

Application

Please note: Failure to disclose information on intake package will result in immediate termination from residence.

Demographics:

Name: _____

Date of Birth: _____

Street Address: _____

City, State & Zip: _____

Phone Number _____

Sobriety Date _____

Do you have a sponsor? Yes [] No []

If yes, please list name & phone number:

Do you have a Home Group? Yes [] No []

If yes, please list day, time, and location:

Who referred you? (Name of person, hospital, agency, etc. - please include name and phone number of contact):

Why do you want to live in recovery housing?

What does recovery mean to you?

Please use this space for any comments or questions. Additionally, if there is anything else you'd like to share?

Why do you want to live in recovery housing?

Employment/Education:

Are you currently employed? Yes [] No []

If yes, please list place of employment:

Are you currently attending school? Yes [] No []

If yes, name of current school: _____

Chemical Use:

At what age did you start using alcohol/drugs? _____

Have you ever used any of the following? (Please check any that apply)

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Methadone
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Suboxone
<input type="checkbox"/> Pain Pills	<input type="checkbox"/> Hallucinogens
<input type="checkbox"/> Benzodiazepines/Tranquilizers	<input type="checkbox"/> Crystal Meth
<input type="checkbox"/> Powder Cocaine	<input type="checkbox"/> Ketamine
<input type="checkbox"/> Crack Cocaine	<input type="checkbox"/> Ecstasy

<input type="checkbox"/> Heroin	<input type="checkbox"/> Solvents
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What is your drug(s) of choice? _____
Have you ever been in any treatment programs? (detox, rehab, hospital for your use of drugs/alcohol) Yes No
If yes, provide name, location, and dates

What is the longest amount of sober time you have had? When?

Medical:

Do you have any medical conditions? Yes No
If yes, please specify.

Do you have Health Insurance? Yes No
Please supply name, address, phone number of family doctor:

Are you currently taking any medications? Yes No
If yes, please provide a list and dosage amounts. Also include vitamins, nasal sprays and any over the counter medicine. **Please note: It is VERY important that you list ALL medications taken in the last 7 days, regardless if you think it is important. Failure to list a drug that could show up on a drug screen will result in immediate termination from residence.**

Do you have a mental health diagnosis? Yes No
If yes, please specify:

Are you Anorexic? Yes No
If yes, when was the last time you restricted? _____
Are you Bulimic? Yes No
If yes, when was the last time you binged and/or purged?

Are you presently or have you ever self-harmed? Yes No
If yes, when was the last time you self-harmed?

Do you have a counselor/therapist/psychiatrist? Yes No
If yes, please provide name, address, and phone number.

Legal:

Have you ever been convicted of a crime? Yes No

If yes, please provide a list of all offenses, dates and disposition. **Please note: Signing this form gives authorization to perform a background check. Failure to disclose information found on a background check will result in immediate termination from residence.**

Are you a registered sex offender? Yes [] No []

Are you currently on probation, court order, house arrest, or parole? Yes [] No []

If yes, please provide offense and details:

Name of Probation Officer: _____

Phone Number: _____

Emergency Contacts:

Name: _____

Phone number: _____

Street Address: _____

City, State & Zip: _____

Name: _____

Phone number: _____

Street Address: _____

City, State & Zip: _____

You have read and agree to follow ALL House Rules listed below. You understand failure to comply with any of the House Rules could result in immediate terminate from residence, with no refund.

(initial here): _____

You have read and agree to pay all fees at the time payments are expected. Failure to comply within a reasonable time frame could result in immediate termination from residence, with no refund.

(initial here): _____

By signing below, you confirm that all information supplied is factual. You completely understand all of the questions you have answered. You understand failure to disclose any requested information will result in immediate terminate from residence, with no refund.

Signature

Date

Printed Name

Structure

The Woodrow Project is based upon the Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) principles. In addition to following all the House Rules, residents are encouraged to work a rigorous program of recovery.

