



New Resident Screening Packet

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|------------|-------------|------------|
| First Name | Middle Name | Last Name: |
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|------|------|--------|-------------------|-----------|
| DOB: | Age: | Gender | Sexual Preference | Ethnicity |
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|------------------------------|-------------------------|-------------------|-------------------|
| Name of Facility You Are In: | Patient ID / Client ID: | Counselor's Name: | Call-Back Number: |
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DISCRIMINATION NOTICE:

Riverhouse **does not** discriminate based on **age, race, gender, medical condition or sexuality**. This packet is for informational and recording purposes and **will not** be shared or sold to outside entities.

About RIVERHOUSE:

Riverhouse is a zero-tolerance 12-Step based sober living home and requires 12-step meeting attendance and working with a sponsor. We require a 90 day commitment from all residents. There are no females allowed on property outside of family. All residents are required to work, seek work, volunteer or attend school.

Important Notes: New Resident

This packet is a screening process that Riverhouse uses to “screen” our future residents. This is not an application, lease, or approval that you will be accepted into the house. There is no commitment that comes with this document, but we do expect you to answer it fully and honestly as any mis-information provided could lead to your dismissal from Riverhouse should you become a resident.

Important Notes: Referents and/Clinicians/Staff

Please have your referral fill out the screener packet completely and then email or fax it back to us. After the packet has been received, we would like to speak with both the patient and the overseeing clinician to verify compliance at your facility and this packets information.

1. Print Packet and have patient fill it out
2. Review that the packet is complete and accurate to your knowledge
3. Email or fax the packet to Admissions@RiverhouseRecovery.com | 337-210-8882
4. Have the patient give us a call to go over the information provided on a phone interview

EMPLOYMENT & FINANCIALS:

| | | | | | |
|------------------|--------------------------|----------------|--|---------------------------|--|
| ARE YOU EMPLOYED | (Circle one) YES / NO | HRS PER WEEK | | MONTHLY INCOME | |
| EMPLOYER'S NAME | | CITY AND STATE | | EMPLOYER PHONE # () - | |

MEDICAL INFORMATION:

| | | | |
|--------------------------|--------------------------|------------------------|---|
| Have you ever overdosed? | (Circle one) YES / NO | If so, how many times? | # |
|--------------------------|--------------------------|------------------------|---|

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|---|---|------------------------------|---|
| How many treatment/detox centers have you been admitted into? | # | How many have you completed? | # |
|---|---|------------------------------|---|

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|--|--------------------------|
| How long have you been drinking/using? | # |
| DO YOU CONSIDER YOURSELF AN ALCHOLIC | (Circle one) YES / NO |

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| For how long has your drinking and/or using been a problem? | # |
| DO YOU CONSIDER YOURSELF AN ADDICT | (Circle one) YES / NO |

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| What is the longest sobriety time you have achieved in the past? | |
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| How long have you been completely abstinent from drugs and alcohol right now? | |
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|---------------------------------------|--------------------------|-------------------------------------|--|
| Have you ever completed all 12 steps? | (Circle one) YES / NO | If not, what step did you complete? | |
|---------------------------------------|--------------------------|-------------------------------------|--|

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|--------------------|--|--|--|
| DRUG (S) OF CHOICE | | OTHER DRUGS YOU HAVE USED ADDICTIVELY: | |
|--------------------|--|--|--|

| MEDICATIONS YOU ARE CURRENTLY TAKING | MEDICATION NAME | CONDITION: FOR WHAT REASON THEY ARE REQUIRED |
|--------------------------------------|-----------------|--|
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Please acknowledge that you meet or are willing to meet the following requirements by initialing next to requirement. If it is determined that this acknowledgment is false, the resident will be expelled from Riverhouse immediately.

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| I acknowledge and agree that as a member of the Riverhouse community, I must agree to a minimum commitment of a three (3) month stay. | Initials |
| All house members understand they are NOT tenants of Riverhouse, but rather guests in our home . I agree that I am not protected by, nor will I invoke any protections of local landlord tenant laws. If it is found that local landlord tenant law applies, I hereby renounce any rights that I may or may not have relating to same. | Initials |
| No house member will be admitted with a history of sexual assault charges or convictions. All applicants are subject to a background check before being accepted into Riverhouse. | Initials |
| Upon acceptance into Riverhouse you must disclose to the community any discharge plans that have been designed for you by your previous treatment provider. You must agree to follow through with the recommendations of professionals who have been working with your mental health issues. It is your responsibility to follow that plan. | Initials |

GOALS:

What goals do you expect to achieve while at Riverhouse? Please list at least 3.

What do you need from the staff and senior peers to help you achieve your goals?

Please take a moment to let us know how we can specifically be of service to your recovery:

I hereby declare that the information I have provided is true and correct to the best of my knowledge. I understand that Riverhouse is a zero-tolerance sober living environment and in order to continue residency, I must remain sober for the entire duration of my stay. I also understand that I must participate in the Riverhouse community as well as the 12-step community as a part of the recovery process. I understand that failure to comply with the rules of the house will result in the termination of my residence at Riverhouse and that no refunds of payments will be given.

Client Signature

Date

Staff Signature

Date