

The Wellmet Project Incorporated
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APPLICATION

SECTION 1 -- TO BE FILLED OUT BY REFERRING SOURCE: SOCIAL WORKER, THERAPIST, ETC.
Please note: A hospital discharge summary, or a psychiatric narrative must accompany this application.

*****Visit us on the Internet at www.wellmet.org for more information about our services*****

I. INTRODUCTION

Name _____ Age _____ Birth date _____
Address _____ City _____ State _____ Zip _____
Referred By _____ Role _____
Telephone _____ Agency _____
Address _____ City _____ State _____ Zip _____

II. MEDICATION

Medication _____ Medication _____ Medication _____
Dosage _____ Dosage _____ Dosage _____
Frequency _____ Frequency _____ Frequency _____
Duration _____ Duration _____ Duration _____
Any significant side effects? No ___ Yes ___ If yes, please explain: _____

Emergency medication

Can medication be self-administered No ___ Yes ___ Any problems? _____

III. PSYCHIATRIC HISTORY

A. History of hospitalizations starting with the most recent:

Hospital	Dates (from/to)	Reason for admission	Diagnoses	Discharged to
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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PSYCHIATRIC HISTORY (cont'd)

B. History of therapy:

Name of therapist/Beginning & ending dates/Reason for terminating

C. Diagnoses and symptoms (indicate whether chronic or acute):

D. Suicidality:

Has applicant ever attempted suicide? No ____ Yes ____

Method of attempt	Date	Intervention required
Hospitalization		

Does the applicant have a history of significant suicidal ideation? No ____ Yes ____

Does the applicant have a family history of suicide, suicide attempts or suicidal ideation? No __ Yes __

Comments:

F. Anniversary dates of significant concern:

G. History of assaultive behavior:

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PSYCHIATRIC HISTORY (cont'd)

H. History of substance abuse:

Does the applicant have a history of alcohol abuse? No ____ Yes ____

Does the applicant have a history of drug abuse? No ____ Yes ____

Has the applicant ever been hospitalized due to substance abuse problems?

When	Where	Reason admitted
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

IV. SIGNIFICANT MEDICAL HISTORY

Present medical problems: _____

Recent medical hospitalizations (prior 5 years):

Allergies:

Restrictions:

Additional information or comments:

V. TREATMENT TEAM INFORMATION

	Phone number(s)	Address
Therapist: _____		
Medicating MD: _____		
Social Worker: _____		
Medical Doctor: _____		

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VI. FAMILY HISTORY

In the spaces provided below, please provide information on the applicant's interaction with his or her family and any significant problems or benefits that result from the applicant's relationship with his or her family.

Mother:

Father:

Siblings:

Other issues:

VII. EDUCATION AND EMPLOYMENT HISTORY

A. Education:

Highest grade completed _____ Educational plans _____

B. Employment:

Position	Employer	Date started	Date ended	Reason for leaving
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Is the applicant able to work? No ____ Yes ____

If yes, in what setting? Full-time __ Part-time ____ Workshop ____ Transitional employment ____

VIII. ACTIVITIES OF DAILY LIVING

Is the applicant able to attend to hygiene? Yes ____ Problems:

Is the applicant to care for room and do chores? Yes ____ Problems:

Are there particular areas in which the applicant may need help?

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ACTIVITIES OF DAILY LIVING (cont'd)

Please comment on the applicant's ability to adapt to group living.

IX. REHABILITATION GOAL

Goal for living environment after Wellmet:

Estimated length of time to reach this goal:

Is the applicant willing to participate fully in the Wellmet program? No ____ Yes ____

If no, please explain:

X. DAYTIME ACTIVITY

Wellmet requires that residents have a minimum of 20 hours per week of supervised and structured activity. This day structure **must be** in place within 30 days of the applicant's acceptance into the program.

____ Day treatment program: Name _____ Date starting/started _____

____ Employment: Position/Employer _____ Date starting/started _____

____ Volunteer work: Position/Location _____ Date starting/started _____

____ Education: Location _____ Date starting/started _____

If none of the above are checked, please explain:

XI. EMERGENCY INFORMATION

Does the applicant have insurance? No ____ Yes ____

Insurer: _____ Policy number: _____

Coverage Limit: _____ Remaining for calendar year: _____

If the applicant is not insured, how would hospitalizations be covered?

Person(s) to be notified in case of emergency:

Name	Phone	Relationship	Address
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XII. FINANCIAL INFORMATION

To the best of your knowledge, does the applicant know and understand what the fees are at

Wellmet? _____

Have you explained the financial information in this application to the applicant? No ____ Yes ____ If

no, please

explain _____

Does the applicant receive SSI? No ____ Yes ____ SSDI? No ____ Yes ____

Is the applicant able to pay the full fee of \$ 1,750.00 per month? No ____ Yes ____

Will the applicant need a fee reduction? _____

Who would pay the applicant's program fee? _____ Relationship? _____

Signature of referring party

Date

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SECTION 2 -- TO BE FILLED OUT BY APPLICANT

I. INTRODUCTION

Name _____ Age _____ Birth date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Social security number _____

II. HOUSE RULES

Please indicate whether you can live by the following rules by writing yes or no in the space provided and comment on any rules with which you might have difficulty.

