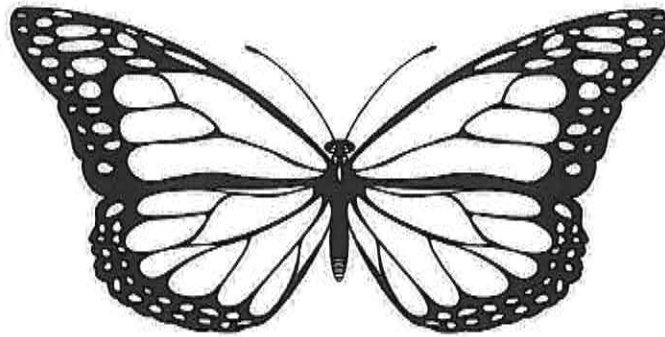


O'Brien House Facility Referral/Screening Packet



1. Required Documents
2. OBH Pre-Screening Form
3. TB Documentation
4. Waiting List Letter
5. ASI/Assessment/Psychosocial
6. Documentation of Homelessness letter



O'Brien House

Saving lives and families from addiction since 1971

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www.obrienhouse.org | info@obrienhouse.org

To Whom It May Concern:

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Clinical Director
Yolanda Yancy, RPP
Prevention Manager
Laney Quiet
Financial Manager

To make our intake process run more smoothly we are asking that you send us the following documentation via fax/email when sending a referral packet. Your assistance in this matter would be greatly appreciated. Please see below the information in which we are requesting.

- _____ Assessment (ASI) and/or Psychosocial
- _____ OBH Pre-Screening Form
- _____ 30 Day Supply of Medication if applicable
- _____ State Identification if available
- _____ Social Security Card if available
- _____ Approximate Income for the last 12 months
- _____ TB Skin Test Results or Chest X-Ray documented within the last 12 months
- _____ Medicaid Number if applicable
- _____ Medicare Number if applicable
- _____ Copy of Medicaid Application or documentation that it was completed
- _____ Documentation of Homelessness letter from provider

Thanking you in advance for your cooperation in the matter.

Sincerely,

O'Brien House Staff

Revised 09/2017 EGT

OBH PRE-SCREENING FORM

Please complete ALL sections before returning to O'Brien House

Date: _____ Healthy LA Provider: _____ **Client Availability date:** _____
Name: _____ Address: _____
Age: _____ Sex: _____ Race: _____ DOB: _____ SS#: _____ Medicaid #: _____
Referral Source: _____ Contact Name: _____ Contact #: _____

Substance Abuse History

Treatment Location	Treatment Dates	Type of Discharge	Type of TX (inpatient, outpatient)

Ever been a client at O'Brien House? YES or NO If so, when? _____
Do you have any relatives residing in or working for O'Brien House? YES or NO If so, who? _____
Is client currently clean? YES or NO *Must provide a clean urine screen upon entry*

Drug of Choice	Amount	Frequency	Age of 1 st Use	Length of Use	Last Use	Method of Use

Mental Health History: Circle all that apply-current and/or in lifetime

ADD/ADHD Schizophrenia Bipolar PTSD Depression Anxiety Mental Retardation
Hallucinations Auditory (hearing voices) Personality Disorders Violent behavior Homicidal
Suicidal ____ ideation ____ attempts

Any mental health problems not listed above: _____
Current psych meds: _____
History of psych meds: _____
Explanation of ALL above: _____
Ever attended outpatient or inpatient for psych issues? YES or NO If so, how many times: _____
Dates and Names of Psych Facilities: _____

Medical History: Circle all that apply-current and/or in lifetime

Respiratory Stomach condition Skin condition Kidney condition Stroke Hypertension
Vision condition Heart/Circulation Seizure disorder Diabetes Back problems
Liver condition Pancreas condition Infectious condition (HIV, TB, Hep C) Other (that is not listed)

List current medications: _____
List current medical problems: _____
Any physical disabilities? YES or NO If yes, please list: _____
Is client ambulatory? YES or NO Is client able to work or do service work? YES or NO

OBH PRE-SCREENING FORM

Please complete ALL sections before returning to O'Brien House

Legal

Court ordered? YES or NO If yes, which court system? _____

If yes was client given the freedom of choice for which facility to attend? YES or NO

Is client on probation or parole? YES or NO

If yes, name and # of officer: _____

List all legal charges: _____

List all convictions: _____

Explain charges and convictions: _____

If any above are Assault/Battery charges or any violent crimes, please explain in detail below:

Next court date? _____ Is client in drug court? YES or NO If yes, which court? _____

Military Information

Military? YES or NO What Branch? _____ Were you in deployed: YES or NO

If deployed, where? _____ Active Duty? _____ D/C Date? _____

Receiving veteran services? YES or NO

Special Population

If female, are you pregnant? YES or NO Are you an IV Drug User? YES or NO

Are you a woman with dependent children? YES or NO

OBH Eligibility Requirements Checklist

Please CHECK ALL that apply

- A. Homeless (or at risk of becoming homeless due to addiction) _____
- B. Voluntary _____
- C. 21 years of age or older _____
- D. Ambulatory _____
- E. Physically and emotionally ready and willing to accept full time employment or if receiving disability able to complete service work _____
- F. Willing to submit to random alcohol/drug screens _____
- G. Must qualify based on ASAM level of care _____
- H. Completed inpatient treatment within the last 6 months _____
- I. Has provided completed TB test results from within the last year _____
- J. Medication (psych or medical) _____
- K. If a former client, do you have a \$0 balance _____



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RE: TB MEMO

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To Whom It May Concern:

Due to CARF requirements O'Brien House is mandating that prior to admissions to OBH a **negative TB** screening is required to be accepted. The TB screening should be no more than 12 months old. It should be attached to the application for admission that is sent to OBH.

