

RESIDENT CRITERIA

In our housing program, Second Chance Homes, the Center for Children & Families currently houses mothers whose children are involved OR are at risk of involvement with Child and Family Services due to child abuse and/or neglect related to substance abuse.

Potential residents must meet the following criteria to be considered for residence at SCH:

- Mother is 18 years of age or older
- The child is at risk of removal or has been removed and the parent(s) acknowledge the removal is due to substance abuse-related neglect
- Mother meets DSM-IV criteria for drug/alcohol dependency (please include a copy of current CD evaluation and CD treatment plan)
- Mother is able to understand and willing to comply with Participation Agreement and Informed Consent
- Mother is willing to participate in Second Chance Homes programming
- Staff/Team must approve placement

If potential residents meet any of the following criteria, they will be ineligible for residence at SCH:

- Mother has been convicted of a deliberate homicide or murder, kidnapping, robbery, felony assault or other violent felonies, sex offenses or has a violent felony charge pending
- Parent has a medical or psychiatric condition causing a degree of impairment or instability that would interfere with program participation and functioning
- All children are above the resident age limit (12 years of age) or there is no possibility of placement of at least one of the minor children within 90 days of parent placement in the residence.

FINAL ELIGIBILITY WILL BE DETERMINED AT THE CONCLUSION OF THE SCREENING PROCESS

If after admission, staff discovers that the resident meets one or more of the ineligibility criteria, the parent will be terminated from the program

Potential Resident Signature: _____

Date: _____

SECOND CHANCE HOMES – HOUSING REFERRAL

DATE: _____

IDENTIFYING INFORMATION:

Name: _____ Date of Birth: _____
Gender: _____ SSN: _____

Race/Ethnicity _____

Phone: _____ Alternate/message phone: _____
E-mail: _____

Current Address: _____

Reside with/where: _____

Are you a veteran? (anyone who has been on active military duty) Yes No currently

EDUCATION/VOCATION/EMPLOYMENT/INCOME:

Do you currently have a income source?: Yes No

Describe: _____

Have you ever received entitlements/public assistance?: Yes No currently

Which of the following have you received or applied for?: (circle current status)

- Social Security Income (SSI) received in past – currently receiving – application pending
- Social Security Disability Income (SSDI) received in past – currently receiving – application pending
- Temporary Aid to Needy Families (TANF) received in past – currently receiving – application pending
- Child Support received in past – currently receiving – application pending
- Alimony received in past – currently receiving – application pending
- Veteran's Benefits received in past – currently receiving – application pending
- Employment Income received in past – currently receiving – application pending
- Unemployment received in past – currently receiving – application pending

Medicare
 Medicaid
 Food Stamps (SNAP)
 Child Care Assistance
 Other (please specify)
Specify other

received in past – currently receiving – application pending
received in past – currently receiving – application pending
received in past – currently receiving – application pending
received in past – currently receiving – application pending
received in past – currently receiving – application pending

here: _____

Highest Level of Education

completed: _____

Are you currently in vocational/employment training or education programs? Yes No

Describe: _____

What are your educational

goals/desires?: _____

Are you currently employed? Yes No Part-time Full-time

Employer: _____ How

long? _____

Describe your current employment skills:

Employment

goals? _____

Please list any outstanding debts & financial obligations (don't forget child support, alimony, probation fees, restitution, and/or money owed to friends/family, etc.): _____

HOUSING:

Are you homeless or at risk of homelessness: Yes No

Describe your current housing (friends, family, own, rent, shelter, incarceration, etc.): _____

If you are currently homeless, length of this homeless episode

Less than one month 1-6 months 6-12 months 1-2 years 2-3 years
 more than 3 years

Number of episodes of homelessness in past five years: _____

Number of episodes of homelessness in lifetime: _____

Number of nights or months spent in a shelter, if any: _____ nights _____ months

Where have you slept in the last 30 days?: (check all that apply)

non-housing (street, park, car) Transitional Housing Psychiatric Facility
 Emergency Shelter; please

name: _____

Domestic Violence Shelter Substance Abuse Treatment Facility

Hospital Prison/Jail Rental My own apartment or house

Motel/Hotel Foster Care

Other

(describe): _____

Do you currently receive a housing subsidy?: Yes No

Type: _____

Do you currently receive a utilities subsidy? Yes No

Type: _____

Have you ever been evicted from housing? Yes No

Reason for leaving last housing situation (check all that apply):

eviction due to unpaid rent eviction for reason other than rent

conflict with friends/family overcrowding domestic violence incarceration

hospitalization, including long-term treatment housing condemned fire

___ other

(explain): _____

Tell us what you believe is causing your housing instability (if applicable): _____

RELATIONSHIPS:

Current Relationship Status: ___ Single ___ Married ___ Widowed ___ Married & Separated
___ Divorced ___ Significant Other ___ Domestic Partner ___ Other

Past or current, domestic violence issues?

