



Community Residence Program Service Fees

RESIDENTIAL SERVICE FEES

Single Occupancy Room	\$180 per day
Double Occupancy Room	\$160 per day
Medical Leave	\$50 per day

Medical leave is charged for residents who are hospitalized for medical or psychiatric treatment.

ANNEXING SERVICE FEES \$125 per day

PROFESSIONAL SERVICES

Medication Management.....	\$193.62 per visit
Case Management.....	\$110 per hour
Individual Therapy.....	\$229.13 per hour
One-to-One Case Coordination	\$160 per occurrence
Team Case Coordination.....	\$160 per occurrence
Annex Support	\$45 per hour
Targeted Case Management.....	\$100 per hour
Intake Assessment	\$220 per visit

SPECIAL SERVICE FEES

One-to-One Staff Specializing.....	\$40 per hour
Medication Delivery to Client Home	\$25 per occurrence

Residential and annexing fees include meals, groups, and activities during service period.





Community Residence Program fact sheet

PROGRAM PROFILE	CLIENT PROFILE	TREATMENT TEAM
<p>Facilities: Sharp House</p> <p>Program Options: Residential Transitional Annexing Specializing Groups Case Management</p> <p>Program Capacity: Residential Beds: 16 Annex Program: 40</p>	<p>Gender: Male: 55% Female: 45%</p> <p>Age: Adults 18+</p> <p>Diagnosis: Schizophrenia 45% Schizoaffective Disorder 24% Bipolar Disorder 11% Psychotic Disorder NOS 3% Major Depression 9% Post Traumatic Stress Disorder 5% Other 3%</p> <p>Community Activity: Volunteer 28% Competitive Employment 16% Student 10%</p>	<p>Director of Mental Health Programs: Christine Wills, MS, LPC,NCC, KCGC</p> <p>Staff Psychiatrist: Dr. Dagoberto Heredia, M.D. Case Manager: Crystal Rowzer</p> <p>Program Manager: Lisa Hastings CDS Coordinator: Valerie Mize, BSW</p> <p>Team Leader: Taylor Broxterman Daily Living Counselors: 9 Full-time 10 Part-time Counselors</p> <p>Compliance Auditor: Lori Libel</p>

SHARP HOUSE

400 SW Frazier | Topeka, Kansas 66606
P: 785-354-7151 | F: 785-235-0495

VALEO COMMUNITY RESIDENCE PROGRAM MAIN OFFICE

5401 SW 7th Street | Topeka, KS 66606
P: 785-215-8864 | F: 785-354-1068

VALEOCR.P.ORG

Christine Wills
Lisa Hastings
Valerie Mize
Crystal Rowzer
Taylor Broxterman
Becky Honaker
Aimee Copp-Hasty

Director of Mental Health Programs
Program Manager
CDS Coordinator
Case Manager
Case Manager
Billing Manager
Corporate Development

785-783-7526
785-783-7522
785-215-8864
785-354-7151
785-354-7151
785-228-3073
785-215-8863



Community Residence Program Application for Admission



Applicant: _____ **Date:** _____

Date of Birth: _____ **Social Security Number:** _____

Parents/Guardian: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Email:** _____

Referred By: _____

Phone: _____ **Agency:** _____

Diagnosis:

Primary Secondary

Is there a Power of Attorney? Yes No

Is there medical Power of Attorney? Yes No

Is there financial Power of Attorney? Yes No

Please provide all Power of Attorney documentation

Cell Phone: _____

Presenting Problems: (send any records)

Email: _____

Please note any physical problems and list on-going treatment:

Prior Hospitalizations:

Facility: _____ **Dates:** _____

Comments: _____

History:

Past Suicide Attempts: _____

Current Risk: _____

Violence: _____

Assaultive: _____

Self-destructive Behavior: _____

Substance & Alcohol Abuse History:

Drug	Amount	Frequency	Last Used	Age Started
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Medications:

Please include all non-prescription drugs taken on a daily basis

Drug	Dosage	Frequency	When Started
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Identify & assess patient's current strengths & problem areas:

(Please complete carefully!)

Ability	Satisfactory	Problem Area	Requires Work
to follow an approved daily plan	_____	_____	_____
to accept medication as prescribed	_____	_____	_____
to maintain acceptable sleep patterns	_____	_____	_____
to abstain from illegal drug use	_____	_____	_____
to refrain from alcohol use	_____	_____	_____
to limit personal difficulties to a point of not disturbing the house	_____	_____	_____
to articulate needs and feelings	_____	_____	_____
to handle anger appropriately	_____	_____	_____
to work cooperatively with peers	_____	_____	_____
to work cooperatively with staff	_____	_____	_____
to socialize	_____	_____	_____
to care for personal hygiene	_____	_____	_____
to care for private room	_____	_____	_____
to share in the work of the house	_____	_____	_____
to drive a car	_____	_____	_____
to adapt to a group living situation	_____	_____	_____
to handle money	_____	_____	_____
to do volunteer work	_____	_____	_____
to handle a paying job	_____	_____	_____
to continue educational goals	_____	_____	_____



Community Residence Program resident record

Resident's Name: _____ Date of Admission: _____

Social Security Number: _____ Date of Birth: _____

Medicaid Number: _____ Medicare Number: _____ Marital Status: _____

Private Insurance Company: _____

Address: _____

Policy Number: _____ Group Number: _____

Name of company you work for: _____

Social Security Number the policy is under: _____

Case Manager: _____

Name of staff person at the insurance company who has approved stay: _____

Phone: _____

Person financially responsible for this resident: _____

Relationship: _____ Address: _____

Home Phone: _____ Work Phone: _____

In Case of Emergency Please Contact:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Other Significant Persons: (Family members, social workers, counselors, payee, guardian, physician, conservator)

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____