This Includes:

- Maintaining sobriety
- Attending an AA/NA meeting on a daily basis or Intensive Outpatient Treatment
- Working with an AA/NA sponsor
- Developing a support group
- Working the 12 steps of AA/NA

Level I Residential House Rules

1. Resident shall not lease, sublease, or assign the premises.
2. TWP may enter the house for the purpose inspection, maintenance, assistance, recovery planning or repair.
3. Resident agrees to occupy the premises and keep the same in good condition with reasonable wear and tear accepted. Resident may not make any alterations to premises without consent.
4. Agreement will be voided if rent is unpaid for 14 consecutive days and/or the resident has been absent from the premises for 2 consecutive days without acceptable reason or prior notification.
5. Once resident moves out for any reason, any personal property left will not be kept and will be properly disposed.
6. No pets of any kind are permitted on TWP property.
7. Resident will notify TWP, in writing or by phone, of any needed repair. TWP will address repairs in a reasonable time frame.
8. No visitors / guests are to be left unattended. All guests are to stay on bottom floor of house in the basement area. There is a bathroom and sink in the basement and no reason any guest should be on any other floor.
9. No overnight visitors / guests. If there is an overnight guest found to have stayed the night at the house the resident is making a choice to move out of the house because she has put the safety of all other residents in jeopardy. The only exception to this policy is for a guest that has been pre-approved at a house meeting **AND** by the Executive Director. This will be an exception.

10. Applicants must have a minimum of six month's sobriety prior to applying for Level I Recovery Housing.
11. Residents must attend minimum of (4) recovery meetings each week and maintain verifiable documentation.
12. Random drug/alcohol screenings will be conducted and results sent to TWP offices.
 - a. Screening procedure:
 - i. All residents will be asked at random times to submit to breathalyzer or drug screen.
 - ii. Residents will stay in the same room of the staff person until ready to complete drug screen.
 - iii. A failed drug screen or failure to take drug screen as notified will result in immediate referral for more supportive housing
13. Residents must attend the mandatory weekly House Meeting and forward verifiable documentation weekly to TWP offices.
14. All residents must maintain employment or if on disability continue with volunteering.
15. No violence of any type will be permitted.
16. All medications must be kept by resident. Medication will be taken as prescribed and will not be shared with any other resident.

Level II Residential House Rules

1. There will be no use or possess drugs or alcohol, either on or off the premises. All Residents are subject to random toxicology testing and a property search at any time. If there is a refusal of a search or test, or if drugs or alcohol are found or detected, automatic dismissal from the house will result.
2. Restriction protocol is as follow:
 - a. Weeks 1 & 2
 - i. Leaving the house with approved, sober supportive family members; house manager; other resident; sponsor; recovery support specialist; or approved sober support friend.
 - ii. Complete calendar and abide by schedule that has been approved by House manager.
 - iii. The only time I will leave the house by myself is for work, school, treatment or therapy.
 - b. Weeks 3 thru 4
 - i. Restriction will lessen on a case by case basis.
 - ii. Resident will continue to complete calendar as well as have schedule approved by house manager for the next day.
 - c. Ongoing
 - i. Calendars will continue until deemed necessary by the house manager.
 - ii. Restriction protocols will lessen as the resident meets goals of working with a sponsor, obtaining a home group, securing employment or entering school, engaging in service work and other recovery goals on recovery plan.
3. Each day residents will work on their recovery plans in coordination with the House Manager and/or other supports to modify and update recovery plan as necessary.
4. Each resident will attend 4 support meetings per week if the resident is working and in outpatient treatment. If the resident is only in IOP they will attend 6 support meetings per week. The support meetings can be 12 step based, SMART recovery, faith based etc. This requirement will help to build a new support system.
5. Residents will obtain a sponsor or mentor with whom she will consistently work with, seeing the sponsor at least once per week.
6. All residents must be employed, actively job searching, attending school or volunteering at least 10 hours per week unless they have other extenuating circumstances that have been discussed with the House Manager and the Recovery Housing Supervisor in advance.

