

Milestone Recovery Residential Treatment Program Referral Packet



Hello,

Thank you for your interest in Milestone Recovery's Residential Treatment Program (RTP). Milestone's RTP is a co-ed 30-day residential substance use treatment program for adults located at 10 Andover Road in Portland, Maine. The program is staffed by counselors, peers, and a care coordinator and features more than 17 hours of group therapy sessions weekly, a structured and supervised living arrangement, and opportunities to attend community-based self-help groups and recreation events.

Enclosed in this referral packet is the referral form, a list of items to bring to treatment, a list of items not allowed in treatment, program expectations, and a sample schedule (subject to change).

Please email completed referrals to RTPreferrals@milestone-recovery.org. Please call 207-775-4790 ext. 339 for more information.



Referral Date: _____

Client Name: _____ **DOB:** _____ **Age:** _____

Gender Identity: _____ **SSN #** _____

Mailing Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Okay to Leave a Message? Yes** **No**

MaineCare #: _____

Referral Source (if not self): _____

Agency (If applicable): _____

Referral Source Phone: _____

Reason for Referral:

Emergency Contact Name and Phone Number:

Relationship _____

Current Medications:



Legal Status (probation, drug court, charges, sex offender registry, none, etc.):

Health Concerns (please include any procedures or emergency room visits in the past year as well as any chronic conditions for which you are being treated):

Is applicant able to read and write? Yes No

Is applicant pregnant? Yes No

Does applicant use IV substances? Yes No

Is applicant able to complete activities of daily living independently? (Toileting, bathing, taking medications properly, managing chronic health concerns, etc.) Yes No If no, please explain:

History of Substance Use:

Date Substances were Last Used:



Previous Substance Use Treatment:

Mental Health Diagnoses (if any):

Date of Hospitalizations or Emergency Room Visits due to Mental Health in the Last Year:

Family History of Substance Use Disorder or Mental Health Diagnosis:

Applicant Strengths:

Barriers to Treatment:

Treatment Goals:



Items to bring to treatment:*

- Clothing
 - One week's worth of:
 - Socks and underwear
 - Tops and bottoms
 - Sleep clothes
 - Weather-appropriate outerwear (jacket, sweatshirt)
- Personal hygiene items
 - Milestone supplies 3 in 1 body wash/shampoo/conditioner, but residents may wish to bring their own:
 - Conditioner
 - Soap or body wash
 - Hair and skin care products
 - Toothbrush and toothpaste
 - Deodorant (no sprays, please)
 - Lightly scented or unscented moisturizer
 - Tampons, pads, menstrual cups, etc.
- Cellphone, charger, and headphones
 - Cellphones will be held by the program for the first 7 days of treatment
 - Following the first 7 days, clients will be given access to their cellphones during non-programming hours
 - There are house phones available for use during non-programming hours
- Weather appropriate shoes (sneakers, boots)
 - Residents may wish to bring sandals for the showers and/or slippers for the unit
- Small personal items such as pictures or books (if desired)
 - Residents may bring a blanket or stuffed animal if it can be laundered
- All prescribed medications in their (legible) original bottles (if applicable)
 - Clients must either bring more than a 30 day supply of medications, or the bottle must say that there are refills available
- Tobacco products (if desired) in new, unopened packaging
 - "Chew" smokeless tobacco is not allowed
 - Vape cartridges must be new and unopened
 - No THC or CBD products are allowed

*Note: Milestone does not want a client's inability to provide any of these items to pose a barrier to treatment. Milestone RTP has a small supply of essential hygiene items and can work with Maine Needs to provide clothing if needed.