1. No sexual or romantic relations between housemates. _____
2. No unprescribed meds in the house. _____
3. No Violence against yourself or others. _____
4. No changes in medication without consulting doctor. _____
5. Participation in shopping, cooking and assigned chores. _____
6. Keeping yourself and your room clean. _____
7. Participate in weekly therapy. _____
8. Attendance at house meetings. _____
9. Attendance at dinner 4 nights per week. _____
10. Six overnights per month. _____

III. QUESTIONNAIRE

1. Why are you interested in membership in a halfway house?

2. Have you ever lived in a halfway house or staffed apartment? No ____ Yes ____ If yes, please specify the name of the halfway house, the location and the dates. _____

3. Do you have any specific reasons for looking into Wellmet? _____

4. What issues and goals would you be working on at Wellmet?

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QUESTIONNAIRE (cont'd)

5. How could we help you with your issues and goals?

6. How well do you get along with your family (please elaborate)?

7. What type of day activity would you find useful?

8. What is your current day activity?

9. If you do not currently have a planned day activity, how do you plan to fulfill Wellmet's required 20 hours per week?

10. How long do you think you might stay at Wellmet (6 months minimum, 5 years maximum)?

11. Is there anything about you that you feel is important to know?

12. What emotional or behavioral symptoms do you experience and what kind of interventions from Wellmet staff would you find most helpful?

13. What activities and hobbies would you like to share socially with the house?

14. What do you feel you have to contribute to the Wellmet community?

15. What is the best way to contact you?

Please list phone numbers and hours. _____

16. Who do you want us to contact in case of emergency? _____

Signature/Printed Name

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

In order to effectively help you with your treatment, Wellmet staff must have dialogue with your other caregivers starting with the application process and throughout your stay at Wellmet. Your consent is a condition upon being accepted and staying at Wellmet.

Wellmet staff may contact any of the following people in your treatment team:

- Individual therapist**
- Previous placement caregivers**
- Psychopharmacologist**
- Social worker**
- DMH caseworker**
- Inpatient staff**

Additionally, Wellmet staff may request medical and/or clinical records from prior hospitalizations.

I, _____, authorize Wellmet Project, Incorporated, to obtain/release information
Print Name

necessary to implement and continue my treatment throughout the course of my stay at Wellmet.

Signature

Date

Signature of witness

Date

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SECTION 3 -- FINANCIAL INFORMATION -- TO BE FILLED OUT BY APPLICANT

Wellmet is a charitable agency that relies on donations and client fees for our operating revenue. We are limited in our ability to offer financial aid. The financial information we seek from our applicants and their families is a means to determine in an equitable way how much financial assistance Wellmet is able to provide.

Wellmet is a non-profit agency. Wellmet's expenditures for each of its residents is \$1400.00 per month. If the applicant is not able to pay the full fee, Wellmet depends on charitable donations to subsidize the applicant's stay. It is expected that family members will aid in the support of the applicant. Financial aid will be available to people upon review of the applicant's financial resources as well as the resources of the applicant's family.

Please check one of the following:

1. The applicant will pay the full fee of \$1,750.00 per month.
2. The applicant would like to ask for financial aid and a fee reduction. Please note: The minimum fee available is \$1,100.00 per month.

If you checked item 2 above, please fill out the following financial disclosure information. Please fill out completely. If an item is not applicable, write "N/A."

Applicant receives SSI in the amount of _____ per month.
Applicant receives SSDI in the amount of _____ per month.

What other sources of income does the applicant have?

Employment: _____ per month

General Relief/AFDC: _____ per month.

Other (specify): _____ per month.

Investment income: _____ per month.

Trust fund: _____ per month.

Savings/checking accounts: _____ per month.

Bank(s): _____

Account Number(s): _____

Wellmet reserves the right to reassess the fee of the applicant if the information above is not correct or if the financial situation of the applicant and/or his or her family changes.

The applicant and the applicant's family **must** provide copies of last year's Form 1040. A narrative documenting any special circumstances that Wellmet should consider in determining the program fee may be attached. The applicant will not be considered until this information is received.

AFFIDAVIT

I/We declare the above information to be complete and correct to the best of my/our knowledge. Wellmet has my/our permission to verify the information reported. Any falsification of any of this information will result in forfeiture of the security deposit. I/we agree to notify Wellmet of any changes in this information.

Signature of individual

Signature of individual accepting financial responsibility

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SECTION 4 -- FINANCIAL AGREEMENT

Please read the following explanation of Wellmet's financial policies and provide the required signatures at the bottom of this page.

