

Eastern Oregon Alcoholism Foundation
216 SW Hailey Ave.
Pendleton, OR 97801
Phone# 541-276-3518
Fax# 541-276-4189

REFERRAL PROCEDURE

Required Documentation:

1. A complete and current Alcohol and Drug Assessment (ASAM)
2. Completed Client Data Form (attached)
3. Current proof of income
4. Current proof of insurance (copy of insurance card prior to placement)
5. If the person referred is under a physician's care and/or has prescription drugs, medical information must be furnished prior to the intake appointment. Please include a list of medications and statements from physician indicating a client can self administer own medications. For other information see attached List of What to Bring.
6. Psychological Assessment and/or mental status must be provided if under psychiatric care.

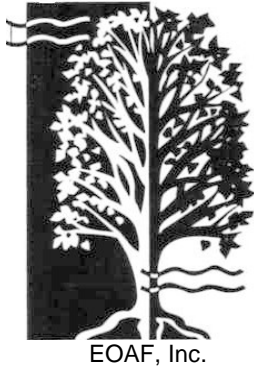
Intake Committee meets weekly to review referral packets and schedule intakes. Complete documentation is required to determine whether placement is appropriate.

For single parents (male or female) who will have children placed with them, the following must be provided to EOAF:

- Copy of medical/insurance card, both sides
- Safety plan from DHS if available
- Copy of SS cards if available
- Action agreement if available
- Psychiatric assessment if available
- Copy of birth certificates if available
- Copy of custody/Wardship papers for the child

ATTACHMENTS:

1. Program Narrative
2. List of What to Bring
3. Client Data Form (return)
4. Fees for Service



Eastern Oregon Alcoholism Foundation

Program Narrative

Since 1960, Eastern Oregon Alcoholism Foundation (EOAF) has taken pride in pursuing its mission of providing safe, secure and effective treatment for chemical dependency with the ultimate goal of fostering self sufficiency and strengthening families in Eastern Oregon. EOAF is licensed by the State of Oregon and provides a continuum of care including detoxification, residential treatment, transitional and alcohol/drug free housing.

Detoxification

Chemical dependency recovery often begins in our state of the art social detoxification center. The Detoxification Center has the bed capacity for 12 in Detox and 4 in the Respite Center. Once clients have been safely detoxified, every effort is made to transition the clients into an outpatient, residential treatment and/or connect them with local self help groups.

Residential Treatment

EOAF has 36 beds for residential treatment, 21 for women and their children and 15 for the men and their children. The initial focus of residential treatment at EOAF is a comprehensive assessment of each client using the ASAM PPC 2R. The assessment provides the necessary information for the development of a treatment program that uniquely reflects the client's recovery needs. Each client is assigned a primary counselor who will meet with the client on a weekly basis continually adapting their treatment plan to their current situation. The residential program also provides our clients the opportunity to live and work with other recovering addicts gaining from their experience and support. The purpose of the residential environment is to assist the client in establishing positive daily living skills and learning the power of the community in each individual's recovery.

The educational and therapy component of the program are designed using evidence based programming that has been proven to produce positive outcomes. The classes provide clients the opportunity to understand more about their illness, acquire new living skills, develop awareness of personal recovery obstacles, and to formulate a realistic recovery action plan.

EOAF is also committed to providing education and support to the family members and significant others of our clients. Our involvement with the family begins at admission and continues through the duration of client's stay. We involve the family members and significant others in the initial assessment phase, provide evidence based family education and assist the family in preparing for the transition of the client at the conclusion of their treatment episode.

Child Development and Parenting Program

EOAF provides treatment for addicted mothers and fathers who have children. In addition to the regular addiction treatment program, EOAF offers parents the opportunity to establish positive parenting roles with their children. Several EOAF staff including the Child Development Coordinator are certified KIPS evaluators. KIPS (Keys to Interactive Parenting Scales) is an evidence based tool that reliably assesses the quality of parenting behaviors. From the KIPS assessment, the Child Care Coordinator is able to assist the client and their counselor develop treatment objectives that address the identified parenting needs. The KIPS assessment is repeated on 30 day intervals to monitor progress on those objectives. As a result, the EOAF staff will be able to create treatment objectives that will assist the client in the development of the necessary skills for positive and effective parenting after treatment.

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LIST OF WHAT TO BRING

NOTE: Storage space is limited. You must be able to fit personal items in a four-drawer dresser. Limit children's clothing and toys. Laundry is available two times a week.

