



2762 Watson Blvd.  
Warner Robins, GA 31093  
Phone: 478-953-5675  
Fax: 478-953-5674

## **Gateway Cottage Application and Admission Guidelines**

### **Criteria for Admission for Gateway Cottage Residential Program**

- § Applicant must be female and at least eighteen years old.
- § Applicant must be pregnant, or have a child or children 12 years old or younger.
- § Pregnant applicants are considered before nonpregnant applicants due to potential risks to the unborn child.
- § If mother does not have custody of her children, the custodian (usually DFCS) must agree to early reunification within 6 months of admission if the mother presents continuous clean urinalyses, and is progressing clinically.
- § If there are children older than 12, appropriate alternative placement for their shelter must be arranged to the satisfaction of Hodac administrators, the clinical team, and DFCS. This includes plans and provision for the summer, when the older children are out of school.
- § Applicant must demonstrate a high probability of substance dependence, written on the application form, evidenced by the results from the SASSI administration, and by verbal report during the interview.
- § We cannot accept clients with psychiatric issues requiring heavy medications. It is our philosophy that recovery should be as free of medication as possible. While we understand some psychiatric disorders necessitate heavy medications, such problems are beyond the scope of our program. We do not have the funding, expertise, or staff available to meet the need of heavily medicated clients or clients in need of heavy medication. This would not include psychiatric conditions commonly associated with substance abuse (anxiety or depression) that might need temporary medical intervention. Our hope would be that in time the client would not need medications after stabilizing.
- § Applicant must be homeless, verified by Letter of Homelessness (see below).
- § Clients with more than three children 12 and under will be admitted if space is available.
- § Applicants must be motivated and ready for treatment. Readiness for treatment is determined from the results of the MAQ (objective), by what the client states in the interview (subjective), and by the interviewers clinical impressions (subjective). We look for clients demonstrating potential for success within our program.

## Further Clarification

**Homelessness-** Gateway Cottage is funded to provide services for homeless mothers. This means our auditors look for documentation verifying homelessness. Verification must be from an agency or organization (DFCS, church, shelter, probation officer) on the agency's letterhead. It must state the person is *currently or soon to be homeless*. Letters from landlords indicating eviction will verify homelessness, letters from family members will not. Again, the letter writer must state that the person is or is soon to be homeless; merely stating the prospective client said she was homeless *will not* satisfy our funder's criteria nor will statements indicating if the client continues drug use, she will be homeless. *We must have written verification of homelessness prior to interviewing a prospective client. Please fill out consent for release of information included in this packet to allow us to communicate with the agency verifying homelessness.*

**Reunification-** For mothers working with DFCS who are looking to reunite with their children, Gateway Cottage desires for reunification to occur within six months of admission. Though exceptions may be made, Gateway Cottage wants to avoid housing mothers without their children for long periods of time without guarantees that there will be reunification. *For mothers who are seeking reunification, we must have some idea of the timeline DFCS has for reunification. Please fill out consent for release of information included in this packet to allow us to communicate with your caseworker or anyone else you would like us to correspond with.*

NOTE: We take our role as a custodial supervisor for early reunification *very* seriously. This means we are going to make sure clients take responsibility for their addictions before we advocate for reunification. We can tell when clients try to work us or work the system. Children need mothers who are drug free and who are motivated to get better.

**Chemical Dependency-** Applicants to Gateway Cottage must be chemically dependent. This is verified both by self report and standardized testing during the interview that consists of The Substance Abuse Subtle Screening Inventory (The SASSI) and the Maryland Addictions Questionnaire (MAQ).

### Reasons Why an Applicant may be Unsuitable for Admission

**Not homeless or homelessness unverifiable** – We must have a letter of homelessness on file in order to meet requirements of our funders. Applicants who are not homeless are outside our target population.

**Unable to clinically determine substance dependence** – Merely saying you have an alcohol or drug problem is not enough to justify admission to a residential facility. The likelihood of substance dependence must be verified by reliable psychological testing.

**DFCS has no plans for reunification** – DFCS has to agree to begin the legal procedure to reunify the family, if appropriate, within six months (negotiable) of admission.

**Client unwilling to break off unhealthy relationship** – Mothers come to Gateway Cottage to focus on their recovery and their children. Some relationships put both children and recovery at great jeopardy. When this is the case, the mother would be expected to break off this relationship completely.

