



**The Temperance Academy**  
A VIABLE ALTERNATIVE

# LICENSED AND CERTIFIED DUI EDUCATION PROGRAM

P.O. Box 913  
Crossville, TN 38557  
(931) 248-6548

[thetemperanceacademy@gmail.com](mailto:thetemperanceacademy@gmail.com)  
[www.thetemperanceacademy.com](http://www.thetemperanceacademy.com)

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## *The Temperance Academy*

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To Whom It May Concern:

Welcome to *The Temperance Academy*. In essence, *The Temperance Academy* is a viable alternative sentencing program for all vehicle related offenses including but not limited to DUI, Reckless Endangerment, and Reckless Driving.

The programs at *The Temperance Academy* allow individuals convicted of vehicle related offenses to serve their jail time in our alternative sentencing program and complete their DUI School at the same time. The cost of the program at *The Temperance Academy* is only slightly more than the cost of the DUI School alone.

The law in Tennessee requires that all offenders convicted of DUI must begin their sentence within thirty (30) days of their conviction date. Our program allows people to serve their time in a much more comfortable and pleasant environment than the jail.

The Prime for Life program is licensed by the State of Tennessee Department of Mental Health. In addition, the program provides a Victim Impact section where people who have been directly affected by the death of a person due to a DUI offender express their thoughts and concerns relating to DUI victims and persons convicted of DUI. The Victim Impact segment has proven to be one of the most effective parts of the program. This is all through the Prime for Life series that has been adopted in Tennessee.

Everyone who is committed to *The Temperance Academy* for driving related offenses is confined to a hotel-style building at the Bay Mont Inn, except for periods of time during the day where the participants actively participate in the Prime for Life classes.

If we can be of any assistance, please feel free to contact us at the number listed above and speak with one of our assistants.

We certainly feel this program will continue to help alleviate the overcrowding at the jail while allowing those individuals convicted of DUI or reckless driving to utilize their incarceration time in a more efficient manner, receiving instruction and counseling during their stay, and paying for their own incarceration.

We look forward to working with you. We sincerely hope and pray that this is an event that positively impacts your life. Should you have any questions, please do not hesitate to contact our Director, Jessica Carter.

Sincerely,

Randall A. York, Chairman  
*The Temperance Academy*

## **REGISTRATION PROCEDURES**

- Prior to contacting *The Temperance Academy* to register, you **must** have a Court Order confirming you are eligible and have permission to stay at our alternative facility. Offenders from other counties may also serve time at our facility.
- An assessment will be completed utilizing the Michigan Alcohol Screening Test (MAST) to screen for alcohol problems, which relate to self-appraisal of social, vocational, and family problems frequently associated with heaving drinking. If the instrument indicates a need for drug/alcohol treatment, the client will be referred to a qualified drug/alcohol treatment provider for such services.
- You must know the deadline for serving your time so that we may schedule you accordingly. It is important that you contact us as soon as possible to secure a date for your stay. We only provide services on certain weekends of the month. Service dates will be posted up to two months in advance on our website [www.thetemperanceacademy.com](http://www.thetemperanceacademy.com). It is recommended that you call our facility to verify availability and rates. Please note that in the event less than five (5) people have registered for a particular weekend, available dates are subject to change and you will be given notice two weeks in advance.
- You can access the registration form at our website, [www.thetemperanceacademy.com](http://www.thetemperanceacademy.com), or you may call so that we may fax or mail the registration form to you. All registration forms must be returned for review and acceptance five (5) days prior to your scheduled date of attendance.
- We accept cash, cashier's checks, money orders and credit cards.
- Registration is NOT complete without full payment.

All cashier's checks and money orders MUST be made payable to:

*The Temperance Academy;*  
P.O. Box 913  
Crossville, TN 38557  
Phone (931) 248-6548  
[thetemperanceacademy@gmail.com](mailto:thetemperanceacademy@gmail.com)  
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## **SCHEDULE**

### **Thursday:**

Registration/Check-in: 3:00 pm, CST

DUI Education Session I: 3:30 p.m. - 7:00 pm, CST

### **Friday:**

DUI Education Session II: 9:30 a.m.-4:30 p.m., CST

### **Saturday:**

DUI Education Session III: 8:00 a.m. – 10:30 a.m.

