

## **BRIDGES OF IOWA, INC.**

**Building 66 Gruber St., Des Moines, IA 50315 (515) 287-8255 FAX (515) 287-8818**

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### **REFERRAL AND ACCEPTANCE PROCESS**

Bridges of Iowa is a long-term faith-based treatment program for substance abusing individuals involved with the criminal justice system. Bridges of Iowa provides an intensive faith-based community environment designed to support individuals as they transition from prison or jail confinement. Using a modified therapeutic community and cognitive learning approach, Bridges of Iowa challenges individuals to replace their criminal thinking and drug using behavior with Christian centered ways. Bridges of Iowa clients actively work with local churches and 12-step support groups through mentoring and sponsorship programs. This mentoring begins while in our residential program, but continues as client transitions into the community of work, family, and friends. Our hope and our commitment is that every Bridges of Iowa client will be given the support and direction needed to begin their own "Spiritual Journey" and change their lives for the better.

This application must be filled out and submitted by your substance abuse evaluator, correctional counselor, probation or parole officer. You may not fill this out and submit it on your own. We rely on information from them regarding your commitment to change and your appropriateness for our program. A substance abuse assessment may be substituted for the application. It's important for you to know we put great emphasis on your letter "Why I Want to Enroll in the Bridges of Iowa Treatment Program."

Once the application process is complete and you have been accepted, your name will be placed on a waiting list, and Bridges of Iowa staff will inform your referral source of approximate available placement dates. If the court should order placement at Bridges prior to completion of the application and acceptance process, and if we find that you do not meet the qualifications for our program, we will be unable to accommodate the referral. Your referral source will then need to notify the court or the Administrative Hearing/Law Judge, for amendment of the court order. If your hearing regarding placement at Bridges is postponed we ask you or your referral source to notify Bridges of the new hearing date. Also, if your hearing regarding placement is denied we ask you or your referral source to notify Bridges in order to cancel the referral. In the event you are court-ordered and have been accepted we ask the referral source to provide Bridges with a copy of the court order. Your referral source is responsible for notifying the local jail of the date you'll be received in our program and to arrange your transportation to Bridges of Iowa.

Please make certain you have included all requested information in the application packet, including the criminal history. Incomplete applications will delay and may prevent your acceptance into the Bridges of Iowa treatment program. Additionally, if the applicant is accepted into the program and we discover critical information was inaccurate, particularly in relation to history of violence, the person may be discharged and returned to the referral source.

## **GENERAL PROGRAM INFORMATION**

Bridges of Iowa three program phases are designed to last approximately one year. The resident's commitment, compliance, and motivation may affect this time frame.

All program participants will complete an orientation period of 1-2 weeks. This consists of learning the rules, daily program structure & time frames, testing, and writing your life story. After presenting your life story to the community you will be given the opportunity to enter Phase I.

Phase I will typically last 60-90 days and consists of a variety of treatment modalities including, but not limited to Bible studies, chemical dependency education groups, criminal thinking groups, Church, therapy groups, community meetings, Alcoholics Anonymous & Narcotics Anonymous meetings', job seeking classes, and financial planning/budgeting classes. There are no treatment fees/rent for residents during Phase 1. The resident's time away from the facility is considerably limited during Phase I.

Phase 2 typically lasts 60-90 days and is the point in the program where residents obtain employment, begins working during the day, and paying rent of \$150 per week. After work residents participate in therapy group, chemical dependency groups, AA/NA meetings, spend time with their church mentors and/or sponsors, and attend church services. Phase II residents may access community furloughs beginning at 12-hours and work their way up to 48-hour furloughs away from the facility.

Phase III typically last six (6) months. This is the point in the program where the client gains much more freedom on the residential treatment unit. He is allowed to be gone on weekends and no longer needs to complete passes and furlough sheets. After 30-60 days of this "in-house" phase 3 status he moves out of the residential treatment unit and into one of our Phase 3 Apartments. Following 30-60 days in the apartments he obtains housing in the community. Client must submit a phase 3 transition planning for suitable, safe housing. He must have a zero balance on his Bridges rent/loan fund and have enough money in savings (typically \$1,000-\$1,500) to justify moving out. Phase 3 clients are required to return to the residential unit two evenings per week for continuing-care group counseling sessions and Spiritual programming.

## **UNSUCCESSFUL DISCHARGE**

When a resident displays unacceptable behavior or fails to have satisfactory progress in the program, the community and staff will work with him to provide an opportunity to improve. If the resident fails to improve he will be unsuccessfully discharged from the program, his Probation/Parole Officer, or referral source will be notified. If a client is not on probation or parole and is unsuccessfully discharged, he will have one hour to arrange transportation and must leave the facility. If the behavior is dangerous, illegal, or staff deems it very serious in nature, the resident may be immediately discharged. The supervising officer or appropriate authorities may be notified. An arrest or warrant may ensue.