MONTHLY FEES: All residents pay Wellmet a monthly program fee. This fee covers the cost of room, board and all in house programmatic services. The fee is due on the first of the month. If you have a problem paying the fee at any time, please contact the office to make arrangements regarding payment. **A 10% late fee will be charged if payment is not received by the fifth day of the month.**

The monthly fee negotiated upon arrival at Wellmet may be increased over time to adjust for inflation or other factors, such as the loss of a funding source. However, there will not be more than one increase within a 12 month period, and there will be at least a three month notice of any fee changes.

PROGRAM PAYMENTS: At the time of entry into Wellmet, the new resident must pay an application and processing fee of \$650.00 and a monthly program fee (which is prorated based on the date of arrival). The prorated program fee will be determined by the office at the time of admission. This initial payment must be in the form of a money order or bank check, and be paid to the staff person on duty upon arrival. Thereafter, personal checks will be accepted. The application and processing fee is nonrefundable. Individuals whose checks are returned for insufficient funds may be required to pay only via bank checks or money orders. Individuals who are excessively late may be required to leave the program for non - payment of fees.

NOTICE OF LEAVING: A **thirty (30) day notice is required when an applicant wishes to leave Wellmet.** Notice must be in writing and submitted to the office. If a resident is hospitalized and will not be returning to Wellmet, a fourteen day notice to the office is required. All belongings must be removed from the premises at the time of departure.

HOSPITALIZATION: Should a resident be hospitalized during his or her stay at Wellmet, the monthly fee must be paid in full and on time. **There is no reduction in the program fee as a result of an hospitalization.** If the hospitalization exceeds ninety (90) days, reapplication to Wellmet is necessary.

SUSPENSION: If a resident is suspended for violations of house rules, the monthly fee must be paid as usual. All policies regarding program fee payments remain in effect.

TERMINATION: People who attempt suicide, engage in assaultive behavior or destruction of property, or violate standing contracts, may be immediately terminated. **In these cases, people will not receive a refund for any unused portion of the program fee.** In situations where people are unable to maintain a twenty hour (20) per week day structure, perform house responsibilities, engage in weekly psychotherapy, etc., a thirty (30) day notice of termination will be issued by the office. Residents have 30 days after being terminated from the program to remove all of their belongings. Wellmet will not be responsible for personal items 30 days after leaving the program.

I HAVE READ THE FINANCIAL AGREEMENT AND I UNDERSTAND THE AGREEMENT. BY SIGNING BELOW, I AGREE TO ABIDE BY THE ABOVEMENTIONED POLICIES.

Signature of applicant

Date

Signature of financial benefactor

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RESIDENT ORIENTATION INFORMATION

You must understand the following rules and agree to comply with them before taking up residence at Wellmet.

1. THERAPY: All residents are expected to be in psychotherapy and meet regularly with a psychopharmacologist if you are on medication. Wellmet must work with your treatment team. You must give consent for staff to communicate with your treatment team before being accepted into Wellmet

2. MEDICATIONS: Residents must be able to self-administer their medications; furthermore, medication must be secured in a locked box at all times.

3. DAY STRUCTURE: Residents are expected to have twenty (20) hours per week of **supervised** day structure and be away from the house between 10:00 a.m. and 2:00 p.m. Monday through Friday. Day structure may be paid work, volunteer work, day treatment or school. If you are accepted into Wellmet without a day structure, you will have thirty (30) days to obtain one. Wellmet staff can help you identify an appropriate day activity or program. If you are looking for a day structure, you must still leave the house every day as though you had a day structure.

4. SUPPORT STRUCTURE: Counselors will be available to help you with problems and provide support. The staff person on duty will be available in the milieu between 6:00 and 11:00 p.m. every evening. During overnight hours, if you are in danger of hurting yourself or others or there is an emergency, you **must** wake the staff person on duty after he/she goes to bed. A counselor will be assigned to you and meet with you once a week. Your counselor will help you identify and achieve goals. Counselors are not therapists and should not be used as such.

5. OVERNIGHTS: You are permitted six overnights per month. You must inform the staff when leaving the house in the evening. If you intend to be away from the house past 10:00 p.m., you must also inform staff.

6. COMMUNITY RESPONSIBILITIES: Community meetings are mandatory and cannot be missed without prior permission. You must attend dinner at least four nights per week and participate in the milieu from 6:00 p.m. – 9:00 p.m. This time should be spent in social activities with the Wellmet community. *You are not restricted to the house during milieu if you are with other residents.* There are no electronic devices that may be used during milieu time.

7. CHORES: Residents will have a weekly cooking duty and chore. Cooking duty is usually shared with a partner. Support is offered to those with limited cooking experience.

8. SAFETY: Residents **must** seek staff and treatment team support when feeling unsafe and not engage in self-destructive behaviors. Overdosing, cutting and other similar behaviors may result in termination.

A refusal or inability to meet the basic expectations of Wellmet as outlined above will result in an individual's termination from Wellmet. Please sign below to acknowledge this understanding:

Please visit our web site at www.wellmet.org for more information