Dismiss: 11:00 a.m., CST

## **FEES**

The fee for attending the Temperance Academy is:

\$700.00 (alternative jail time and 12 hours DUI Education Class)

\$225.00 (class only)

Fees include:

- 44 hours of accommodations at our alternative facility
- 12-hour DUI Education Program and workbook
- Victim Impact Segment
- Certificate of Completion

In order to secure confirmation and date of participation, payment must be paid in full and received five (5) days prior to the proposed date of participation. Partial payments will not be accepted. Refunds will not be given unless the class is cancelled or the client provides a medical excuse.

## **POLICY STATEMENT**

*The Temperance Academy* is a voluntary alternative to the workhouse or jail for offenders convicted of some vehicle related offenses including but not limited to DUI, reckless endangerment, and reckless driving. This program is a private alternative to a correctional facility.

*The Temperance Academy* offers an environment in which clients are able to serve their time without being exposed to the criminal element that exists in correctional facilities. In turn, our program helps to alleviate overcrowding of jails and saves taxpayers money. We provide a safe place for clients to serve their time associated, with all vehicle related offenses including but not limited to DUI, reckless endangerment, and reckless driving where they are also able to receive education and think about the mistake they have made.

Everyone who participates in the programs offered at *The Temperance Academy* must follow all rules and regulations. Failure to do so will result in the person immediately being asked to leave. The individual's judge and probation officer will be notified of his/her failure to complete the program.

No person is admitted to our facility while under the influence of alcohol or any illegal drug or while overly medicated on mood altering prescription drugs. *The Temperance Academy* provides no medical care and is not responsible for medical bills resulting from injury, illness, or other sickness while any individual is serving time participating in *The Temperance Academy's* programs. Any medical expenses are the sole and individual responsibility of the client.

Every effort will be made by the staff of *The Temperance Academy* to see that clients receive all necessary emergency treatment in a timely and responsible way. First aid and CPR will be administered for those who need or want it. Emergency services will be notified of any serious or life-threatening condition.

*The Temperance Academy* is an alternative facility to serve the required jail time and teaches the Prime for Life Curriculum, which is a required 12-hour DUI class during the duration of the 44-hour period.

*The Temperance Academy* is not a workhouse, correctional facility, or substance abuse center. Our programs are educational. Guest time spent here is voluntary. Should a guest choose to leave, he or she may do so at any time. The client's probation officer and/or judge will be notified of such an occurrence. Neither a certificate nor a refund of completion will be given.

## **MISSION STATEMENT**

It is our goal to provide a viable alternative facility to incarceration in a local county jail and to educate and provide a better understanding of the effect of alcohol and drug abuse by teaching the Prime for Life DUI Education Curriculum and to establish an alternative plan to reduce the probability of future DUI offense.

## **CLIENT CONDUCT AND TEMPERANCE ACADEMY RULES**

All Temperance Academy/Prime for Life Classes are mandatory. Each client will receive an itinerary upon registration. Any person not in the conference room at the scheduled time will be asked to leave the facility immediately. No refunds will be given, client will receive no credit for time served, and the client's probation officer and/or judge will be notified of such occurrence.

All clients must shower once every 24 hours while staying at *The Temperance Academy*.

Clients are not to wear short shorts or halter tops. Appropriate undergarments are to be worn at all times. Shirts must cover entire abdominal region, and are to be worn when outside of the assigned room. Shoes must be worn at all times while outside of the assigned room. Flip flops or sandals are acceptable.

**Smoking, vaping, and any type of tobacco product and/or devices are PROHIBITED** at all times during the entire stay at *The Temperance Academy*. Upon registration, each client and their belongings will be searched. In the event a client is caught with any form of tobacco product and/or device will be asked to leave, will receive no credit for time served, will receive no refund, and the client's probation officer and/or judge will be notified of such occurrence.

