

The Illumination Foundation
Pathways to Recovery

Name _____ DOB _____

Intake Date
Identification
Social Security Card
Birth Certificate
DHS Food Stamps
Probation/Parole Notification
Pending Court Dates
Checking/Savings Account
Paycheck Stub
Sponsor Name
Sponsor's Number
Sobriety/Clean Date
Consents/Intake Complete

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Name: _____ Date of Birth: _____

Social Security Number: _____ Male/Female/Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact Information:

Name: _____ Relation: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Are you currently incarcerated?	Yes	No
---------------------------------	-----	----

If yes, current charges:

Do you have any violent or sex crime convictions?	Yes	No
---	-----	----

Do you have the following?

Birth Certificate:	Yes	No
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Marriage/Divorce Certificate:	Yes	No
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Social Security Card:	Yes	No
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Driver's License/Photo Identification:	Yes	No
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If yes, which is it?	DL	ID
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Are you married?	Yes	No
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Do you have children?	Yes	No
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If yes, how many? _____

If minor children, who has custody?

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Health Insurance:	Yes	No
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If yes, member ID: _____

Primary Care Physician:	Yes	No
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If yes:

Name: _____

Address: _____

Phone Number: _____

Medical Conditions:

Are you currently receiving mental health treatment?	Yes	No
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If yes: Diagnosis:

Therapist/Counselor Name: _____

Contact Information: _____

Are you taking Medications:	Yes	No
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If yes: Are you compliant?	Yes	No
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Name of medication & Dosage:

Do you have a history of substance use disorder?	Yes	No
--	-----	----

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Have you ever been to treatment for substance use disorder?	Yes	No
---	-----	----

If yes, please indicate where, when & if you completed.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list drugs of abuse, how much/how often used & date of your last use:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a sponsor:	Yes	No
------------------------	-----	----

If yes, name & contact information

Name: _____

Number: _____

SNAP Benefits:	Yes	No
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If no, do you wish to apply:	Yes	No
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Employment:	Yes	No
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If yes:

Where: _____

Hire Date: _____

Supervisor Name: _____

Paycheck Stub:	Yes	No
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Parole/Probation:

Yes

No

If yes, officer name & contact information:

Name: _____

Number: _____

County: _____

Pending Court Dates:

Yes

No

If yes: When: _____

Judge Name: _____

County: _____

Charges _____

Outstanding Fines:

Yes

No

If yes, how much? And where?

Active warrants:

Yes

No

If yes, where:

Attorney:

Yes

No

If yes, name & contact information:

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HS Diploma or GED	Yes	No
College or Trade School:	Yes	No

If yes: Degree or trade: _____

Checking/Savings Acct:	Yes	No
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Vehicle:	Yes	No
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If yes:

Make: _____ Model: _____

Year: _____ Color: _____ License Plate: _____

Insurance: _____

Do you pay child Support or Alimony?	Yes	No
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If yes,

How much: _____

How often: _____

Do you have a safe home environment?	Yes	No
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If yes, where & with whom? _____

Do you have family/friends who are supportive of your recovery?	Yes	No
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Are you interested in Recovery/Transitional Housing?	Yes	No
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Why are you interested in this program? _____

Disposition of Property

I, _____, authorize Illumination Foundation Pathways to Recovery (IFPTR), and any staff or volunteers representing IFPTR to release my property to:

Name: _____

Address: _____

Phone Number: _____

I understand that this party will have (7) SEVEN DAYS from the date of my departure to retrieve my property at which time it will be donated to other people in recovery.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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HOUSE Guidelines

_____ Residents agree to pay \$100 per week for program fees. **FEES ARE DUE FRIDAYS BY 6PM.** It must be paid in full and on time. If bi-weekly arrangements need to be made, please see the house director.

_____ Residents agree to give two weeks' notice before their planned departure date. All payments must be paid in full upon departure and the house key must be returned. If a resident is evicted from the house no fees will be refunded.

