



SERENITY HILLS HUMAN SERVICE AGENCY

Preadmission Application

Serenity Hills
1526 Highway 20 NW
Watertown, SD 57201

Telephone: (605) 884-0650
Fax: (605) 884-0651

Serenity Hills is a long term therapeutic program designed to help individuals that are dual diagnosis to begin and continue a journey of recovery, healing, and wholeness.

ADMISSION PROCESS

[1] **Complete application** and return to Serenity Hills. If your application is considered we will need the following records for acceptance into our program:

- Chemical Dependency Evaluation.
- Psychiatric/Psychological Evaluation.
- TB test result (must be within the past 6 months) **If you have had a positive TB reading in the past, an x-ray and/or doctor's statement is required indicating TB is non-reactive. The x-ray and the doctor's statement must be within the past year.**
- Physical exam report (must be within the past 3 months)
- List of current medications and doses
- Picture ID

Applicants will not be considered for acceptance unless a Chemical Dependency Evaluation, Psychiatric/Psychological Evaluation and Physical Exam Report have been submitted. We are unable to accept sex offenders due to location.

[2] Serenity Hills Coordinator approves application.

[3] If accepted, the coordinator will **contact** the referent or applicant with approval of admission.

[4] The name will placed on our waiting list and/or an **admission date** will be set.

If accepted we will need:

- Copy of 2 forms of identification
- Copy of Insurance/Medicare/Medicaid cards
- Copy of Court Order (if applicable)
- Birth Certificate
- Copy of previous Tax Form and/or current W-2's
- Discharge Summary from most recent Drug/Alcohol or Mental Health Treatment

LENGTH OF STAY

Recommended length of stay of AT LEAST six months, but generally up to one year. This may vary according to individual need.

UPON ARRIVAL IT IS REQUIRED THAT YOU BRING:

- **Medications – At least 2-4 weeks supply and copy of orders and prescriptions**

PERSONAL EFFECTS

What to bring:

Seasonal, casual clothing(no more than 7 outfits)	Sweatshirt(2-3)
Seasonal coat or jacket(limit 2)	Socks and Underwear(limit 10 pair)
Small amount of spending money	Laundry soap
Personal hygiene items-4 bottles max	Alarm clock
Music with earphones	Nicotine, if you use
Shoes-no more than 3 pair	

Items NOT allowed:

Any form of weapon	Any items that are obscene or promote violence
Pornographic material	Any item that promotes the consumption of drugs or alcohol

Maximum allowance of personal property for Serenity Hills Residents

Clothing:

- 7 – Shirts
- 7 – Pants/shorts (shorts must be at least mid-thigh length or longer)
- 3 – Sweatshirts
- 2 – Dress outfits
- 1 – Jacket
- 1 – Winter coat
- 5 – Pairs of shoes
- 3 – Sleepwear items
- 10 – Pairs of under wear and socks
- 3 -Hats/headwear
- 2 – Pairs of gloves
- 4 – Work clothing items

Residents:

This is the maximum property you are allowed to have in your rooms. We will give you 14 days to get rid of any extra/excess property you may have in your rooms. Please call a family member/friend/acquaintance to come pick up your remaining property. Serenity Hills WILL NOT store these items. If you do not have anyone come pick up your property within the 14 day time frame, your items will be donated.

Note: You may rent a storage unit at your own expense.

PLEASE KEEP THESE 2 PAGES AND GUIDELINES FOR YOUR RECORDS



**SERENITY HILLS
HUMAN SERVICE AGENCY**

Preadmission Application

**Serenity Hills
1526 N. Hwy 20
Watertown, SD 57201-5746**

**Telephone: (605) 884-0650
Fax: (605) 884-0651**

Please complete the following application for admission into the Serenity Hills Halfway House facility. Please address it: Attention: Deborah A. Hamer, Serenity Hills/Coordinator.