You are prohibited from going outside, leaving the facility, or having access to the pool, hot tub, and weight room at this facility.

Every client must abide by the itinerary at all times. The only exception is that if a client is experiencing an emergency. An off-duty officer, whom is an employee of *The Temperance Academy*, will be present at various times throughout the weekend. An employee of *The Temperance Academy* will be available at all times. Any client not abiding by the itinerary at all times will be asked to leave permanently and will receive no credit for time served, will receive no refund, and the client's probation officer and/or judge will be notified of such occurrence.

**Cell phones are prohibited during the class sessions.** Cell phones are to remain in the client's assigned room during the course of the Temperance Academy Classes.

Absolutely no pornography, in any form, is to be viewed on this property.

Assigned rooms are to not be changed unless an issue arises.

All rooms must remain as they are originally designed. No moving of furniture, etc. All rules posted in each room must be followed.

Poor/disrespectful attitudes toward staff or other clients will not be tolerated. Any client exhibiting such behavior will be asked to leave and will receive no credit for time served, and the client's probation officer and/or judge will be notified of such occurrence.

**Absolutely NO visitors during your stay.** You are serving a jail sentence at an alternative facility. Client shall have no contact with any outside persons except by phone, except in the event of an emergency.

*The Temperance Academy* may conduct random searches of rooms and belongings. Any client possessing contraband will be asked to leave permanently.

On the scheduled day of departure clients must follow the Rules of Departure, which is given to each client at registration. If client does not comply, he/she will not receive a completion certificate.

Potential clients are allowed one (1) cancellation/reschedule. Should you need to cancel or reschedule, we require AT LEAST three (3) days' notice. If no notice is given, client will forfeit all fees paid to *The Temperance Academy*.

Any person attempting to check in who appears to be under the influence of alcohol or drugs will be denied. Such person will forfeit all fees paid to *The Temperance Academy* and will not be permitted to return.

All clients must bring a copy of his/her Court Order which shows a Judge has agreed for the person to serve at *The Temperance Academy*.

*The Temperance Academy* has the right to deny acceptance based upon serious health reason, mental status, prior convictions,

All registrants are to serve their time consecutively on the weekend in which they have registered.

*The Temperance Academy* DOES NOT provide, administer, handle or store clients' medication.

All clients and medications are subject to search during registration. Any unauthorized medication found in the possession of the client will cause the client's stay to be terminated. All medication must be in the original prescribed bottle, and only the amount of medication to be taken during the 44-hour period is permitted. Certain medical conditions may necessitate a clearance letter from a treating physician.

All belongings must be brought a duffle type bag. All medication shall be in the prescription bottles and personal items are to be in a Ziplock baggie in the duffle bag. All items will be searched upon check-in.

All food items may be brought in plastic grocery bags. Remember that one mini refrigerator is provided in each room, so smaller containers are suggested. Remember to bring plastic cutlery ONLY for your food.

Under no circumstances will any client residing at *The Temperance Academy* be asked to care for another client. No client may view or take confidential information about another client.

Poor, disrespectful attitudes will not be tolerated. If a client is asked to leave due to a poor or disrespectful attitude, no refunds will be made.

If a client is asked to leave for failure to comply with these rules, no refunds will be given, and the appropriate authorities will be notified.

## **EXCLUSION CRITERIA**

The following are conditions under which an individual may not be admitted to this facility:

- Any person who is obviously intoxicated or under the influence of alcohol or any drug, including, but not limited to, overuse of prescription medication.
- Persons with certain severe, life-threatening medical conditions.
- Persons with certain mental/emotional disorders.



## **DISRUPTIVE BEHAVIOR MANAGEMENT**

If a client becomes disruptive or unruly, the following methods may be employed, depending on the severity of the situation:

- Talk to the client;
- Contact the Director;
- Ask client to leave premises;
- Call 911.

## **MEDICAL ADMINISTRATION**

Each client will undergo a preliminary background screening by staff during intake.