_____ Residents agree to always abide by curfew or will be subject to administrative action. **MONDAY- THURSDAY–10PM and FRIDAY & SATURDAY 11:00PM**

_____ Residents agree to attend a weekly house meeting. See House Manager for day and time.

_____ “One on One” Peer Sessions are voluntary, but resident must agree to work with staff to build recovery plan specific ***for and by*** you. This may include peer groups, clinical counseling, continuing education, service work, trade school, health management and more.

_____ Residents agree to attend the specific number of meetings required from Monday – Sunday. Typically, three meetings per week are required unless otherwise stated in your recovery plan. New residents are encouraged to attend daily, until employment is obtained.

_____ Residents agree to always keep up with meeting sheet. Inability to provide or keep up with the meeting sheet can be subject to administrative action.

_____ Residents agree to be actively seeking full time employment, unless otherwise stated in your recovery plan.

_____ Residents agree to sign in and out of the destination log every time you leave and return to the home.

_____ Residents agree to lock doors at all times and keep up with their assigned door key.

_____ Residents agree to be respectful of the house and its property at all times, as well as staff and all volunteers.

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_____ Residents agree not to smoke in the house. Smoking is allowed on the back porch ONLY. Smoking pots will be emptied daily. Not disposing of cigarettes properly could result in administrative action. **DO NOT hang out in the front areas/porches of the homes.**

_____ Residents agree to be fully clothed when going outside of the house for any reason, including smoking.

_____ Residents agree to not burn any candles or have any other fire or flames in the house.

_____ Residents agree to maintain daily chores as assigned and must document with initials on chart when the chore has been completed. **Chores must be done everyday.**

_____ Residents agree to be awake and ready for the day with BEDS MADE by 8:30AM each day.

_____ Residents agree to stay out of other resident's bedroom areas.

_____ Residents agree to keep room cleaned daily; including closets, all clothing items will be in the closet, hanging racks or dresser. Room must always appear neat and organized. Empty beds will be made and will not have any items stored from resident already residing in room, this also includes dressers and other storage areas meant for roommates.

_____ Residents agree to not borrow or lend to other residents in the house. IFPTR is not responsible for items lost or borrowed if rule is not adhered to.

_____ Residents agree there will be no stealing; this can result in immediate eviction.

_____ Residents agree to keep the bathroom clean after each use, i.e. picking up clothes, rinsing out the sink and tub, keeping bottles picked up and orderly, straightening up anything failed to mention.

_____ Resident agrees that there will be no intimate/sexual relationships with another resident(s) of IFPTR-*NOTE: Specialized recovery planning and guidelines will be considered for long term spouses/relationships-this is approved by IFPTR administration.*

_____ Residents agree to turn off any fans or electrical items when leaving the house.

_____ Residents agree to NOT put any Q-tips, paper towels and wipes in the toilets.

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_____ Residents agree to follow laundry procedures designated by house manager.

_____ Residents will keep all food and trash in designated areas and covered.

_____ Residents agree to wash all personal dishes after each use. There should be an empty, clean sink always in kitchen.

_____ Residents agree to not adjust thermostat without house leader's approval.

_____ Residents agree to be considerate of noise level for the entire house when other residents have gone to bed or studying.

_____ Residents agree to always be striving for progression in recovery & life. IFPTR wants you to make the most of this time with us and allow us to help you set and achieve goals that will lead you to the life you desire. We will be available to you for as long as you need providing the guidelines are being followed and progress is being made.

_____ Residents agree to be open-minded concerning 'multiple pathways to recovery'. There is no "one-size-fits-all" approach that works for everyone, and we are here to introduce residents to various recovery methods. Be respectful & supportive concerning other's pathways, and if you can't then say NOTHING AT ALL. We are all trying to learn, grow & heal.

