



# MentorWorks Healthy Transition Sober-Living Program Application

(This confidential application must be completely filled out & submitted prior to intake)

Name (First, Middle, Last): \_\_\_\_\_ SS#: \_\_\_/\_\_\_/\_\_\_ Offender #: \_\_\_\_\_ Gender: M/F  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Last Residence (City/State): \_\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_ Hispanic Descent? Yes/No  
Income (Last Year): \$ \_\_\_\_\_, (Current Year): \$ \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

INCARCERATION: Start Date: \_\_\_/\_\_\_/\_\_\_ Release (anticipated): \_\_\_/\_\_\_/\_\_\_ Last Hearing: \_\_\_/\_\_\_/\_\_\_ Next Hearing: \_\_\_/\_\_\_/\_\_\_  
Incarceration Facility: \_\_\_\_\_ Block: \_\_\_ Needs (Circle All that Apply): Sober Living, Outpatient Treatment

**Criminal History** - Include year & pending charges:

**Substance Use History** – Type & age of first use:

**Medical History** - Physical/mental; include disabilities:

**Contact** - Below is the name of one person who may be willing to visit & support me in this program (circle type: family / friend):

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_-\_\_\_-\_\_\_\_ **Email:** \_\_\_\_\_

## MentorWorks Consent & Authorization for Release of Information (ROI)

Pursuant to UCA 63G-2-101, the Government Records Access and Management Act and 42 C.F.R. Part 2

- A. I hereby authorize MentorWorks (MW), “Corrections” (Salt Lake County Jail, Utah County Jail, Utah State Prison), Adult Probation and Parole, my recovery professionals, and volunteers to provide information relevant to my recovery between said agencies and release said agencies from any and all liability for disclosure and release of such information.
- B. Specific information requested may involve my medical, health, psychosocial, physical, criminal history, and other background or assessment materials related to my reentry, recovery, and/or terms & conditions of my parole/probation.
- C. This ROI will assist in my recovery and probation/parole completion efforts (to stay out of jail & remain drug/alcohol free). Other purposes may include:
- D. Any information disclosed from my records in accordance with this Release of Information will not be forwarded to or used by any agency or organization unless deemed necessary by law enforcement, courts, or Item C purposes listed above.
- E. Expiration Date: One year following date signed on the next page (or from program intake, if admitted).

NOTE: This form authorizes Corrections (including clinical services) & Adult Probation & Parole to release to MW specified information relating to my discharge summary, case action plan, programming & education history, medical & psychosocial histories, evaluations & assessments, or related scores/summaries, background checks according to GRAMA laws. I authorize my AP&P officer, case workers, ecclesiastical leaders, & family to communicate with MW about my plans & progress. I understand this information will not be shared with outside parties without my permission & that this agreement ends one year from program intake (or signature date, if not admitted). Finally, I understand I may be invited to share my success story, photos, & videos related to participation in MW programs & that my signature provides approval for usage of my stories, photos, etc. with or without notification. I also understand I have the right to request, in writing, not to be photographed/videotaped & that no services will be denied if such a request is made.



HIPAA Authorization (For Use of Protected Health Information- PHI)

1. I HEREBY AUTHORIZE: MentorWorks, Adult Probation & Parole, Salt Lake County Jail, Utah County Jail, Utah State Prison, recovery professionals, and volunteers to provide information relevant to my recovery between said agencies and release said agencies from any and all liability for disclosure and release of such information.

2. TO RELEASE INFORMATION TO MentorWorks: 11978 S. Redwood, Riverton, UT, 84065

3. INFORMATION REGARDING:

Print First & Last Name

Date of Birth

4. PURPOSE OF DISCLOSURE: For purposes of providing a successful mentoring experience, I understand if the persons and/or organizations listed above are not health care providers, health plans or health care clearinghouses who must follow the federal privacy standards, my health information disclosed as a result of this authorization may no longer be protected by federal privacy standards and may be re-disclosed without obtaining my authorization.