**BRIDGES OF IOWA, INC  
APPLICATION**

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Name of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_

Applicant Email \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Judicial District: \_\_\_\_\_

Name of referral source: \_\_\_\_\_

Presenting Problem/Reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Legal Charge(s) or original conviction(s): \_\_\_\_\_

\_\_\_\_\_

Criminal history/prior convictions/incarcerations. (Attach copy of ICON criminal history.)  
(PSI, LSI, and Jesness if available): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date placed on Supervision: \_\_\_\_\_ Tentative Discharge Date: \_\_\_\_\_

Gang Participation? \_\_\_\_ Yes \_\_\_\_ No History of violence or assaults? \_\_\_\_ Yes \_\_\_\_ No

(If yes) \_\_\_\_\_

\_\_\_\_\_

BEP or Anger Management completed? \_\_\_\_ Yes \_\_\_\_ No (Date completed) \_\_\_\_\_

Known enemies in the community or correctional system? (please list) \_\_\_\_\_

\_\_\_\_\_

Any "No Contact" orders? \_\_\_\_ Yes \_\_\_\_ No If Yes, registered victim(s) name(s)  
relationship(s): \_\_\_\_\_

\_\_\_\_\_

Name of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**ALCOHOL/DRUG USE HISTORY**

Drug	Amount	Method	Duration/ History	Age of First Use	Date of Last Use

Previous Substance Abuse Treatment or Education \_\_\_\_ Yes \_\_\_\_ No If yes, where, when,  
successful or unsuccessful completion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

Reading Writing Ability: \_\_\_\_ No Problem \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Needs Assistance

Grades Completed: \_\_\_\_ K-11 \_\_\_\_ HS Diploma \_\_\_\_ GED \_\_\_\_ College

Other Need Areas (Please list at least top three): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

**FAMILY/VISITOR INFORMATION**

Significant Other: \_\_\_\_\_

Children (names & ages): \_\_\_\_\_

Contact with Children \_\_\_\_ Yes \_\_\_\_ No (Comments): \_\_\_\_\_

**Family Recommended as Potential Visitors:**

NAME	RELATIONSHIP	RECOMMENDATIONS/COMMENTS

**Any Visitors You Would Deny:**

NAME	RELATIONSHIP	RECOMMENDATIONS/COMMENTS

**HEALTH/PSYCHIATRIC/ENVIRONMENTAL/ MOTIVATION INFORMATION**

TB Test Administered? \_\_\_\_ Yes \_\_\_\_ No (If yes) \_\_\_\_\_ Results \_\_\_\_\_ Location

**Intoxication or Withdrawal Potential:**

Are there current symptoms of withdrawal. Is there current substance use or risk of withdrawal? Is there a history of withdrawal? \_\_\_\_\_

\_\_\_\_\_

**Biomedical Conditions/Complications:**

Are there current or past physical illnesses that need to be addressed? Are there Chronic Health Conditions? Is the applicant taking any medication? If yes, please list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Date**

**Emotional/Behavioral/Cognitive/Conditions or Complications:**

Is there a current psychiatric diagnosis? Does applicant take psychiatric medications? Is there current or past suicidal ideation? Is there a history of suicide attempts? \_\_\_\_\_

**Readiness to Change:**

Does the applicant feel coerced into treatment. Is the applicant agreeing to treatment in order to avoid incarceration or other negative consequences? Does the applicant appear internally or externally motivated. How ready is the applicant to change? \_\_\_\_\_

**Relapse Continue Use or Problems Potential:**

Does the applicant have any knowledge of relapse triggers, dangers, methods to cope with urges or cravings? Does the applicant have any recognition, understanding, or skills to cope with relapse warning signs and addiction problems? Is the applicant in immediate danger of relapse? \_\_\_\_\_

**Recovery Environment:**

Are there any dangerous family members, living, work, school, situations threatening treatment engagement or success? Does the applicant have supportive family, friends, vocational, or educational resources to improve the likelihood of success? Are there legal or criminal justice mandates that may enhance motivation? \_\_\_\_\_

**Any Other Information/Comments/Assessment/Recommendations we need to be aware of:**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Referral Source Signature**

