

## 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\_\_\_\_\_

# NAOMI HOUSE

## REQUIREMENTS:

- Daily bedroom checks
  - Bed Made
  - Clothes picked up off floor
  - Furniture dusted/floor swept
  - **NO TRASH**
- **Random Drug Screens – Weekly and At the discretion of staff**
- **REQUIRED** to attend 2 in person meetings per week Church/AA/NA
  - Provide a signed meeting sheet each week (**NO EXCEPTIONS**)
  - **In-house meetings** will not be signed for **COURT REQUIREMENTS**
- **REQUIRED** to fill out a weekly schedule and list all:
  - Appointments
  - Groups
  - Probation Officer Check-ins
  - Court Hearings (including specialty court dockets)
  - Valid work Schedule (If you are out past curfew **MUST BE VARIFIED**)
  - Visits with Child(ren)
- Chores must be completed **DAILY** and **WEEKLY (NO EXCEPTIONS)**
- **REQUIRED** to meet with house manager every Sunday for **One on One**
- **REQUIRED** to be engaged and following your treatment plan
- **REQUIRED** to attend all groups and appointments as scheduled

## EXPECTATIONS:

- **CLEAN** all counter tops, Utensils and appliances immediately after use
- **WASH, DRY AND PUT AWAY ALL DISHES IMMEDIATELY AFTER USE**
- **REMOVE** all personal items from shower **IMMEDIATELY AFTER USE**
- Keep all personal items (toys, blanket, clothes..) in **BEDROOM**
- **ABSOLUTELY NO FOOD OR DRINKS ON THE NEW FURNITURE!!!!!!**
- No sleeping or napping in the living room
- Promptly remove clothing from washer and dryer when finished
- **RESPECT EVERYONE'S PRIVACY AT ALL TIMES**
- If you make a commitment for something... **KEEP IT (ACCOUNTABILITY)**

# Naomi House

## Recovery Housing Application

(fax- (740) 454-7650, email - abechstein@mbhealth.org)

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:

Date of application: \_\_\_\_\_

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?

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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? \_\_\_\_\_ How many? \_\_\_\_\_

### 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 ever been charged or convicted of child endangerment? **Yes No**

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? \_\_\_\_\_

Are you legally mandated to go to sober living? **Yes No**

**Medical Information:**

Are you pregnant? **Yes No**

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

Please list all medications: \_\_\_\_\_

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

Please list all 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 1<sup>st</sup> 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 1<sup>st</sup> months' rent to move into recovery housing? **Yes** **No**

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

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## 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 dismissal 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 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 including scratch off tickets.
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. All guests, besides residents minor children, must be approved my Naomi House Staff.
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 10:00PM 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 MBH 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 Naomi House at the expiration of this agreement.

20. Only guests permitted inside the residence are approved sponsors and residents children.

## 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:**

### NAOMI HOUSE - RECOVERY HOUSING

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

**Naomi House 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: Muskingum Behavioral Health – 1127 W. Main St. Zanesville, Ohio 43701

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: \_\_\_\_\_