_____ Residents agree to be randomly drug tested by staff. Drugs screens are administered at random each week (1 test) and is included in weekly program fees. Any additional testing is at the resident's cost and is \$10 each. This may be for return from pass, or when resident is requesting a test. Denial to submit to a drug screen will be considered a positive test and resident may be evicted. Residents have 2 hours to provide a urine sample after being notified of their test. If resident has positive test, and believes it to be false positive, resident may pay lab fee to have results confirmed. If lab confirms false positive, IFPTR will reimburse resident lab fees.

_____ Residents agree there will be absolutely no fighting or aggressive behavior. This will result in immediate eviction.

_____ Residents agree to refrain from spreading gossip about each other in the house.

_____ Residents agree to maintain continuous abstinence from all drugs and alcohol along with non-approved over the counter medications including CBD regardless of the amounts while residing in IFPTR, this will result in immediate eviction and forfeit their program fees.

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_____ Residents agree to active participation in recovery methods of their choosing. We encourage 12 step, Celebrate Recovery and Peer groups, to learn which recovery pathway is for you and meeting sheets must be signed to confirm weekly attendance. IFPTR has partnered with Healthworks to provide free gym memberships to our residents, and we strongly encourage residents to take advantage of this opportunity to build a healthy lifestyle.

_____ For AA/NA, residents agree to have a sponsor and be actively working the steps within the first 30 days of admission to IFPTR.

_____ Residents agree to give IFPTR staff permission to contact their sponsor/mentor to confirm interaction, if needed. Your chosen recovery must be a pathway of action, self-reflection and self-improvement.

_____ Residents agree not to disrespect other members of the house or staff, i.e., cussing, calling names, being derogatory behind someone's back. Bullying can result in immediate eviction.

_____ Residents agree to keep complete confidentiality in the house. **What happens inside the house stays inside the house**, i.e. sharing at meetings, sharing with family members and friends, Face Timing, sharing on social media. This can cause other people problems in their recovery and could lead someone to leave the house, not go to meetings and then relapse and die. **Yes, it's that serious.**

Release of Liability

This agreement releases Illumination Foundation Pathways to Recovery (IFPTR) from all liability relating to injuries both physical and psychological including death related to overdose or suicide; lost, stolen or damaged property including money; lost rent due to eviction and other issues that may occur during eviction such as not having a place to go and being forced to leave property due to the time restraint given to exit the premises.

I, _____, understand and agree, to follow all guidelines of IFPTR and its staff. I understand failure to do so can lead to my eviction.

I, _____, agree that my person and or property, including my room, my person and my vehicle may be searched at any time by staff. I understand failure to do so can lead to my eviction.

I, _____, understand that in the case of an eviction IFPTR does not provide transportation or placement of person in a safe environment. I understand this means I could be leaving on foot at any time of the day whether AM or PM.

I, _____, agree if I am evicted from IFPTR, I will not receive any refunds of program fees already paid to the facility.

I, _____, understand and consent to the monitoring with video as well as audio surveillance.

I, hereby release the staff, volunteers, Board of Directors and anyone associated with Illumination Foundation Pathways to Recovery from liability, including financial responsibility, in case of any injury or loss/damaged property, referring to both negligent and non-negligent cases caused by IFPTR and residents of IFPTR.

I, understand that by signing this form, I am giving up my right to file a suit against Illumination Foundation Pathways to Recovery for any reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.
Printed Name

Signature

Date

Witness

Date

VIDEO/PHOTO RELEASE FORM

I, _____, hereby grant permission to The Illumination Foundation or anyone associated with its staff, the right to share my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape without payment. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area. Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations.
- Courses.
- Online/Internet Videos.
- Media.
- News (Press)

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Signature: _____ Date: _____

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Authorization for Release of Information

I, _____ hereby authorize exchange of information between The Illumination Foundation Recovery Residence and _____

Name of party releasing information

Agency Name

Address

City, State, Zip Phone

Full Name

Date of Birth

Social Security Number

Information to be exchanged includes release of information concerning health related conditions, drug or alcohol abuse, drug related conditions, alcoholism and/or psychiatric/psychological conditions.

