

[You will be contacted for an interview prior to the start of the group sessions.]

APPLICATION FOR PARTICIPATION IN A.R.I.E.S.'s
TISA
THERAPY INTERVENTION for SUBSTANCE ADDICTIONS PROGRAM
(COMPLETE ALL SECTIONS)

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Please Print

Name: (First) _____ (Middle) _____ (Last) _____

Home Address: _____ City _____
Zip _____

Date of Birth: mo. _____ day _____ year _____

Phone contact: _____ Second phone contact if available: _____
If not your direct phone, give name of individual who has the phone _____

Email address (if available) _____

May we contact you via email? ___ Yes ___ No

Have you participated in any of these programs previously?

IOP _____ NA _____ AA _____ Thinking for a Change _____
Commitment to Change _____ Changing Directions _____ Recovering Hope _____
Treatment programs of H.Co. Community Corrections _____ Court Services _____
DOC Substance Abuse Treatment Programs: Phase 1 _____ Phase 2 _____ Phase 3 _____
CLIFF _____ Therapeutic Community _____
Or other treatment programs (List)

Do you have any concerns that treatment might not be helpful? ___ Yes ___ No
If yes, please note your concerns.

Are you currently involved with any of the following agencies? Check if involved currently.

Probation Department _____ Division of Child Services _____
Court System _____ Henry County Community Corrections _____
Parole Office _____ Prosecutor's Office _____

Do you currently have health insurance? _____ yes, _____ no.
If you do not have health insurance, would you like to meet with someone to determine if you may be eligible for some type of health insurance? ___ Yes ___ No
(This would be available at no cost.)

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What has been your involvement with drugs in the past?

What are the main issues or problems that you wish to address in the treatment program?

Write a few sentences why you are interested in being involved in this pilot program.

Write an answer to the following question: 'Why should you be accepted for this program?'

How did you find out about this program? _____

Signature: _____ Date: _____ 2016

(see additional sheet for basic information)

[Please let us know if there is a change in your address and/or phone contact.]

BASICS

TISA (Therapy Intervention for Substance Addiction) is an outpatient treatment program of A.R.I.E.S. (Abuse, Reduction, Intervention, Education, Support) LCC of Henry County.

This is a motivational enhancement therapy program that helps individuals resolve their issues about engaging in treatment and stopping their drug use. This will include the development of individual plans for change.

The program will include nine (9) group sessions and individual sessions. Participants must enter the program on the first date of the series.

Upon receiving the application for this program, the applicant will be contacted for an interview prior to the start of the group sessions.

Applications that are accepted for this program will receive notice of the starting date, dates of all sessions and location. After acceptance and prior to the start of the first group session, participants will need to submit the \$20.00 fee which covers their total cost for this program.

Therefore, it is important that we have good contact information for all applicants.

APPLICANTS SHOULD THINK BEFORE SUBMITTING AN APPLICATION. APPLICANTS NEED TO BE SINCERE ABOUT THEIR DESIRE IN WORKING TO OVERCOME THEIR ADDICTION PROBLEM. THIS INCLUDES ATTENDING AND BEING AN ACTIVE PARTICIPANT IN ALL SESSIONS: GROUP AND INDIVIDUAL. THIS IS A NEW AND SPECIAL OPPORTUNITY FOR HENRY COUNTY. PLAN ON ATTENDING ALL GROUP SESSIONS AND COMPLETING THE PROGRAM.

It is our hope that this resource becomes the first of a continued outpatient addiction treatment program in Henry County. Erica Kane, PsyD, HSPP, will be conducting this program.

The application form should be submitted to Olene Veach, A.R.I.E.S. Volunteer Coordinator, 2881 N. Co. Rd. 300 West, New Castle, IN 47362. If you have questions, please contact her at 533-4205 or 521-7032 ext. 283, oveach@henryco.org. Leave a message at 533-4205 if you cannot make direct contact.

[or you can bring the application to the Henry County Sheriff's Office...attention Olene]

ICAP and the Henry County Community Foundation are assisting in funding this program.