Medical history will be taken and data recorded on medical information sheets. The completed sheet will be placed in the client's file.

No client will be admitted to *The Temperance Academy* while under the influence of drugs or alcohol. A person with any serious injury or illness must be seen at a physician's office or the emergency room and receive a letter of clearance before entering *The Temperance Academy*.

Basic first aid supplies are located in the conference room.

Staff person on duty will accept and note complaints of minor nature. The complaints will be reviewed by the Director to ensure appropriate medical attention is provided.

If a medical condition arises after admission to *The Temperance Academy* and a client requires a medical doctor, follow procedures below:

- If a serious emergency, call 911 and request an ambulance.
- If not a serious emergency (for example, person is mildly sick) call responsible person to transport individual to medical facility.
- Notify next of kin and the Director.

The Temperance Academy DOES NOT provide, administer, or store clients' medication. Each client is responsible for the administration of his/her own medication.

### **Any of the following symptoms will be considered a medical emergency and require calling 911.**

At the same time, notify next of kin. Those Conditions are:

Severe bleeding;  
Unconsciousness;  
Serious breathing difficulties;  
Head injuries;  
Severe burns;  
Severe pain;  
Suicide attempts – 911 will be notified;  
Mental and Emotional - Any individual suspected of being mentally ill or of being a potential suicide

risk must be closely observed. Following are indicators which may require individual to see a physician:

Hallucinations - Hearing voices, seeing visions;  
Illusions - Misperceiving, thinking they are someone else;  
Delusions - Strange ideas or beliefs, cannot control thoughts;  
Hyperactivity - Constant moving, talking, cannot sleep;  
Withdrawal - Very little activity, refusal to eat or sleep;  
Obsessions - Persistent thoughts, unable to control;  
Compulsion - Repeated actions such as washing hands constantly;  
Phobia - Unrealistic fear, hyperventilation;  
Catatonia - Unusual, rigid posture;  
Flight of ideas - Strange speech-No order in speech.

Exhibition of some of the above can also be related to withdrawal symptoms from alcohol/drugs. If any of the above are manifested, contact the Director immediately, or call 911.

## **ROOMS / ACCOMMODATIONS**

Each client will be provided the following:

- A clean, serviceable hotel room, which will be equipped with their own personal bed and bedding materials;
- Standard hotel room accommodations, including a TV, mini refrigerator, desk, and chair;
- Full size accessible bathroom with standard hotel toiletries, hairdryer, towels and washcloths;
- Access to vending machines in the hall during allotted hours.
- Handicap accessible rooms are available upon request.

## **EMERGENCY PROCEDURES**

Upon registration, clients will be instructed on procedures for evacuating the building in the event of a fire or natural disaster. Staff will instruct clients when and where to exit the building and the meeting place outside where everyone is to meet and be accounted for. Staff shall ensure that everyone has left the building. In the event of a medical emergency or accident, staff shall call 911 for emergency assistance and staff trained in Basic First Aid/CPR will begin administering aid as necessary until arrival of EMS personnel.

*A copy of The Temperance Academy Policies and Procedures Manual is available upon request.*

# **WHAT TO BRING**

**Bedding:** Each hotel room is equipped with pillowcases, pillows, sheets, and blankets.

**Toiletries:** Each hotel room is equipped with towels, washcloths, soap, shampoo, and conditioner. You may bring your own. You should bring your toothbrush, toothpaste, mouthwash, and other toiletries you need on a daily basis.

**Dishes:** Bring your own napkins, plastic cutlery, plastic or paper plates, etc.

**Food:** You are to bring enough meals/snacks for the duration of your stay; dinner for Thursday night, breakfast, lunch and dinner for Friday, and breakfast for Saturday. You may bring other snacks as well. You may order food to be delivered, such as pizza, at your OWN EXPENSE. Established business delivery orders ONLY. No private food deliveries. You will be provided with delivery options at registration. We suggest you bring frozen dinners, such as TV dinners, etc. A microwave is in each room. You will need to bring your own drinks; however, drinks are available through a vending machine at the facility. You may bring snacks/drinks with you during the class times. You are not allowed to have access to the breakfast at the hotel, you must bring your own breakfast and have in your room.