The information specifically included in this authorization is:

_____ Admission or Discharge Summary
_____ Social/Family History
_____ Physical Examination
_____ School or Job History
_____ Other

_____ Psychological/Psychiatric Assessment
_____ Current/Past Medications
_____ Laboratory Findings
_____ Treatment Plan

Purpose or need of disclosure.

A photocopy of this form is an equivalent of this form.

This information is being disclosed from record the confidentiality of which may be protected by Federal Law.

REDISCLASURE OF THIS INFORMATION IS STRICTLY PROHIBITED.

I UNDERSTAND THAT THIS CONSENT TO DISCLOSE may be revoked by me at any time by written notice except to the extent that action has been taken thereon. This consent will expire in one year (12 months) after the date below or sooner at my discretion in which case the authorization will expire on _____.

I acknowledge that I have read and fully understand this authorization.

DATE Signature of client or other legally authorized party

Signature of witness Relationship to client

Any information about drug and alcohol abuse has been disclosed to you from records protected by Federal Law. Federal regulations prohibit you from making further disclosure without written consent of the person to whom it pertains or is otherwise permitted by such regulation. A general authorization for release of medical or information is insufficient for this purpose.

Updated 9/2023

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Residents Rights

- House residents have the right to be treated with dignity and respect.
- House residents have the right to privacy at the facility and fulfillment of personal needs.
- House residents have the right to be fully informed of all services available to them.
- House residents have the right to be fully informed of all expectations for their conduct at this facility.
- House residents have the right to know why they are being discharged from the facility.
- House residents have the right to voice their opinions, recommendations, and grievances in relations to policies and services offered without fear of restraint, interference, coercion, discrimination, or revenge.
- House residents have the right to be free from physical, chemical, mental and or sexual abuse.
- House residents have the right to confidentiality of their personal medical records. Information will not be released without prior consent, except in an emergency, required by law or a legal order.
- House residents have the right to retain and use their personal clothing and belongings as space permits. You may have your personal cell phone, tablet/pc and vehicle (as parking permits). IFPTR reserves the right to search/inspect these items if behavior is suspected of putting the health of the house in harm's way.
- House residents have the right to participate in activities of social, religious and community groups of their choice.
- House residents have the right to make and receive telephone calls as well as send and receive mail.
- House residents have the right to have their rights explained to them.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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Pass Request

Resident's Name: _____

Emergency/Leisure Pass: _____

Job: _____ Current on Rent: _____

Meeting Attendance: _____

Any Write-Ups in within past 7 days? _____

Sponsor's Name/Number/Assignment: _____

Personal Cell #: _____

Address for Pass: _____

Person you will be with, Name & Number: _____

Date (s) of pass Requested: _____

Attached \$10 Drug test fee: _____

I agree that if I am I am granted this pass, I will return to house by 4:30 PM on Sunday for drug test. If not on Sunday, then by approved time set by director.

Signature: _____

Approved: _____

Denied: _____

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Drug Screen Log

Name: _____

Date & Time: _____

Observed By: _____

Position: _____

<i>Drug</i>	<i>Positive</i>	<i>Negative</i>	<i>Comments</i>
AMP - Amphetamines 500 ng/ml	_____	_____	_____
BAR - Barbiturates 300 ng/ml	_____	_____	_____
BUP - Buprenorphine 10 ng/ml	_____	_____	_____
BZO - Benzodiazepines 300 ng/ml	_____	_____	_____
COC - Cocaine 150 ng/ml	_____	_____	_____
EDDP - Methadone Metabolite	_____	_____	_____
ETG - Ethyl Glucuronide 500 ng/ml	_____	_____	_____
FEN - Fentanyl 25 ng/ml	_____	_____	_____
K2 - Synthetic Marijuana 25 ng/ml	_____	_____	_____
MDMA - Ecstasy 500 ng/ml	_____	_____	_____
MET - Methamphetamines 500	_____	_____	_____
OPI / MOP - Morphine / Opiates	_____	_____	_____
OXY - Oxycodone 100 ng/ml	_____	_____	_____
PCP - Phencyclidine 25 ng/ml	_____	_____	_____
THC - Cannabinoid (Marijuana)	_____	_____	_____
TRA - Tramadol 100 ng/ml	_____	_____	_____