\_\_\_\_\_  
**Date**

**Referral Source Phone#:** \_\_\_\_\_

**Email:** \_\_\_\_\_



**BRIDGES OF IOWA, INC.**  
CONSENT FOR THE RELEASE  
OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, authorize:

**Bridges of Iowa, Inc.**  
Building 66, Gruber Street  
Fort Des Moines Complex  
Des Moines, IA 50315

**TO RELEASE THE INFORMATION SPECIFIED BELOW TO:**

\_\_\_\_\_  
(Name of person or organization to whom information is to be released)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

**Information to be released (nature and amount of information as limited as possible):**

	<b><u>YES</u></b>	<b><u>NO</u></b>
Duration of involvement with program.....	_____	_____
Attendance at counseling sessions.....	_____	_____
Evaluation/Assessment and recommendations.....	_____	_____
Summary of treatment participation.....	_____	_____
Medical history.....	_____	_____
Social history.....	_____	_____
Alcohol and other drug history.....	_____	_____
Legal history.....	_____	_____
Urinalysis results.....	_____	_____
Psychological/psychiatric testing.....	_____	_____
Other (specify)_____	_____	_____

**The purpose or need for the disclosure of the above information is:**

\_\_\_\_\_  
*I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") 45 C.F.R. Pts. 160 & 164. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that I will not be denied services if I refuse to consent to a disclosure.*

I have voluntarily allowed the release of the above information. No threat or other coercive measures have induced me to sign this consent form. I understand this information will not be further released to anyone else by the recipient without my written consent and I have been provided a copy of this form.

I understand that in any event this consent expires automatically as follows:

Six (6) months after discharge       \_\_\_\_\_  
(Date or condition upon which release expires)

\_\_\_\_\_  
(Resident signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness signature & Title)

\_\_\_\_\_  
(Date)

**BRIDGES OF IOWA, INC.**  
CONSENT FOR THE RELEASE  
OF CONFIDENTIAL INFORMATION  
*Criminal Justice System Referral*

I, \_\_\_\_\_, authorize (initial whichever parties apply):

Bridges of Iowa  
Building 66, Gruber Street  
Fort Des Moines Complex  
Des Moines, IA 50315

Department of Corrections (Name of PPO: \_\_\_\_\_)  
5<sup>th</sup> Judicial District, Probation & Parole  
1000 Washington/910 Washington  
Des Moines, IA 50314  
515-242-6680                      515-242-6603

to communicate with and disclose to one another the following information (nature and amount of information as limited as possible):

\_\_\_\_\_ my diagnosis, urinalysis results, information about my attendance or lack of attendance, at treatment sessions, my progress/cooperation with the treatment program, prognosis, and discharge summary.

\_\_\_\_\_

The purpose of the disclosure is to inform the person(s) listed above of my attendance and progress in treatment.

*I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") 45 C.F.R. Pts. 160 & 164. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:*

\_\_\_\_\_ there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment, or

\_\_\_\_\_ (specify other time consent can be released)

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

\_\_\_\_\_  
(Resident signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness signature)

\_\_\_\_\_  
(Date)

**BRIDGES OF IOWA, INC.**  
 CONSENT FOR THE RELEASE  
 OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, authorize:

\_\_\_\_\_  
 (Name of person or organization to whom information is to be released)

\_\_\_\_\_  
 (Street Address)

\_\_\_\_\_  
 (City)

\_\_\_\_\_  
 (State)

\_\_\_\_\_  
 (Zip Code)

**TO RELEASE THE INFORMATION SPECIFIED BELOW TO:**

**Bridges of Iowa, Inc.**

Building 66, Gruber Street  
 Fort Des Moines Complex  
 Des Moines, IA 50315

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Legal history.....	_____	_____
Urinalysis results.....	_____	_____
Psychological/psychiatric testing.....	_____	_____
Other (specify)_____	_____	_____

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\_\_\_\_\_  
 (Resident signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Witness signature & Title)

\_\_\_\_\_  
 (Date)

**BRIDGES OF IOWA, INC.**  
CONSENT FOR THE RELEASE  
OF CONFIDENTIAL INFORMATION  
*Criminal Justice System Referral*

I, \_\_\_\_\_, authorize (initial whichever parties apply):

Bridges of Iowa  
Building 66, Gruber Street  
Fort Des Moines Complex  
Des Moines, IA 50315

Iowa Department of Corrections (Name of correctional counselor \_\_\_\_\_)

\_\_\_\_\_  
(Name of prison/institution)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, state, zip)

to communicate with and disclose to one another the following information (nature and amount of information as limited as possible):

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I have been provided a copy of this form.

\_\_\_\_\_  
(Resident signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness signature)

\_\_\_\_\_  
(Date)