5. INFORMATION TO BE DISCLOSED (accessed only when necessary):

- Drug Tests • Emergency Room Record • Cardiac Testing
• TB Test • Toxicology Reports • Consultations
• History & Physical • Therapy Notes (OT, PT, Speech) • Anesthesia Records
• Discharge Summary • X-Ray & Labs • Operative/Pathology Reports

6. EXPIRATION: One year following date signed below (or one year following program completion, if admitted).

7. WITH RESPECT TO RESEARCH & THE LAW, MENTORWORKS & ITS REPRESENTATIVES:

- a) May use & share my protected health information (PHI) to conduct research (including to sponsors of research)
b) Agree no publication about this project or research will reveal my identity without my written permission
c) May disclose my PHI to representatives of government agencies where required by law
d) Agree to protect my PHI by disclosing it only as I have authorized above or may authorize in the future
e) Understand that these limitations continue even if I revoke (take back) this authorization.

8. MY RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

- a) Right to Refuse to Sign This Authorization: I am under no obligation to sign this form. If I do not sign this form, I may not be allowed to participate in the MentorWorks program.
b) Right to Receive Copy of This Authorization: If I agree to sign this authorization, I may receive a signed copy.
c) Right to Revoke Authorization: I may revoke my authorization in writing at any time. To "revoke," I must write to MentorWorks at the address listed above. If I "revoke," I may no longer be allowed to participate in the program. Furthermore, even if I revoke this authorization, the project may still use and disclose health information they already have obtained, as needed and while protecting my privacy, to maintain the reliability of the program.

My signature indicates my agreement to the MW Application, Release of Information, HIPAA Authorization, & my willingness & commitment to pay (or arrange full or partial payment by an agency or individual) for MW's 24-week program. Fees are \$230 weekly (plus \$100 processing fee, both non-refundable) & includes a bed, bedding, utilities, clothes, food, bus pass, & support for employment, recovery, & life skills, etc. & may include program participation fee discounts (up to \$30). I agree to provide proof of my TB test or obtain a new one. I also understand I may be invited to participate in FFL's Redwood Recovery outpatient program, especially if an assessment indicates need. Finally, I am willing to be contacted on my phone regarding my recovery & payments.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Proxy Signature (if needed): \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MAILING ADDRESS: MentorWorks Applications, 11978 S. Redwood, Riverton, UT 84065.

CONTACT: 801-923-3351 or info@fflut.org (for questions or notification of payment arrangements)

TAX DEDUCTIBLE: Payments Made on Behalf of Applicant are Considered Tax Deductible Donations

PAYMENTS: Paid to "MentorWorks" (we accept Cash, Venmo, Money Order, Cashier's Check, Company/Org. Check, Credit Card)



11978 S. Redwood  
 Riverton, UT 84065  
 801-679-3921  
[info@fflut.org](mailto:info@fflut.org)  
<http://fflut.org>

### MW Post-Application Interview

*This interview will help us get to know you better and determine fit with our program*

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Release Date (anticipated): \_\_\_/\_\_\_/\_\_\_

1. Why are you interested in our recovery residence? \_\_\_\_\_

2. Will you commit to ALL MentorWorks expectations, if accepted (work, service, meetings, spirituality, etc.)?..... Y/N

3. How will you pay (\$1020-1<sup>st</sup> Month): Self/Family/Other: Name: \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_ When: \_\_\_/\_\_\_/\_\_\_

4. What are some of your important relationships & changes you want to make with them, especially in the context of past substance abuse & mental health challenges: \_\_\_\_\_

