

Flacra's Supportive Living and Community Residence Programs
Including Otte Hall, Maxwell Hall, Victory House, Supportive Living & Women With Children Programs



Dear Colleague:

Thank you for your interest in our Community Residence and Supportive Living programs. Please have your client fill out the attached application.

Please return the following items:

☐ **Administration**

28 East Main Street
Clifton Springs, NY 14432
(315) 462-9466
Fax (315) 462-6400

☐ **Addictions Crisis Center**

28 East Main Street
Clifton Springs, NY 14432
(315) 462-7070
Fax (315) 462-2488

HALFWAY HOUSES

☐ **Maxwell Hall**

28 East Main Street
Clifton Springs, NY 14432
(315) 462-9466
Fax (315) 462-6400

☐ **Otte Hall**

621 Church Street
Newark, NY 14513
(315) 331-7400
Fax (315) 331-7632

OUTPATIENT SERVICES

☐ **Clifton Springs Clinic**

28 East Main Street
Clifton Springs, NY 14432
(315) 462-9466
Fax (315) 462-9399

☐ **Geneva Clinic**

246 Castle Street
Geneva, NY 14456
(315) 781-0771
Fax (315) 781-2773

☐ **Newark Clinic**

310 West Union Street
Newark, NY 14513
(315) 331-3862
Fax (315) 331-5848

☐ **Penn Yan Clinic**

1 Keuka Business Park
2258 Rte 54A
Penn Yan, NY 14527
(315) 536-7751
Fax (315) 536-3430

☐ **Watkins Glen Clinic**

Mill Creek Center
106 S. Perry Street, Suite 3
Watkins Glen, NY 14891
(607) 535-8260
Fax (607) 535-8261

- Completed application for admission
- Current psychosocial evaluation, signed by a QHP (No more than 6 months old)
- Proof of financial entitlements – DSS/ SII & contact information (Self pay, payee information) or SSI/SSD award letter.
- Recent Psychiatric Evaluation (if applicable)
- Recent Vocational Assessment (if applicable)
- Copy of identification (picture preferred)
- Consents for the Release of Confidential Information (Those that apply)
- Medical information including:
 - Medical history
 - Physical Exam
 - Lab work (blood count & differential, routine microscopic urinalysis)
 - Most recent urine/drug test
 - PPD

When the completed application and all required documents are received, we will contact you for follow up.

If you have any additional questions, please email residential.intake@flacra.org or call (833) 435-2272 or (833) 4FLACRA.

Thank you.



FINGER LAKES AREA COUNSELING AND RECOVERY AGENCY
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, do hereby consent to authorize

(Client's name)

(Date of birth)

Finger Lakes Area Counseling and Recovery Agency.

TO OBTAIN FROM AND RELEASE TO:

_____ County

DSS: _____

(Address and Phone Number)

The following information

- ☒ Presence in treatment (including admission and discharge)
- ☒ Diagnosis, brief description of progress and prognosis
- ☐ Medical and Physical history
- ☐ Intake Assessment
- ☐ Psychosocial Assessment
- ☒ Treatment Plan (problems, identification, goals, strengths)
- ☒ Discharge Summary
- ☒ Aftercare Plan
- ☒ Other information pertinent to case management: **Financial Info**

This information is needed for the following purpose.

- ☐ To complete an alcohol/drug evaluation.
- ☐ To provide ongoing communication with referring agency.
- ☒ To provide ongoing treatment services.
- ☐ To obtain insurance or employment or government benefits
- ☐ To enable judges and attorneys to support treatment goals.
- ☐ To coordinate treatment efforts with my family/concerned persons.
- ☐ To coordinate treatment and aftercare efforts with my employer.
- ☐ Other _____

I Understand that my alcohol and/or drug treatment records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 45 C.F.R Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except that action has been taken in reliance on it. The duration of this authorization is one (1) year.

I understand that Finger Lakes counseling and Recovery Agency 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.