Items not to bring to treatment:

- Heavily scented products, perfumes, colognes, or body sprays
 - Milestone Residential Treatment Program is a scent-free environment for the health, safety, and comfort of residents and staff
- Bedding (other than a small blanket if desired)
- Towels
- Large amounts of belongings
 - All rooms are shared, and storage is extremely limited
- Valuables
 - Please do not bring more than \$50 cash
 - Any valuable items or excessive cash will be kept in the program's safe
- Vehicles including cars and bikes
- Food, gum, or drinks
- Substances of use, alcohol, or THC/CBD products
 - This includes items that are legal for purchase and use, but have similar effects as illicit substances
- Weapons of any kind, including pocketknives
- Prohibited prescribed medications including benzodiazepines, stimulants, cannabis, opioids, Lyrica, Gabapentin (except when prescribed for neuropathy), and Cyclobenzaprine
 - Please speak with program staff for more information.

NOTE: All items brought into the building are subject to search.

NOTE: Personal belongings will only be held for 7 days following discharge from the program.



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SAMPLE Schedule (subject to change)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 Wake Up/Hygiene Meds/ Chores	6:30 Wake Up/ Hygiene Meds	6:30 Wake Up/ Hygiene Meds	6:30 Wake Up/ Hygiene Meds	6:30 Wake Up/ Hygiene Meds	6:30 Wake Up/ Hygiene Meds	7:00 Wake Up/Hygiene Meds/ Chores
8:00 Breakfast	7:15 Chores	7:15 Chores	7:15 Chores	7:15 Chores	7:15 Chores	8:00 Breakfast
8:45 Chores	8:00 Breakfast	8:00 Breakfast	8:00 Breakfast	8:00 Breakfast	8:00 Breakfast	8:45 Chores
9:30 -10:30 Morning Meditation and Check in	9:00-10:30 Group	9:00-10:30 Group	9:00-10:30 Group	9:00-10:30 Group	9:00-10:30 Group	9:30 -10:30 Morning Meditation and Check in
10:30 Meds/Break	10:30 Meds/Break	10:30 Meds/Break	10:30 Meds/Break	10:30 Meds/Break	10:30 Meds/Break	10:30 Meds/Break
11:00-12:00 Family Group	11:00-12:00 Group	11:00-12:00 Group	11:00-12:00 Group	11:00-12:00 Group	11:00-12:00 Group	11:00-12:00 Family Group
12:00 Lunch	12:00 Lunch	12:00 Lunch	12:00 Lunch	12:00 Lunch	12:00 Lunch	12:00 Lunch
1:00-2:00 Family Visit Time	1:00-2:30 Group	1:00-2:30 Group	1:00-2:30 Group	1:00-2:30 Group	1:00-2:30 Group	1:00-2:00 Family Visit Time
2:00-4:00 Free Time/Study Time Recreation	2:30-4:00 Free Time/Study Time Recreation	2:30-4:00 Free Time/Study Time Recreation	2:30-4:00 Free Time/Study Time Recreation	2:30-4:00 Free Time/Study Time Recreation	2:30-4:00 Free Time/Study Time/ Recreation	2:00-4:00 Free Time/Study Time Recreation
4:00 Meds	4:00 Meds	4:00 Meds	4:00 Meds	4:00 Meds	4:00 Meds	4:00 Meds
5:00 Dinner	5:00 Dinner	5:00 Dinner	5:00 Dinner	5:00 Dinner	5:00 Dinner	5:00 Dinner
5:30-8:00 Self Help Groups	5:30-8:00 Self Help Groups	5:30-8:00 Self Help Groups	5:30-8:00 Self Help Groups	5:30-8:00 Self Help Groups	5:30-8:00 Self Help Groups	5:30-8:00 Self Help Groups
7:30-8:15 Peer Group	7:30-8:15 Peer Group	7:30-8:15 Peer Group	7:30-8:15 Peer Group	7:30-8:15 Peer Group	7:30-8:15 Peer Group	7:30-8:15 Peer Group
8:15-11:00 Social Time Meds	8:15-11:00 Social Time Meds	8:15-11:00 Social Time Meds	8:15-11:00 Social Time Meds	8:15-11:00 Social Time Meds	8:15-12:00 Social Time Meds	8:15-12:00 Social Time Meds
11:00 Lights Out	11:00 Lights Out	11:00 Lights Out	11:00 Lights Out	11:00 Lights Out	12:00 Lights Out	12:00 Lights Out



