

Men's Low Intensity Residential Program

Accepting referrals beginning February 1, 2022

1211 Girard St, Bellingham, WA 98225

Admissions Phone (360) 397-8246 ext.30500

Admissions Fax (360) 397-8455 |

Admission criteria for this treatment facility has been established to meet state and federal funding guidelines, to accommodate cohabited living areas, and ensure best practices for health and safety of treatment participants.

MUST BE A RESIDENT OF WASHINGTON STATE

The admission criteria for Recovery House are outlined as follows:

1. All applicants must be 18 years or older individuals who identify as male.
2. All applicants will need to meet the diagnostic criteria for severe Substance Use Disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM), or its successor, and meets the admission criteria for ASAM Level 3.1.
3. All applicants' assessment must meet ASAM 3.1 level of care. Applicants whose assessment recommendation is outside the scope of ASAM 3.1 may be referred to another licensed treatment facility following ASAM treatment guidelines.
4. All applicants' income is at \$17,050.00 or below 30% Area Median Income.
5. All applicants must be capable of participating in program activities and independently self-perform activities of daily living (ADLs). Staffs are not able to assist residents with ADL's such as feeding, showering, toileting, taking medication, moving, cleaning, etc. Staff will review reasonable accommodation requests on a case-by-case basis.
6. All applicants must receive medical and behavioral health clearance from a community or tribal healthcare provider and/or mental health professional prior to entry.
7. Recovery House cannot accept applicants who are registered sex offenders. Lifeline Connections staff will use the Dru Sjodin National Sex Offender public website <https://www.nsopw.gov/en/> to screen for sex offenders.
8. Any applicant will not qualify for services if they have self-reported or documented any of the following convictions or pending charges: arson in the past 5 years, assault in the past 2 years, crime involving use of a weapon in the past 5 years.

Men's Low Intensity Residential Referral Form

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Admissions Phone (360) 397-8246 ext.30500

Lifeline Connection Admissions Fax (360) 397-8455 |

Legal Name of Individual: _____
DOB (mm/dd/yy): _____
Referent information:

CHECK LIST FOR REFERRANT

- Faxed SUD assessment 3.1
- Provided documents to support 30% AMI (last months tax return or statement of no income)
- Faxed Medical Clearance Screening Tool
- Faxed Mental Health Clearance Screening Tool

NOTE: All patients must show proof of extremely low income prior to admit and day of admit

Men's Low Intensity Residential Referral Form Behavioral Health Clearance Screening Tool

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Legal Name of Individual: _____
DOB (mm/dd/yy): _____
Referent information:

Patient is able to program at 3.1 level of care <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient is stable on his mental health medications if applicable: <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient is currently not actively suicidal or homicidal: <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient is able to program and live with other men in a dorm setting: <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient cognitively able to self-administer medications: <input type="checkbox"/> Yes <input type="checkbox"/> No
All medications are current if applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>COMMENTS:</u>
Mental Health/SUDP Signature and Date of Clearance for residential treatment: