

Applicant:

REAL House, Inc. has a limited number of beds, so you may be placed on a waiting list. We will process all applications in a timely manner in the order that they are received.

Please read all information carefully and completely.

All correspondence should be mailed to:

REAL House, Inc.
60 Hazelwood Road
Bloomfield, NJ 07003

Phone: 973-337-8742 / Fax: 973-680-4973

Application for Admittance
Halfway House

Today's date:

Expected arrival date:

Please Circle One:

Drug Court / SAI

County:

Name:

Alias(es):

SBI#:

Social Security #:

DOB (mm/dd/yy):

Last known address:

Please Circle One

Are you currently taking any medications?: Yes / No

If Yes, please list along with dosage:

Psychological History Report: Yes No

Bio-Psycho-Social report: Yes No

PPD/Chest X-Ray: Yes No

Discharge Summary: Yes No

Clean date:

Drug(s) of choice:

Probation officer's name:

Probation officer's number:

SAI worker's name:

SAI worker's number:

Arrival date:

Staff notes:

REAL House Inc.

Making A Difference

Questionnaire For Prospective Clients

Name: _____

1. Are you eligible to receive welfare? _____
2. Do you have your Social Security card? _____
3. Do you have a state issued ID or any other form of picture ID? _____
4. Have you ever been diagnosed with a mental illness? If yes, please explain _____

5. Do you have a prescription for psychotropic medication? If yes please list them _____

6. Do you have enough medication to last you for at least 2 weeks? _____
7. Do you have refills left on the current prescription? _____
8. Do you have any medical issues that need to be addressed? _____

9. Are you on probation or parole? If so does your probation/parole officer know where you are?

10. Do you have a copy of your PPD report? (Tuberculosis test) _____
11. Do you have an updated physical? _____
12. When would you like to enter our program? _____
13. Why do you feel that REAL House, Inc. is the place for you? _____

- 14.

All Clients coming in must have valid identification. Any clients coming from hospital or rehabilitation must have medical records sent here prior to intake.

REAL House, Inc. Intake and Screening Protocol

Prior to entrance into REAL House Inc.'s treatment facility all clients MUST have a face to face interview with someone in the intake office. The intake process will not take place until this has been completed. If a client is incarcerated please do not send any paper work to REAL House Inc. until two months prior to their release.

To all perspective clients: Proper records release information.

Please fill in the name of the person who will be in contact with us concerning your intake here at REAL House Inc. Without a release of information filled out properly we cannot give out any information concerning your intake screening and this will slow down the process of your acceptance into our program.

How to fill our record release

Only one name per document

Your name on first line

Name of the person or agency that will have contact with REAL House Inc.
(Probation, attorney, etc.)

Sign name and date

Have a witness (ANYONE) sign and date last line

Make sure to include the following with you intake application

1. A medical report
2. A psychological evaluation
3. A record of your criminal history with date(s)
4. Properly filled out and completed record release(s) to help with the intake process.

42 CFR – Part 2 and 45 CFR Parts 160 and 164
REAL House, Inc.
Record Release Request Form

I, _____, hereby give
(Name of patient/client)

permission for _____
(Name of Agency, which is to make disclosure)

to release from my files the following information: Any and all identifying data, medical status, and complete summary of treatment services
(Extent or nature of information to be disclosed)

This information is to be released to REAL House, Inc.
(Name of person/organization to which the disclosure is to be made)

The purpose of this disclosure is to assist the aforementioned client in meeting all obligations, clinical and legal.

This information may be given: As needed/When Needed
(Indicate frequency)

This consent is subject to revocation at any time except to the extent that the action has been taken in reliance thereon, and will otherwise expire on: 30 days after discharge
(Date, event, or condition)

The confidentiality of the information disclosed from your records is protected by Federal Law. Federal Regulation (42CFR – Part 2) prohibits any further disclosure of said information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A General Authorization for the release of medical or other information is not sufficient for this purpose.

Signature of Patient or Person authorized by Law to give consent Date

Signature of Witness Date

This Release Form comports with requirements of HIPAA Privacy Rule Regulations at 45 CFR Parts 160 & 164

42 CFR – Part 2 and 45 CFR Parts 160 and 164
REAL House, Inc.
Record Release Request Form

I, _____, hereby give
(Name of patient/client)

permission for _____
(Name of Agency, which is to make disclosure)

to release from my files the following information: Any and all identifying data, medical status, and complete summary of treatment services
(Extent or nature of information to be disclosed)

This information is to be released to REAL House, Inc.
(Name of person/organization to which the disclosure is to be made)

The purpose of this disclosure is to assist the aforementioned client in meeting all obligations, clinical and legal.

This information may be given: As needed/One time only
(Indicate frequency)

This consent is subject to revocation at any time except to the extent that the action has been taken in reliance thereon, and will otherwise expire on: 30 days after discharge
(Date, event, or condition)

The confidentiality of the information disclosed from your records is protected by Federal Law. Federal Regulation (42CFR – Part 2) prohibits any further disclosure of said information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A General Authorization for the release of medical or other information is not sufficient for this purpose.

Signature of Patient or Person authorized by Law to give consent Date

Signature of Witness Date

This Release Form comports with requirements of HIPAA Privacy Rule Regulations at 45 CFR Parts 160 & 164

42 CFR – Part 2 and 45 CFR Parts 160 and 164
REAL House, Inc.
Record Release Request Form

I, _____, hereby give
(Name of patient/client)

permission for _____
(Name of Agency, which is to make disclosure)

to release from my files the following information: Any and all identifying data, medical status, and complete summary of treatment services
(Extent or nature of information to be disclosed)

This information is to be released to REAL House, Inc.
(Name of person/organization to which the disclosure is to be made)

The purpose of this disclosure is to assist the aforementioned client in meeting all obligations, clinical and legal.

This information may be given: As needed/One time only
(Indicate frequency)

This consent is subject to revocation at any time except to the extent that the action has been taken in reliance thereon, and will otherwise expire on: 30 days after discharge
(Date, event, or condition)

The confidentiality of the information disclosed from your records is protected by Federal Law. Federal Regulation (42CFR – Part 2) prohibits any further disclosure of said information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A General Authorization for the release of medical or other information is not sufficient for this purpose.

Signature of Patient or Person authorized by Law to give consent Date

Signature of Witness Date

This Release Form comports with requirements of HIPAA Privacy Rule Regulations at 45 CFR Parts 160 & 164