



FAMILY RECOVERY PROGRAM

REFERRAL PACKET

Please complete this referral form in its entirety and return it to:

**HER Place, Inc.
Attn: Lisa Bishop
PO Box 343
Huntington, WV 25708**

Or FAX it to 304-525-7686

NO LATER THAN FRIDAY, FEBRUARY 6th at 5:00PM

HER Place Family Recovery Program

The HER Place Family Recovery Program is an innovative substance abuse prevention and recovery program that has the long-term goal of breaking the cycle of intergenerational transmission of addiction that puts our youth and the future of our community at risk for substance abuse. Our program consists of a two-pronged intervention that includes:

I. *Celebrating Families*, an evidence-based curriculum for families in early recovery from addiction, that is designed to: a) increase awareness of the genetic and environmental factors in transmission of addiction within families; b) decrease substance use and relapse by promoting the development of healthy life skills and recovery tools; c) strengthen the resilience of the recovering family by fostering better coping, communication, and conflict resolution skills; d) facilitate the family reunification process. The curriculum contains 16 weekly sessions for families who are willing to commit to a peer-based program of addictions recovery. After a simple family dinner, facilitators introduce the lesson topic for the week and family participants break out into groups. While primary caretakers receive parenting skills training, age-appropriate lessons are provided for their minor children: a) 4-7 yrs. b) 8-10 yrs. c) 11-13 yrs. and d) 14-17 yrs. Each 90-minute group lesson consists of instruction and skill-building activities that are devoted to a particular theme, including: facts about alcohol, tobacco and other drugs, chemical dependency as a disease, the effects of addiction on the whole family, goal setting, making healthy choices, nutrition, communication, anger management, and setting healthy boundaries. After the group lessons, parents are reunited with their children for a family activity to practice what has been learned.

II. In conjunction with this psycho-education component, HER Place will provide individualized Peer Support Services designed to assist parents to sustain long-term recovery from addiction. Our WV-certified Peer Recovery Coaches will: a) assist parent participants to complete referral forms, intake interviews, and needs assessments; c) conduct one-hour weekly recovery check-ups with participants to identify recovery goals and monitor progress; c) assist parents to develop a Wellness Recovery Action Plan (WRAP) as a relapse prevention/family intervention plan; d) conduct exit interviews and evaluations, as well as 6-month, 9-month, and 1-year follow-up interviews; and e) connect participants with 12 step/recovery groups (secular and faith-based) in the local community that are critical to develop healthy social support networks.

Our first “Celebrating Families!” course will be offered on Thursdays from 4:30pm to 7:30pm at First United Methodist Church in downtown Huntington, WV from February 19 to June 4, 2015.

Another 16-week course will be offered in the Fall and a more condensed Summer Program will be held at various locations in our community. If you have any questions, please contact **Lisa Bishop, HER Place Family Recovery Program Coordinator, at 304-525-7394 (office) or 304-634-4825 (cell).**

**HER Place Family Recovery Program
Referral Form**

Participant name _____ Today's date ____/____/____

Referral completed by _____ Referred by _____

I. Primary Parent / Guardian

Name _____ Date of birth ____/____/____

First name Last Name MI

Current Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed

Cultural Background: What is your race or ethnicity? (You may select more than one.)

___ Black or African American

___ Asian

___ White / Caucasian

___ Alaskan or Pacific Islander

___ Native American

___ Arab American or Middle Eastern

___ Hispanic / Latino

___ Declined

Other (specify) : _____

Education: What is the highest level of education you have completed?

___ GED ___ High School ___ Trade School ___ College Other _____

Employment Status: ___ Employed ___ Unemployed ___ Disabled ___ Student

Annual Family Income \$ _____

II. Primary Parent / Guardian Substance Abuse History

1. At what age did you start using alcohol and/or other drugs? _____

2. What is your primary Drug of Choice, method of use (IV needle, ingest orally, ingest nasally, smoke, etc.), and approximate date of last use? _____

3. When was the last time that you used any type of alcohol or other drugs? _____

4. Which of the following statements best describes where you are in the addictions recovery process?

___ I have used at least one substance (alcohol or drugs) during the past week.

___ I have not used any substances (alcohol or drugs) for one week or more.

___ I'm in early recovery and have not used any alcohol or other drugs for 3 months or more.

___ I'm in long-term recovery and have not used and alcohol or other drugs for one year or more.

5. Which of the following addictions treatment and recovery interventions have you tried in the past?
(Select all that apply)