We ask that toiletries be placed in Ziploc bags. All items will be searched and shall be brought in a duffle type bag.

Other items you might consider bringing are ear plugs, cell phone, and a laptop (Wi-Fi will be available). Be sure to bring your OWN charger for your cell phone, etc. We will NOT be able to provide forgotten items.

It tends to be cooler in the conference room, so we suggest you bring a sweater or an extra top to wear during the classes.

**Cell Phones:** We allow you to bring your cellphone. However, we will require your cell phone to be left in your room and not with you during class times in the conference room.

**NO SMOKING, VAPING, OR ANY TOBACCO PRODUCTS.** You are not allowed to go outside once you check in at 3:00 p.m. on Thursday, until you are dismissed on Saturday at 11:00 a.m.

**We want this program to work for all of us. Your cooperation is appreciated. Please contact us if there are any problems. These rules are for your safety.**

## **CLIENT RIGHTS**

Clients have the right to be fully informed before the initiation of services about their rights and responsibilities and about any limitation on these rights imposed by the rules of the agency. Agency will ensure that the client is given oral and/or written rights information that includes at least the following:

A statement of the specific rights guaranteed the client by these rules and applicable state laws;

- A description of the agency's grievance procedures;
- A listing of available advocacy resources (which is provided hereinbelow)
- A copy of all agency rules and regulations pertinent to the client.
- The information shall be presented in a manner that promotes understanding by the client of his or her rights, and the individual shall be given an opportunity to ask questions about the information.
- If the client is unable to understand the information at the time of admission to service but later becomes able to do so, the information shall be presented to the client at that time.
- If a client is likely to continue indefinitely to be unable to understand the information, the agency shall promptly attempt to provide the required information to a guardian or other appropriate person or an agency responsible for protecting the client's rights.

In addition, clients have the following rights:

- To voice their grievance to the agency and to outside representatives of their choice with freedom from restraint, interference, coercion, discrimination, or reprisal;
- To be treated with consideration, respect, and full recognition of dignity and individuality.
- To be protected by the agency from neglect, physical, verbal, and emotional abuse (including corporal punishment), and all forms of misappropriation and/or exploitation.
- To receive services regardless of race, national origin, gender, age, religion, or disability
- To be informed about the care to be provided. To be involved in care planning, and not to receive any service without informed consent and agreement.
- To expect confidentiality of all agency records except in case of court order, emergencies, or as otherwise required or permitted by law.
- Not to be required to make public statements acknowledging gratitude to the licensee for services provided.
- Not to have identifiable photographs taken and/or used without written permission.
- To be informed of any agency's grievance procedure.
- To voice grievances to the agency and to outside representatives of their choice with freedom from restraint, interference, coercion, discrimination, or reprisal.
- To be assisted by the agency in the exercise of their civil rights
- To be free of any requirement by the agency that they perform services which are ordinarily performed by agency staff;
- To privacy while receiving services;
- To have their personal information kept confidential in accordance with state and federal confidentiality laws;
- To ask the agency to correct information in their records. If the agency refuses, the client may include a written statement in the records of the reasons they disagree;
- To be informed about their care in a language they understand; and,

- To vote, make contracts, buy or sell real estate or personal property, or sign documents, unless the law or a court removes these rights.
- Clients have the right to participate fully, or to refuse to participate, in community activities including cultural, educational, religious, community services, vocational and recreational activities.
- Clients have the right to be accorded privacy and freedom for the use of bathrooms when needed.
- Clients shall be permitted to retain and use personal clothing and appropriate possessions including books, pictures, games, toys, radios, arts and crafts materials, religious articles, toiletries, jewelry and letters.
- Clients have the right to participate in the development of the client's individual program or treatment plans and to receive sufficient information about proposed and alternative interventions and program goals to enable them to participate effectively.
- Staff and volunteers will provide the appropriate coordination of care with regard to the client's needs, including, health needs, mental health, social, educational and residential service provided as needed.
- Clients have the right to report any inappropriate relationships of a business, social, professional, romantic and sexual nature between the client and the licensee, its staff and/or volunteers.