**Mother or children have medical or psychiatric needs that cannot be accommodated at Gateway** – Gateway Cottage targets a specific population (see criteria for admission). Applicants presenting with medical needs outside our abilities will be denied admission, with referral made to more appropriate settings (if possible). Gateway Cottage has a limited capacity, funding, and staff and targets a specific population. Clients needing a more intensive level of care would be better served by facilities with broader based services (i.e. in house medical or psychiatric services).

**Mother is not a Georgia resident** – Gateway Cottage is funded specifically for Georgia residents.

**Mother is neither an U.S. Citizen nor a legal immigrant** – Again, this refers to a specific population for which Gateway Cottage is funded.

**Strong possibility of domestic violence occurring after admission:** Gateway Cottage is an open environment and cannot admit clients for whom domestic violence is likely to continue. This is both for the protection for the families of applicants (who would need a safer environment) and for the safety of current residents, children, and staff.

**Client does not present as motivated or is exhibiting a high level of denial-** Gateway Cottage is a transitional residential center, its clinical services are limited. Though our clients receive Substance Abuse Day Services (SADS) from another agency, residing at Gateway constitutes a lower level of care than attending intensive residential treatment. Gateway is an open facility; clients can leave at any time. Daily schedules are not as highly structured as a residential treatment setting and Gateway does not have the clinical staff or program to confront highly unmotivated clientele. Such clientele may be suitable for treatment after their denial is diminished or incapacitated.

**There are many reasons why a client may not be admitted. Referrals and ways to rectify the reasons for nonadmission will be provided, if possible.**

### **Admission Process**

Completion of application including photocopies of required certificates and forms and another agency or institution's letter verifying homelessness.

Application is processed

Applicant is contacted and interview is scheduled

Interview- An applicant is given 3 standardized tests at the beginning of the interview. The three tests are the Substance Abuse Subtle Screening Inventory (The SASSI), the Maryland Addictions Questionnaire (MAQ) and the Parenting Stress Index (PSI). The SASSI indicates if the applicant has a high probability of a substance dependent disorder, one of the criteria for admission. This is verified by the client's self-report. Both types of screening need to indicate a high probability of substance dependence for admission. The MAQ measures an applicant's attitudes and beliefs about her substance abuse. Gateway Cottage is a small transitional residential facility with an open campus. It is essential that residents are ready for this level of care. Many of the MAQ's domains measure readiness for change. These include: defensiveness, admission of problems, resistance to treatment, motivation for treatment, and the extent of alcohol and drug usage. Many of our applicants are mandated by probation or DFCS and are in a deep state of denial about their addictions. Clients presenting with these problems typically need a more structured, contained environment that focuses on breaking their denial. The MAQ gives much information about why an applicant is applying for admission. The purpose of the PSI is identifying parent-child problem areas in parents of children ages 1 month-12 years. The PSI is designed for the early identification of parenting and family characteristics that fail to promote normal development and functioning in children, children with behavioral and emotional problems, and parents who are at-risk for dysfunctional parenting. There are six subscales for the children are distractibility/hyperactivity, adaptability, reinforces parent, demandingness, mood, and acceptability. The parent's scaled scores include areas of competence, isolation, attachment, health, role restriction, depression, and spouse.

Applicant interviews with an administrator (usually the Clinical Coordinator) and another Gateway Staff member (often the Gateway Case Manager). During this time, homelessness is verified, and any potential 'red flags' regarding suitability for admission are addressed (readiness for treatment, discrepancies identified by testing, inconsistencies in self-report, need for further evaluation, etc.).

Post Interview- Interviewers contact involved professionals to gather information for a clearer picture of client's circumstances and history. Afterwards, a decision is made by the interviewers and/or the treatment team.

Decision Communicated- Client and referrer are informed of admission decision by telephone and/or letter. If the client was denied admission, an explanation is given regarding the reasons and possible ways to rectify these. A list of alternate referrals will be given.

## **Gateway Cottage Application Check-List**

\_\_\_\_\_ **Application Form:** Please make sure the application form has been completely filled out. Most delays occur when the application is not complete. If a question does not pertain to your situation, please write **non-applicable** (N/A) for that specific question.