Today's Date: _____

IDENTIFYING INFORMATION:

Name: _____ DOB: _____ Age: _____

Male _____ Female _____ Social Security No.: _____

Home Address: _____
Number Street City State Zip County

Telephone Number: Home _____ Work _____

Current Address: _____
Number Street City State Zip County

Marital Status: Never Married _____ Married _____ Widowed _____ Divorced _____ Separated _____

Mother's First Name _____

REASON FOR REFERRAL:

Name of Referent or Agency: _____

Address of Referent: _____
City State Zip

Telephone Number of Referent: _____

Relationship to Referent: _____

Please briefly describe the reason that you or the person that you are referring needs a halfway house program:

How long do you estimate that you or the person that you are referring needs to receive halfway house services?

What date would applicant be available for admission? _____

CHEMICAL USE HISTORY: In the boxes below, please be very specific in indicating the type of chemicals that you have used, your first use and last use of these chemicals, and how much you typically used them.

What is your drug of choice? _____

Substance	Age of First Use	Frequency of Use (Most Recent Pattern)	Form of Use (Inhaling, Smoking, IV, etc.)	Usual Amount	Date of Last Use

DRUG & ALCOHOL TREATMENT HISTORY: Please fill in the following information regarding past chemical dependency treatment:

<u>Name of Center/City</u>	<u>When</u>	<u>How Long</u>	<u>Outcome/How Long Sober?</u>	<u>Inpatient or Outpatient?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PSYCHOLOGICAL:

Please fill in the following information regarding past mental health counseling or treatment:

<u>Name of Center/City</u>	<u>When</u>	<u>How Long</u>	<u>Inpatient or Outpatient</u>	<u>Outcome</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you are currently in treatment, when are you scheduled to be discharged? _____

Are you currently seeing a psychiatrist? _____ If yes, Name _____

Name of Current Medications	Reason	Prescribing Physician	Dosage	Frequency

Are you aware of any Mental Health or Substance Use/Abuse Diagnoses that you have been given in the past? Please list what and where you were diagnosed, if you recall.

HEALTH/MEDICAL:

Name of personal or family physician: _____

Date of last physical examinations: _____

Date of last TB testing and results: _____ Where: _____

Current health or medical problems: _____

Do you have any limitations that require special assistance? Yes _____ No _____

If yes, explain: _____

FAMILY:

Please fill in the graph below:

PARENTS NAME	Age	Health	Lives in City/State	Occupation

Do you have any siblings? _____ How many? _____

Do any of them have problems with Drugs and or Alcohol, or have a mental health diagnosis?

LIVING ARRANGEMENTS:

- _____ Alone
- _____ With Other Family Member
- _____ With Parent
- _____ With Spouse and Children
- _____ With Unrelated Person
- _____ With Spouse Only
- _____ Homeless
- _____ Incarcerated
- _____ Other _____

Please list any allergies:

Medication: _____

Other Allergies: _____

Please list any major health or medical problems that you have had in the past including injuries, head traumas, surgeries, or infectious diseases: _____

EDUCATION:

What was the last year of formal education you completed? _____

Did you receive a high school diploma? Yes No (if no, do you have a GED? _____)

Please list any classes, degrees, or training that you received following high school: _____

EMPLOYMENT/VOCATIONAL:

Are you currently employed? Yes _____ No _____

If yes, where: _____ Position: _____

Have you ever been enrolled in Vocational Rehabilitation? Yes _____ No _____

When _____ Where _____

What type of job skills do you have? _____

Do you have any physical problem(s) that would limit the type of work you can do and the amount of work that you can do? _____

What type of career are you interested in long term? _____

What type of job do you plan to look for if you are admitted into Serenity Hills Halfway House? _____

Are you a veteran? Yes _____ No _____

LEGAL:

Do you currently have any legal difficulties? Yes _____ No _____

Please list: _____

Are you on parole or probation? Yes _____ No _____

Parole/Probation Officer's Name: _____

Phone Number: _____

Address: _____

Have you ever been arrested? Yes _____ No _____

If yes, please complete the following information:

<u>Date of Arrest</u>	<u>Charge</u>	<u>Were you convicted?</u> <u>Yes or No</u>	<u>Sentence/Outcome</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any court dates pending? If so, when and for what reason: _____

FINANCIAL:

Do you receive SSI or SSDI? Yes _____ No _____ \$ _____ per month

Do you have health insurance? Yes _____ No _____

Are you on Medicare or Medicaid? Yes _____ No _____ Medicare/Medicaid # _____

What is your primary means of financial support at present? _____

OTHER INFORMATION:

What would you like to accomplish while you are at Serenity Hills Halfway House? _____

Please use the space below to provide any other information that you think would be important for us to know in considering your application? _____

**THIS SECTION TO BE COMPLETED BY THE REFERRAL SOURCE
(If other than yourself)**

1. What is your relationship with the person you are referring to Serenity Hills? _____

2. How long have you worked with this individual? _____
3. How would you describe their motivation for participating in a halfway house program? _____

4. How long would you recommend they participate in a halfway house program? _____
5. Are there any medical, psychiatric, or other special forms of care that this individual would need while staying at a halfway house? _____

6. Is this applicant court-ordered to participate in the halfway house program? **Please provide us with a copy of the legal documents, if possible.**
List any court dates: _____
7. Please use the space below to provide any other information you think would be important for us to know: _____

8. How confident are you that this person will follow through with Serenity Hills? _____

9. Please list any **mental disorders** formally diagnosed:

<u>Diagnosis:</u>	<u>Has Disorder Been Treated (yes/no)</u>	<u>Level Of Stabilization</u>

10. Please answer the following questions based on your current assessment of the client:

Can this client function in a reasonably appropriate and effective manner in group therapy and other group contexts? Yes: _____ No: _____

Is this client able and willing to attain and maintain meaningful employment? Yes: _____ No: _____

Is this client willing to comply with a psychotropic medication regimen that has been prescribed for him/her? Yes: _____ No: _____

Do you see any obstacles to the client adapting to a structured therapeutic residential environment? Yes: _____ No: _____

Please use the space below for any comments related to any item that you have checked no to above: _____

_____ Name _____ Date _____ T

SERENITY HILLS PROGRAM GUIDELINES

Please review each of the following Program Guidelines very carefully and initial each one. Keep in mind that these guidelines are subject to change.

_____ New residents are expected to remain around the house for a 48 hour orientation period. This period of time is intended to give the new resident an opportunity to become acquainted with staff and other residents.

_____ Residents must have a complete physical examination supervised by a licensed Medical Physician and current TB test within 6 months prior to admission.

_____ Residents are allowed to keep a small amount of personal property at the house.

Items not allowed are:

- Firearms, switchblades, or any item deemed as a weapon by the staff
- Televisions, excessive or bulky personal belongings

_____ Serenity Hills is not responsible for property of any resident.

_____ Personal items left at Serenity Hills by the resident for a period of 30 days after discharge are disposed of at the discretion of the Program Coordinator.

_____ Objectionable and loud language is unacceptable. Profanity is not allowed.

_____ Confidentiality is expected for residents and required for staff.

---SERENITY HILLS SCHEDULE

_____ Serenity Hills places emphasis on adherence to the Daily Schedule. Each resident will assume responsibility of the Daily Schedule. It is the residents' responsibility to attend all activities as they are scheduled.

_____ Residents are required to participate in the following scheduled activities:

- weekly individual and group counseling (at least 5 hours weekly)
- weekly education and work therapy
- planned physical exercise
- planned recreational and leisure time activity
- psychosocial living skills

_____ Residents are expected to be up and dressed by 8:00 a.m. Monday through Friday and 10:00 a.m. on Saturday and Sunday. Beds must be made at this time. Residents are to be dressed appropriately.

_____ Residents are expected to maintain clean, healthy personal hygiene and appearance.

Residents will dress appropriately at all times.

- Shoes and/or socks must be worn at all times.
- Work clothes are not to be worn in the lounge/living area.
- Feet are not allowed on the furniture.
- Residents are required to wear a top and bottom for bed attire.
- Bed checks are made routinely during the night.

- No phones until daily reading on weekdays, unless going to work.

_____ Residents are prohibited from leaving Serenity Hills property unless it is with the accompaniment of a staff member or with approval from the Program Coordinator, Med Staff Coordinator or counseling staff. Residents are required to sign out when leaving the property for any reason and let medical staff know you are leaving. Residents are to record their name, reason, destination, and estimated return time. All residents are required to check in immediately upon return, a search of belongings will be done on return and possibly when leaving. PBT's/UA's may be done at any time.

