

**NEW BEGININGS**  
IS A JOURNEY  
NOT A  
DESTINATION

**LINCOLN HOUSE**  
CLEAN AND SOBER LIVING  
**Intake Form**

GEVEN SUTHERLAND  
PROGRAM DIRECTOR  
lincolnfreedgs@gmail.com  
509-218-2331

Name:			DOB:		
Race:		DOC #:		SSN:	
Location:		Counselor:			ERD:
<b>CRIMINAL HISTORY</b>					
Current Charge:					
Previous Charges: <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Charges:		
Has offender ever been charged with a sex crime anywhere? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, where and the charges:		
Security Threat Group: <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Affiliation:		
<b>FAMILY INFORMATION</b>					
Marital Status:			Children:		
Child Support: <input type="checkbox"/> Yes <input type="checkbox"/> No			Payment Amount:		
<b>CONTACT INFORMATION</b>					
Contact Name:					
Address:					
City:		State:		Zip:	Phone:
Relationship:					
<b>MEDICAL CONCERNS</b>					
Medical Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Describe		
Medical Information:					
<b>MENTAL HEALTH CODITIONS</b>					
Mental Health Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Describe		
<b>MEDICATIONS</b>					
Medications:					
Condition Treated:					
<b>HISTORY OF SUBSTANCE ABUSE</b>					
Has Offender Been Assessed with a Substance Use or Co-Occurring Disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Prior Substance Use Disorder Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date(s):	
Client Signature:				Date:	
Counselor Signature:				Date:	

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**CLIENTS RELEASE OF INFORMATION CONSENT**

**Notice To Clients:** Lincoln house's housing specialist will be able to help you better with resolving of issues you may have with the following listed items. Signing this form gives our professionals the right to share information with corresponding agencies on your behalf. If you decline to sign this form, your confidential information can be shared to the extent Washington State law allows.

**CONSENT:** I allow Lincoln house's housing specialist to use my confidential information to provide, and coordinate services, treatment, and benefits for me or for other purposes authorized by law. I allow Lincoln House and the below listed agencies, providers, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or by computer, data transfer, mail, or hand delivery.

- Employment Security Dept.
- Social Security Administration
- Department of Corrections
- Child Support Enforcement
- Health Care Providers
- Mental Health Providers
- Chemical Dependency Providers
- Housing Program Providers
- Department Social Health Services
- Colleges and Education Providers
- Attached Lists
- Others

**Additional Consent:** If your confidential records include any of the following information, you must also complete this section to include these records. I allow Lincoln House to share the following records

Mental Health, HIV/AIDS and STD test results, diagnosis, or treatment and Chemical Dependency (CD) services

This consent is valid for length of time you are a program participant  
I understand to be a Program Participant at Lincoln House I must sign the consent form.  
I understand that records shared under this consent may no longer be protected under State or Federal Laws.  
A copy of this form is valid to give my permission to share records.

Signature

Date

**NOTICE TO RECIPIENTS OF INFORMATION:** If you have received information related to drug or alcohol abuse by the client, you must include the following statement when further disclosing information as required by 42 CFR 2.32: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part w. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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**LINCOLN HOUSE PROGRAM CONTRACT**

As a participant of Lincoln House clean and sober Program, I agree to comply with the following requirements to be able to remain as a participant. I further agree to vacate the property immediately if I fail to follow the agreed requirements set forth in this document.

1. I agree to observe other participant's personal boundaries, treating each participant with respect and personal dignity. \_\_\_\_\_
2. I understand that Lincoln House has a zero tolerance for violence and that any incident of violence will result in immediate notification to my CCO and automatic termination from the program \_\_\_\_\_
3. I understand in order to release to Lincoln House the program director will be the contact person to pick me up upon my release from AHCC, BSWR, ABHS, or any other local agency. \_\_\_\_\_
4. I understand in order to release to Lincoln House I will be required to take the Greyhound bus to Spokane and the program director will pick me up in Spokane at the local Greyhound bus station. \_\_\_\_\_
5. I understand that no firearms or other weapons are allowed at the program location or in my vehicle at any time and that possession of these items will result in immediate notification to my CCO and automatic termination from the program \_\_\_\_\_
6. I understand that all Lincoln House program locations are a clean and sober environment and the use of alcohol or drugs is not permitted at any time or any place during my programming. The use of alcohol or drugs while in the program will result immediate notification to my CCO and automatic termination from the program \_\_\_\_\_
7. I agree to willingly submit to random testing for alcohol and drugs and that failure to submit to these tests or to provide a sample within 2 hours of notification will result in immediate notification to my CCO and automatic termination from the program \_\_\_\_\_
8. I understand the Program Director, Department of Corrections, and Manager can enter the rooms on any Lincoln House program location at any time for any reason \_\_\_\_\_
9. I understand and agree to comply with the program curfew, 10pm to 6am, unless otherwise approved by the Program Director and or Department of Corrections. \_\_\_\_\_
10. I understand that I must complete the sign out log with name, date, time, destination, return time and signature each time I leave and return to the house. \_\_\_\_\_
11. I understand that in order for Lincoln House to serve as many clients as possible it may be necessary during my stay to share a room with another participant(s) each program

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location has two-man rooms. Seniority is based on your program performance and not on the length of time you have been in the program\_\_\_\_\_

12. I agree to keep my telephone calls to less than 15 minutes. \_\_\_\_\_
13. I understand there are no visitors allowed at any Lincoln House Program location for any reason at any time. \_\_\_\_\_
14. I understand that Lincoln House has zero tolerance for criminal behavior. I agree not to commit any crimes or violate any laws during my stay at any Lincoln House Program location and if I drive a vehicle that I must be legal to drive including a current Washington State Driver's License, automobile insurance, and a legally registered vehicle. \_\_\_\_\_
15. I agree to practice good hygiene and dress appropriately while at the Lincoln house. \_\_\_\_\_
16. I understand that if I am at a Lincoln House Property on a DOC Housing voucher, I will be able to stay a maximum of six months; unless prior arrangements are made in advance. During this time, I agree to actively seek employment and permanent housing in compliance with employment and housing search guidelines. \_\_\_\_\_
17. I understand that if I find alternative housing, I must give a two week notice to the Lincoln House Program Director prior to moving out of any Lincoln House Property unless there are circumstances beyond my control which prevent me from doing so. \_\_\_\_\_
18. As a participant of the Lincoln House, I agree to participate in participant housing chores. In addition, I will be responsible for maintaining a clean living space as well as cleaning up after myself in the kitchen, bathroom and other areas of the program. \_\_\_\_\_
19. Lincoln House reserves the right to modify the Lincoln House Contract for any participant with special requirements as long as the modification does not interfere with the participants civil rights \_\_\_\_\_
20. I understand if my participation in the Lincoln House Clean and Sober Program is terminated for non-compliance of this contract, DOC violation, incarceration, or any other situation, Lincoln House isn't responsible for my personal property, it will not be stored. My property will be Donated and or taken to waste management. \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

By Geven Sutherland, Lincoln House, Program Director