___ Yes ___ No ___ currently

Additional Relationship

Information: _____

HEALTH/TREATMENT INFORMATION:

Have you ever had a CD Evaluation? ___ Yes ___ No

When was your last CD

Evaluation? _____ Where/Who? _____

Level of Care

Recommendations? _____

Drug of Choice: _____ Secondary Drug of

Choice _____

Tertiary Drug of

Choice: _____

Describe Any/All Past Treatment Episodes (please list facility/program attended and approximate dates): _____

Are you currently in a treatment program? ____ Yes ____ No

If yes, where are you in

treatment? _____

What level of treatment are you currently

attending? _____

Who is paying for your treatment (self/insurance/state funding,

etc..)? _____

Do you have a Mental Health Diagnosis? ___ Yes ___ No

Who/where was your last

diagnosis? _____

What is your

diagnosis? _____

Are you currently taking **any** medications? ____ Yes ____ No

If yes, what

medications? _____

Who currently prescribes your

medications? _____

Have you taken any Medications in the past? ___ Yes ___ No If yes, what have you taken previously?

When was the last time you visited a
doctor/clinic/hospital? _____

Please
describe: _____

Who are your current health care
providers? _____

LEGAL:

Have you ever been involved with the legal system?

Yes No Currently

Describe legal system involvements (past & current- Please include any orders of protection or civil
judgements): _____

Have you been arrested in the past 30 days? Yes No

If yes, when/where were you arrested and what
for? _____

Do you have any charges currently pending? Yes No

If yes,
charges?: _____

Have you ever been on probation or parole?

Yes No Currently If yes, when & for how long? _____

Who is your current Probation officer? _____

Do you have current probation fees/restitution? Yes No

If yes, monthly payment

amount: _____

Have you ever been involved with child welfare (Child & Family Services)? Yes

No Currently

Describe: _____

Who is/was your CFS

worker? _____

Are any other agencies involved with you/your family? Yes No

If yes, please

describe: _____

CHILDREN

All children residing with their mother in the homes must be 12 years old or younger.

Any children currently residing with you? Yes No If yes, how many? _____

Any children currently placed outside the home? Yes No If yes, how many? _____

Do you have any adult children? Yes No

Please list ALL your children (including adult children) below:

(1)Child name:_____

DOB:_____

Gender:_____ Race:_____ Prior abuse
victim___ Yes___ No

Prior substantiated abuse: ___ Yes___ No Substance Exposure at Birth
___ Yes___ No

Exposed to substances post-birth:___ Yes___ No

Has this child ever been removed from your care? ___ Yes___ No

If yes, what

date(s)?_____

Reunified?___ Yes___ No If yes, when was child
reunified?_____

Current placement (if not
reunified)_____

Date current placement was
made:_____

(2)Child name:_____

DOB:_____

Gender:_____ Race:_____ Prior abuse
victim___ Yes___ No

Prior substantiated abuse:___ Yes___ No Substance Exposure at Birth :___ Yes___ No

Exposed to substances post-birth:___ Yes___ No

Has this child ever been removed from your care? ___ Yes___ No

If yes, what

date(s)?_____

Reunified?___ Yes___ No If yes, when was child
reunified?_____

Current placement (if not
reunified)_____

Date current placement was
made:_____

(3)Child name: _____

DOB: _____

Gender: _____ Race: _____ Prior abuse
victim ___ Yes ___ No

Prior substantiated abuse: ___ Yes ___ No Substance Exposure at Birth : ___ Yes ___ No

Exposed to substances post-birth: ___ Yes ___ No

Has this child ever been removed from your care? ___ Yes ___ No

If yes, what

date(s)? _____

Reunified? ___ Yes ___ No If yes, when was child

reunified? _____

Current placement (if not
reunified) _____

Date current placement was
made: _____

(4)Child name: _____

DOB: _____

Gender: _____ Race: _____ Prior abuse
victim ___ Yes ___ No

Prior substantiated abuse: ___ Yes ___ No Substance Exposure at Birth : ___ Yes ___ No

