

Purpose

This packet is the day-one paperwork for every admission to the residence at Shelbyville, Indiana. The House Manager completes it with the new resident at move-in, before the resident's belongings enter the house. Completed forms are filed in the resident's file.

Form A. Emergency Contact and Medical Information Form

Resident name: _____ Date of birth: _____

Phone: _____ Date completed: _____

Emergency contacts

Contact 1: _____ Relationship: _____

Phone: _____ Address: _____

Contact 2: _____ Relationship: _____

Phone: _____ Address: _____

Physician or clinic

Name: _____ Phone: _____

Preferred hospital: _____

Medical conditions (list all current conditions, including mental health conditions):

Allergies (medications, foods, other):

Current medications. List every medication you take, prescription and over the counter. Under the Medication Policy (RR-P04), every medication must be disclosed to and approved by the House Manager before it enters the house.

Medication	Dosage and schedule	Prescriber	HM approval (initials)

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If I have a medical emergency, I authorize TD Transitional Services LLC to call 911, to give emergency medical responders the information on this form, and to notify the emergency contacts listed above.

Resident signature: _____ Date: _____

House Manager, for TD Transitional Services LLC: _____ Date:

Form B. Consent to Drug and Alcohol Testing

I understand that TD Transitional Services LLC operates an alcohol and drug free house with zero tolerance for alcohol and drug use, and that drug and alcohol screening is a condition of living here.

I consent to the following, as set out in the Drug and Alcohol Testing Policy:

1. A drug and alcohol screen at admission, random screens during my residency, and a screen any time the House Manager has reason to believe I have used.
2. Collection of breath, saliva, or urine samples, observed by the House Manager where the Testing Policy requires observation.
3. Refusing a screen, failing to produce a sample, or tampering with or adulterating a sample being treated as a positive result.
4. A contested positive being handled under the Testing Policy, including confirmation testing.
5. My results being documented in my resident file and kept confidential under the Confidentiality Policy (RR-P07). Results are not disclosed outside the program without my written consent, except as federal law allows.

I understand that a positive result is handled under the Testing Policy and may result in discharge from the program.

Acknowledgment

I have read and understand this policy and agree to abide by it.

Resident signature: _____ Printed name: _____ Date: _____

House Manager, for TD Transitional Services LLC: _____ Date: _____

Form C. Consent for Release of Information (42 CFR Part 2)

The confidentiality of records of this program is protected by federal law, 42 CFR Part 2. This form is the written consent required by the Confidentiality Policy (RR-P07) before the program uses or discloses information that identifies me as a resident. Use one form per recipient.

Resident name: _____ Date of birth: _____

I authorize **TD Transitional Services LLC, Shelbyville, Indiana** (the program) to disclose the information described below.

To (the recipient):

Name or organization: _____

Role or relationship to me: _____

Phone: _____ Address: _____

Information to be disclosed (initial all that apply):

____ Enrollment and residency status, including admission and discharge dates

____ Attendance and participation in the program

____ Drug and alcohol test results

____ Progress in the program

____ Fee and payment information

____ Other (describe): _____

Purpose of the disclosure (initial all that apply):

____ Coordination with a court, probation, parole, or community supervision

____ Coordination with a treatment provider

____ Verification of residency or participation

____ Payment or funding for my residency (for example, Recovery Works)

____ Communication with family

____ At my request

____ Other (describe): _____

Expiration. This consent expires on this date or event: _____. If nothing is written, this consent expires when I am discharged from the program.

My rights. I understand that:

1. Signing this consent is voluntary.
2. I may revoke this consent at any time by giving the House Manager written notice, except to the extent the program has already acted in reliance on it.
3. Once information is disclosed, the recipient may redisclose it, and it may then no longer be protected by 42 CFR Part 2.

Resident signature: _____ Printed name: _____ Date:

House Manager, for TD Transitional Services LLC: _____ Date:

Form D. Personal Property Inventory

Resident name: _____ Move-in date: _____

List all significant personal property brought into the house. The House Manager checks belongings for prohibited items before they enter the house (RR-P01).

Item	Description	Condition noted	Resident initials

Additional sheets attached: _____

Belongings checked for prohibited items at move-in. House Manager initials: _____

Disposition of property left behind. I understand and agree that any personal property I leave at the house after discharge, for any reason, will be stored for 14 days from my discharge date. If I do not claim it within those 14 days, TD Transitional may donate or dispose of it, and I give up any claim to it.

Resident signature: _____ Printed name: _____ Date: _____

House Manager, for TD Transitional Services LLC: _____ Date: _____

Form E. Orientation Checklist

Completed on the resident's first day. The House Manager walks the resident through each item; both initial each line as it is completed. This documented orientation is required by the National Alliance for Recovery Residences (NARR) standard 19.c and is filed in the resident's file.

Resident name: _____ Orientation date: _____

Orientation item	Resident initials	House Manager initials
Tour of the house: bedroom, bathrooms, kitchen, laundry, common areas, smoking area		
Emergency exits shown; evacuation map at the bedroom door reviewed		
Posted emergency numbers shown		
Fire extinguisher, smoke detector, and carbon monoxide (CO) detector locations shown		
Overdose response procedure reviewed; naloxone (NARCAN) location and instructions shown		
Severe weather shelter location shown		
Curfew, check-ins, and drug screen expectations reviewed		
Posted chore schedule and laundry rules shown		
Weekly house meeting day and time given		
Grievance procedure explained		
Emergency Contact and Medical Information Form completed (Form A)		
Resident's questions answered		

Policies received and signed (in signing order; the Refund Policy is signed before any agreement is signed and before any money is paid):

Document	Resident initials
Refund Policy (RR-P20), signed first	
Resident Agreement and Statement of Understanding (RR-P08), with Fee Disclosure	
Resident Billing Policy (RR-P03)	

Document	Resident initials
House Rules (RR-P02)	
Medication Policy (RR-P04)	
Good Neighbor Policy (RR-P05)	
Social Media Policy for Residents (RR-P06)	
Drug and Alcohol Testing Policy (RR-P09)	
Discharge Policy (RR-P11)	
Bodily Fluids and Contagious Disease Exposure Policy (RR-P13)	
Grievance Policy and Procedure (RR-P14)	
Resident Rights and Requirements (RR-P15)	
Resident Records and Data Collection Policy (RR-O04)	
Resident Handbook Receipt (RR-F05), Handbook handed to the resident	
Emergency Contact and Medical Information Form (Form A)	
Consent to Drug and Alcohol Testing (Form B)	
Consent for Release of Information (Form C, if applicable)	
Personal Property Inventory (Form D)	

The Resident Handbook, acknowledged through the signed receipt above, contains: Admission Criteria and Intake Procedure (RR-P01), Confidentiality (RR-P07), Return to Use (RR-P10), Overdose Response and Emergency Procedures (RR-P12), Fair Housing and Reasonable Accommodation (RR-P16), Prohibited Items and Search (RR-P17), Guest and Visitor (RR-P18), Smoking (RR-P19), Resident Work and Paid Work Arrangement (RR-P21), Medication Assisted Treatment Stance (RR-P22), Vehicle and Transportation (RR-P23), and Length of Stay (RR-P24).

Orientation completed.

Resident signature: _____ Date: _____

House Manager signature: _____ Date: _____