



P.O. Box 637
Daphne, AL 36526
Phone: (251) 626-2199

Fax: (251) 626-2388
Email: info@theshoulder.org
Website: www.theshoulder.org

RESIDENTIAL SERVICES ADMISSION INFORMATION

To be completed prior to your date of admission

For both the 3.5 and 3.1 program, you must have an Intake Physical Exam and TB skin test (Completed by the Provider of your choice). You will have to provide a copy of your Physical & TB test results to the Program Assistant upon intake.

A Standing Orders Form must be signed by the physician who completes your physical exam. This form will be provided to you by the Intake Specialist. This form must be presented to the Program Assistant along with your Physical and TB skin test.

If you were assessed by a Clinician here at The Shoulder and it was recommended that you undergo a Mental Health Evaluation prior to admission, you must have the agency in which you had your evaluation completed send (FAX, email, mail) a copy of that evaluation to The Shoulder for the Clinician to review. A decision to admit or decline your admission will be made **only** after the Clinician has reviewed and staffed your assessment with the Treatment Team.

What to expect when you arrive

The first staff members you meet will be our Program Assistants. Our Program Assistants are in recovery themselves. Many of them are certified as Peer Support Specialist and have training and experience in assisting you with helping you get oriented to the facility and the program. They will greet you and ensure that you have all initial requirements. If you haven't had your Physical, TB skin test, and standing orders you will not be admitted until they are completed.

Cost for services

While we never want financials to be a barrier for someone to get the help they need, we also acknowledge that financial responsibility is a part of the recovery process.

Deposit for admission

\$500 deposit is required at time of admission. This covers the four weeks of the III.5 level of care.

Weekly Fee: Based on a sliding fee scale

Once you transition from III.5 to III.1 level of care you will sit down with your counselor and complete a budget worksheet. It will look at your income and expenses. Your weekly fee will be 75% of your disposable income. Disposable income is calculated by subtracting your income from your expenses. What is left is considered your disposable income.

What to bring

To ensure the safety of all staff and clients all personal belongings will be searched at time of admission. Storage space is limited. Please only bring what will fit into one dresser and a small closet area.

Toiletries

- Shampoo
- Soap
- Razors
- Shaving Cream
- Tooth Paste
- Toothbrushes
- Slippers
- Hygiene items

Personal Clothing

- Weather appropriate clothing
- Nothing allowed with offensive or derogatory messages or images

Bedding

All beds are Twin Size.

- Sheets
- Blankets
- Pillows



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Other Items

- Valid Photo ID
- Plastic storage bin
- Laundry detergent
- Towels and Wash cloths
- Alarm Clock
- Laundry Bag
- Clothes hangers
- Medications prescribed by a doctor (No narcotic medication is allowed on campus)

Items not allowed

- Weapons of any kind
- Drugs (unless prescribed by a doctor)
- Alcohol
- Negative attitude
- Disrespectful and disruptive behavior
- All dietary supplements & vitamins (must be approved by the Program Nurse)

What to expect while in residential treatment

Transportation

3.5 Women will Not need to bring their car to the program.

3.1 are encouraged to arrange for your own transportation while in the program. We do have a van that will be used to transport clients to various meetings and activities throughout the week. You are allowed to have your own personal vehicle on the property as long as you present the appropriate documentation. You will not be allowed to drive other client's vehicles. Keys are to be turned in to the PA desk anytime you are on campus.

Documentation required in order to keep a vehicle on the property:

- Valid Driver's License
- Proof of Insurance
- Valid vehicle registration.

Meals and Food

The Shoulder provides the opportunity to have three meals per day. Breakfast is continental style including various cereals and pastries. Lunch is prepared as a sack lunch that may be taken with you to your job. Dinner is a hot meal. Dinner is served between 5p and 6p each night. We also have various groups and churches that come in throughout the month to provide meals for clients.

If you chose to have your own personal food, you must keep all food items stored in a plastic storage container in your room. Food items that are not stored properly will be thrown out.

Employment 3.1 program

You will need to plan on staying on campus for the first few days once you have arrived at The Shoulder. Before going off campus you will have to complete the ready-to-work physical, TB risk screen, program orientation group, and new client life skills group. Once those are completed, we require everyone in our residential program to have employment. If you are employed when you arrive at The Shoulder, you may resume your work with your current employer. If you are unemployed then you are expected to begin job search activities. There are many opportunities for employment in the area surrounding The Shoulder. There is a job board posted by the client computer station.

If you are physically unable to work, you need to show proof of your disability. You will be encouraged to look for volunteer activities in the community that does not interfere with your disability.

If you are on campus at The Shoulder during the day you will be assigned various tasks and duties around the facility to stay busy throughout the day.