MEALS

_____ Each resident is expected to attend scheduled meals as a group. Those who choose not to eat are required to be present at the meal for 10 minutes.

_____ You may make your own breakfast from 6-9AM and lunch from 11-1PM.

_____ Meals are to be eaten at the dining room table, not in TV, group or resident rooms.

_____ Only cooks and staff can be in the kitchen from 1-5:30PM

_____ No eating in the TV rooms, only the group room on weekends. Drinking in all rooms only with containers with lids.

_____ Dinner is at 5:30PM. Kitchen will stay unlocked until 9PM. Whomever mops the kitchen will lock the door when complete.

_____ WEAR GLOVES AT ALL TIMES WHEN PREPARING FOODS

_____ No dishes are to be left in resident rooms.

GROUPS

_____ Each resident is required to complete individualized assignments designed to assist them in achieving treatment plan goals.

_____ At least 5 groups are offered weekly. Residents are all required to attend 3 nightly groups.

Attendance at daytime groups is required if present.

CHORES

_____ Each resident is required to help with routine chores, cooking, and keeping their bedroom and bathroom neat and clean. A schedule of assigned chores is posted weekly.

_____ Each resident is required to complete Saturday chores which are to be completed by noon Saturday.

_____ Room Checks will be done prior to shopping.

SMOKING/CHEWING TOBACCO

_____ Smoking or chewing tobacco is not permitted in the house. Both are permitted only outdoors in designated areas.

_____ No spitting on sidewalks or within 3 foot of the sidewalk.

PHONES/VIDEO/MUSIC/TV/COMPUTERS

_____ Telephone calls are limited to 15 minutes per call on client phone. Calls are limited to 5 calls daily. Outgoing calls can be made until "bedtime." Incoming calls cannot be received after "lights out" unless there is an emergency. Abuse of phone privileges may result in revocation of phone privileges or level changes.

_____ Cell phones are to be turned in nightly. Sunday-Thursday by 10:30, Friday and Saturday by midnight. Failure to turn cell phone in results in loss of phone privileges for one day. Cell phones are a privilege and may be taken at staff discretion.

_____ Television viewing is permitted according to schedule. Sound levels of TV's must be kept at an acceptable level. Television is to be turned off during all group and meal times.

_____ Headphones need to be used with all electronic devices.

_____ Residents are allowed to access the computer for a maximum of one hour per day after achieving yellow status. Residents must obtain permission to use computer.

_____ No phone calls before 8AM

VISITING HOURS

_____ Visitation from family or friends is Saturday and Sunday from 12:30 PM until 5:00 PM. Only the Program Coordinator, Medical staff and/or counselor will make exceptions to visiting hours. Visitors are not allowed to stay overnight. Visitors are not allowed in resident room without special permission.

SHOPPING

_____ Shopping hours will be designated by staff/schedule. Staff reserves the right to inspect the resident's personal belongings/packages at any time. Receipts are necessary for all purchases and must be handed in to staff.

_____ Shopping privileges may be prevented due to OFC's and incomplete chores.

PASSES

_____ Residents may request passes:

- Yellow Level-4 hours
- Green Level-8 hours

_____ Day pass request for the week need to be submitted to staff by Thursday at 12::00p.m. and must be submitted on the Pass Request Form.

_____ Residents that have been on Yellow level less than 6 weeks will only be allowed one 4-hour pass weekly. After 6 weeks they may be allowed more at staff discretion.

_____ Residents may request overnight passes no more than one time monthly if they are on "Green Level" or "Blue Level". Overnight pass requests must be submitted to the staff 72 hours in advance and must be submitted on the Pass Request Form.

The following criteria must be met before the pass will be reviewed:

- Arrangements are made with another resident to fulfill assigned housekeeping duties

- Program/rent financial balance is satisfactory.
- Treatment Plan assignments are up to date.
- The resident is making satisfactory progress in the program.
- The resident states a clear, specific, and appropriate plan on the Pass Request Form for how they plan to spend their time while on pass, which they will be with, and means of contact.

