

# Conexiones CSS/ATS Referral Application

## **Required Documentation**

Must Accompany Your Completed Application

- PsychSocial assessment from a treatment facility
- 2. Current medication list
- 3. TB assessment

# **Fax Required Documentation To:**

**Attention:** Intake Coordinator **Fax Number:** (617) 830-8486

**Phone Number:** (617) 445-1123 x849 **Email:** cssintake@casaesperanza.org atsintake@casaesperanza.org

| Today's Date:                           |             |           |            |                        |                   |            |  |  |  |  |  |
|---|-------------|-----------|------------|------------------------|-------------------|------------|--|--|--|--|--|
| Referral Source:                        |             |           |            |                        |                   |            |  |  |  |  |  |
| Referral Source Contact                 | Name:       |           |            |                        |                   |            |  |  |  |  |  |
| Contact phone number:                   |             |           |            |                        |                   |            |  |  |  |  |  |
| Has patient been admitt                 | ed to this  | progr     | am before  | ?                      | Yes               | No         |  |  |  |  |  |
| If yes, what was the date of admission? |             |           |            |                        |                   |            |  |  |  |  |  |
| Patient Information                     |             |           |            |                        |                   |            |  |  |  |  |  |
| First Name:                             | Midd        | lle Name: |            | Last Name:             |                   |            |  |  |  |  |  |
| Date of Birth:                          |             |           |            | SS#:                   |                   |            |  |  |  |  |  |
| Insurance Provider:                     |             |           |            |                        |                   |            |  |  |  |  |  |
| Insurance Policy Number                 | r:          |           |            |                        |                   |            |  |  |  |  |  |
| Primary Language:                       |             |           |            |                        |                   |            |  |  |  |  |  |
| Race/Ethnicity:                         |             |           |            |                        |                   |            |  |  |  |  |  |
| Massachusetts resident                  | S           | No        | Veteran?   | Yes                    | No                |            |  |  |  |  |  |
| Housing: Homeless                       |             |           | Perma      | nent Residence         |                   |            |  |  |  |  |  |
| Last Permanent Address                  | 3:          |           |            |                        |                   |            |  |  |  |  |  |
| Is patient pregnant?                    | Yes         | No        | 0          | If yes, how far along? |                   |            |  |  |  |  |  |
| Does patient have a pict                | ure ID?     |           |            |                        | Yes               | No         |  |  |  |  |  |
| Legal Status                            |             |           |            |                        |                   |            |  |  |  |  |  |
| Probation                               | Parole      | ;         |            | Incarcerated           |                   |            |  |  |  |  |  |
| If any are checked include              | de the foll | owing     | : charges, | length of status,      | jurisdiction, and | conditions |  |  |  |  |  |
|   |             |           |            |                        |                   |            |  |  |  |  |  |
|   |             |           |            |                        |                   |            |  |  |  |  |  |
|   |             |           |            |                        |                   |            |  |  |  |  |  |
|   |             |           |            |                        |                   |            |  |  |  |  |  |
| Cases Pending:                          | Yes         | No        | 0          | If yes, explain        |                   |            |  |  |  |  |  |
|   |             |           |            |                        |                   |            |  |  |  |  |  |
|   |             |           | -          |                        |                   |            |  |  |  |  |  |
| Outstanding Warrants:                   | Yes         | No        | 0          | If yes, explain        |                   |            |  |  |  |  |  |
|   |             |           |            |                        |                   |            |  |  |  |  |  |
|   |             |           |            |                        |                   |            |  |  |  |  |  |

| Substance Use Diagnosis:                |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
|---|-----------|-----|-----------|-----------------|-----------------|--------|-----------|-----|---------------|--|--|--|--|
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| History:                                |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Substance                               | Last Use  |     | Frequency |                 | of Use          | Amou   | ount Used |     | Method of Use |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Medical Diagnosis:                      |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| History:                                |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Acute Medical Needs Yes                 |           |     | No        |                 | If yes, explain |        |           |     |               |  |  |  |  |
| Disabilities                            | Yes       |     | No        |                 | If yes, explain |        |           |     |               |  |  |  |  |
| Allergies                               | Yes       | No  |           | If yes, explain |                 |        |           |     |               |  |  |  |  |
| Contacts                                | Name      |     |           |                 | City/Town       |        |           | Las | t Contact     |  |  |  |  |
| Primary Care                            |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Therapist                               |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Psychiatrist                            |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Scheduled Appointmen                    | ts (medio |     |           |                 |                 |        | 1         |     |               |  |  |  |  |
| Type Appointment                        |           | Dat | e/Ti      | ime             | Locat           |        | Locatio   | n   |               |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Maria del Distribi                      | •         |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Mental Health Diagn                     | osis:     |     |           |                 |                 |        |           |     |               |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Liotom <i>u</i>                         |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| History: Previous Psych Hospitalization |           |     | es        | No              | If yes, ex      | nlain  |           |     |               |  |  |  |  |
| r revious r sych riospita               | inzation  | 10  |           | 140             | 11 yes, ex      | piairi |           |     |               |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Psychosis                               |           | Υe  | es        | No              | If yes, ex      | plain  |           |     |               |  |  |  |  |
|   |           |     |           | 1               | 1 ) = = , =     | p      |           |     |               |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Suicidal Ideation                       |           | Υe  | es        | No              | If yes, ex      | plain  |           |     |               |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
|   |           |     |           | _               |                 |        |           |     |               |  |  |  |  |
| Homicidal Ideation                      |           | Υe  | es        | No              | If yes, ex      | plain  |           |     |               |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
|   |           | 1   |           | 1               | 1.6             |        |           |     |               |  |  |  |  |
| Harm to Self or Others                  |           | Ye  | es        | No              | If yes, ex      | plain  |           |     |               |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Trauma                                  |           | \/- | 20        | No              | If you are      | nloin  |           |     |               |  |  |  |  |
| Trauma                                  |           | Ye  | :5        | No              | If yes, ex      | μιαιιι |           |     |               |  |  |  |  |
|   |           |     |           |                 |                 |        |           |     |               |  |  |  |  |
| Eating Disorder                         |           |     | es        | No              | If yes, ex      | nlain  |           |     |               |  |  |  |  |
| Lating Disorder                         |           |     |           | 110             | 11 yes, ex      | Piuii  |           |     |               |  |  |  |  |

