

First Name: Last Name: Date of Birth:
Address:
Email address: Ethnicity: Marital status: Married Unmarried
Referral source: Intake Date: Sober Date:

Pending Charges: Yes No Ever been convicted of a crime: Yes No
If so, what Charges?
If so what:
Are you on parole or probation: Yes No
If so officer and phone number:
Highest grade completed: Type of work:
Are you employed: Yes No
If so where:

Drug/Alcohol history:
Age of first use: Do you use tobacco: Yes No
Do you have a history of trauma? Yes No
Mental illness diagnosis:
Medications: Yes No
If so dosages:
Emergency contact name: Relationship: Phone number:
Previous drug/alcohol treatments:
Longest period sober:
History of drug /alcohol use in the family:

History of mental illness in the family:

House Rules & Regulation

1. Each person is required to stay drug and alcohol free. Failure to do so will result in immediate dismissal. _____
2. All Residents are required to complete the electronic Naloxone training within 72 hours of admission at: getnaloxonenow.org. _____
3. Urine testing can be done at any time, failure to comply within 1 hour of a request for a urine sample will be considered as a positive test. Any resident may ask any Owner, manager, or resident for a urine at any time. _____
4. Once selected for a urine test, protocol is as follows: The individual selected will remain in the kitchen area until ready to give sample. They will always have a senior house member in direct contact until sample is given. They will not go into any client rooms or drink any fluids that do not come directly from the kitchen sink tap. Sample must be given in direct line of sight with two witnesses designated by the manager or owner. _____
5. If a positive urine/breathalyzer test is given, client is offered assistance with seeking treatment. If unsuccessful or resident refuses, resident and ALL personal property must leave the premises within one hour. _____
6. House manager must have a complete list of all medications any resident is taking. We do not accept people on narcotic and/or addictive medication as residents. Failure to give complete list of medication may/will result in dismissal. _____
7. Residents must take any medications prescribed, as prescribed. Acceptance House does NOT dispense medications. Medications will be reviewed ensuring the safety of the resident and house. Residents may be asked to count their OWN medication in front of the house manager at ANY time. All medication must be accounted for. _____
8. Residents must follow up with any recommended aftercare treatment that they are referred to (PHP, IOP, etc.) _____
9. Residents must make no less than 30 meetings in 30 days, 4 meetings a week thereafter. _____
10. Residents must get and maintain a sponsor, home group, and commitment. Residents must be actively working the steps to recovery. _____
11. Residents must attend and participate in the weekly house meetings. _____
12. New residents will be on Orientation for a minimum of 2 weeks. Orientation means that residents can go on job search Mon. through Fri. from 9 am to 4 pm. Residents must be out on job search from 9 am to 2 pm, Mon. through Fri. Residents will also be escorted to meetings by senior members during this time. No contact with the opposite sex while on orientation. The following must be done in order to come off of orientation: Homegroup, Sponsor, Commitment, Following the house rules, Employed, and making weekly payments toward current rent and arrears. _____
13. Residents will not be in bed after 8 am, Mon. through Fri. or after 9 am Sat and Sunday. Beds must be made and rooms clean before leaving in the morning. There will be no food, trash, or dirty dishes left in rooms. _____
14. Everyone in the house is assigned a chore, which is to be done daily. The residents will GI the chore area on Sundays. _____
15. Smoking is not permitted in any room of the house, residents can/will be dismissed if caught smoking in the house. _____
16. Anyone involved in acts or threats of violence will be dismissed immediately. _____
17. Any and all crimes committed by clients will be reported to parole/ probation and the police. _____
18. Curfew is midnight Sunday through Thursday, and two am on Friday and Saturday. Exceptions to curfew must be pre-approved by the house manager. _____

19. Residents who are eligible for overnights must submit the proper request 48 hrs. prior to requested date. Exceptions will be made on a merit basis by the General Manager. _____
20. Members of the opposite sex will not be brought to any Acceptance House without pre-approval by the General Manager. All visitors must remain in common areas. Pre-approved visitors are only allowed in the house between 4-8pm Mon-Fri and 12-9pm on weekends and holidays. _____
21. Sexual acts are strictly prohibited in the house. _____
22. Residents are not permitted to congregate at other recovery houses or with residents from other recovery houses without prior approval from GM. _____
23. Lights, air conditioners, and TV's are to be turned off when residents leave rooms. _____
24. Residents must sign in and out whenever leaving the house for any reason. _____
25. Residents will not enter rooms other than their own. _____
26. Minor rule infraction consequences are on a progressive basis and result in program termination if redirection is not successful. Major rule violations will result in immediate termination. _____

I, _____ willfully and knowingly enter into Acceptance House recovery program. I have read and understand the rules and regulations outlined in this contract and agree to follow them. I understand that the program fees paid to Acceptance House do not constitute rent, therefore I Have no Tenant rights. As a guest, I know that failing to follow the house rules will result in my immediate dismissal from the program and guest status revoked. I will leave the property within one hour and not return without permission. Acceptance House has all rights to dismiss any client who fails to comply with this contract without notice. _____

All program fees will be non-refundable. Acceptance House will not be responsible for any personal belongings left on the property. You must take all personal effects upon departure. Any effects left by clients will be donated. _____

If on probation or parole, I understand that Acceptance House is obliged to be honest and forthright with my P.O.

