St. Christopher's Inn
Residential Treatment Services
21 Franciscan Way / PO Box 150 - Graymoor
Garrison, NY 10524
Website: *www.stchristophersinn.org*

Admissions Referral Form

Office Hours: Monday ~ Friday: 8:00 a.m. to 4:30 p.m.
Phone: 845-335-1020 • FAX: 845-424-4537 • Email: sciadmissions@atonementfriars.org

Self-Referrals: Please call our Admissions Office at 845-335-1020 for a screening.

Referral Agencies: Complete ALL pages; then FAX to Admissions (845-424-4537).

Client Name:_____ Agency Name:_____

Client D.O.B:_____ Contact Name: _____

Social Security No#_____ Phone Number:_____

Insurance Plan:_____ FAX Number# _____

Medicaid CIN#_____ Email:_____

~ or Insurance ID#_____ _____

◆Referral Agencies: Please INCLUDE ALL the following info with this referral:

- ❑ Insurance information
- ❑ List of Medications & Diagnoses
- ❑ History & Physical Exam
- ❑ Bio-Psychosocial
- ❑ Psych Eval if on psychotropic meds

❑ TB Test Results: *Any ONE of the following*: ❑ PPD -or- ❑ Chest X-Ray -or- ❑ QuantiFERON Gold test

TB Test Results: If "+" PPD history, a negative chest x-ray within the past 12-months or a QuantiFERON Gold blood test must be obtained.

◆Please answer ALL of the following:

1. Client Discharge Date:_____
2. Date of last TB Test?_____
3. Date of last H & P ? _____ Note: *If H&P was completed at your facility, it must be signed by an MD or NP and provided with this form.
4. Registered Sex Offender? ❑ NO ❑ YES – If 'yes', which LEVEL? 1, 2 or 3
5. Any Seizure History? ❑ NO ❑ YES
6. Client's Preferred Language: _____

~ COMPLETE PAGES 2, 3 & 4 ~

St. Christopher's Inn ~ Admissions Referral Form

◆ **PSYCHIATRIC HISTORY / Diagnoses** ~ Provide psychiatric evaluation if available.

_____

_____

_____

◆**MEDICAL HISTORY** ~ Provide documentation for any recent hospitalizations (i.e., surgeries, medical conditions, etc.) _____

_____

_____

◆**CURRENT MEDICATIONS** ~ Submit a LIST of all your client's current medications.

_____

IMPORTANT:

If client is prescribed medications, you must be E-scribed to our PHARMACY.
****Clients should be made aware that they may be responsible for medication Co-Pays.**

Prescription Center
296 Route 59 – PO Box 64, Tallman, New York 10982
Phone: (845) 368-9700 / FAX: (845) 368-4056

◆**PENDING APPOINTMENTS:**

MEDICAL:_____

LEGAL:_____

OTHER:_____

We appreciate your referral to St. Christopher's Inn. Our Admission Staff will contact you upon review of this referral packet. The Admissions Office is open Monday through Friday: 8:00 a.m. to 4:30 p.m.

Please Note:

Medical clearance during pre-admission does not guarantee acceptance into St. Christopher's Inn. Upon arrival: The Admission's nurse will conduct a complete assessment, and final determination will be made regarding the status of admission into our recovery program.

RESIDENT FREQUENTLY ASKED QUESTIONS

St. Christopher's Inn ~ 21 Franciscan Way (PO Box 150), Garrison, N.Y. 10524

Can I have my cellphone while in the program? No cellphones / no Smartwatches / no laptops / and no Tablets. Your cellphone will be securely stored and may be used at the discretion and supervision of your counselor. Residents are permitted three phone calls per week using a phone card (obtained from us for $5.00). One phone card will provide ten phone calls; any additional calls need counselor approval.

Am I allowed to have visits? We have a family program. Thirty days after admission, your counselor will work with you to set a date for a family visit supervised by your counselor.

How long until I can go out on my own? When you are not in meeting sessions, you have the freedom to go outdoors on our property during 'free' time. You are not permitted to leave the grounds unless you have an approved appointment for which we will provide transportation.

How many people sleep in a room? We have 13 dormitories. Depending which dorm you are in, the number of beds in a dorm range from 7 to 18 men in a room.

Am I allowed to get a job? You are not permitted to obtain an outside job. While here you are assigned a vocational activity on premises as part of your treatment plan.

How many meetings per day? Three meetings: a small group, a lecture, and an evening AA/NA meeting.

Is this a smoking facility? Can I bring my own cigarettes/vape? This is currently a smoking facility with a limited tobacco program (i.e., *designated smoking times and cigarette tapering*). You may bring your own cigarettes (*packs must be sealed and handed to security upon arrival*). NO Vapes/Vaping allowed. If brought with you, ALL vaping devices will be discarded.

How long is this program? The length of your stay depends on your treatment plan, goals, and insurance coverage. Typically, our residential treatment program is about 90 days or longer. Your length of stay ultimately depends on when you meet your individual goals and what your insurance will cover.

Is this facility co-ed? No, we have only MALE residents.

Is transportation provided to outside AA meetings? No, we have an onsite AA meeting each evening.

Do you offer weekend passes? No.

Does this facility have a gym? We have a workout room with exercise machines and weights that can be utilized during your free time.

Do you help with housing? We offer referrals for your aftercare plan and aid in finding sober housing. We do *not* aid in obtaining rentals, applying for Section 8 or that type of housing.

Am I allowed to use a computer/laptop? With permission from your counselor for specific reasons.

Can I attend school? Do you offer any classes or help finding classes or college? Not at this current time, but a program called Access VR is part of your aftercare and they do aid in the education process.

****By signing below, I acknowledge that I have read the above document and understand its contents.**

_____	_____	_____
Print Name	**Signature**	**Date**
_____	_____	_____
Witness Print Name	**Witness Signature**	**Date**

Notice Regarding Department of Social Services/Human Resources Administration Benefits and NYS OASAS Part 820 Residential Treatment Program

1. **There are three levels of benefits typically provided by DSS/HRA:**
    a. Congregate Care Level II — Room and Board
    b. SNAP — Supplemental Nutrition Assistance Program
    c. PNA — Personal Needs Assistance
2. **As a resident of a NYS** OASAS approved Part 820 Residential Treatment Program you will be required, if eligible, to apply for all DSS/HRA benefits as described above.
3. **If you have an active DSS/HRA benefits** case upon admission to St. Christopher's Inn, DSS/HRA will be notified of your admission, and your budget may be adjusted to include Room & Board and PNA. *Those with active benefits that include family members, your portion will be removed from the total amount provided for the family while you are here at St. Christopher's and will be restored fully when you complete treatment or if you decide to leave.*
4. **SNAP benefits** will be applied for and provided through Putnam County Department of Social Services.
5. **Room & Board and SNAP benefits** *will be made payable to St. Christopher's Inn* to support your stay here.
6. **If you are eligible for PNA**, those funds will be provided to you.
7. **If you are a recipient of** Supplemental Security Income (SSI) and/or Social Security Disability income (SSDI), you will be required to pay St. Christopher's Inn an amount for Room & Board according to the amounts set annually by the Social Security Administration for Congregate Care Level II settings.
8. **All mail from DSS/HRA and SSA** may be opened by Billing & Client Benefit Services staff so that documentation requests and other matters requiring timely action can be acted upon.

I acknowledge that I have read the above information and understand it, or it has been explained to me. Once I am admitted to St. Christopher's Inn, I understand that I will be assisted by the Billing and Clients Services Office to help with the process.

_____ _____

Client Name (Print) **Date**

_____

Client Signature