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All clients are required to be back to the campus by 5:30pm each night. No one is allowed to work on Sundays due to spiritual activities and family visitation.

Clinical Services

You will be assigned a primary counselor. Your counselor will complete an individualized treatment plan. You will be required to attend group counseling sessions and various types of 12-step groups. You will be offered the opportunity to have individual and family counseling sessions. We utilize alternative therapies including yoga. We also identify the importance of spirituality in the recovery process. You will be offered spiritual services including religious activities and spirituality group.

ACKNOWLEDGEMENT

By signing below I acknowledge that I have read and understand the Residential Services admission Information.

Client Signature

Date

Staff Signature

Date



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Dear Doctor _____

_____ is applying for admission to The Shoulder for residential treatment and in order for him to meet admission requirements he will need the following:

- ☐ Tb skin test
- ☐ Brief ready to work physical
- ☐ Drug and Alcohol Treatment Center Standing Orders (Signed by the physician or CRNP, or other documentation of prescribed medications.)

If you are prescribing any other medications for this client you may add it at the bottom of the standing order form. Please give the client the signed standing order form along with his physical results for him to bring back to The Shoulder nurse.

Also please remind the client when he is to return to your office to get his TB skin test read and provide him with the results upon his return for him to bring back to The Shoulder.

If you have any questions or concerns you may contact me at the facility. Our contact numbers are listed below.

Betty Sue Schryver, RN
Residential Nurse
The Shoulder of Central Gulf Coast
Phone: 251-626-2199
Office: 251-410-6419
Fax: 251-626-2388

THE *Shoulder* Standing Orders

Patient:

Allergies:

Indication		Initials	Medication, Dose	Frequency	Interaction
Pain, Antipyretics	Pain, Fever		Tylenol (Acetaminophen), 500mg	6 hours	A
			Advil (Ibuprofen), 400mg (200x2)	6 hours	B
			Aleve (Naproxen), 220mg	12 hours	B
	Headache		Excedrin Migraine (Acetaminophen 250mg/Aspirin 250mg/Caffeine 65mg), 2 tablets	Daily	A/B
	Joint, muscle pain		Voltaren (Diclofenac), 1% Cream, Max 4g/administration	6 hours	B
			Aspercreme (Lidocaine), 4% Cream	8 hours	
Allergies, Respiratory	Allergies, congestion		Zyrtec (Cetirizine), 10mg	Daily	C
			Flonase (Fluticasone Propionate), 1 spray/nostril	Daily	
			Saline nasal spray, 2-3 sprays per nostril	As needed	
	Congestion		Sudafed PE (Phenylephrine) 10mg, *Limit to 7 days in a row	6 hours	
	Dry eyes		Artificial tears, 1-2 drops per eye	As needed	
	Cough		Robitussin DM (Dextromethorphan 10mg/Guaifenesin 200mg), 2 capsules	4 hours	
Gastrointestinal	Constipation		Milk of Magnesia (Magnesium hydroxide), 1200mg/15ml, 30ml/dose	Daily	
			Miralax (Polyethylene glycol),17g in water	Daily	
	Indigestion		Pepcid (Famotidine), 10mg	12 hours	
			Tums/Rolaids (Calcium Carbonate), per package, max 8000mg	Package	
			Colace (Docusate sodium), 50mg	Daily	
	Nausea, diarrhea		Pepto Bismol (Bismuth Subsalicylate) 525mg/30ml, 8 dose max/day	2 hours	
Skin	Skin infection		Triple Antibiotic Ointment (Bacitracin, Neomycin, Polymyxin), fingertip amount	8 hours	
	Athlete's foot		Lotrimin (Clotrimazole 1%), one application after bathing	12 hours	
	Itching		Benadryl (Diphenhydramine), 25mg	4 hours	C
			Cortizone 10 (Hydrocortisone 0.1%), 1 application	12 hours	
Insomnia			Melatonin ◻ 3mg ◻ 5mg ◻ 10mg, 2 hours before bed	Nightly	
Vitamins			Multivitamin One, one tablet	Daily	
			Vitamin B Complex One, one tablet	Daily	
Women's	Menstrual pain		Midol (acetaminophen 1,000 mg/caffeine 120 mg/pyrilamine 30 mg), 2 tablets	6 hours	A
	Yeast infection		Monistat (Miconazole 2%), 1 application for 7 days total	Daily	
	Urinary pain		AZO (Phenazopyridine 95mg), 2 tablets for up to 2 days	8 hours	

Physician Signature

Date

A* - Acetaminophen containing products, do not use more than one in a day, limit dose to 4g/day, B* - NSAIDs, not to be used in combination, C* - Antihistamines not to be used in combination