5. Are you interested in our Intensive Outpatient substance abuse recovery program - called Redwood Recovery?..... Y/N

6. Circle ALL That Apply: Probation, Parole, Drug Court, Mental Health Court, Ankle Monitor, Terminate Sentence

7. Probation/Parole- Ever: Y/N; Probation/Parole Violation(s): Y/N; If Yes, Explain: \_\_\_\_\_

8. Ever Convicted of Sexual Offense(s): Y/N (Date: \_\_\_/\_\_\_/\_\_\_). Sex Offender Registry: Y/N

9. Ever Convicted of Violent Offense(s): Y/N (Date: \_\_\_/\_\_\_/\_\_\_). Multiple Times: Y/N

a. If Yes (for either), Explain: \_\_\_\_\_

b. Steps you will take to avoid a repeat offense: \_\_\_\_\_

10. Military Service: Y/N VA Benefits: Y/N Service Dates: \_\_\_ to \_\_\_ Branch: \_\_\_\_\_ M.O.: \_\_\_\_\_

11. What are your job skills (certificates, degrees, training in certain fields, etc.) & employment goals: \_\_\_\_\_

12. Long Term Goals- 1) \_\_\_\_\_ 2) \_\_\_\_\_

Please use this section for anything else you'd like to share:

**NOTE:** You MUST complete the "Success Plan" worksheet prior to arrival & bring it with you at Intake.

#### OFFICE USE ONLY

MW Staff: \_\_\_\_\_ Recommendation: ..... Y/N

Recommendation Rationale/Notes: \_\_\_\_\_

## MENTORWORKS HEALTHY TRANSITION EXPECTATIONS & BENEFITS

Our purpose is to provide a foundation where hope, strength, and spirituality are cultivated through healthy living environments, service, employment, and family ties for individuals transitioning from treatment, homelessness, or incarceration. MentorWorks (MW) Healthy Transition Homes are free from addictive substances and provide an atmosphere where success is forged through recovery community connections. Many MW recovery meetings and classes are conveniently held through its partner, Redwood Recovery, where full intensive outpatient treatment is also provided (PHP, IOP, & GOP, as needed). To facilitate successful transition, a 24-week commitment is required. MW program fees pay for a bed, bedding, utilities, food, clothing, bus passes, UAs, and staff support, among other things. Graduates often remain following graduation, if needed. The following expectations and benefits provide the necessary tools for developing and working your “My Sobriety Plan” (*completed at Intake-based on your “Success Plan”*).

### MentorWorks Provides:

- State-Licensed Recovery Residence
- Food, Clothes, Bed, Furniture, Linen Packet (*towel, sheets, blanket, underwear, socks, pillow, pillow case*)
- Free Laundry, WiFi, Transportation (*UTA monthly bus pass*)
- Sobriety Maintenance (*including recovery meetings, UAs, etc.*)
- Life Skills, Employment Support, & Financial Literacy Training (*including \$100 deposited into new bank account*)
- Redwood Recovery Outpatient Substance Abuse Treatment Program (State & JRI Certified), if needed
- Mentoring, Counseling, & Healthy Relationship Support
- Health Insurance Enrollment
- Graduation Ceremony.

### Mentee Expectations:

- Completion of 24 Week Sober Living Program
- Concurrent completion of Redwood Recovery Substance Abuse Treatment Program (*based on assessment & need*)
- Ethical Code of Conduct & Strict Adherence to ALL Rules
- MentorWorks & Individual Mentor Meetings
- Employment & Service
- Random UAs (*urine tests*) Weekly
- Follow House Rules: Daily Schedule, Curfew, Guest & Laundry Hours, Chores, etc.
- Program Fees: \$230 Weekly (*limited partial scholarships may be available upon request*).

## MentorWorks Success Plan

Date:    /    /

(MM/DD/YYYY)

(Print First & Last Name)

<b><u>Success Area</u></b>	<b><u>Activity</u></b> <i>Long Term (LT) &amp; Short Term (ST) Goals (What &amp; Why)</i>	<b><u>Notes</u></b> <i>When, Who, How, etc.</i>
Spirituality:  <i>Declared Religion (if applicable):</i>  _____	LT:  ST:  ST:	1.  2.  3.
Sobriety:	LT:  ST:  ST:	1.  2.  3.
Employment:	LT:  ST:  ST:	1.  2.  3.
Education:	LT:  ST:  ST:	1.  2.  3.
Healthy Relationships:	LT:  ST:  ST:	1.  2.  3.
Other Goals:  _____	LT:  ST:  ST:	1.  2.  3.

**Personal Success Statement** (may be related to above goals):