Acceptance House is not medically or legally responsible for any injuries that may occur.

Signature: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Sign Here </div>	Date: <div style="border: 1px solid black; padding: 5px; text-align: center;"> dd / mm / yyyy </div>
Witness: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date: <div style="border: 1px solid black; padding: 5px; text-align: center;"> dd / mm / yyyy </div>

Intake/Interview Sheet

Confidentiality Agreement

The confidentiality of recovering persons living in a Recovery Residence is protected under Federal Law 42 CFR, which protects them from anyone outside of the residence having knowledge of their participation in the recovery residence without the resident's specific permission. No information regarding a resident of Acceptance House may be released to anyone outside of the program

1. The resident has signed a consent form to that person/agency;
2. A court order is issued to Acceptance House regarding information on the resident,
3. Medical personnel require the information in a medical emergency or,
4. The resident threatens to harm him/herself or someone else.

Federal Law does not protect a resident if they commit a crime against anyone at Acceptance House. Also, Federal Law does not restrict sharing of information regarding reported child abuse/neglect to appropriate State and local authorities.

These laws apply not only to the house manager/owner, member and volunteers of Acceptance House, but to the residents as well.

I agree to not reveal to anyone outside of the Acceptance House the name, identity, or description of another resident. I also agree to not discuss the content of conversations or groups with anyone outside of Acceptance House. This includes sharing at 12-Step meetings.

I agree to inform house manager/owner if any of my peers reveal any information about themselves or another resident that may be a cause for concern.

Name: <input type="text"/>	House manager/owner Signature: <input type="text" value="Sign Here"/>
Signature: <input type="text" value="Sign Here"/>	Date: <input type="text" value="dd / mm / yyyy"/>
Date: <input type="text" value="dd / mm / yyyy"/>	

Insurance information:
Provider:
Member ID:
Group Number:
Type Coverage:

Upload image of your insurance card

Drivers information:
DLN:
EXP:
CLASS:
STATE:

Upload image of your driver's license

Authorization for release of information

Name of Resident: _____

I hereby request and authorize Acceptance House

To disclose or obtain from: Probation/Parole, Treatment Providers, Parents, Police, Hospitals, Labs, and _____ the following type(s) of information from my records (and any specific portion thereof): History and Physical, Alcohol and Drug Abuse Treatment records, AIDS related information including results of HIV testing, Laboratory Reports, Psychological Reports, Other _____ for the purpose of resident supervision, compliance with rules, monitoring clients sobriety. _____.

All information I hereby authorize to be obtained from this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

ninety (90) days unless I specify an earlier expiration date here: _____

one (1) year.

the period necessary to complete all transactions on account related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

I understand that the common areas in and around the house may be video an/or audio monitored for the safety of the residents and property. Bedrooms and bathrooms will not be monitored in any way, shape or form.

Resident Signature:

Date:



Sign Here

dd / mm / yyyy

Signature of Witness/Title:

Date:



Sign Here

dd / mm / yyyy

House manager/owner Signature:

Date:



Sign Here

dd / mm / yyyy

Use This Space Only If Resident Withdraws Consent

Resident Signature:

Date:



Sign Here

dd / mm / yyyy

Acceptance House CODE OF ETHICS

Acceptance House strives to maintain a respectful environment built on honesty and trust. Focusing on our resident's individual growth to include these core principals is important to us. Acceptance House members will conduct our business honestly and ethically.

1. Will treat all persons with dignity and respect
2. Will safe guard persons privacy and confidentiality per state, federal and local requirements
3. Will not threaten or commit any act of physical or emotional abuse
4. Will not become romantically or sexually involved with persons currently served (or served in the recent past)
5. Will not engage in harassment
6. Will not discriminate due to race, religion, age, sexual orientation, disability, national ancestry or economic condition (Does have latitude to outline specialty population served)
7. Will strive for continued personal growth and self-improvement through education, training and consultations.

RESIDENT RIGHTS AND RESPONSIBILITIES

POLICY

To safeguard the rights of persons who are residents at Acceptance House

BASIS

Each resident has certain rights and responsibilities to ensure the best experience possible.

PROCEDURE

A. Residents will be informed of their rights and responsibilities upon admission into the program and given a copy of the (Program Description) and House Rules.

B. Resident Rights

As a resident of Acceptance House you have the right to:

1. Be treated with dignity and respect.
2. Participate actively in your recovery.
3. Be given information regarding informed consent prior to the start of your stay.
4. Be seen by a private physician with the understanding that all costs will be the responsibility of the resident.
5. Have all information pertaining to stay held in confidence.
6. Receive information regarding cost.
7. Be fully informed at the time of admission of the rights and responsibilities set forth herein and of all the rules and guidelines governing resident conduct.
8. Initiate a complaint or grievance procedure and understand that you may begin the grievance procedure by contacting the House Manager or House Owner(s).
9. Request referral resources in the event of your dismissal from Acceptance House.
10. Not to be required to perform services for Acceptance House, which are not included in the usual expectations of all residents.