_____ Pass Requests will not be considered if these criteria are not met.

_____ Passes for clients in the Slip Slot Program will be approved at the discretion of their primary counselor.

_____ It is important to emphasize, even if criteria is met, the staff reserves the right to use their own discretion whether the pass is therapeutic to the resident's recovery.

EMPLOYMENT

_____ All residents are expected to actively search for employment as soon as they are off the initial 48-hour orientation period and until they find work.

_____ Residents are strongly encouraged to work with Vocational Rehabilitation through Case Manager to assist in meeting TX Plan goals.

_____ All residents are expected to work fulltime; any job less than 40 hours must receive approval from the Director/Coordinator, or recommendation by psychiatrist or medical doctor.

_____ Resident receiving SSI or SSDI benefits are required to work as many hours as they can without causing problems with benefits unless approved by Director/Coordinator, psychiatrist or medical doctor.

_____ Resident is expected to search for work that is during week days (Monday through Friday). Coordinator may approve work on Saturday and Sunday.

_____ Residents will be responsible for transportation on weekends.

_____ Transportation for job search is provided Monday through Thursday.

_____ If employment is not found within the first two weeks of admission, the resident is expected to work 10-hours per week at Serenity Hills for each week without a job.

_____ Residents are expected to a) Provide staff with an accurate copy of their work schedule. This must include the days, start time, and ending time. Always sign out and check in.

DRUG TESTING/SEARCHES

_____ The use of alcohol, any type of drug, gambling, or un-prescribed OTC drugs is strictly prohibited (this includes Energy drinks). All OTC medications must be distributed, with other meds, by medical personnel.

_____ Staff reserves the right to inspect the resident's personal belongings, vehicle and rooms at any time.

_____ Random drug or alcohol screens are conducted. The resident is responsible for any charges.

_____ Room searches are completed randomly or if there is due cause. Shopping bags, coolers, backpacks, purses, pockets, socks, shoes, coats, etc. will be searched upon return to facility and/or randomly as needed.

VEHICLES

_____ Resident with proof of a valid driver's license, current insurance, registration, and staff approval will be allowed to have a vehicle at Serenity Hills. The resident's vehicle is to be used for work if transportation staff is not available and passes only , provided the resident is in the "Yellow Level" or higher.

GROUNDINGS FOR TERMINATION FROM SERENITY HILLS

The following behaviors could result in immediate termination from Serenity Hills, and will result in dropping a level, loss of pass privileges, loss of use of cell phone and computer/video game privileges:

_____ The use of mood-altering chemicals other than what is prescribed or monitored by a medical doctor or psychiatrist.

_____ Evidence the resident has brought any type of alcohol, unapproved drug, or drug paraphernalia onto Serenity Hills property.

_____ Consistent negligence in complying with any of the established program rules and expectations.

_____ Any type of violence, threat of violence, racism or sexual harassment.

_____ Any type of theft of Serenity Hills' items or other residents' property.

_____ Any form of sexual contact or behavior with another resident or staff.

_____ Residents discharged without staff approval, will not be allowed to contact other residents (phone, letters, or in person) at Serenity Hills for a period of at least 120 days following discharge.

FEES

_____ Each resident is financially responsible for their stay at Serenity Hills

_____ Each resident is responsible for the residential fee of \$12.00 per day (the residential fee is not covered by state funding).

_____ Each resident is scheduled for a biweekly financial conference with a designated staff member. Failure to meet for the financial conference will result in restrictions and/or the loss of privileges by dropping a level.

_____ Residents are required to turn in a copy of each paystub and a copy/report of other income received.

_____ Residents are expected to pay up to 70% of their paycheck up to their current balance. Failure to do so will result in loss of privileges by dropping a level.

_____ If residents balance reaches \$300, phone privileges will be taken until balance is paid in full.

_____ Each resident is responsible for Outpatient Services at the Human Service Agency and any other services utilized at other medical facilities.

_____ Each resident understands that Serenity Hills and the Human Service Agency utilize a collection agency if residents do not fulfill their financial obligations.

_____ No resident is allowed to open a checking and/or savings account using the Serenity Hills address.

_____ Residents are discouraged from borrowing or lending money amongst themselves. Serenity Hills is not responsible for financial transactions between residents.

