



RWC Recovery House/ Therapeutic Shelter Admission/Referral Process

Please include the following documentation for any clients seeking admission to RWC men's therapeutic Shelter/women's Recovery House

- Biopsychosocial and/or psychiatric evaluation
- Physical Exam (within 6 months)
- PPD and/or Chest X Ray results (within 30 days)
- Copy of ID or Driver's License
- List of Medications – Medications will be prescribed by RWC prescribers
- Completed Screening Form
- Contact number for referring provider
- Methadone transfer/ intake (RWC staff to facilitate SCRC) prior to day of admission
- RWC cannot accept anyone who has a history of arson or anyone who is on the sex offender registry
- Medications- client should arrive with at least 14 days of medication or active prescription of all required medications.

ALL referral paperwork should be faxed to: (203) 503-3370

Recovery and Wellness Center (RWC) offers a therapeutic shelter (men) and recovery house (women) concurrent to clinical services as part of the Cornell Scott-Hill Health Center Behavioral Health Division. It offers day and evening programs for adults with substance dependence and co-occurring mental health issues. RWC offers fully integrated onsite services including clinical, medical and case management/care coordination.

RWC emphasizes active participation in recovery and peer engagement. Each client is assigned a clinician and case manager. Clients must disclose any active arrest warrants or unresolved legal issues promptly, as failure to do so may hinder treatment.

Clients should review the list of allowed personal items carefully when packing. All belongings will be searched upon arrival. Items that are not permitted may be given to a designated person or locked away. If you leave the program without taking your items, you have 14 days to pick up your items or have a designated person pickup on your behalf. After 14 days without contact, belongings will be disposed. Cubicles are not locked, and RWC is not responsible for personal items.

Please note that upon admission we will begin working on a transition/ discharge plan. **We cannot guarantee housing** but will work with your community housing case manager and any other party involved as indicated. The max length of stay generally for the Recovery House is 90 days.

The average length of stay for the shelter is 45 days. This may be extended pending a viable transition plan and as clinically indicated.

Permitted Items (all clothing is washed upon entry and weekly thereafter. If you do not want something washed, do not bring it with you)

- Cigarettes in sealed package (no chewing tobacco, vapes, loose tobacco or rolling cigarettes)
- Toiletries: no aerosol cans, colognes or items containing alcohol. No razors or fingernail clippers with sharp metal file
- Comb/ brush, deodorant, soap, shampoo, toothbrush and toothpaste
- 7 pair of socks
- 7 pair underwear
- 7 shirts (tee/dress)
- 1 set of pajamas or sweat pants/ sweat shirt
- 7 pants or combination between pants, jeans and shorts
- 2 hats
- 2 pair of shoes – combination between dress, sneakers, boots etc...shower shoes will be provided by RWC
- Shampoo/body soap/ conditioner to be provided by RWC
- Razors
- Beard trimmer or clippers
- Blow dryer

Prohibited Items Property may not exceed approved items. Any items that exceed this limit or are considered contraband will be confiscated.

- Food, protein drinks, weight lifting powder, supplements
- Cell phones, laptops, tablets, cameras, gaming systems, recording devices, or any internet accessible devices will be locked up with limited access (to respect privacy and confidentiality)
- Jewelry or other valuables in addition to cash in excess of \$40
- Clothing that depicts alcohol, drugs, sex and/or violence
- Weapons of any kind (knives including utility or pocket knives, guns, chains, screw drivers, razors, scissors, pepper spray etc...)
- Illicit drugs or prescriptions or OTC medications not in their proper labeled container
- Curling iron / Flat iron

Drop offs will be allowed Monday, Wednesday and Friday between the hours of 3:00pm-6:00pm – Only clothes, money or allowable items accepted – Only one drop off per week is permitted All Drop offs will be searched

*****Cell phones will be locked up and accessible at designated times only**

RWC Screening Form (clinical)

REFERRAL SOURCE _____ **MR(Epic)** _____ **DATE** _____

Client Information:

Name: _____ DOB _____

Phone# _____

Address _____

Insurance _____ Number _____ Subscriber _____

Gender: _____ Sexual Orientation _____ Marital Status _____

Race: _____ Ethnicity: _____ Religion: _____

Education Level : _____ Primary Language spoken: _____ secondary language _____

Have you ever served in the military? If yes what branch and dates of service ? _____

Emergency Contact: _____ Do you have a conservator? _____

Level of Care/Type of Treatment you are seeking _____

ASAM Dimensions:

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Substance Used	Age of 1 st Use	Route	How often?	How much?	Date of last use

Are you currently on Methadone, Suboxone, Vivitrol, Naltrexone? _____

If Yes, specify type, clinic and dose? _____

Current/History of withdrawal symptoms _____

History of overdose? If yes, how many? _____ Date of last known overdose _____

Do you smoke cigarettes? **YES NO** If yes, how much? _____

Dimension 2: Biomedical Conditions and Complications

Current medical conditions: _____

Are you Pregnant? **YES** **NO** if yes, how many weeks? _____

Are you on medications for medical conditions? _____

Medication or other allergies (if yes specify): _____

Dietary restrictions/food allergies: _____

Recent hospitalizations for medical issues: _____

Do any of the following apply? Use of a walker, wheelchair, prosthetic, or cane to get around? Do you use a CPAP, Nebulizer, Oxygen Tank, Walker/Wheelchair, Insulin Pump, continuous glucose monitor (CGM)?_List all

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

Mental health diagnoses: _____

Current symptoms: _____

Medications for mental health conditions _____ Prescriber?

History of psychiatric hospitalizations: _____

Ever thought about hurting yourself or ending your life? If yes, how and when was the last time?

Are you having any active thoughts to harm yourself ? ***YES** **NO** When was the last time?

- **If yes, Columbia screen to be completed and reviewed by staff**

Dimension 4: Readiness to Change

Why do you want to enter treatment now? _____

Are there any barriers for you staying in treatment ? _____

Previous treatment attempts: _____

Goals for recovery: _____

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

What is your longest period of recovery ? _____

What led to your most recent relapse? _____

Triggers for substance use: _____

Coping strategies: _____

Dimension 6: Recovery/Living Environment

Current living situation: _____

If unhoused, do you have a current housing case manager? (specify) _____

Have you been screened by 211? _____

What is your housing plan after leaving RWC?

Support system: _____

Employment/Education status: _____

LEGAL

Are you on the sex offender registry: _____

Ever been convicted of arson: _____

Legal involvement (current cases with next court date): _____ mandated? **YES**

NO

Are you on probation or parole? **YES** **NO** If yes, what is your officers name?

Do you have any active warrants?_ **YES** **NO** _____

Do you have DCF involvement? **YES** **NO** Workers Name _____

Additional Information:

Clinician Notes:

Signature:

- Client: _____ Date: _____
- Referring Clinician/ program : _____ Date: _____

RWC Signature Review

- _____ Date _____