

**County of San Diego, Health and Human Services Agency (HHSA)  
General Relief (GR) Special Notice**

<b>Treatment of Individuals in a Serial Inebriate Program (SIP)</b>	<b>Number</b>	<b>Page</b>
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**Issue Date:**

September 18, 2015

**Effective Date:**

Upon receipt

**Background:**

Individuals who are participating in a SIP may apply for GR benefits.

**Purpose:**

To add instructions for the treatment of individuals in a SIP.

**Policy:**

Individuals who are participating in a SIP are potentially eligible for GR. If otherwise eligible, they will be aided as singles in shared housing.

**Procedure:**

The SIP participant will provide a letter (Attachment A) from the facility to identify them as a SIP participant. Attachment B provides a list of the SIP facilities as a reference. The SIP verification will include the number of individuals with whom the individual is living. Do not request information regarding these other individuals as this information is confidential. These individuals are presumed to be Employable unless medical verification is provided that they cannot complete the Work Project.

**Impact/s:**

**Automation:**

No impact.

**Forms and Document Capture:**

No impact.

**Other Programs Affected:**

None.

**Quality Control:**

No impact.

**Management Reporting:**

No impact.

**References:**

County Policy

**Sunset Date:**

This policy will be reviewed for continuance on or by September 30, 2016.

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Approval for Release:

 9-18-15

Rick Wanne, Director  
Eligibility Operations

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**SAMPLE LETTER**

Date

Mr. XXX,

Per your request, I have written this letter to help you obtain the services you need. According to our records as a participant in the Serial Inebriate Program, your D.O.B. is XX-XX-XXXX and your SSN# is XXX-XX-XXXX. Your commitment to treatment is for a minimum of six months with an opportunity for up to one year of “aftercare” housing.

Mr. XX, you entered our program on DATE and currently reside at 43XX 49<sup>th</sup> St. San Diego, CA. 92115. Mr. XXX resides with # other individuals at this address, and they do not share costs of living. At this time Mr. XXX lives in a sober living, which is funded by the City of San Diego (not county funded residential). Upon receiving any income, Mr. XXX will be responsible for paying a third of his income for rent.

It is also important to recognize that Mr. XXX has been on the streets and alcohol dependent at various times over the years, which may have resulted in severe physical, emotional, and mental disabilities.

As a part of your treatment commitment, you are required to attend group four times a week, individual counseling as needed, but no less than once a month, and five self-help meetings a week. In addition you are also required to attend all house meetings at your residence and any social or recreational event at the direction of your counselor and/or case manager.

This letter is meant to assist you in obtaining services to support your housing, food, and transportation needs during your time in treatment. Additionally, it will allow you to take responsibility for your recovery, while continuing to focus on your sobriety.

Sincerely:

Serial Inebriate Program

**IMPROVING LIVES**  
*Innovation · Dignity · Integrity · Hope · Action · Excellence*

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**ATTACHMENT A  
SERIAL INEBRIATE PROGRAM (SIP) TRANSITIONAL HOUSING LOCATIONS**

4357 49<sup>th</sup> Street  
San Diego, CA 92115

4357 ½ 49<sup>th</sup> Street  
San Diego, CA 92115

4359 49<sup>th</sup> Street  
San Diego, CA 92115

4359 ½ 49<sup>th</sup> Street  
San Diego, CA 92115

4361 49<sup>th</sup> Street  
San Diego, CA 92115

4361 ½ 49<sup>th</sup> Street  
San Diego, CA 92115

4363 49<sup>th</sup> Street  
San Diego, CA 92115

4363 ½ 49<sup>th</sup> Street  
San Diego, CA 92115

**ATTACHMENT B**