\_\_\_\_\_ **Income Verification:** Please include letters from the organizations from which you receive income. These would include, but not limited to: TANF, Food Stamps, Veteran's Benefits, Disability--SSI/SSDI, child support, and paycheck stubs. Please include copies of above income you are presently receiving. **These copies must be dated within 15 days of the application or within 15 days of the present date.**

\_\_\_\_\_ **Homelessness:** Gateway Cottage is funded to provide services for homeless mothers. This means our auditors look for documentation verifying homelessness. Verification must be from an agency or organization (DFCS, church, shelter, probation officer) on the agency's letterhead. It must state the person is currently or soon to be homeless. Letters from landlords indicating eviction will verify homelessness, letters from family members or friends will not. Again, the letter writer must state that the person is or is soon to be homeless; merely stating the prospective client said she was homeless will not satisfy our funders' criteria nor will statements indicating if the client continues drug use, she will be homeless. We must have written verification of homelessness prior to interviewing a prospective client. Please fill out consent for release of information included in this packet to allow us to communicate with the agency verifying homelessness.

\_\_\_\_\_ **Citizenship Documentation for yourself and your child(ren):** This includes yours and your children's birth certificates and social security cards. Also include a copy of your Georgia ID or driver's license.

\_\_\_\_\_ **Authorization for Criminal Background Check:** Please complete this form, sign it, and have a witness sign and date it as well.

**Return this application packet with all completed information to:**

**Gateway Cottage Clinical Coordinator  
Hodac, Inc.  
2762 Watson Boulevard  
Warner Robins, GA 31093**

Hodac's Gateway Cottage is proud to be a part of Department of Human Resources Promoting Safe and Stable Families Program.

Upon receiving your completed application packet, the Clinical Coordinator will contact you to set up urine drug screening and an interview if you are found to be eligible for our program. Please make sure that you include a current contact number with your application. Thank you!



2762 WatsonBoulevard  
Warner Robins, GA 31093

### Hodac's Residential Application Form

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Where do you currently live? \_\_\_\_\_

Who will be providing a letter of homelessness? \_\_\_\_\_

Please give a contact number where we can leave a message: \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Ethnicity: \_\_\_ Asian \_\_\_ African-American \_\_\_ American Indian  
\_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Other \_\_\_\_\_

Do you receive any of the following: if so, how much?

<u>Income:</u>	<u>Amount:</u>	<u>Don't receive but need to apply for:</u>
Food Stamps:	_____	Y
TANF:	_____	Y
Medicaid/Peachcare:	_____	Y
Medicare:	_____	Y
SSI/SSDI:	_____	Y
Child Support:	_____	Y
Section 8/Housing Asst.:	_____	Y
Unemployment:	_____	Y
Employment:	_____	Paid every: _____
Other:	_____	

How did you hear about Hodac's Gateway Cottage?

Why do you want to be in a long-term residential program?

What is your drug(s) of choice?

**Children**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female      SSN: \_\_\_\_\_

Father: \_\_\_\_\_ Father's phone number: \_\_\_\_\_

Has he legitimized your child? Y N If yes, is there court ordered visitation? Y N

Under what terms? \_\_\_\_\_

Who has guardianship and/or custody of him/her? \_\_\_\_\_

\_\_\_ Permanent    \_\_\_ Temporary    \_\_\_ Foster care

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Who has guardianship and/or custody of him/her? \_\_\_\_\_

\_\_\_ Permanent    \_\_\_ Temporary    \_\_\_ Foster care

**Children**

Are you willing to bring your children into Gateway Cottage if they are currently living somewhere else? Y N

Have your parental rights been terminated? Y N If so, with which child(ren)?

\_\_\_\_\_

If you are divorced, does your ex-spouse have joint custody or visitation rights? Y N

What are the terms of visitation or custody? \_\_\_\_\_

\_\_\_\_\_

What are your goals for your children? \_\_\_\_\_

\_\_\_\_\_

What are your goals for reunification? \_\_\_\_\_

\_\_\_\_\_

Are you pregnant? Y N If yes, when is your due date? \_\_\_\_\_

Do you have an OB Dr.? Y N If so, who is (s)he? \_\_\_\_\_

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**DFCS History**

Do you currently have an open case with DFCS? Y N

Is your case a Child Protective Services Case? Y N Other? \_\_\_\_\_

Caseworker's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

County/State: \_\_\_\_\_ Attach a copy of your DFCS case plan.