GRIEVANCE PROCEDURE

POLICY

Residents and house manager/owner members have the right to file a grievance against a recovery residence/NARR member.

BASIS

Residents and recovery residence/NARR members have the right to a recovery residence environment without fear of speaking out about their rights.

Every recovery residence/NARR member must provide all residents with a grievance form, along with written instructions on how to fill the form out, and where to send it.

A grievance must relate to the organization's mission statement, house rules, admission criteria, or the coalition/NARR bylaws.

PROCEDURE

When a resident has an issue, they must first take it up with the house manager, owner or owners of the organization for resolution. If a mutually agreeable resolution is not reached then a resident may file a written grievance with the coalition/NARR. The grievance must be specific in nature with all documentation attached.

Upon receiving a grievance, the Coalition/NARR will notify the Board. The President shall determine whether to call a special coalition meeting or wait until the next regular scheduled meeting.

If a special meeting is called, the Coalition President shall notify the Coalition members, contact person of the organization and the petitioner by mail of the date, time, and location of a meeting. Failure to appear for the meeting will be cause for dismissal, or expulsion from the coalition.

The petitioner shall have an opportunity to present the issue at hand, and must have proof. A representative of the organization will have an opportunity to offer the reasoning behind the action taken.

After hearing the facts behind the issue at hand the coalition will discuss in private to consider the merit of the grievance and may offer suggestions to the parties.

The only action the coalition can take is to either dismiss the complaint for lack of merit or proof decide there is enough to deem a right to remedy provision or expel the organization from the coalition.

WHAT TO DO IN CASE OF AN EMERGENCY

Call 911 in case of:

1. Fire
2. Violence or a threat of violence
3. Suspicious persons hanging around premises
4. Burglary
5. A life-threatening medical situation
6. Chest pain
7. Shortness of breath
8. Suicide attempt
9. Unconscious individual
10. Injury in which there is a broken bone or bleeding that cannot be stopped
11. Serious fall
12. Unable to wake someone
13. Ingestion of toxic chemicals or substances
14. Individual out of control
15. Individual having hallucinations
16. Individual having an extreme allergic reaction
17. Extreme paranoid behavior

After you call 911, call house manager/owner and inform them of the situation.

Then move to a safe place to wait the arrival of emergency assistance.

DO NOT try to move an injured person, give First Aid or CPR unless you are qualified.

Call the house manager/owner in case of:

1. Drugs, alcohol, weapons on the premises
2. Suspicion or knowledge of someone using/having used drugs/alcohol
3. Plumbing problems or maintenance issues in the house
4. Power out for more than a half an hour
5. Individual who may be in withdrawal having difficulties
6. Curfew violations

RESIDENTS ON PROBATION OR PAROLE

POLICY

Acceptance house will be in communication with residents' probation or parole officers.

BASIS

It is vital that probation and/ or parole officers receive timely information on their clients who are residents of acceptance house.

PROCEDURE

1. Residents who are on probation or parole must sign a acceptance house authorization for release of information form to allow the release of information on their status at acceptance house to their probation or parole officer.
2. A residents' probation or parole officer will be notified by phone immediately or by the start of the next day of any positive drug screen results, serious rule violations and associated sanctions, arrests or law violations known by acceptance house manager/owner.
3. A residents' probation or parole officer will be notified by phone prior to discharge from acceptance house.
4. A residents' probation or parole officer will be notified by phone if the resident does not self-administer any medication as prescribed.

MEDICATIONS

POLICY

Residents may take certain medications under the supervision of a qualified physician.

BASIS

A percentage of the residents who come to Acceptance House are on some type of medication either for a physical or psychiatric concern.

PROCEDURE

A. Residents may not take any mood-altering medications (e.g. opiate-based pain medications, benzodiazepines, barbiturates, sedatives-hypnotics, sleeping pills, diet pills).

B. In rare instances, a patient may have a medical procedure or pain that requires brief use of medicines that are not on the client 'safe drug list'. Clients at that time must submit to the house manager/owner of Acceptance House physician documentation of the necessity of the medication. Only the house owner can authorize use of any medication at Acceptance House that is not on the safe drug list. Medications will be stored in a locked box.

C. Residents must inform house manager/owner of any prescriptions/medications they have when they are admitted to Acceptance House and any prescriptions/medications they receive while a resident Acceptance House. Failure to do so will result in disciplinary action and possible discharge.

D. Residents may only take over the counter medications that are approved by Acceptance House on the 'safe drug list'.

E. Residents who are on any medication must be able to self-administer their own medication without the aid of a health-care professional. If a resident is unable to do so, then they will be referred to a facility that can aid them.

F. Residents who are on medication are responsible for the proper dosage of their medication. Medication must be stored, not accessible on counter tops or dressers. The preferred storage for any medication is a lock-box, which the house manager/owner has a key to.

G. Any deviation from the proper medication dosage will be investigated by the house manager/owner. Deliberate alteration of the dosage in an attempt to alter mood will result in disciplinary action and possible discharge.

H. Residents must not discontinue taking any prescribed medications without the written authorization of a medical doctor.