(Signature of client)

(Date)

(Signature of Witness)

(Date)

(Signature of Parent, Guardian or legal representation)

(Date)

CASE NUMBER _____

FINGER LAKES AREA COUNSELING AND RECOVERY AGENCY
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, do hereby consent to authorize

(Client's name)

(Date of birth)

Finger Lakes Area Counseling and Recovery Agency.

TO OBTAIN FROM AND RELEASE TO:

Social Security Administration -15 Lewis St. Geneva, NY 14456 phone number 1 800 772 1213

(Address and Phone Number)

The following information

- ☒ Presence in treatment (including admission and discharge)
- ☒ Diagnosis, brief description of progress and prognosis
- ☐ Medical and Physical history
- ☐ Intake Assessment
- ☐ Psychosocial Assessment
- ☒ Treatment Plan (problems, identification, goals, strengths)
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(Date)

(Signature of Parent, Guardian or legal representation)

(Date)

CASE NUMBER _____



Preadmissions and General Program Information

What to Bring

We ask that you limit the amount of items you bring with you to the residential program to one suitcase. You will be asked to have any additional items picked up from the program. We will not store any personal belongings. Please refrain from bringing money or valuables into the residence. Please note all items will be searched and heat treated upon admission.

Here are some items you will need:

- Driver's License or another form of Photo ID
 - Insurance Card
 - Comfortable Clothes (please see dress code) for 7-10 days
 - Jacket (Seasonal attire)
 - Recovery-related reading material
 - Supply of nicotine replacement products (please see tobacco below)
 - Prescribed medications (please see medications below)
 - Shower Shoes
- (Pillow and Linens will be supplied by us).

The following information can be found within our residential handbook which you will receive upon your admission. Here are some brief, but important excerpts before you arrive.

Prohibited Items

- no aerosol products
- alcohol, drugs, or drug paraphernalia
- no personal care items
- over-the-counter medications
- sexually explicit material
- food or drinks
- razor blades (loose) and razors
- weapons or other sharp objects
- candles or incense
- oil warmers
- cleaning products
- personal televisions and electronics
- nutritional supplements (unless there is a doctor's order in place)
- cigarettes, lighters, electronic cigarettes, smokeless tobacco, cigars

Vehicles

Vehicles are not permitted while in Maxwell Hall or Otte Hall.

Dress Code

We want all clients to feel comfortable, while at the same time respecting other clients. You must be appropriately dressed at all times. Shoes and shirts are required at all time.

The following are guidelines established for dress:

- shorts must be an appropriate length, no shorter than six inches from the knees.
- no t-shirts with offensive language, sex images, or references to drugs or alcohol no see through clothing or suggestive clothing
- pajamas may be worn in bedrooms only, including pajama pants.
- tank tops should have straps that are thick enough to conceal bra straps.
- no plunging necklines.
- no midriff.
- pants must be worn at the waistline.

If clothing is distracting to other clients, or unsuitable for the therapeutic environment, staff may ask clients to change.

Tobacco

This is a tobacco/nicotine free agency. If you are found smoking or there is evidence that you have used tobacco/nicotine products in the building, this is a serious safety issue and it will result in an immediate discharge. We encourage abstinence from ALL drugs including tobacco/nicotine. There is to be no use of tobacco/nicotine on FLACRA property. If any tobacco/nicotine products are seen or found they will be confiscated and destroyed and a corrective action will be given.

Alcohol or Other Drugs

Clients will provide observed random urine screens and breathalyzers. Clients may also be screened if they appear to be under the influence of drugs or alcohol, or if staff observe behavioral and/or emotional changes. Refusal to submit to a test will result in an assumption of possible use. Evidence of altering drug screens will result in an assumption of possible use. The result of a “dilute” urine from the lab will be treated as altering.

Use or possession of illegal drugs, non-prescribed medications, and/or alcohol (including mouthwash, cough medicine, etc.), may result in discharge from the program.