Is this your first time having an open case with DFCS? Y N If not, how many times have you had an open case and when/where were these? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family History Section**

**Age                      Addiction?                      Relationship Abusive?**

**Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Siblings:** \_\_\_\_\_

**Siblings:** \_\_\_\_\_

**Extended Family:** \_\_\_\_\_

**Extended Family:** \_\_\_\_\_

**If any relationships were listed as abusive or if the person is in active addiction describe your current contact with that person?** \_\_\_\_\_

\_\_\_\_\_

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**Education History**

**What is the highest level of education you have obtained? Check one.**

**Elementary**     **GED**     **High School**  
 **Some College**     **College Degree**     **Vocational School**

**Did you have learning disabilities or special needs when in school? Y    N**

**Do you have plans for continuing your education? Y    N**

**Do your children have learning disabilities or special needs in school? Y    N**

**Please explain any answers of yes to the above.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Income/Job History**

**What is your current income level?** \_\_\_\_\_

**Is this significantly different than previous income levels for you? Y    N**

**Have you ever had a job outside of the home before? Y    N**

**What type of job(s) have you had?** \_\_\_\_\_

\_\_\_\_\_

## Legal History

Attached is a release for a criminal background check that must be processed before an interview can be scheduled.

Do you have a criminal record? Y N

Felonies: \_\_\_\_\_

Misdemeanors: \_\_\_\_\_

Have you ever been in jail for drug-related charges? Y N

If so, when? \_\_\_\_\_

\_\_\_\_\_

Do you have any current charges pending against you? Y N

If so, what? \_\_\_\_\_

\_\_\_\_\_

Are you currently or have you ever been on probation? Y N

If so, what are the terms of any current probation? \_\_\_\_\_

\_\_\_\_\_

With what court are you on probation? \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you have any upcoming hearings or court dates? Y N

Where & When? \_\_\_\_\_

\_\_\_\_\_

Do you acknowledge that if you are on probation, that you will not be allowed to associate with anyone else on probation? Y N

Do you have any legal needs? Y N      Do you have an attorney? Y N

If so, list name of attorney: \_\_\_\_\_

## Medical History

Have you ever been hospitalized for a medical issue other than pregnancy? Y N

Please explain when, where, and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When was your last HIV test? \_\_\_\_\_ What were the results? \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

\_\_\_\_\_

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## Substance Abuse History

What is your substance abuse history? (use back of application if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been in Detox before? Y N If so, how many times? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you been in long-term treatment before? Y N If so, how many times? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

Is anyone in your family (including a partner or boyfriend/girlfriend) currently in active addiction? Y N If yes, who? \_\_\_\_\_

What is their addiction? \_\_\_\_\_

Are you planning on visiting them with your children? Y N

Are you currently attending AA/NA meetings? Y N Do you have a sponsor? Y N

## Therapeutic History

Have you ever been in counseling in the past or are you currently in counseling?

Y N

If so, for what issues? \_\_\_\_\_

\_\_\_\_\_

With whom? \_\_\_\_\_

For how long? \_\_\_\_\_

Have you ever had a psychiatric diagnosis? Y N      If yes, what was it?

\_\_\_\_\_

Have you in the past or are you currently taking medication(s) for mental health issues? Y N      If so, what medications? \_\_\_\_\_

\_\_\_\_\_

Do you agree to attend counseling if you are not currently in therapy? Y N

Have your children received therapy in the past or are they currently in therapy?

Y N

If so, for what issues? \_\_\_\_\_

Are your children currently taking medication(s) for mental health issues? Y N  
If so, what medications? \_\_\_\_\_

\_\_\_\_\_

If not, do you believe they could benefit from therapy? Y N

\_\_\_\_\_

## Domestic Violence/Sexual Assault History

Were you ever a victim of domestic violence? Y N      Police report filed? Y N

Were you ever a victim of sexual assault? Y N      Police report filed? Y N

If possible, please explain answers of yes. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been to any support groups or counseling for these issues? Y N

Would you be willing to attend support group meetings for these issues? Y N

**Hodac's Residential Procedure Questions**

**Are you willing to abide by the rules of Gateway Cottage? Yes No**  
**Are you willing to stay in Gateway Cottage until you have accomplished your goals? Yes No**  
**Why do you think Hodac's Gateway Cottage is the best program for you?**

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**Applicant's Goals**

**What are your goals for yourself for the following areas?**

**Recovery:** \_\_\_\_\_

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**Personal:** \_\_\_\_\_

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**Education:** \_\_\_\_\_

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**Work:** \_\_\_\_\_

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**Do you have any questions for us?** \_\_\_\_\_

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**I agree that I have answered the questions honestly and to the best of my knowledge. I understand that completing the application does not guarantee that I have been accepted into the program.**

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

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

\_\_\_\_\_  
**Signature of Witness/Referring Agency**

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