



Siena Francis House

"MIRACLES"

Residential Treatment Program

Dear Potential "Miracles" Treatment Participant,

Thank you for your interest in our residential treatment program. Enclosed please find an application for our program.

- Provide us with a phone # or email address where you can be contacted.
- If your application is denied, you will be notified by phone call or e-mail.
- If your application is approved:
 - You (and/or your legal representative) will be notified via phone call or e-mail.
 - You will be contacted and an in-person or phone screening will be set up.
- Following the screening, if you are considered appropriate for our program you (and/or your legal representative) will be contacted and an intake date will be set.
- If accepted but the program is full, you (and/or your legal representative) will be contacted and provided further instructions.

In the event you are incarcerated, please begin your communication approximately 30 days before your release date. It is best to communicate through a social worker or your attorney.

Our treatment program is a residential program which is offered totally free of charge to our participants. Length of the program depends on the needs of the individual, however, we ask for a commitment of 120 days to complete and graduate.

We applaud you for your commitment to sobriety and wish you all the best on your recovery journey!

Sincerely,

Rod Bauer LMHP, LADC

Miracles Clinical Director

rod@sienaf Francis.org

Fax: 402.502.8743

Please retain this application cover letter for your documentation and contact information.

Brief Addiction Monitor-Revised (BAM-R)

Name: _____

Date: _____

This is a standard set of questions about several areas of your life such as your health, alcohol and drug use, etc.

The questions generally ask about the past 30 days. ***If incarcerated or in a controlled environment, please speak to the 30-days previous to incarceration or entering a controlled environment. Please consider each question and answer as accurately as possible.***

Method of Administration: Self Report

In the past 30 days, how would you say your physical health has been?

- Excellent (0)
- Very Good (8)
- Good (15)
- Fair (22)
- Poor (30)

In the past 30 days, how many nights did you have trouble falling or staying asleep? ___ ___

In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day? ___ ___

In the past 30 days, how many days did you drink ANY alcohol? ___ ___ (If 00, Skip to #6)

In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5 oz.) or 12-ounce can/bottle of beer or 5-ounce glass of wine.] ___ ___

In the past 30 days, how many days did you use any illegal or street drugs or abuse any prescription medications? ___ ___ (If 00, Skip to #8)

In the past 30 days, how many days did you use any of the following drugs:

7A. Marijuana (cannabis, pot, weed)? ___ ___

7B. Sedatives and/or Tranquilizers (benzos, Valium, Xanax, Ativan, Ambien, barbs, Phenobarbital, downers, etc.)? ___ ___

7C. Cocaine and/or Crack? ___ ___

7D. Other Stimulants (amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, speed, crystal meth, ice, etc.)? ___ ___

7E. Opiates (Heroin, Morphine, Dilaudid, Demerol, Oxycontin, oxy, codeine (Tylenol 2,3,4), Percocet, Vicodin, Fentanyl, etc.)? ___ ___

7F. Inhalants (glues, adhesives, nail polish remover, paint thinner, etc.)? ___ ___

7G. Other drugs (steroids, non-prescription sleep and diet pills, Benadryl, Ephedra, other over-the-counter or unknown medications)? ___ ___

In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?

- Excellent (0)
- Very Good (8)
- Good (15)
- Fair (22)
- Poor (30)

How confident are you that you will NOT use alcohol and drugs in the next 30 days?

- Excellent (0)
- Very Good (8)
- Good (15)
- Fair (22)
- Poor (30)

In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery? ___ ___

In the past 30 days, how many days have you been in any situations, or with any people, that might put you at increased risk for using alcohol or drugs (i.e., around risky "people, places or things")? ___ ___

Does your religion or spirituality help support your recovery?

- Excellent (0)
- Very Good (8)
- Good (15)
- Fair (22)
- Poor (30)

In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work? ___ ___

Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?

- No (0)
- Yes (30)

In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?

- Excellent (0)
- Very Good (8)
- Good (15)
- Fair (22)
- Poor (30)

In the past 30 days, how many days did you contact or spend time with any family members or friends who are supportive of your recovery? ___ ___

How satisfied are you with your progress toward achieving your recovery goals?

- Excellent (0)
- Very Good (8)
- Good (15)
- Fair (22)
- Poor (30)