



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.
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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.
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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)
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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



Thank you for your interest in Butte SPIRIT Homes.

Scan this QR code with your phone to access our online application.

Or visit www.buttеспirit.org under “Apply Here” to fill out online.

Or print this form and fill it out by hand. Then, scan or photograph the completed form, and upload it using the “Admissions to the Butte SPIRIT Home” submission section on the “Apply Here” page.

Below you will find some questions that help us learn a bit about you so we can determine how we can help. This is a 10 page application form, so take your time, and please be as detailed as possible in your answers. Remember, after completing this form, we will still need you to:

- Send a Release of Information for your current provider
- Send us your most recent Chemical Dependency Evaluation indicating that you are an appropriate fit for ASAM Level 3.1 Services
- Send us a copy of your most recent TB test if applicable

Please allow 48-72 hours (about 3 days) for processing of application

Basic Info

First Name _____ Middle Name _____

Last Name _____ Date of Birth _____

Have you ever been known by an alternate name? YES NO

Alternate Name(s) if applicable: _____

Contact

In order to process your application, we need a way to contact you. Please provide at least one of the following:

Cell phone number: _____

Landline Phone Number: _____

Email Address (print clearly): _____

Close Contacts

Please add at least two close personal contacts:

1st Personal Contact Name: _____

Relationship to you: _____

Phone number and/or email: _____

2nd Personal Contact Name: _____

Relationship to you: _____

Phone number and/or email: _____

Consent To Contact

I consent to be contacted by Butte SPIRIT Center via SMS, email, or phone using the information I provided to review my application:

Applicant Signature Here: _____

Personal Information

Driver's license number: _____

Social Security number: _____

State Identification number: _____

Medicaid/private insurance number: _____

Current Living Situation

We understand that everyone has a unique journey. In order to better understand your transition to our program it is helpful to understand your current living situation.

What best describes your current living situation? (circle one)

I am living by myself

I am living with my family

I am living with my
roommate(s)

I am living at a program,
facility, or institution

I have no permanent place to live, and I am currently
experiencing houselessness

Work

Are you able to work? YES NO

Are you currently employed? YES NO

What is your current occupation? _____

Job Location/Employer: _____

Are you willing to work 40 hours a week? YES NO

Personal Finance

Do you currently have an income? YES NO

If YES please describe (employment, disability, social security or other):

If for some reason you cannot pay rent per week/month, who can you call upon to help you? _____

Do you receive any ongoing financial reimbursement for any reason?

YES NO

If YES, explain: _____

Transportation

Do you have a valid driver's license? YES NO

What is your primary mode of transportation? (circle one)

Personal Vehicle

Family / Friend

Public Transit

Background

Have you been a resident of a sober living home before? If yes, where, and when?

What is your most recent home address? (Do not list a treatment center, jail, or prison) _____

When did you start living at that address? _____

Do you still currently live at that address? YES NO

Do you plan to return to living at this address? YES NO Not Sure

Circle one RENT OWN NEITHER Monthly payment amount: _____

If houseless, describe where you have been living for the past 6 months:

What types of vocational training or employable skills do you have?

What types of training, skills, or education do you hope to gain?

Demographics

What is the highest level of education you have completed? (circle one)

Elementary or High School, no diploma

Elementary or High School, GED

High School diploma

College, no degree

Associate degree, vocational

Associate degree, academic

Bachelor's degree

Master's degree

Professional degree

Doctorate degree

Other: _____

Are you a veteran? YES NO

Are you currently on active duty? YES NO

What is your marital status? (circle one)

Single

Domestic Partnered

Separated

Engaged

Married

Widowed

Divorced

Other: _____

Do you have children? YES NO

Please describe your situation (number of kids, ages and plans for their care):

Do you have legal custody of your children? YES NO

Do you currently have an open case with CPS? YES NO

Do you have a child support obligation? YES NO

Medical

Please List any known Allergies: _____

List any physical health or medical conditions or disabilities?

Do any of the following apply to you? (circle any that apply)

None Apply

Hepatitis A

Hepatitis B

Hepatitis C

Immune System Disorder

Tuberculosis (TB)

Pregnant

Other Sexually Transmitted Infections (STIs)

Have you had a T.B. skin test in the past year? YES NO

If yes, please send us a copy of your results.

Do you have a history of seizures? YES NO

Do you have any upcoming appointments or ongoing physical needs?

