

COMMUNITY HOUSING PROGRAM GUIDELINES

- 1. The use of alcohol or any chemical, either on or off the premises, is cause for immediate review of placement at the community housing facilities. If drug or alcohol use is suspected, you may be asked to complete a urinalysis.
- 2. Returning to the house under the influence of any chemical will be cause for immediate assessment and referred to a higher level of care such as Detox (Level VII).
- 3. Any display of physical violence is considered a major rule violation putting the safety for other residents within the community at risk; thus, such behavior is ground for discharge from community housing. Firearms, knives, and mood-altering chemicals are not permitted at any time during residency.
- 4. You are discouraged from working in gambling establishments or those that serve alcohol. Each job placement will be evaluated individually by the community housing therapy staff. Frequenting these establishments for reasons other than employment is prohibited.
- 5. <u>Medications:</u> Non prescribed medications are not permitted. Prescribed medication is kept by the staff and supervised by the therapist and the technician working at the house. Technician staff at the community housing facilities are trained medication managers and administer medication as prescribed. You must notify the staff promptly of any medication in your possession during your stay in community housing. Any changes in prescriptions, doctor's orders, or reactions to prescribed medications are to be reported to the therapy staff immediately. The therapy staff must be informed of any problem concerning prescribed medications at the time of the incident. The team will immediately address the problem and devise a plan to correct.
- 6. <u>Financial Responsibility:</u> You are expected to contribute toward your room and board based on a sliding scale and ability to pay. See attached fee schedule.
- 7. You are expected to seek and find employment as part of your treatment in Community Housing. Minimally, you are to be seeking employment from 8:00 a.m. to 4:00 p.m., Monday through Friday, until full-time employment is found.
- 8. When you get paid, you are expected to pay your room and board. Paying rent is a priority. Failure to pay rent will result in consequences and may lead to discharge or transfer of care. You will be asked to sign a release to your employer after work is found. You are expected to discuss any job change prior to the change. Unemployment checks are not encouraged and must be approved by staff.
- 9. You are expected to participate in all aspects of therapeutic activities provided within the community. Hours are posted on the bulletin board. Any absence from therapeutic programming must be cleared with the therapist in advance. In case of an emergency, the staff is to be notified immediately. Overtime work is to be cleared with the staff before accepting additional hours. It is your responsibility to notify work or school if you are ill or an emergency arises and you cannot attend.



- 10. Wake up: All sleeping is to be done in bedrooms and not in other areas. You are to be up by 7:00 a.m., unless otherwise excused by the staff. Monday through Friday, you will eat breakfast and complete household tasks by 8:00 a.m. You are expected to assist in extra household tasks when necessary.
- 11. <u>Living skills:</u> You are responsible for keeping your own living area clean and in order with beds made, clothes hung, furniture dusted, floor vacuumed, etc. Bed linen will be changed weekly. You will maintain a clean, neat appearance and good personal hygiene. Personal items are not left in the bathroom. You are to dress appropriately at all times. No wearing hats in the house. Shoes and socks are to be worn for safety and infection control reasons.
- 12. <u>Phone privileges:</u> You can use the phone as long as it does not interfere with therapeutic activities. Please limit calls to 10 minutes to allow time for all residents to use the phone. No incoming or outgoing calls between 10:00 p.m. and 6:00 a.m. Emergencies are to be reported to the Women's and Children's Center when staff is not on duty at the house. 258-4578.
 - **CONFIDENTIALITY:** The phone is answered with "Hello". Information or the whereabouts of other residents is NOT revealed.
- 13. <u>Safety:</u> The house is locked at all times to ensure your safety. Curfew is 11:00pm. The television will be off by 12:00am Sunday through Thursday. Radios are to be turned down by 10:30 pm and should never be loud enough to be heard outside your bedroom. You may rent DVD's. (No X-rated or pornographic videos are allowed). No smoking is allowed in the house. You may smoke outdoors in designated areas. No washing and drying clothes after midnight.
 - You are not allowed to pawn items, borrow or loan money from other residents. You are oriented to the fire and disaster procedures at the time of admit. You are not to sell plasma. You are to park vehicles in designated areas only. Your mail or other communications will not be intercepted, read or censored. Furniture is not to be moved.
- 14. <u>Infection Control</u>: Food and drinks in the recreation room are at the discretion of staff. No personal food items in the refrigerator unless staff gives permission. All food items must be dated, labeled and disposed of within three days after being placed in the refrigerator. No food or drink is allowed in bedrooms. Good hand washing techniques are practiced daily by all residents to prevent the spread of disease. All residents on cooking duty are to practice good safety measures and all aspects of infection control.
- 15. <u>Community Time:</u> Meal time is considered an important part of community housing. You will share your evening meals with the other residents at the house Monday through Friday unless excused for work with staff approval Please notify staff by 2:00 p.m. at any time you wish to be excused.



All therapeutic activities, recreation times, meal times and group activities are to be attended. This therapeutic time enhances the growth and involvement of the community.

16. <u>Family Visits:</u> Family visits are discussed with the therapist. Family visits will be granted in view of the treatment goals and in the best interest of the resident. You may request to go out to eat, shop, or attend and activity with your family, friends or peers. No outings are allowed without staff approval. You do not need approval to go to your job, legal or medical appointments. All other outings need to be approved.

Intimate relationships will be reviewed by the therapist and treatment team at the initial interview. If the relationship is unhealthy, the treatment team may see this as a treatment issue and suggest limited contact. Each case will be individually evaluated. Couples and/or family counseling may be suggested as part of the treatment process. You may be on no contact with your significant other for up to 30 days.

17. <u>Treatment Structure:</u> You are responsible for daily journal entries. These are to be completed and turned in to staff as designated, by 11:00 p.m.

You are responsible for all rules, treatment goals, and expectations within the community housing program. You are to complete a treatment plan outlining your personal goals and actively participate in your treatment.

Any assignment given by staff is to be completed in a timely manner. Failure to participate in treatment will result in consequences and possible dismissal. Should the treatment team feel you have reached maximum benefits from this service; the treatment team will offer recommendations to another level of care or another type of service.

Community Housing involves all persons connected with your life within your treatment i.e. probation or parole officer, DHS workers, lawyers and family members. A meeting may be called to evaluated progress, continued care, or discharge planning. Probation officers and legal authorities involved in a case are encouraged to participate in the treatment as part of the team.

I HAVE READ AND UNDERSTAND THE ABOVE PROGRAM GUIDELINES AND AGREE TO ABIDE BY THEM IN THE INTEREST OF MY OWN RECOVERY AND OUT OF A SENSE OF RESPONSIBILITY TOWARD THE RECOVERY CENTERED COMMUNITY.

| Resident's Signature | Date | |
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| Staff Signature | Date | |