Signature

Date

Staff Signature

Date

Name: _____

[illegible]

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Recovery Capital Assessment Plan and Scale (ReCAPS)

Name: _____ Date: _____

Place a number at the end of each statement reflecting your current situation according to:

1 = Strongly Disagree; **2** = Disagree; **3** = Sometimes Agree; **4** = Agree; **5** = Strongly Agree

1. I have the financial resources to provide for myself and my family. ____
2. I have personal transportation or access to public transportation. ____
3. I live in a home and neighborhood that is safe and secure. ____
4. I live in an environment that is free from alcohol and other drugs. ____
5. I have an intimate partner who supports my recovery process. ____
6. I have family members who support my recovery process. ____
7. I have friends who support my recovery process. ____
8. I have people close to me (partner, family members, or friends) who are also in recovery. ____
9. I have a stable job that I enjoy and that provides for my basic necessities. ____
10. I have an education or work environment that is conducive to my long-term recovery. ____
11. I participate in continuing care that is part of an addiction treatment program, (e.g., outpatient groups, alumni association meetings, etc.) ____
12. I have a professional assistance program that monitors and supports my recovery process. ____
13. I have a primary care physician who attends to my health condition. ____
14. I am now in reasonably good health. ____
15. I have an active plan to manage any lingering or potential health problems. ____
16. I am on prescribed medication(s) that minimizes my cravings. ____
17. I have insurance that allows me to receive help for major health problems. ____
18. I have access to regular, nutritious meals. ____

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19. I have clothes that are comfortable, clean and conducive to my recovery activities..... _____
20. I have access to recovery support groups in my local community..... _____
21. I have close and regular affiliations with members of local recovery support groups. _____
22. I have a sponsor or mentor related to my recovery..... _____
23. I have access to online recovery support groups..... _____
24. I have completed or am complying with all legal requirements related to my past. _____
25. Other people rely on me to support their recoveries. _____
26. My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery..... _____
27. I have recovery rituals that are now part of my daily life. _____
28. I had a profound experience that marked the beginning or deepening of my commitment to recovery. _____
29. I have a vision and associated goals and great hopes for my future. _____
30. I have new problem-solving skills and resources..... _____
31. I have meaningful, positive participation in my family and community. _____
32. Today I have a clear sense of who I am. _____
33. I know my life's purpose..... _____
34. Service to others is an important part of my life. _____
35. My personal values and sense of right and wrong are clear and strong..... _____

Possible Score: 175..... My Total Score: _____

Item numbers on which I scored lowest: _____

Item numbers on which I scored highest: _____

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Recovery Capital Assessment Plan and Scale (ReCAPS)

Name: _____ Date: _____

ReCAPS: Date ____: Score ____; Date ____: Score ____; Date ____: Score ____

After completing and reviewing the Recovery Capital Scale, below are my recovery goals for the next month. To move closer to each goal, I will increase my recovery capital by doing the following daily and/or weekly activities.

Goal # 1: _____

	<u>What</u>	<u>When</u>	<u>How Often</u>	<u>With Whom</u>
Activity 1:				
Activity 2:				
Activity 3:				

Goal # 2: _____

	<u>What</u>	<u>When</u>	<u>How Often</u>	<u>With Whom</u>
Activity 1:				
Activity 2:				
Activity 3:				

Goal # 3: _____

	<u>What</u>	<u>When</u>	<u>How Often</u>	<u>With Whom</u>
Activity 1:				
Activity 2:				
Activity 3:				