A client with a positive TB test can be admitted to OBH **only** if the client is in the **latent phase** of the disease and is currently receiving treatment. If the client is in the active phase of the disease they will not be admitted until course of treatment is completed and they have received clearance from a medical professional stating that they can be removed from isolation and return to general population.

If a client has had a previous diagnosis of TB or TB exposure a chest x-ray must be presented in place of the TB test stating that the client is negative for TB.

Thank you for your cooperation in the matter and O'Brien house looks forward to working with your organization in the future.

Sincerely

Emily George Tilley, LCSW, MPA
O'Brien House Clinical Director

O'Brien House is a 501 (c)(3) non-profit organization. Your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for your generous financial donation.

For additional information about O'Brien House, please visit our website: www.obrienhouse.org.

If you wish to be removed from our mailing list or if you wish



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O'Brien House Waiting List Information

Our Mission	Our Values – We Believe In	Our Symbol of Recovery
O'Brien House saves lives and families from alcoholism and drug abuse through residential treatment and community outreach	(1) Caring for Each Person (2) Open Mindedness to Others (3) Acceptance of the Individual (4) Confidentiality among Staff and Clients (5) Honesty and Sobriety as a Way-of-Life (6) Respect for Each Individual (7) Unconditional Love (8) Spirituality and a Dependence on a Higher Power	When a caterpillar changes into a butterfly, beautiful wings are created and new life begins. At O'Brien House, the wings of a butterfly represent the client's new life in recovery.

Hello! Thank you for choosing O'Brien House to begin your Journey of Recovery. You have been placed on our Waiting List.

Some helpful information:

Clients admitted to our program are encouraged to bring items such as clothing or recovery based literature that would help them feel comfortable in a new environment. Bedding is provided but clients may bring their own toiletries and towels. If you would like to experience our campus, the O'Brien House hosts open AA meetings every night at 8 pm in our cafeteria. Prospective clients may also call our Marketing Coordinator, Amy Nesbit at (225) 344-6345 ext. 327 to schedule a tour of our campus.

(1) Things You Can Bring - Due to space limitations in the living quarters the amount of clothing and personal items is limited to the following:

*Clothing/Miscellaneous Items	*Personal Hygiene Products
Ties: 6	Shampoo/Conditioner: 2 each
Suits: 3	Hair Spray: 2 each
Pants/Slacks/Jeans: 10/14	Hair Grease/Gel: 2 each
Dresses: 2/4	Comb/Brush 2 each
Shirts/Blouses: 12	Skin Care/Cosmetics: 2 each
Shorts: 5	Razors: 6
Shoes: 6 pairs	Soap bar / liquid: 2 each
Socks: 10 /14 pairs	Tooth Paste/Tooth Brush: 2
Undergarments 7 sets	Feminine Hygiene Products: 2 Boxes each
Purses/Bags: 4	Body Lotion: 3
Sweaters or Jackets: 4/6 Seasonal	Baby Oil: 1
	Perfume/Cologne: 3

*All of the above must be kept neat in a basket/box/etc

(2) Cell Phone Requirements

Clients will be required to turn in their cell phones upon intake and may have access to them when they get to Phase II. (3-4 weeks) Clients may not have phones with camera or video capabilities or with access to the internet. A land line is available to clients at certain times for job search purposes and a pay phone is available for personal calls.

(3) Things You Cannot Bring

Clients will not be allowed to have access to electronics such as laptops, electronic reading devices (Kindle, Nook, iPod, etc.) until they are in Phase III and then it will be at their own risk. Clients will have access to any music listening devices at certain times on the weekends and at all other times they must be turned in and will be kept in a locked storage space. To have a vehicle on campus, clients must have up-to-date paperwork as well as a valid driver's license. Clients will be required to turn in their keys upon intake where they will be kept until they have permission from their primary counselor to have access to the vehicle.

(4) No Hold Harmless Statement

O'Brien House is not responsible for valuables brought on campus. Each client is provided a locked storage space and the client must provide their own lock with two keys or provide the combination to Clinical Director.

(5) Required Documents Needed for Admission

Talk with your agency to ensure the following documents are submitted to us:

- (1) A faxed, mailed or hand delivered copy of the prospective client's ASI (Addiction Severity Report);
- (2) An O'Brien House Screening Form (call the intake office and we will send you a copy)
- (3) A Psychiatric Evaluation
- (4) A Psychosocial Assessment
- (5) Medical Records and Medical Documentation that indicates if the prospective client has been tested for HIV, TB and any other communicable diseases so that the Clinical Director/Sr. Counselor/OBH Nurse can review to determine if the O'Brien House is the appropriate placement for the client.

If you would like any more information about our program, please visit our website at www.obrienhouse.org.

Thank you,
O'Brien House Admissions/Intake Staff