:	
Current Address:	Alternate Phone:	
	Email:	
City: State:	Other Contact:	
Zip: Duration at this residence?		
Own or Rent	Monthly Payment Amount? $	
Previous Address:		
City: State:		
Zip: Duration at this residence?		
Own or Rent	Monthly Payment Amount? $	
If homeless, where have you lived for the past six months?		

Identification

Valid State I.D.	Yes ☐	No ☐	Driver's License	Yes ☐ Number:	No ☐	Social Security Card	Yes ☐ Number: No ☐
Birth Certificate	Yes ☐	No ☐	Alternate ID (Please Specify)				

Additional Information

Do you receive SNAP Benefits?	Yes	No	Are you a Veteran?	Yes	No	
What is your marital status?	Single	Married	Separated	Divorced	Widowed	Registered Partnership
Do you have children?	Yes	No	If yes, what are the plans for their care?			
Level of Education?	Less than High School	GED or HS Diploma	Some College	Bachelor's Degree	Post-Graduate Degree	Ph.D
If not a High School graduate, are you willing to pursue your GED?	Yes	No	N/A			
Who referred you to our recovery residence?						
What other types of vocational training or employment skills do you already have?						
What training, skills or education to you hope or aspire to gain?						
Would you like to list any references to your application?	Yes	No				
Name	Contact Info/Relationship					
Name	Contact Info/Relationship					
Name	Contact Info/Relationship					

Recovery and Substance Use History

Have you been a resident of a sober living home before?	Yes	No
If yes, when and where?		
Have you ever sought treatment for a Substance Use Disorder in the past?	Yes	No

If yes, please specify the following:

Where	When	Length of Stay
Where	When	Length of Stay
Where	When	Length of Stay

Substance Use History

Drug of Abuse	Last use:	How much:	Method
Drug of Abuse	Last use:	How much:	Method
Drug of Abuse	Last use:	How much:	Method

Alcohol Use?	Last use:	How much?	How Often?

Probation/Parole/Court/Legal Issues

Do you have any pending legal charges or issues?	Yes	No	If yes, please explain:
Do you have an upcoming court dates?	Yes	No	If yes, please explain:
Are you currently in jail or prison?	Yes	No	If yes, where? (Including Contact Information)

Are you Court Ordered to the Butte SPIRIT Home?		Yes No	If yes, please provide a copy of the court order upon arrival.
County	Judge	Court Order Obtained?	Yes No
Do you currently report to a Probation or Parole Officer?		Yes No	If yes, please provide:
Name	Phone Number		
Do you have any misdemeanor convictions?	Yes	No	If yes, please explain:
Do you have any felony convictions?	Yes	No	If yes, please explain:

Emergency Contact Information

Emergency Contact 1	Name				Address			
Relationship	Parent	Spouse	Sibling	Friend	Other	City	State	Zip
Phone Number				Alternate Phone Number				
Emergency Contact 2	Name				Address			
Relationship	Parent	Spouse	Sibling	Friend	Other	City	State	Zip
Phone Number				Alternate Phone Number				

Health Information

Do you have medical insurance?	Yes	No	If yes, please list:				
Please circle all that apply:	Diabetes	Heart Disease	Liver Disease	Seizures	Hepatitus	Type:	HIV/AIDS
Other (Please Describe):							
Please list any medications you're currently taking:							
How long:							
Have you had a T.B. Skin Test?	Yes	No	If yes, when:		Results, ATTACH COPY TO APPLICATION		
Do you have a T.B. card?	Yes	No	If positive, were you eferred for treatment?		Yes	No	
Preventative T.B. Medications?	Yes	No	If yes, when and where?				
Do you have any known food or drug allergies?	Yes	No	If yes, please list:				
Have you been diagnosed with a severely disabling mental illness?			Yes	No	If yes, please list diagnosis:		
Are you currently being treated for any mental health conditions?			Yes	No	If yes, please explain:		
Have you attempted suicide in the past?	Yes	No	If yes, how many times?				
Did you have a specific plan?							

Completed applications may be submitted by the following methods:
-Upload online at http://buttespirit.org/our-home/apply-now/
-Submit via email to admissions@buttespirit.org

According to the Stewart B. McKinney Act, 42 U.S.S. 11301 (1994), a person is considered homeless who "lacks fixed, regular, and adequate nighttime residence and has a primary nighttime residency that is (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations … (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. "42, U.S.C. 11302 (a) The term "homeless individual does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or state law." 42 U.S.C 11305 (c)

All Protected Health Information (PHI—which includes applicant/resident medical and financial information), applicant/resident personal information, employee records, financial and operating data of the Butte SPIRIT Home, and any other information of a private or sensitive nature are considered confidential. Confidential information shall not be used or disclosed unless specific permission to do so has been obtained and granted. Applicable federal (Health Information Portability and Accountability Act) and Montana state laws shall be followed to seek permission for any use or disclosure of PHI.

