## **INTERFAITH HOUSE**

Restoring Health, Rebuilding Lives, Returning Home

| Name:   | Date:   |
|---|---|
| Before you depart from Interfaith House, it is important the discharge and your belongings:   | at you are aware of the following policies regarding your   |
| Mail You must inform all parties from whom you expect to be held for 7 days after it arrives. Any mail received after   | o receive mail of your new address. Residents' mail will these times will be returned to sender.  |
| <u>Valuables</u> Any money or valuables you have deposited int Monday, Wednesday, and Friday from 2:30 p.m. – 3:00 p.r.   | o the safe must be retrieved during banking hours on n. Valuables will be kept for up to 6 months.  |
| Medical A copy of your medication list can be provided for your care with your Primary Care Doctor. Any medication As with all belongings (except for items left in the safe), In behind by the resident. Please follow-up with PCC Wellne to your medical issues or need further assistance with arrangements. | that is left at Interfaith House will be held for 2 weeks.  Atterfaith House will not be held responsible for items left  as Center at (773) 378-3347 if you have questions related |
| Storage You are asked to take any personal belongings wit Interfaith House for ONE WEEK. You may claim your be ONLY. Any unclaimed items will be discarded after 7 DA   | longings Monday - Friday between 9 a.m. and 5 p.m.  |
| <b>Questionnaire</b> You are asked to fill out a discharge question Return the form to the case manager or Central Desk.  | onnaire that you will receive from your case manager.   |
| Return Visits/Volunteering Once you have left Interfaith to pick up mail/documents/belongings, or if you have an appreturn to visit before then, please complete an Alumni Requiplesk). Residents are encouraged to discuss follow-up med affairs, AA/NA meetings, etc.) with their case managers.              | pointment with a staff member. If you would like to est to Return form (which can be obtained from Central  |
| In addition, you may be contacted by our Housing Outreach have regarding housing and other psychosocial services.   | 1 Coordinator to help support you in any issues you may   |
| O SELF DISCHARGE  |   |
| O PLANNED DISCHARGE/AFTERCARE PLAN  |   |
| Location:   |   |
| Address:  |   |
| Phone Number:   | Contact Person:   |
| Resident Signature:   | Date:   |
| Staff Signature:  | Date:   |
| follow-up medical appointment and physician contact:  |   |
| Follow-up psychiatric appointment and contact person:   |   |