## **Available Advocacy Resources**

Adult Protective Services:	800-277-8366
Local Ombudsman	931-432-4210
TDMHSAS Office of Licensure:	865-594-6551
Department of Children's Services:	615-563-5182
Disability Law & Advocacy Center:	888-395-9297
Office on Aging	866-836-6678
Community Mental Health Centers	
Volunteer Behavioral Health	931-484-8020
Mental Health Association of East TN	865-584-9125
Helen Ross McNabb Center	800-255-9711
Ridgeview Behavioral Health Services	800-834-4178
Frontier Health	877-928-9062
Free Health Clinics	
Rural Health Clinic of the Cumberland	931-277-5992
Bread of Life Shelter and Clinic (also food bank)	931-707-0569
Middle TN Mental Health Institute	615-902-7400
Mobile Crisis	855-274-7471
Local Food Bank (Good Samaritan of Crossville)	931-484-3225
Transportation (ETHRA)	800-232-1565
Veteran's Administration	931-526-2432

**Complete at Registration:**

I have received and reviewed a copy of the Client Rights and Responsibilities \_\_\_\_\_ (initials)

I have received and reviewed a copy of the Fire Evacuation Procedure \_\_\_\_\_ (initials)

I have received, reviewed and completed the MAST Assessment \_\_\_\_\_ (initials)

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

\*\*\*\*\*

**GENERAL RELEASE AND WAIVER OF LIABILITY**

Know ye, I, \_\_\_\_\_, for and in consideration of being permitted to participate in the Temperance Academy program, which is hereby acknowledged, I do hereby **FULLY REMISE, RELEASE AND FOREVER DISCHARGE The Temperance Academy, LLC**, its employees, agents, heirs, stockholder and members of and from any and all manner of action and actions, cause and causes of action, suits, damages, judgments, executions, claims and demands whatsoever, whether known or unknown, in law or in equity which I ever had, now have or which my heirs, next of kin, executors or administrators, successors and assigns, hereafter can, shall or may have against **The Temperance Academy, LLC**, its employees, agents, heirs, stockholder and members successors and assigns, for, upon, or by reason of, any matter, cause or thing whatsoever from the beginning of the world to the date of these presents and particularly, including, but not limited to, but without in any manner limiting the foregoing, arising directly or indirectly from any condition, accident or other cause of action associated with the stay at the Baymont Inn, Crossville, Tennessee. The Releasor does hereby understand that the Temperance Academy, LLC does not own, control or supervise the Baymont Inn, AND THEREBY releases the Temperance Academy, LLC in connection with any liability associated with the Baymont Inn.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

**AUTHORIZATION BY CLIENT FOR RELEASE AND DISCLOSURE OF INFORMATION AND  
RECORDS MAINTAINED BY THE TEMPERANCE ACADEMY**

I hereby authorize the use of disclosure of my individually identifiable health information as described below. I understand the information may be re-disclosed and may no longer be protected by federal privacy regulation.

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Last 4 SS#:** \_\_\_\_\_

**Persons/Entities Authorized to Disclose Information:**

Circuit court clerk \_\_\_\_\_ (initial)  
Sheriff \_\_\_\_\_ (initial)  
Probation Officer \_\_\_\_\_ (initial)  
The State of Tennessee (when required) \_\_\_\_\_ (initial)

1. I understand that my attorney, the Circuit Court Clerk of the County that I was convicted in, the Sheriff and my Probation Officer will receive a copy of the certification to show that I did, or did not complete the program.
2. I understand that the State Tennessee may receive or review a copy of my file from this program during annual inspections, which includes my personal information, including my name, date of birth, social security number, health information, etc.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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### MEDICAL HISTORY FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please answer all questions by circling Yes(Y) or No(N). If you answer yes, please give more detail at the bottom of the page. Also include if your condition is under good or poor control.**