PERSONAL CARE ITEMS

- Hair care items, including shampoo
- Toothbrush
- Toothpaste
- Deodorant
- Soap
- Shaving equipment
- Feminine hygiene products

SHOES

- Comfortable shoes or sandals
- Tennis shoes to use for activities
- Slippers

CLOTHING

- Appropriate outerwear
- Sleep wear/bathrobe
- Long pants for groups
- Shirts, blouses, sweaters
- Sweatshirts
- Long shorts only
- Long skirts or dresses
- At least 3 pair of underwear
- Socks

OPTIONAL

- Personal bedding, towels
- Family pictures

TREATMENT MATERIALS

- AA/NA Self Help books
- Letter writing materials (pens, pencils, notebooks, stamps, envelopes, 2 inch ring binders)
- Treatment related books

MEDICAL CONCERNS

- Medical card/ insurance information
- Doctor's note for self-administering medications
- Prescription medications, 90 day supply
- Over the counter medications with Doctor's order
- Information about upcoming court, DHS, medical appointments

OTHER / IDENTIFICATION

- Alarm clock- No clock radio
- Oregon Trail Card
- Phone card (s)
- Picture ID
- Social Security Card
- Birth Certificate

OPTIONAL

- Petty cash (nothing over \$100.00)

DO NOT BRING THESE ITEMS	
CELL PHONES AND CHARGERS	Note that all items must be alcohol free
Any and all electronic devices: Radios, CD/DVD/MP3 players, iPod's, video games and players; Ipads / computers	Any item that contains alcohol including mouthwash, cough syrup, aftershave, perfume/ cologne.
Audio/Video Tapes/ CD's	Make up or False fingernails
Vehicles	Candy or gum
Weapons including pocket or belt knives	Sleeveless tops or shirts
Books or magazines that are not recovery oriented	Clothes with holes
Aerosol sprays	Flip Flops

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CLIENT DATA FORM

Date: _____ CPMS # _____

Client Name: _____ Age: _____ DOB: ____/____/____

Sex: () M () F Birth Name (If different than above): _____

Address: _____ City: _____

State: _____ County: _____ Zip: _____

Phone #: _____ () Home () Work () Message

Emergency Contact Name: _____ Relationship: _____
Address: _____
Phone #: _____ () Home () Work () Message

Health Insurance Info: () Oregon Health Plan () Medicare () Medicaid () VA () Other Public () None
() Private Health Ins., need name of policy holder: _____

Name of Insurance/Health Plan: _____ SS# _____

Referral Agency: _____

Address: _____

Contact Person _____ Phone #: _____

If client is requesting minor children (Age 10 & under) to accompany them, who has custody?

() Parents () Mother () Father () DHS () Grandparent () Other

Explain: _____

<u>Name</u>	<u>DOB</u>	<u>Sex</u>	<u>Special Information:</u>
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____

Other Information: DHS Caseworker _____ Phone # _____

Probation Officer: _____ Phone # _____

Other: _____ Phone # _____

Drug of choice: Primary _____ Secondary _____ IV Drug Use: () Yes () No

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Is client pregnant? () Yes () No

Any significant health problems?

Primary Physician:

Primary Dentist:

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Address: _____

Address: _____

Current Medications: _____

Physical Handicaps _____

Suicidal Ideation/Attempts? () Yes () No Explain _____

Mental Health Problems? () Yes () No Explain _____

Ethnicity: () White (Non-Hispanic) () Black (Non-Hispanic) () Native American () Asian () Alaskan Native
() Hispanic-Mexican () Hispanic-Puerto Rican () Hispanic-Cuban () Other Hispanic () Southeast Asian
() Native Pacific Islander () Other Race

Marital Status: () Single () Married () Widowed () Divorced () Separated () Living as Married

Living Arrangement: () Alone () Spouse or S/O () Parents/relatives/Adult Children () Foster Home
() Institution/Group Home () Friends/Others () Homeless/shelter () Refused/Unknown

Highest Grade Completed: _____ Currently enrolled in school? () Yes () No

Estimated Gross Income: _____

Source of Household Income: () Wages/Salary () Social Security
() SSI - Federal () Dividends/Interest
() Public Assistance/Welfare () Alimony/Child support
() Pension/Unemployment/Veterans () Other () None

Number of People in Household Dependant upon household income:

_____ Under 6 _____ 6 - 17 _____ 18 - 64 _____ 65+

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FEES FOR DETOXIFICATION AND RESIDENTIAL TREATMENT

**Services are billed based upon designated fees, contracts and sliding fee scale schedule.
Please call to make financial arrangements prior to Intake**

1. DETOX PROGRAM:

Private Pay (no insurance): \$237 per day, *sliding fee scale applies*

Private Insurance: \$237 per day – client pays deductible and co-pay amounts

2. RESIDENTIAL TREATMENT:

Private Pay (no insurance): \$237 day- *sliding fee scale applies*
Payment is due at the time of service

Private Insurance: \$237 day. Client pays deductible (down payment required on entry and required for the co-pay amounts)

Public Beds: EOAF contracts for a designated number of slots to provide treatment for persons who meet admission criteria and meet low to moderate income levels.

Other: EOAF has some special funding/contract arrangements with other agencies to provide services for their clients.

Note:

Parents who have their child(ren) join them in Treatment will be required to pay a percentage of their resources towards the care of their child(ren) while in residence

Clients are required to apply for Food Stamps to help pay towards food costs, if eligible. For those who do not qualify, other arrangements will be made.

Down Payments towards treatment cost:

- For Private Pay, a minimum down payment of \$3300 is required. The daily rate is on a sliding fee basis and ranges from \$110 per day to \$237.00.