Form 26

Butte SPIRIT Center
Transitional Housing for Addiction Recovery

AUTHORIZATION FOR RELEASE OF INFORMATION
RETURN TO: BUTTE SPIRIT CENTER
(406) 840-8069; admissions@buttespirit.org

NAME: _____ DOB: _____

TO (YOUR PROVIDER'S INFO HERE): _____
ADDRESS: _____

I understand that this authorization is valid only if the following information is complete.

Please Initial:
_____ I hereby request and authorize you to release to Butte SPIRIT Center, the following types of information which you have or may receive, pertaining to me.
_____ I hereby authorize the Butte SPIRIT Center to release to you the specified information requested.

Purpose Statement: To exchange information regarding progress in treatment and treatment planning.

Information to be released may include: (Please Initial)

_____Evaluation/Assessment
_____Admission History
_____Progress Update
_____Medication/Lab Reports
_____Immunization Record
_____Chemical Dependency Testing/Evaluation
_____Court Order
_____Treatment Plan
_____Recommendations
_____Discharge Summary
_____Medical Assessment/Physical
_____Other:_____

Our program will not base admission, services or other benefits on your willingness not to sign this consent. Refusal to sign will only be related to release of information. I further understand that I may revoke this authorization at any time with a written request, unless the above named had already acted in reliance on it or is included in the client notice forms found at the program and in the clients handbook. Otherwise, this consent will expire one (1) year from the date listed above.

PROHIBITION OF REDISCLOSURE: This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment made to you with consent of such client. This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164. The Federal rules prohibits you from making any further disclosure without the consent of the person to whom it pertains to or otherwise permitted by the regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

_____ _____
Client Signature Date

_____ _____
Witness Signature Date

Addiction Counselor (LAC) who is submitting application_____ **Counselors phone**_____
AGENCY and ADDRESS_____

Counselor(LAC) completes with the applicant: DSM-5 Diagnoses_____

Summarize the assessment of your client using the 6 Dimension from the American Society of Addiction Medicine using the last 6-9 months as a time frame.

Note Medically monitored intensive inpatient services, 3 7 program meets specifications in at least 2 of the 6 dimension at least 1 of which in 1, 2, or 3 3 5 meets dimensions in 4,5,6

Dimension	Please refer to ASAMCRITERIA.ORG for further description in each	Severity Rating 0-4 0- Non-Issue- stable 1 – Mild Discomfort 2 – Moderate Risk/Difficult Can Cope Yet Difficult 3 – Serious Difficulties/ Impairment Difficulty understanding or Coping 4 – Severe Difficulty, Imminent Danger/Risk	Level of care Low or Moderate General Guidelines All "Lows"= Level 1 One "Moderate" = Level 2 Two or more "Moderate" = Level 3
1 Acute intoxication and or withdrawal potential	*What substance/s are of greatest concern? Last Use? Other Substances Used? Method of Use? History of Withdrawal? History of seizures? Risk of Current Withdrawal? Diagnoses?*		
2 Biomedical Conditions and Complications	*How is their health? Any acute/chronic medical problems? Ability to access (health) care for those medical issues? Immunizations? HIV/STI/Pregnancy Risk? Nutrition?*		
3 Emotional Behavioral or cognitive conditions and complications	*History of any mental health concerns? Any current mental health Symptoms? Do they have a diagnosis & by whom? Psychotropic medications? Past history of Mental Health Treatment? History of suicide or harm to others? How functional are they? History of trauma? History of physical or sexual abuse?*		

4 Readiness to change	*Individuals(patients) thoughts about being here? Long term plan for substance use? Thoughts about overall situation and plan to address? What does the patient think that they need? What is the patient willing to do? What is important to the patient? Internal vs external motivation to change?*		
5 Relapse, continued use, or continued problem potential	*How long can the patient stay sober/clean? How are they able to stay substance free? What skills does the patient have? Can the patient stay substance free if they so desire? Does the patient have prior successes in recovery? Treatment history?*		
6 Recovery environment	*Who is in the patients life? What is important to the patient? Is there any legal/child welfare involvement? (current) family issues? Patients education level? Concerns/issues related to parenting? Type of support and from whom does the patient have? How is the patient connected to the community, culture, etc ? What is the patients current housing? Employment? Financial Situation?*		

What are your recommendations/plan for the treatment and recovery of this application **once they have completed an intensive in patient treatment:** (Please list all: AA NA, IOP, OP, R-Tech homes, drug court, service volunteer activities etc.)

_____

_____

What plans have you begun to address the above long term recovery plan with your patient? (check all that apply)

☐ Signed up for IOP
☐ Created a plan with the PO
☐ Started applications for GED
☐ Started applications for employment
☐ Other_____
☐ Started completing the Level 3 1 application process
☐ Started applications for health insurance
☐ Started applications for sober living home
☐ Started applications for housing
☐ Other _____

Are you willing to participate in at least one care conference with this patient while they are in treatment: ☐ **Yes** ☐ **No** ☐ **N/A**

Printed name of Counselor: _____ Signature of Counselor_____ Date_____