- |   |   |   |
|---|---|---|
| 1. Are you ill now?.....  | Y | N |
| 2. Have you been recently injured or being treated for an injury.....   | Y | N |
| 3. Date of last physical exam _____   | Y | N |
| 4. Are you under a physician's care for a particular problem.....   | Y | N |
| 5. Have you ever had any serious illnesses, operations or hospitalizations.....   | Y | N |
| 6. DO YOU HAVE OR HAVE YOU EVER HAD:  |   |   |
| A. Congenital Heart Disease?.....   | Y | N |
| B. Cardiovascular Disease? (Heart Attack, Heart Trouble, Heart Murmur, Coronary Artery, Angina, High Blood Pressure, Stroke, Palpitations, Heart Surgery, Pacemaker)..... | Y | N |
| C. Lung Disease? (Asthma, Emphysema, Chronic Cough, Bronchitis, Pneumonia, Tuberculosis, Shortness of Breath, Chest Pain, Severe Coughing).....                           | Y | N |
| D. Seizures, Convulsions, Epilepsy, Fainting or Dizziness?.....   | Y | N |
| E. Bleeding Disorder, Anemia, Bleeding Tendency?.....   | Y | N |
| F. Liver Disease? (Jaundice, Hepatitis).....  | Y | N |
| G. Kidney Disease?.....   | Y | N |
| H. Digestive Problems? (Ulcerative Colitis, Crohn's Disease, Acid Reflux, Ulcers, Irritable Bowel).....   | Y | N |
| I. Diabetes?.....   | Y | N |
| J. Thyroid Disease?.....  | Y | N |
| K. Arthritis?.....  | Y | N |
| L. Eye Problems?.....   | Y | N |
| M. Dental Problems?.....  | Y | N |
| N. Ear, Nose and Throat Problems? (Difficulty Hearing, Ear Ringing, Dizziness, Sinus Problems, Sleep Apnea).....  | Y | N |
| O. Any Communicable Disease? (Scabies, Head or Body Lice, Impetigo, Shingles, Herpes, Venereal Disease).....  | Y | N |
| P. Any Disease, Drug or Transplant that has depressed your immunity....   | Y | N |
| Q. Do you take medication and do you have medication with you while attending this program? If so, please list the medication below .....                                 | Y | N |

Please give a further explanation to all YES responses below:

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Medication List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Resident Grievance Procedure

## I. Purpose of the procedure/Introduction

The Temperance Academy's aim is to ensure that residents with a grievance relating to their stay can use a procedure which can help to resolve grievances as quickly and as fairly as possible.

## 2. Informal discussions

If a resident has a grievance about their stay, they should discuss it informally with a Temperance Academy employee. We hope that the majority of concerns will be resolved this way.

## 3. Stage 1 - statement of grievance

If the resident feels that the matter has not been resolved through informal discussions, they should put your grievance in writing to an immediate supervisor.

## 4. Stage 2 - the grievance meeting

Within [1] working days the supervisor will respond, in writing, to the statement, inviting the resident to attend a meeting where the alleged grievance can be discussed. This meeting should be scheduled to take place as soon as possible and normally 5 working days' notice of this meeting will be provided to the resident and they will be informed of their right to be accompanied.

The resident must take all reasonable steps to attend the meeting, but if for any unforeseen reason the resident, or the employer, can't attend, the meeting must be rearranged.

After the meeting the supervisor hearing the grievance must write to the resident informing them of any decision or action and offering them the right of appeal. This letter should be sent within [5] working days of the grievance meeting and should include the details on how to appeal.

## S. Step 3- appeal

If the matter is not resolved to the resident's satisfaction they must set out their grounds of appeal in writing within (5) working days of receipt of the decision letter.

Within [5] working days of receiving an appeal letter, the resident should receive a written invitation to attend an appeal meeting. The appeal meeting should be taken by a more senior manager not involved in the original meeting.

After the appeal meeting with senior manager must inform the resident in writing of their decision within [5] working days of the meeting. Their decision is final.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_