Exposed to substances post-birth: ___ Yes ___ No

Has this child ever been removed from your care? ___ Yes ___ No

If yes, what

date(s)? _____

Reunified? ___ Yes ___ No If yes, when was child

reunified? _____

Current placement (if not
reunified) _____

Date current placement was
made: _____

(5)Child name: _____

DOB: _____

Gender: _____ Race: _____ Prior abuse
victim ___ Yes ___ No

Prior substantiated abuse: ___ Yes ___ No Substance Exposure at Birth : ___ Yes ___ No

Exposed to substances post-birth: ___ Yes ___ No

Has this child ever been removed from your care? ___ Yes ___ No

If yes, what

date(s)? _____

Reunified? ___ Yes ___ No If yes, when was child

reunified? _____

Current placement (if not
reunified) _____

Date current placement was
made: _____

(6)Child name: _____

DOB: _____

Gender: _____ Race: _____ Prior abuse
victim ___ Yes ___ No

Prior substantiated abuse: ___ Yes ___ No Substance Exposure at Birth : ___ Yes ___ No

Exposed to substances post-birth: ___ Yes ___ No

Has this child ever been removed from your care? ___ Yes ___ No

If yes, what

date(s)? _____

Reunified? ___ Yes ___ No If yes, when was child

reunified? _____

Current placement (if not
reunified) _____

Date current placement was
made: _____

Do any of your children have any special needs? ___ Yes ___ No

If Yes, please

describe: _____

FATHERS:

(1) Child(ren's) Father's

name: _____ Birthdate: _____

Address: _____ Phone

#: _____

Father to which

children? _____

Does the Father of your child(ren) see the child(ren)? ___ Yes ___ No

Is there a parenting plan/custody agreement filed legally? ___ Yes ___ No

Does the father of your child pay child support? ___ Yes ___ No Amt: \$ _____ /Month

Does the father of your child have other children? ___ Yes ___ No How many? _____

Where do they

reside? _____

(2) Child(ren's) Father's

name: _____ Birthdate: _____

Address: _____ Phone

#: _____

Father to which

children? _____

Does the Father of your child(ren) see the child(ren)? ___ Yes ___ No

Is there a parenting plan/custody agreement filed legally? ___ Yes ___ No

Does the father of your child pay child support? ___ Yes ___ No Amt: \$ _____ /Month

Does the father of your children have other children? ___ Yes ___ No How many? _____

Where do they

reside? _____

(3) Child(ren's) Father's

name: _____ Birthdate: _____

Address: _____ Phone

#: _____

Father to which

children?: _____

Does the Father of your child(ren) see the child(ren)? ___Yes ___No

Is there a parenting plan/custody agreement filed legally? ___Yes ___No

Does the father of your child(ren) pay child support? ___Yes ___No Amt:

\$ _____/Month

Does the father of your children have other children? ___Yes ___No How many? _____

Where do they

reside? _____

(4) Child(ren's) Father's

name: _____ Birthdate: _____

Address: _____ Phone

#: _____

Father to which

children?: _____

Does the Father of your child(ren) see the child(ren)? ___Yes ___No

Is there a parenting plan/custody agreement filed legally? ___Yes ___No

Does the father of your child(ren) pay child support? ___Yes ___No Amt:

\$ _____/Month

Does the father of your children have other children? ___Yes ___No How many? _____

Where do they

reside? _____

Is there anything else we should know about the father(s) of your child(ren)? ____ Yes ____ No

If yes, please

describe: _____

Emergency Contact & Referring Agency Information:

Emergency contact

name: _____ Relationship: _____

Phone: _____ Address: _____

____ E-mail: _____

Referring

Agency: _____

Contact Person: _____

Phone: _____

Address: _____

E-mail: _____

Resident Criteria reviewed and signed? ____ Yes ____ No

Release of information "Client" & "Witness" signed? ____ Yes ____ No

Potential Resident signature _____

Date: _____

SCH Treatment Motivation Scales

Circle the answer that shows how much you agree or disagree with each item that describes you and/or the way you have been feeling lately.