___ Medical Detoxification (Treatment Facility or Hospital)

___ Non-Medical Detoxification

___ Short-term Treatment (28-days in Residential Treatment Facility)

___ Long-term Treatment (6 months in Residential Treatment Facility)

___ Intensive Outpatient Treatment (attend a clinical program a minimum of 10 hours per week)

___ Outpatient Clinical Therapy (private psychologist)

- Outpatient Psychiatric Care (medications prescribed)
- Recovery Residence (with recovery programs and services)
- Twelve-Step Recovery Support Group (AA, NA, CoDA, etc.)
- Faith-based Recovery Support Group (Celebrate Recovery, etc.)
- Community-based Peer Recovery Support Services (HER Place)
- Medication-Assisted Program (Methadone/Suboxone)
- Prison-based Program (RSAT)
- Drug Court / Probation Program

Other (specify) _____

6. What would you like to accomplish in your recovery? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Stop using drugs/alcohol | <input type="checkbox"/> Reduce or manage alcohol/drug use |
| <input type="checkbox"/> Connect with others in recovery | <input type="checkbox"/> Connect with recovery support groups |
| <input type="checkbox"/> Improve relationship with spouse/partner | <input type="checkbox"/> Improve family relationships |
| <input type="checkbox"/> Improve physical health | <input type="checkbox"/> Improve mental health |
| <input type="checkbox"/> Maintain/regain custody of children | <input type="checkbox"/> Maintain/regain stable housing |
| <input type="checkbox"/> Meet legal/court mandates | <input type="checkbox"/> Avoid jail |
| <input type="checkbox"/> Find/maintain employment | <input type="checkbox"/> Find educational/vocational training |

Other (specify) _____

III. Family History

1. Is there a history of alcohol/drug abuse in your family of origin? No Yes Unsure

If yes, please explain _____

2. Is there a history of mental illness in your family of origin? No Yes Unsure

If yes, please explain _____

3. Were you ever physically or mentally abused as a child? No Yes

If yes, please explain _____

4. Were you ever sexually abused as a child? No Yes

If yes, please explain _____

5. Are other members of your family of origin in recovery? No Yes

If yes, for how long? _____

If yes, what kind of recovery program or support system are they involved in?

IV. Current Family Household

1. How many people live together in your current family household? _____

2. With whom do you live? (check all that apply)

- | | | |
|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Alone | <input type="checkbox"/> Spouse | <input type="checkbox"/> Domestic Partner |
| <input type="checkbox"/> Child(ren) | <input type="checkbox"/> Parent(s) | <input type="checkbox"/> In-law(s) |

Other (specify) _____

3. Which of the following best describes your living situation?

The people I live with are in recovery or will actively support my recovery.

The people I live with will permit, but not support, my recovery

The people I live with will not be very supportive of my recovery.

The people I live with may keep alcohol or drugs in the house, use alcohol or drugs in my presence, sell drugs, or actively discourage my recovery.

V. Information about spouse/domestic partner or other family member who will participate in Celebrating Families!

First name _____ Last name _____

Date of birth: ___/___/___ Emergency Contact Number _____

Lives in current household? Yes No

Please briefly describe their relationship to your child(ren). _____

Highest Level of Education _____ Annual Income \$ _____

1. Does your spouse/domestic partner or other family member have a history of substance abuse?

No Yes

If yes, is he/she in recovery? No Yes

If yes, for how long? _____

If yes, what kind of recovery program are they involved in?

2. Are there any marital/domestic partner or family issues that may affect your recovery process?

No Yes

If yes, please explain. _____

VI. Information about Children

1. Are you pregnant? No Yes Not sure

2. How many children do you have? _____

3. How many children live with you now? _____

4. Which best describes the legal custody arrangements for your children? (Select all that apply)

Full custody Shared custody

Temporary custody Relative placement

Alternative custody arrangements. Please explain. _____

5. Do you have an open CPS case at this time? Yes No

If yes, briefly explain. _____

6. How many of your children will be participating in the Celebrating Families? _____

7. How many of your children participating in Celebrating Families are in the following age groups?

____ (4-7 years) ____ (8-10 years) ____ (11-13 years) ____ (14-17 years)

8. How many of your children will require childcare services for the following groups?

____ infants (nursery) ____ toddlers (to age 4)

