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

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

<table>
<thead>
<tr>
<th>Treatment Location</th>
<th>Treatment Dates</th>
<th>Type of Discharge</th>
<th>Type of TX (inpatient, outpatient)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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*

<table>
<thead>
<tr>
<th>Drug of Choice</th>
<th>Amount</th>
<th>Frequency</th>
<th>Age of 1st Use</th>
<th>Length of Use</th>
<th>Last Use</th>
<th>Method of Use</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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/Revised 09/2017/EGT
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 __________

OBH Pre-Screening Form/Revised 09/2017/EGT
RE: TB MEMO

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.
O'Brien House Waiting List Information

<table>
<thead>
<tr>
<th>Our Mission</th>
<th>Our Values – We Believe In</th>
<th>Our Symbol of Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>O’Brien House saves lives and families from alcoholism and drug abuse through residential treatment and community outreach</td>
<td>(1) Caring for Each Person (2) Open Mindedness to Others (3) Acceptance of the Individual</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>(4) Confidentiality among Staff and Clients (5) Honesty and Sobriety as a Way-of-Life</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(6) Respect for Each Individual (7) Unconditional Love (8) Spirituality and a Dependence on a Higher Power</td>
<td></td>
</tr>
</tbody>
</table>

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:

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

*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