7. Residents will shower regularly and keep personal living area clean and orderly.
8. Residents will complete assigned chore on a regular basis. All residents will clean up after themselves when they have made any mess in all areas of the house- interior and exterior. A resident will ask the House Manager or other residents directions on how to complete a chore if uncertain how to clean. Cleaning hours are from 9:00AM to 9:00PM.
9. Overnight passes will be granted after the resident has lived at the house for more than 30 days. Passes will be granted on a case by case basis. A full description of overnight passes will be reviewed.
10. Lock box code or house code will not be shared with anyone, including but not limited to family, friends, other residents or support people.
11. The door is to be locked whenever a resident enters or leaves the house.
12. Former Residents are not allowed in the Recovery House unless the Resident Manager approves.
13. Having a positive attitude is important. Continuously exhibiting a poor attitude toward staff, or to housemates, may result in termination from the House.
14. Residents will not go into the private space of others without that person's permission.
15. Window curtains will be drawn while dressing and residents will not leave her room unless dressed.
16. Residents will respect others property at all times. Stealing will not be permitted at any time. Theft or damage to the property of others is cause for immediate dismissal from the House and may result in legal proceedings.
17. The house must be a safe place to live. This means that threatening or dangerous behavior and/or deliberate abuse to house property may be cause for immediate dismissal from the House and may result in legal proceedings.
18. The House Manager is the only person allowed to bring mail in from the mailbox and will be the only person to distribute the mail.
19. Any resident that has vehicle on the property must be licensed and insured with current registration. Auto repair or general maintenance on the property or surrounding areas will not be permitted without permission from the House Manager.
20. Relationships with others in the house will be respectful and supportive of recovery. Romantic, sexual or business relationships will not be permitted.
21. Curfew is at 11:00PM Sunday-Thursday and 12:00am Friday and Saturday. Curfew may be extended under certain circumstances only with prior approval of the House Manager. Each resident will check in with the House manager on a nightly basis.
22. Weekly house meetings are mandatory.
23. Visitors are allowed on a very limited basis during daytime hours, only with approval by House manager with prior notice of the intended visit. Overnight visits will not be permitted and visiting areas are restricted to the living room, dining room, and the back yard.
24. The Woodrow Project is NOT responsible for lost or stolen property and lending or borrowing from other residents is to be avoided.
25. All residents will abide by all recycling requirements determined by the city.
26. The use of energy drinks is prohibited in the recovery house.
27. Smoking is permitted only in designated areas (the front porch and back yard). Smoking is not allowed inside the house, in front of the house, or while walking up to the house. All cigarettes will be disposed in safe-disposal cans provided.
28. Food will not be permitted in bedrooms at any time.
29. All residents are responsible for reading and understanding the posted information on Fire Safety and Fire Procedures, including familiarity with the designated escape routes and safe gathering locations.
30. No open flames on the premise including but not limited to candles, incense and bonfires.
31. House managers will inspect and/or search room and belongings for cleanliness and/or contraband at any time without notice to maintain the health and safety of all residents living in the residence.

32. Gambling in any form is not permitted, including but not limited to poker and lotto.
33. Pets are prohibited.
34. Illegal activity of any kind is strictly prohibited.
35. Residency fee must be paid in order to remain living at recovery house. If financial issues arise the resident will speak to housing coordinator to resolve financial problems.
36. Physical or verbal abuse of other residents or staff is never permitted. If at any time, there are displays of violent or aggressive behaviors; law enforcement may be called upon to intervene. Making these choices will result in review of residency, and may result in dismissal from the House.

The Woodrow Project reserves the right to immediately remove anyone from the house for non-compliance with the rules or policies of the house, with no refund.

These rules may be amended or modified in writing at the weekly house meeting.