# Program Rules and Patient Expectations

#### 1. Dress Code

- a. All patients should plan to wash and be ready for the day by breakfast (7:00 AM) unless excused by a nurse.
- b. Please wear appropriate attire, including shoes or slippers, at all times. Inappropriate attire includes clothing that displays drugs, crime, sex, violence or gang-related content; muscle shirts; miniskirts; crop-tops; hats; hoodies; sunglasses; sagging pants; or other items that leave others feeling uncomfortable or unsafe.
- c. No dangerous jewelry, including anything that could serve as a weapon.

## 2. Language & Behavior

- Please use respectful language and behavior at all times around staff, other patients, and visitors. We do not condone verbal abuse, swearing, or sexual harassment of any kind
- b. Casa has a zero-tolerance policy for threats or acts of violence toward any patient, staff, or visitor. This includes any direct or indirect threat of physical harm. This includes threating or violent use of gang-related signs and/or behavior. Engaging in threatening or violent behavior will result in immediate discharge.
- c. Willful acts of destruction/theft on or off Casa property will result in discharge.
- d. Any unwanted physical contact could be grounds for discharge.

### 3. Food & Drinks

- a. We serve three patients meals a day and also provide snacks.
- b. Please plan to be on time for meals. Patients must eat meals in the dining room unless otherwise directed by staff.
- c. Snacks are not allowed in the bedrooms, recreation rooms, or quiet rooms, only water. Patients should plan to eat snacks in the dining room. Movie Night is the only exception, on movie night patients may bring snacks only with proper clean up.

#### 4. Patient Rooms

- a. Overnight staff will do a safety check at least of once an hour.
- b. Staff check patient rooms for cleanliness and order. Patients' rooms and appearance directly reflect their recovery.
- c. Staff will also check to ensure patients' belongings do not exceed the limit of belongings allowed. Patients may request staff store excess items until discharge or arrange to have a friend or family member pick items up.
- d. Patients are not allowed in other patients' rooms or on other patients' beds.
- e. Sexual or threatening language and contact are not permitted.
- f. Patients are not allowed to be tape or tack anything to the walls. This causes destruction of property.
- g. Patients are not allowed to have pornography or things staff might consider porn.

#### 5. Wake-up & Bed

- a. Wake-up is 6:00 am daily.
- b. Patients are to be fully dressed and ready for the day by 7:00 am.

c. Curfew for all patients is 10:30 pm every night except Movie Night where they may stay up until midnight. Third shift staff will give warnings to anyone found out of bed.

## 6. Personal Belongings

- a. Patients will not share or lend ANY personal items with other patients. Belongings may include but are not limited to the following items: money, bank cards, clothes, razors, toothbrushes, deodorant, chap-stick, cups, utensils, etc. This is for your safety.
- b. The program is not responsible for any items brought into the program. We will not pay for or replace stolen items. This includes luggage.

## 7. Nightly Room Safety

- a. Staff will perform routine and random room checks for safety.
- b. Staff will knock lightly, announce quietly that they are staff, and then enter to complete the check.
- c. Patients must sleep in their own bed- not in the living room.

## 8. Groups and Counseling & Case Management Sessions

- a. Group attendance is required. We suggest patients come five minutes early to be ready for the start of each group. Please plan to to participate in group discussions.
- b. Food or drink are not allowed in groups.
- c. Patients excused from a group by a nurse may not use TV or phones.
- d. Please attend to bathroom needs before each group to prevent disruptions to the group.

#### 9. Common Areas

- a. Patients are not to sit or lie on floors, lie on couches, or put feet on furniture. Movie Nights are the only exception. On Movie Night, patients may bring pillows and blankets to lie on the floor in the living room, provided staff and patients clean the room after.
- b. Patients are not to bring pillows and blankets into the lounge, if they need to lie down they should go into their rooms. The only exception will be "movie night" then the patients are allowed to bring pillows and blankets and lie on floors -not on furniture.

### 10.Drop-offs

- a. Patients must speak with their case manager or counselor for drop-off requests. Patients may receive drop-offs between the hours of 10:00 am and 6:30 pm.
- b. Patients must schedule all drop-offs ahead of time through their counselor or case manager.
- c. The Program Director or Clinical Director must approve all drop-offs.
- d. Patients may only bring five tops, five bottoms, two pairs of shoes, and basic toiletries with them. Staff will NOT accept excessive amounts of clothes in a dropoff. Any items not listed on the form are not permitted.
- e. We cannot guarantee successful delivery of unapproved drop-offs from family/support people. Staff check all dropped-off items.
- f. All bottles and boxes that are part of the drop-off must be brand new and sealed. We will not accept drop-off of open packages or bottles (i.e. open shampoo or lotion bottles).
- g. Patients may store (at the patients' risk) excess clothing and other belongings in a locked storage area. The program does not permit access to items locked in storage following admission.
- h. The program is not responsible for any lost or stolen belongings.