



First Name _____ Middle Name _____ Last Name: _____

Admission Date ____/____/____ Date of Birth ____/____/____

Gender: M F Trans Non-Binary

Phone No ____-____-____ Email Address _____@_____

Home Address: _____ City: _____ State: ____ Zip: _____

Do you own a vehicle? Yes No

If yes...Year? _____ Make? _____ Model? _____ Color: _____

License Plate Info: State: _____ Plate Number: _____ Expiration Date (mo./yr.): ____/____

Insurance Co: _____ Policy #: _____ Expiration Date: ____/____/____

NOTE: Please provide staff with DL, registration and car insurance paperwork Copies will go in your file.

How did you hear about Serenity Retreat Behavior Focus Home? _____

Do you identify as someone who struggles with drugs and/or alcohol? Yes No

Do you plan on working a program of recovery while at Serenity Retreat Behavior Focus Home(12 Step based)? Yes No

Are you attending or will you be attending an IOP/OP Program? Yes No

If so...Program Name: _____ (Please add to ROI in section below)

Medications:

Medical History/Issues: _____

Have you ever been diagnosed with a mental illness? Yes No

If so, state diagnosis _____

Do you have any present or past physical problems? Yes No

If so, state diagnosis _____

Do you have any known allergies? Yes No

If yes, please describe what the allergy is, what happens if you become afflicted, and what remedy should be taken. _____

Are you currently under the care of a physician? Yes No

If so, reason _____

Physician's Name _____ Phone No _____

Currently working? Yes No If so, where? _____

Address _____

Phone No ____-____-____

Emergency Contacts

Name _____ Relationship _____ Phone No _____

Name _____ Relationship _____ Phone No _____

Financial Contact (the person helping you out financially – if you are self-supporting please leave blank)

Name _____ Relationship _____ Phone No. _____

Substance Abuse Facility / Sober Housing History

Facility Name _____ Date Discharged ____/____/____ Length of Stay _____

Did you successfully complete the program? Y N If no, why not? _____

Facility Name _____ Date Discharged ____/____/____ Length of Stay _____

Did you successfully complete the program? Y N If no, why not? _____

Facility Name _____ Date Discharged ____/____/____

Length of Stay _____ Did you successfully complete the program? Y N If no, why not? _____

Facility Name _____ Date Discharged ____/____/____

Length of Stay _____ Did you successfully complete the program? Y N If no, why not? _____

Sobriety Date: _____ Drug of choice: _____

List Recent Drugs Used

DRUG: _____ DATE OF LAST USE: ____/____/____

DRUG: _____ DATE OF LAST USE: ____/____/____

DRUG: _____ DATE OF LAST USE: ____/____/____

DRUG: _____ DATE OF LAST USE: ____/____/____

Criminal History

Have you ever been convicted of a felony or misdemeanor: Y / N If yes please explain:

Sex Offender / Predator Status: Y / N If yes please explain: _____

Convicted of crimes of violence or sexual in nature against the elderly, children, or the disabled: Y / N If yes please explain: _____

Resident Signature _____ Date: ____/____/____

Resident Print Name _____ Date ____/____/____

Serenity Retreat Behavior Focus Home Staff Name _____

Serenity Retreat Behavior Focus Home Staff Signature _____

By signing this document, I attest that all above information is true and accurate to the best of my knowledge. I also agree to have my photograph taken to be used for internal staff purposes only.

*NOTE: Residents are to add Serenity Retreat Behavior Focus Home phone number to their phone contact list. Facility Name staff is to add the new resident's cell number as well.

*NOTE: Please be sure to attach any required supporting documentation for residents owning vehicles

Confidentiality Policy and Procedure
CONFIDENTIALITY STATEMENT:

Serenity Retreat Behavior Focus Home (“Serenity Home”) will comply with all applicable laws and regulations regarding your confidential information. In the Facility Name “Intake paperwork” you have signed the necessary releases and we will abide by those documented intentions.

Confidentiality Policy:

Only pertinent information, need to know, will be collected and that information will be kept securely. Only staff, employees, house managers, and CRRAs will collect and have access to this information and in turn will be responsible to protect it while it is in our care. The information will be locked in the CRRA’s office. All resident information will be kept for one year after the resident leaves Serenity Retreat Behavior Focus Home housing. After that point, the information will be destroyed completely by shredding or deletion from the electronic file.

Serenity Retreat Behavior Focus Home will orientate residents to Serenity Retreat Behavior Focus Home’s use of release of information (ROI) and obtain consent before releasing any resident information. Resident will also be informed on when the resident’s confidentiality can be broken.

Residents are asked to respect peer to peer anonymity during and after their stay with us at Serenity Retreat Behavior Focus Home. Any current residents that are found to break peer anonymity purposely or incidentally are subject to dismissal from the Serenity Retreat Behavior Focus Home Community.

Resident Signature: _____ Date: _____
Witness Signature: _____ Date: _____

We can break this confidentiality under the following circumstances:

- To comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or a grand jury subpoena
- For purposes of identifying or locating a suspect, fugitive, material witness or missing person
- To respond to an information request about a victim of a crime, and the victim agrees
- To report child abuse or neglect
- To report adult abuse, neglect, or domestic violence
- To report to law enforcement when required by law, such as gunshot or stab wounds
- To report the death of an individual
- To report what the covered entity believes in good faith to be evidence of a crime
- To report criminal activity, when responding to an off-site medical emergency
- For certain other specialized governmental law enforcement purposes
- For a medical emergency

**Release of Information (ROI) Form
Emergency Contact**

Resident's Name: _____

Date: _____

Serenity Retreat Behavior Focus Home requires all incoming residents to list a family member, friend or associate as an emergency contact in their ROI prior to admission into Serenity Retreat Behavior Focus Home. This person will be contacted in the event of a relapse, medical emergency, injury, death, or discharge. Potential residents are required to list someone as an emergency contact as part as the admission criteria. ROI is also required for any person's other than the resident paying program fees.

Serenity Retreat Behavior Focus Home strongly encourages all residents that are receiving treatment or aftercare from an outside service provider to sign this written authorization form allowing us to communicate bilaterally (back and forth) with the facility and its staff to better serve you during our stay with us.

Serenity Retreat Behavior Focus Home strongly encourages all residents to add key members of their support network such as family or 12-step sponsors to this written authorization form. Sponsors are contacted periodically to confirm residents are working a 12-step program. We will not ask for updates on the residents' recovery, we will only ask for confirmation of sponsorship.

I authorize Serenity Retreat Behavior Focus Home to exchange information about my condition and/or presence at Serenity Retreat Behavior Focus Home with the following individuals. I understand I may revoke this consent in writing at any time unless I have left Serenity Retreat Behavior Focus Home without prior notice, relapsed, or committed a crime.

Name	Relationship	Phone Number

If not previously revoked this consent will expire one year from the date of signing.

Resident Signature: _____

Resident Printed Name: _____

Date: _____

Witness Signature: _____

Witness Printed Name: _____

Date: _____