

WORTHY RECOVERY Inc. dba Worthy Women Recovery Home Inc. (WWRH)

MEDICATION POLICY

POLICY: It is the Policy of WWRH to be the liaison for discussing and obtaining all resident medications and to account for all resident medications. Residents are strictly prohibited from obtaining medication.

PROCEDURE: Residents must agree to allow the designated WWRH Staff to be on all resident medical and counseling services release of information forms (ROI'S). Staff will verify prescribed medication containers for resident's name, physician's name, dosage, and count.

NOTE: WWRH does not offer Medication-Assisted Treatment – MAT.

"GREEN ZONE"	"YELLOW ZONE"	"RED ZONE"
Medications ALLOWED at WWRH:	Medications that require a letter from your doctor:	Medications NOT ALLOWED at WWRH:
Antidepressants- <i>Celexa, Cymbalta, Effexor, Elavil, Lexapro, Prozac, Paxil, Remeron, Savella, Zoloft</i> Anti-Anxiety Medications- <i>Buspar, Vistaril</i>	Mood Stabilizers & Seizure Medication- The following medications are allowed ONLY for documented seizure disorders: <i>Tegretol, Topamax, Trileptal, Lamictal</i>	Benzodiazepines- <i>Ativan, Klonopin, Xanax, Valium</i> Antipsychotics- Medications include, but are not limited to: <i>Abilify, Geodon, Latuda, Mellaril, Seroquel, Clozaril, Haldol, Risperdal, Zyprexa</i> Mood stabilizers- <i>Lithium, Depakote, Gabapentin</i>
Sleep Aids- <i>Trazodone and most over-the-counter sleep aids</i>	Epi-pens can be used by insulin-dependent diabetics. <i>Syringes are not allowed for any type of medication.</i>	Sleep Aids- <i>Ambien, Halcion, Lunesta, Restoril, Sonata</i>
Non-habit forming ADD medications- <i>Strattera, Intuniv</i>	Vivitrol* can only be used if it is prescribed without injections/syringes.	ADD/ADHD Medication- <i>Adderall, Concerta, Focalin, Provigil, Ritalin, or any other "controlled" medication.</i>
<i>Anti-inflammatory medications such as Ibuprofen, Meloxicam, Naproxen</i>		Narcotic & Pain Medication- <i>Codeine, Darvocet, Hydrocodone, Lortab, Lyrica, Oxycontin, Percocet, Tramadol, Ultram</i>
		Muscle Relaxants- <i>Flexeril, Robaxin, Soma, etc.</i>
"GREEN ZONE"	"YELLOW ZONE"	"RED ZONE"

By my signature, I affirm that I have read, understand, and agree to honor the **WWRH MEDICATION POLICY.**

Applicant Signature _____ **Print Name** _____ **Date** _____

PLEASE review your application and look for anything you might have overlooked.

By signing below, you are indicating that if accepted, you agree to follow the policies of Worthy Recovery Inc dba WWRH, and that you will **respect God, others and yourself.**

APPLICANT SIGNATURE: _____ **DATE:** _____

Mail to: WRI, PO Box 116, La Porte, IN 46352 Email: info@worthyrecovery.org Office: 219-325-3360

WWRH OFFICE USE ONLY:

INTERVIEWER: _____

SIGNATURE/TITLE: _____ **DATE:** _____