YES NO

If YES, please describe: _____

Are you currently seeing any of the following providers: (circle any that apply)

Non-Applicable Medical Doctor (PCP) Psychiatrist
Psychologist Therapist Nutritionist

Please provide the name(s) and contact information for your provider(s):

Do you give Butte SPIRIT Permission to Release Information to the above person(s): YES NO

Do you use any specialized medical equipment? (circle any that apply)

Non-Applicable Walker Cane
Glucose Meter C-Pap Machine Specialized Pillow

Other: _____

Medications

Are you currently using any prescription medications? YES NO

If YES, please list all prescriptions: _____

Are you currently using any over-the-counter medication? YES NO

If YES, please list: _____

Are you participating in or about to enter any MAT program? YES NO

If YES, please describe (Suboxone, Subutex, Sublocade, Vivitrol, Methadone, Topamax, etc) : _____

Please provide the name(s) and contact information for your provider(s):

Do you give Butte SPIRIT Permission to Release Information to the above person(s): YES NO

Mental Health

Do you have any mental health issues or diagnoses? YES NO

If YES please describe: _____

Do you have a history of self-harm? YES NO

If YES please describe: _____

Have you ever experienced any suicidal ideations, attempts, or received in-patient treatment for self-harming behaviors? YES NO

If YES please describe: _____

Do you have a need for mental health services? YES NO

If YES please describe: _____

Addictive Behaviors

Do you identify patterns in any areas of your life that may have some addictive qualities? (Circle any that apply)

- | | | |
|---------------|---------------------------|-------------------|
| None | Internet Gaming/Scrolling | Food/Dieting |
| Relationships | Sex | Shopping/Spending |

Do you gamble? YES NO

If YES please describe how long you have been gambling, what type of gambling, and if you feel that it is a problem for you: _____

Substance Use History

Do you use tobacco or nicotine? YES NO

Please explain (vape, cigarettes, pipe, etc): _____

How many years have you been using alcohol and/or other substances?

List each substance used and the last time you used (including alcohol, cannabis, nicotine, pharmaceuticals beyond intended prescription, etc):

- _____
- _____
- _____
- _____
- _____
- _____

Treatment History

Programs range from inpatient hospital detox or residential programs to outpatient treatment centers and sober living homes.

Are you currently in a treatment program? YES NO

If YES please list program, locations, dates: _____

Have you ever been through any other treatment programs previously?

YES NO

If YES please list programs, locations, dates: _____

Recovery

When did you attend your first 12-step meeting? _____

When is your Sober or Clean anniversary? _____

Do you plan to attend 90 meetings in 90 days? YES NO

Assistance & Help

Do you have a learning disability or difficulty reading? YES NO

Do you need assistance with any self-help, support group and/or networks within the local community? YES NO

Do you need assistance with a Power of Attorney, Will, obtaining insurance, unpaid bills? YES NO

Do you need help to renew any forms of identification? YES NO

Do you need assistance with any food programs? YES NO

Courts & Criminal Justice

Do you currently report to a Probation or Parole Officer? YES NO

If yes, please provide their name: _____

and phone number: _____

Are you currently involved in any legal proceedings or criminal justice issues?

YES NO

If YES please describe: _____

Do you have any court orders to complete treatment? YES NO

Do you have any pending sentencing or jail time upcoming? YES NO

If YES please describe: _____

List Department of Corrections Number (if applicable): _____

Have you ever been charged or convicted of a Felony? YES NO

If YES please describe: _____

Have you ever been charged or convicted of any violent crimes in any jurisdiction? YES NO

Please list conviction(s) and jurisdiction(s) IN DETAIL the events of all the violent crimes. We consider Violent Offenders on a case-by-case basis:

Legal Requirements

Circle any that apply:

Non-Applicable

House Arrest

Drug Court

Parole

Probation

Other: _____

Are you required to register as a sex offender? YES NO

Are you required to register with any other authority for any other reason?

YES NO

If YES please describe: _____

Client Statements

Why do you want to live in a sober house? _____

How did you hear about our program? _____

Were you referred to Butte SPIRIT Homes? YES NO

If YES, who referred you: _____

Please describe what issues led you to seek housing with Butte SPIRIT Homes.

Be specific as to details such as what happened, when, where, and your personal

responsibility: _____

What are your goals and expectations? _____

What do you want to accomplish while residing at Butte SPIRIT Homes?

What other information should we consider when reviewing your application?

Admissions

When would you like to move in? _____

Have you previously applied to Butte SPIRIT Center? YES NO

How long would you hope to stay at Butte SPIRIT Center? (circle one)

- | | | |
|----------|---------|-----------|
| 30 Days | 60 Days | 90 Days |
| 6 Months | 1 Year | 18 Months |

Are there any issues that could prevent you from completing the program?

YES NO

If YES please describe: _____

Please enter any other sensitive information about yourself or your situation that you feel we need to know:

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.



AUTHORIZATION FOR RELEASE OF INFORMATION

RETURN TO: BUTTE SPIRIT CENTER

(406) 640-8069; admissions@buttespirit.org

CLIENT 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, including all current residents/clients residing in the Butte SPIRIT Homes, the following types of information which you have or may receive, pertaining to me.

_____ I hereby authorize the Butte SPIRIT Center, including all current residents/clients residing in the Butte SPIRIT Homes, 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 | _____ Court Order |
| _____ Admission History | _____ Treatment Plan |
| _____ Progress Update | _____ Recommendations |
| _____ Medication/Lab Reports | _____ Discharge Summary |
| _____ Immunization Record | _____ Medical Assessment/Physical |
| _____ Chemical Dependency Testing/Evaluation | _____ 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