My signature below means that I have reviewed all of the above items. I understand the program and work guidelines while I am residing at Serenity Hills. I agree to follow these guidelines.

In particular, I understand and agree:

- a. To follow Serenity Hills “Rules and Expectations” and daily schedule
- b. To have a physical examination completed within three months prior to admission or upon admission at my expense
- c. I understand if I do not show up on my scheduled admission date into Serenity Hills and I do not call to schedule another date for admission, my bed may be given to another client on the waiting list
- d. I understand that employment is required and that I am responsible to pay the \$12.00 per day residential fee

In particular, I understand and agree (please initial):

- a. To follow Serenity Hills “Rules and Expectations” and daily schedule: _____
- b. To have a physical examination completed within three months prior to admission or upon admission at my expense: _____
- c. I understand if I do not show up on my scheduled admission date into Serenity Hills and I do not call to schedule another date for admission, my bed may be given to another client on the waiting list: _____
- d. I understand that employment is required and that I am responsible to pay the \$12.00 per day residential fee: _____

I have received, read, and initialed a copy of Serenity Hills Guidelines:

Yes: _____ No: _____

By signing below, I agree to follow these “Rules and Expectations”:

Signature

Date

SERENITY HILLS LEVEL SYSTEM

INTRODUCTION

Serenity Hills uses an “accomplishment level system” to help clients earn privileges while at Serenity Hills, including greater independence and freedom while recognizing the relationship between choices and consequences. The main idea behind this accomplishment system is each client will receive increasing levels of freedom as they demonstrate increasing levels of accomplishment and responsibility.

All Serenity Hills clients are expected to follow the program rules, expectations, and conditions of the Level System.

In order to move from one level to the next, clients must meet the criteria outlined below.

TO PROGRESS FROM ONE LEVEL TO THE NEXT

Moving from one level to the next entails a staff meeting and a treatment team decision. Staff will issue opportunity for change and positive spot reports. These along with meeting TX plan objective and goals will assist the team in deciding if clients are making satisfactory or unsatisfactory progress. Spot reports are given when a staff member notices both positive and undesirable behaviors, actions and attitudes of clients.

Positive Spot reports are given any time a client demonstrates exceptional behavior, goes above and beyond in program expectations, demonstrates leadership qualities or takes initiative in the program. Positive spot reports may be used to promote clients through the level system at treatment team discretion.

An Opportunity for Change Report maybe given for the following:

- Not attending daily reading
- Refusal to attend group counseling session, leaving group early, or coming late
- Disrespect toward staff or other residents
- Failure to seek employment
- Non-compliance with medication
- Failure to participate in a program of recovery
- Failure to maintain financial responsibility
- Uncompleted chores and room responsibilities

Opportunity for Change (OFC) reports may be used to drop a client from one level to another, or impede someone from increasing up a level, at treatment team discretion. They also will affect passes and other privileges. Three OFC's will result in an unsatisfactory week and loss of privileges. This will include but are not limited to loss of phone, loss of computer privileges, loss of pass requests and loss of other electronic devices.

After two unsatisfactory weeks the resident will be dropped a level and continue to lose other privileges

If a client violates any of the infractions listed below, he/she will automatically move down a level in order to ensure fairness with the other clients and to teach responsibility:

- Use of a mood altering chemical other than what is prescribed by a physician
- Any form of violence or threat of violence
- Sexual contact or relations with another client

Clients who choose to engage in any of the above listed behaviors are also subject to discharge from Serenity Hills.

Red Level Requirements (Entry Level)

Client is assigned this level upon entry and will remain on this level for at least 21 days.

He/she will also need to fulfill the outlined procedures in order to successfully move off this level.

- a) Client is not allowed to leave the premises for the first 48 hours.
- b) Client will be oriented to SH policies/procedures:
 - Levels
 - Expectations
 - Responsibilities (chores, therapy attendance, seeking employment)

He/She will also:

- a) Meet with a MH/CD Counselor individually for an updated evaluation within 15 days and to design a treatment plan within 30 days.
- b) Meet with Vocational Specialist to schedule an intake at Vocational Rehabilitation Services.
- c) Meet with designated staff for financial conference.
- d) Orientation to group choices, therapy services and daily schedule.
- e) Schedule an appointment with psychiatrist or PA.
- f) Taking meds as prescribed
- g) Meet with CARE Representative

Privileges:

- a) Use of phone 15 minutes daily.
- b) Weekend visits with family members and/or significant others on site.
- c) Can attend AA/NA with SH group.
- d) Go off site with Vocational Specialist and staff.