Strongly Disagree..... Disagree..... Not Sure..... Agree..... Strongly Agree

1 2 3 4 5 6 7

1. My drug/alcohol use is a problem for me.

1 2 3 4 5 6 7

2. I need help in dealing with my drug/alcohol use.

1 2 3 4 5 6 7

3. I have too many outside responsibilities now to be in the Second Chance Home program.

1 2 3 4 5 6 7

4. My drug/alcohol use is more trouble than it's worth.

1 2 3 4 5 6 7

5. I could be sent to jail if I am not in the SCH program.

1 2 3 4 5 6 7

6. My drug/alcohol use is causing problems with the law.

1 2 3 4 5 6 7

7. The SCH program seems too demanding for me.

1 2 3 4 5 6 7

8. My drug/alcohol use is causing problems in thinking or doing my work.

1 2 3 4 5 6 7

9. It is urgent that I find help immediately for my drug/alcohol use.

1 2 3 4 5 6 7

10. I feel a lot of pressure to be in the SCH program.

1 2 3 4 5 6 7

11. My drug/alcohol use is causing problems with my family or friends.

1 2 3 4 5 6 7

12. The SCH program may be my last chance to solve my drug/alcohol problems

1 2 3 4 5 6 7

13. I am tired of the problems caused by drugs/alcohol.

1 2 3 4 5 6 7

14. The SCH program will not be very helpful to me.

1 2 3 4 5 6 7

15. My drug/alcohol use is causing problems in finding or keeping a job.

1 2 3 4 5 6 7

16. I have legal problems that require me to be in the SCH program.

1 2 3 4 5 6 7

17. I plan to stay in the SCH program for awhile.

1 2 3 4 5 6 7

18. I will give up my friends and hangouts to solve my drug/alcohol problems.

1 2 3 4 5 6 7

19. I can quit using drugs/alcohol without any help.

1 2 3 4 5 6 7

20. My drug/alcohol use is causing problems with my health.

1 2 3 4 5 6 7

21. I want to get into the SCH program because someone else wants me to.

1 2 3 4 5 6 7

22. I am concerned about legal problems.

1 2 3 4 5 6 7

23. My life has gone out of control.

1 2 3 4 5 6 7

24. My drug/alcohol use is making my life become worse and worse.

1 2 3 4 5 6 7

25. The SCH program can really help me.

1 2 3 4 5 6 7

26. I want to be in a drug/alcohol treatment program.

1 2 3 4 5 6 7

27. My drug/alcohol use is going to cause my death if I do not quit soon.

1 2 3 4 5 6 7

28. I want to get my life straightened out.

1 2 3 4 5 6 7

29. I have family members who want me to be in treatment.

1 2 3 4 5 6 7

Current house plan for Client as agreed upon by providers

CLIENT _____ **Date** _____

OVERSIGHT PROVIDER(S): _____

(i.e. Child Protective Services, Department of Corrections, Probation & Parole, Tribal Social Services, etc..)

1) **Approved Contacts:** *(Please provide Full name, contact # and specify what form of desired contact)*
Provider Initials/SCH Initials

2) **Children's visitation stipulations:** *(FSN visits? Supervised/Unsupervised visits? DFS visits? Family visits?)*
Provider Initials/SCH Initials

3) **Financial obligations:** *(Please specify any financial obligations, for SCH \$200 monthly program fee, a minimum of \$20 into savings every month)*

Provider Initials/SCH Initials

The Center for Children and Families will hold each resident accountable for the following:

1. ***Maintaining a weekly schedule & check in and out of the house*** – Residents must fill out and turn in a weekly schedule. Initially CFCF requires each participant to attend dinner each evening between 5pm-6:30pm and a House meeting on Monday's 8pm-10pm. Eventually, residents are also required to attend Seeking Safety and Celebrating Families, as well as various life-skills classes (Fridays 1:30pm-3:00pm). Residents are expected to be at the home unless otherwise engaged in a treatment or parenting related event/activity. Curfew is 9pm unless otherwise approved.
2. ***Monitoring of Medication*** –Residents are expected to take ALL medications as prescribed. CFCF does NOT administer medications, we merely monitor them. All prescription medications are kept in a locked container in the staff office and each resident must request their medications from staff. The resident and staff then each initial a med log confirming this exchange.
3. ***Monthly Budgeting, Savings and Program Fees*** – Residents are responsible for completing a monthly budget (with case management staff), placing some money in savings (as able) and paying a \$200 monthly program fee. Fees are due no later than the 5th of each month. Residents will not be denied entry or discharged from the program for inability to pay.
4. ***House Chores and Meals*** – Residents will be assigned house chores. Chores/tasks are rotated each week. Each resident is also responsible for cooking dinner one night a week for all of the families. Residents are on their own for breakfast and lunch.
5. ***House Visitation times*** – CFCF will hold residents and their approved visitors accountable to the specified visitation hours of the program. These hours are Saturday and Sunday from 10am to 2pm. Any other visitation time must be pre-approved by the team.
6. ***UA Testing*** – If appropriate CFCF will hold residents accountable to UA testing through Community Solutions Inc. This is only in the case that a resident is NOT involved with any other agency such as CPS or P&P.
7. ***Case Management*** – CFCF provides case management services to residents. They are required to attend weekly meetings with their assigned case manager. House staff holds residents accountable specifically to the services/house rules noted above. Consistent failure to abide by house rules, move toward stated goals, or compromising the safety of other residents or staff in the home may result in termination from the program.