Bringing drugs into the facility is a health and safety concern for you and the other residents. Doing so may result in immediate discharge.

Morning Routines

On weekdays, residents must be up and dressed by 6:30 a.m. and check in with staff. There is no sleeping on weekdays between 7:30 a.m. and 4:30 p.m. unless given specific permission from staff. Bedroom doors are to remain open and unlocked during this time.

Curfew/Bed Checks

Part of the addictive cycle is an interrupted sleep schedule. We want you to receive an adequate amount of rest so you are able to engage in all program activities and groups. To ensure your safety, routine bed checks and rounds will occur throughout the day and nighttime hours.

You must be in your room, with lights off by 10:00 p.m. If you can't sleep, seek out staff. **No T.V. will be on after those hours.** Since some people go to bed earlier than others “quiet time” in the hallways is between 9:00 p.m. and 6:00 a.m. If you are in a community area, please keep your voices down.

Telephones

The use of cell phones in stabilization and rehabilitation is prohibited. Cell phones will be turned in at the time of admission for these two programs. Due to confidentiality laws, pictures may not be taken with cell phones.

Safety and Health Precautions

Your safety and health are our main concerns while you are staying with us. Random room checks and searches will occur throughout your treatment. Any personal property, such as backpacks and purses, can be searched as well.

Not allowing staff to search these items will result in an assumption of relapse and will be treated as such.

Client Rooms

You are expected to keep your room clean. You are responsible for making your bed daily and washing your linens. Client rooms will be searched by staff on a regular basis. Staff will also search client's room any time there is suspicion of contraband. Staff does not need to inform you of a planned or conducted search. If staff confiscate any items during searches, they will inform you of what they were and what will be done with them. You may be subject to corrective or disciplinary action if any prohibited items are found.

Violent or Destructive Behavior

During your stay, violent behavior will not be accepted. Foul language, intimidation, or aggressive behaviors are considered threatening and will not be tolerated. Racist or sexist remarks will not be tolerated. Physical or verbal abuse may result in discharge.

Damage or destruction to FLACRA property are charged to the responsible client. This may also include criminal charges.

Sexual or Seductive Behavior

The emotional vulnerability of people in early recovery is something taken seriously. New relationships are firmly prohibited within the program. Staff will confront any coupling we see among clients. Sexual contact within the facility, on the grounds, or off property is prohibited. Residents of the opposite sex are not allowed on the floor/wing of the opposite sex. Seductive behaviors including appearance, tempting behavior, or evocative speech will not be tolerated. Staff will address these behaviors with any clients not adhering to these expectations.

Discharge will be one of the options discussed.

House Job Responsibilities

You will be responsible for twenty (20) hours of work readiness activities weekly. Our Voc/Ed Department and residential staff may assist you in finding other work readiness activities. This is not only a requirement of our program, but also a requirement of DSS and is reported to them accordingly. Not meeting this requirement could result in a loss of funding. Research has found one of the sustaining components of a successful recovery is gainful employment.

Financial Responsibilities

There is a fee for all residential care services. Admission to the residential program requires verification of active health insurance coverage. Monthly income sources, including benefit notification, paystubs, etc. are also verified. Health insurance covers the clinical/medical section and income source covers room and board. We accept Medicaid/Managed Care and commercial insurance. Please inform us if your payment situation falls outside of these parameters. We will explore all possible options that will allow you to receive the recovery care that you need. Our Financial Entitlements Coordinator will work with you to discuss financial responsibilities. If you owe money from a previous stay at FLACRA, we will develop a payment plan with you and you will be asked to complete a repayment agreement. Failure to adhere to your financial responsibilities while residing with us may lead to discharge.

Please be aware that by signing this document you are agreeing to abide by all items within the Preadmissions Guidelines. You are also acknowledging that this has been reviewed with you by staff and confirming you have received a copy for future reference.

Client Signature

Date

Staff Signature

Date