Yellow Level Requirements (typical stay on this level when meeting guidelines is at least 3 months)

To obtain this level, client must:

- a) Have been here for at least 21 days
- b) Participated in five hours group or individual therapy sessions weekly
- c) Completed all assigned house chores and community obligations
- d) Be employed, actively seeking employment or have circumstance that is approved by coordinator and counseling staff
- e) Be current with financial arrangements
- f) Have no more than one negative spot report weekly
- g) If not gainfully employed, complete extra household chores as assigned
- h) Be actively participating in program of recovery

Privileges:

- a) All privileges of Red Level
- b) Can attend church and AA meetings.
- c) Can participate in social group outings.
- d) Can use Internet for 30 minutes per sign up, not to exceed one hour per day.
- e) If available, can use video games for one hour per day.
- f) Can leave on pass for up to four hours.
- g) Can order out on weekends if paying for it out of own money.
- h) Use of vehicle for employment and passes
- i) Cell phone may be used if employed and/or meeting financial and therapeutic expectations. Cell phone will be turned in if client is not satisfactory in their level
- j) Use of vehicle

Green Level Requirements:

- Have been on yellow level at least 12 weeks
- Be current with financial obligations for rent and meds
- Be employed
- Have positive team report by treatment team, with no more than two OFC's weekly

- Be actively participating in program of recovery
- Have a sponsor in AA or NA

Privileges:

- All privileges of Yellow Level
- Home passes of 24 hours or community passes for 8 hours

Blue Star Requirements:

- Participating in discharge planning.
- Have obtained sponsor and been active with him or her for at least two months.
- Be employed for at least two months
- Have ongoing positive team report by treatment team
- Maintain satisfactory progress for two months

Privileges:

- All privileges of Green Star
- Plan for Discharge

My signature below means that I have reviewed all of the above items. I understand the program and work guidelines while I am residing at Serenity Hills. I agree to follow these guidelines.

I have reviewed the entire above Program Guidelines. A staff member has also verbally reviewed and explained them to me. I understand all of the Program Guidelines: and I understand that my signature below means that I am willing to follow all of the Program Guidelines.

HUMAN SERVICE AGENCY/ SERENITY HILLS GRIEVANCE PROCEDURE:

1. All clients will be informed at the time of admission as to their rights and the procedure to follow if those rights have been violated. The grievance procedure is described on the form entitled "Consumer Rights and Responsibilities" which the client as well as a staff member signs during the intake process. The completed form is filed in the client's case record. The steps to this procedure are also displayed for public view at the main agency.

2. If a client, legal guardian, or advocate has concerns about the services provided them or they believe their rights are being violated, they are urged to:

- Discuss the matter with their primary counselor and attempt to reach an agreeable solution;
- If issue is not resolved, client will contact clinicians immediate supervisor.

c. If satisfaction is not obtained from either the primary counselor or clinical supervisor, the client should take the grievance directly to the President/CEO. They are encouraged to contact the President/CEO expressing their concerns.

d. Upon notification of the grievance, the President/CEO will do one or more of the following as appropriate and necessary:

1. Review the client's case record;
2. Consult with a counselor and/or the counselor's clinical supervisor;
3. Consult directly in person or via the telephone with the client who has filed the grievance.

e. The President/CEO will provide a written response to the client who has filed the grievance within 14 days outlining the results of the investigation and/or the steps that will be taken to resolve the grievance.

f. Clients are also informed they may contact the South Dakota Department of Social Services, Division of Community Behavioral Health, Hillsview Plaza, 521 East Sioux

Avenue

Pierre, SD 57501, Phone: (605) 773-5991 or (800) 265-9684.

g. The Division of Behavioral Health will respond in writing to the consumer regarding the outcome of their review.

Rev. 2-14-17 DH