(When applicable) The Department of Child & Family Services – Protective Services (CPS) will hold residents accountable for:

1. **Department Treatment Plan Tasks** - This includes but is not limited to UA testing, visitations, treatment requirements, various scheduling requirements and any/all specified requirements deemed necessary by the department.
2. **Approving/Authorizing Visitors/Contacts** – The assigned Protection Specialist is responsible for approval/disapproval of all contacts for a CFCF resident. This worker is also responsible for specifying which form of contact they are approving (in-person, on-site, off-site, phone, letter).
3. **Unsupervised Contact** – The assigned Protection Specialist is responsible for specifying when and where a resident may be unsupervised with their children. CFCF will not grant permission for any unsupervised time unless approved by the Department.
4. **Changes** – The assigned Protection Specialist is responsible for informing CFCF staff of any changes to the treatment plan, legal status, approved visitors/contacts and/or level of unsupervised contact with the children. CFCF will not adjust/make changes to resident status without communication from the Department.
5. **Funding** – The assigned Protection Specialist is responsible for assisting the resident and CFCF staff with locating/arranging appropriate funding for recommended services. CFCF will work cooperatively with CPS and may be able to help financially in a limited capacity, however, CFCF is the payee of LAST resort.

(When applicable) Department of Corrections/Probation and Parole/Drug Court will hold residents accountable for:

1. **Rules of Supervision** – This includes but is not limited to UA testing, scheduling, employment/educational/treatment goals, payments, and other Court ordered conditions.
2. **Authorized Visitors** – The assigned supervising agent is responsible for approval/disapproval of all contacts for a CFCF resident. This worker is also responsible for specifying which form of contact they are approving (in-person, on-site, off-site, phone, letter).
3. **Changes** – The assigned supervising agent is responsible for informing CFCF staff of any changes to the treatment plan, legal/probation status, incarceration status, and approved visitors/contacts. CFCF will not adjust/make changes to resident status without communication from the Department
4. **Fees/Fines** – The assigned supervising agent is responsible for holding the resident accountable for any fees and/or fines they may have and for informing CFCF of any changes in these for budgeting reasons.

Other Agencies/Stipulations/Special Considerations:

1.

2.

Comments/Notes: _____

We would like you to consider yourself part of the CFCF Treatment Team and to engage as you are able in the planning/staffing of the CFCF resident you are supervising. We will keep an open line of communication open with you at all times and encourage you to do likewise. Additionally, **you have an open invitation to our weekly resident staff meetings, Wednesday mornings @ 9:30am (1501 14th Street W. – 2nd floor conference room).** Thank you!

**SECOND CHANCE HOMES- THE CENTER FOR CHILDREN & FAMILIES
AUTHORIZATION FOR THE RELEASE OF INFORMATION**

To: Center for Children & Families/Second Chance Homes Staff

From: _____

Name: _____ Birth date: _____

SS#: _____

Maiden or other name: _____

X I hereby request and authorize you to release to the Center for Children & Families/Second Chance Homes program the following information you have pertaining to my participation:

X I hereby authorize the Second Chance Homes program to release to you the specified information requested below:

Please initial by each specified area of information. If you have questions about what information you are releasing, please ask prior to initialing/signing:

- | | |
|--|---|
| <input type="checkbox"/> Intake History/Admission Information | <input type="checkbox"/> Medical/Medication records |
| <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Social Information |
| <input type="checkbox"/> Progress Notes/Reports | <input type="checkbox"/> Treatment Plans |
| <input type="checkbox"/> Chemical Dependency Assessment | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Photographs | |
| <input type="checkbox"/> Other (Credit History/Criminal History/other specified information) | |

Purpose Statement: All information requested/released is for the purpose of assessing appropriateness of placement, service needs and to facilitate coordination of necessary services

I understand that I may revoke this authorization at any time with a written request except to the extent that action has been taken in reliance on authorization (42 CFR Part 2). Otherwise, this consent will expire one year from the date listed below or at any such time I decline continued screening/participation for the Center for Children & Families/Second Chance Homes.

The following statement is for clients involved in chemical dependency counseling services: Prohibition of Redisclosure: This release accompanies records concerning a client in alcohol/drug abuse treatment. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A federal authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules may restrict any use of the information to criminally investigate or prosecute for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. I understand that there is a potential for the information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and the information may no longer be protected by the federal confidentiality rules.

Client Signature _____ Date _____
Witness Signature _____ Date _____