Program Expectations

- Active participation in all groups is required of all program participants.
 - ALL missed programming needs to be approved by the director/counselor by means of written request.
 - All missed work from groups must be completed.
- Follow the program schedule.
 - Every room is assigned a day for their laundry to be completed.
 - Sundays are a designated “super clean” day, all residents are expected to complete cleaning tasks in their own room as well as in shared spaces.
- Be respectful to others. Be mindful of your language and conversations.
 - Threats, intimidation and/or acts of violence are not permitted and could result in discharge from the program.
 - Milestone RTP is a safe place where all human identities, orientations, ages, etc., are accepted and embraced.
- Maintain appropriate appearance and hygiene.
 - All residents must be fully dressed in all common areas (including socks/slippers/shoes).
- Smoking/vaping is allowed in designated areas only and at least 25 feet from the building.
 - Dispose of smoking litter appropriately.
 - NO vaping inside any Milestone property.
- Eat in designated dining areas only. No food or drink (except water) to be in the residents’ rooms at any time.
- Phones (cell AND house) are not to be used during treatment hours.
- Substance use of any kind is not permitted and could result in discharge from the program.
- Respect the program and the property. Property damage is not permitted.

In the event of violations of the program expectations, the clinical team has the right and responsibility to make decisions about continued presence in treatment, especially if there is a significant risk to the health and safety of other program participants and/or staff.

If needed, progressive discipline could include writing essays, restriction from community outings, and other activities that help a resident learn and/or make reparations.

10 Andover RD Portland, ME 04102
 65 India Street Portland, ME 04101
 Phone: (207) 775-4790
 Fax: (207) 775-5231



28 Portland Avenue
 Old Orchard Beach, Maine 04064
 Phone: (207) 934-5231
 Fax: (207) 934-5139

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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

NAME	DOB	LAST 4 SS#
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I hereby authorize Milestone Recovery, its authorized employees and agents to: (Check all appropriate boxes)

Obtain written medical/clinical records: Disclose written medical/ clinical records: Verbally discuss:

(All Organization/ Address fields must contain information with the exception of the Fax #, in order for the Authorization to be compliant)

Organization/Individual:	Relationship:
Street Address:	Phone:
City/State/Zip:	Fax:

This authorization applies to all Milestone Recovery programs that I am currently enrolled in or have been enrolled in unless program exclusion is noted: DO NOT release informaion from following noted program(s):

The medical/clinical records and information include the following: (mark with only those items to be disclosed)

- Treatment Plan Psychological Testing Discharge Summary Psychiatric Evaluation Progress Notes
- Medical Info/Labs Medication List Diagnoses Comprehensive Assessment Financial Info
- Other Records (be specific): _____

The records and information are to be provided or obtained for purposes of: (Please next to all appropriate responses) Ongoing Treatment Educational Financial Coordination of treatment Aftercare Treatment Legal Other (be specific): _____

1. I DO I DO NOT authorize information which refers to **treatment or diagnosis of alcohol or drug abuse** to be disclosed or obtained.

I understand that my records are protected under federal regulation governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. Re-disclosure of my records by those receiving the above authorized information may not be accomplished without my written consent. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent is in effect until: _____

(maximum of one year for mental health services and ninety days for one time disclosures)

2. I DO I DO NOT authorize information concerning diagnosis and treatment of mental health conditions to be disclosed or obtained.

3. I DO I DO NOT authorize information which refers to treatment or diagnosis of HIV infection or AIDS to be disclosed or obtained.

4. I DO I DO NOT want to review these records prior to release.

Signature of Client: _____ Date: _____
 Signature of Parent/Guardian: _____ Date: _____
 Print Name of Parent/Guardian: _____
 Staff Signature and Title: _____ Date: _____

NOTICE TO RECIPIENT OF INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR-Part 2) prohibits you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A General Authorization for the release of medical records or other information is NOT sufficient for this purpose.