

Prerequisites for Recovery Housing

- Resident must be sober at least 30 days prior to move-in, and pass a urine dip the day of move-in. These services will be billed to insurance or the resident, whichever is applicable.
- Resident must begin engaging in recovery program. If not through housing provider, resident will be responsible for out-of-pocket costs. (i.e. drug screens, med counts, etc.)
- Resident will be required to meet with Housing Manager prior to moving in to Recovery Housing.
- All prescribed medications must be approved by Housing Program.
- Any change in medications must be reported immediately to Housing Manager.
- If resident is terminated from Recovery Housing, the resident's belongings must be removed no later than two days after the date of termination. Any property remaining after this time will become the property of _____.
- Immediately upon moving in, the resident must place all clothing items in the dryer or "hot box" for at least 45 minutes or as directed.
- Scheduled drugs are not allowed on the premises. If the resident has a medical situation that requires these medications (ex: surgery), it will be necessary for the resident to meet with Housing Manager regarding a medication plan of action.
- Residents will be required to attend an appointment to review and complete the orientation packet and intake paperwork.

Initial_____

Recovery Housing Application (fax:454-7650, email: jadams@mbhealth.org) Date: _____

You must be a resident of one of the following counties to apply for this recovery housing: **Coshocton, Guernsey, Morgan, Muskingum, Noble or Perry**

Applicant Information:

Name: _____ Age: _____

Phone number: _____ Date of birth: ____/____/____

County your medical insurance is based out of _____

Living situation when/if not in treatment: (must choose one)

1. Address _____ How long _____
2. Staying with family/friends (couch surfing)
3. Homeless (shelter)

Is there any substance abuse in your living situation when not in treatment?

Do you have a driver's license? _____ Do you have a vehicle? _____

Marital Status: **Married** **Single** **Divorced** **Separated**

Do you have children that live with you? _____ Ages? _____

Recovery and Treatment Information:

What is your sobriety date? ____/____/____

Are you currently in residential treatment? _____ If so, where? _____

If yes, what is your estimated completion? ____/____/____

Are you attending AA/NA meetings weekly? _____

Are you currently in a counseling program? (not including residential) _____ If so, please list agencies where services are received. _____

Do you have a sponsor? **Yes** **No**

Criminal Background Information:

Briefly explain any charges you have been found guilty of or are currently pending: _____

Have you been recently incarcerated? (in the last 12 months) **Yes No**

Are you involved with any of the local specialty docket drug or mental health courts? **Yes No**

Which court(s) _____

Are you on Parole or Probation? **Yes No** Through which county: _____

Who is your Probation/Parole officer? _____

Medical Information:

Are you pregnant? **Yes No**

Are you currently on any medications? **Yes No**

Please list medications: _____

Do you have any medical conditions? **Yes No**

Please list diagnoses: _____

Employment/Financial Information:

Are you currently employed? **Yes No**

Please complete the following information:

Name of Employer: _____

Phone #: _____

Are you currently drawing any of these benefits? (if yes please circle)

Disability

Social Security

Retirement

VA Disability

Resident Rental Responsibility

** Please note: We do not accept any promise to pays, deposit and 1st months' rent must be paid on or before move in.*

**Any money paid to hold a room before moving in will NOT BE REFUNDED, SHOULD YOU DECIDE TO NOT MOVE IN!*

Deposit \$100.00

***** Apartments only *****

Months 1-3 -- \$100.00/month

Months 13-15 -- \$500.00/month

Months 4-6 -- \$200.00/month

Months 16-18 -- \$600.00/month

Months 7-9 -- \$300.00/month

Months 19 and up -- \$650.00/month

Months 10-12 -- \$400.00/month

Rent can be paid by Cash, Money order or Personal check. At this time we do not accept online payment options.

There is a 10% late fee for any rent not paid on time.

Do you have the initial \$100 deposit and \$100.00 1st months' rent to move into recovery housing? **Yes** **No**

If not, how do you plan to pay for the deposit and 1st months' rent?

Resident rules to be followed

1. **Residents must maintain Sobriety/Recovery.** Any use/abuse of Drugs/Alcohol or found in possession of Drugs/Alcohol or Drug Paraphernalia will result in immediate suspension from the residence, the local Authorities notified, and Criminal charges could result.
2. You WILL be randomly tested for DRUGS/ALCOHOL and or medication counts without cause or **NOTICE. Refusal is considered a positive and will result in negative action taken by the Recovery Housing Committee.**
3. Room searches and cleanliness checks will be done randomly on the house by the recovery housing committee and or authorities/detection dogs. House should be clean and able to be enjoyed by Residents and visitors, common areas need to be 'family friendly'. (no cursing, inappropriate clothing or being disrespectful)
4. Space heaters, candles, incense, wax burners and similar items are considered contraband. These items are a fire hazard and are not permitted in Recovery Housing. Burning of these items are not Prohibited.
5. Residents must be Engaged/Compliant with outpatient treatment and working a Recovery Plan.
6. No smoking inside residence. There is a ZERO tolerance policy for smoking in doors and/or in non-designated smoking areas. Failure to comply could result in termination from Recovery Housing or mandated attendance to a smoking program
7. No gambling is allowed on the property.
8. Verbal or Physical threats or 'Bullying' will not be tolerated in any form.
9. Residents are required to attend no less than 2 meeting per week and provide a signed slip as proof. (it is your responsibility to get these signed, they will be verified)
10. All Residents are required to participate in community service. Employed requires ___ hrs. per week and unemployed requires ___ hrs. per week. These need to be verified by a signed record sheet.
11. All noise levels need to be reduced by 9:00PM out of respect for your housemates.
12. All Guests must leave by 10:00PM. NO OVERNIGHT VISITS (only exceptions will be Residents minor children).
13. Guests are only permitted in common areas. The only exceptions are resident's minor children. Not applicable to apartment settings.
14. Keys are to be in resident's possession at all times..
15. All guests are subject to Drug/Alcohol testing. Anyone suspected to be under the influence will be asked to leave and be subject to urinalysis. Refusal will result in the guest being banned from the premises.
16. Curfew is 11:00PM every night, unless modified by a verified work schedule, or PRE- APPROVAL from the Housing Manager.
17. Any night spent away from Recovery Housing needs to be PRE-APPROVED through the Housing Manager BEFORE leaving. Resident then must report immediately upon return to Recovery Housing to the appropriate facility/individual to provide a urinalysis.
18. At no time is there to be any borrowing or lending of money between a resident and an ____ employee.
19. Resident shall not make any alterations or additions to the premises without a written consent signed by the Housing Committee. Any alterations shall become the property of _____/_____ at the expiration of this agreement.

This release must be filled out.

Correct contact information is extremely important.

If for any reason we try to contact you for recovery housing and fail, we use the references below to try and reach you.

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:

_____ RECOVERY HOUSING

I _____ hereby consent to communication between
(Name of Person Applying)

_____ **Recovery Housing Committee** and the following references of my choosing.

1. _____ PH# _____

2. _____ PH# _____

The purpose of and need for the disclosure is to fully determine your eligibility for the said Recovery Housing listed above. The extent of information to be disclosed is information directly related to Recovery Housing Consideration Procedures.

I understand that this consent will remain in effect for 6 months from date of signature unless revoked by me in writing. Written submissions can be sent to: _____

I also understand that any disclosure made is bound by the federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 U. S. C. 290dd-2; 42 C. F. R. Part 2) and that recipients of this information may re-disclose it only in connection with their official duties.

Date: _____

(Signature of applicant)

(Signature of person helping applicant)

Date application received by RH committee _____ / _____ / _____

initial: _____