

BROOKE'S HOUSE FOUNDATION

HOUSE RULES & GUIDELINES

Our Mission: Brooke's House Foundation is a 501(c)(3) committed to compassionate and medically assisted treatment practices for those in recovery through clean and sober affordable housing. We accept people on suboxone, methadone and drugs to support mental health. We believe that people thrive on kindness, support and understanding AND in the power of housing to support recovery.

Welcome to Brooke's House Foundation. We have set House Rules and Guidelines that are consistent with community placement and recovery practices. A commitment to the House Rules & Guidelines is required to provide an ideal successful environment for all residents. All Residents are expected to comply for you to be a member of this community.



BROOKE'S HOUSE
— F O U N D A T I O N —

LANDLORD TENANT RULES DO NOT APPLY TO TEMPORARY HOUSING

August 26, 2023

HOUSING ROOM CHARGES - FINANCIAL DISCLOSURE

1. Room charges must be paid in full on the 1st of each month. If not paid in full on the 1st of the month, the late fee is \$100. No partial payments will be accepted. We do not accept room fees after the 6th of the month. **You are responsible for making sure that your charges are paid, even if it is paid by another organization.** Please let us know if we can connect you with *helping agencies*.
2. If you do not communicate with us about paying your room charge and you are consistently late on paying your room charge, you will be given a 72-hour notice to pay or vacate.
3. We have nonprofit partners who will pay partial or full room charges once you are established in the house and if you lose your job.
4. You will be expected to pay a non-refundable \$250.00 supplies fee prior to entry. This fee is to offset the initial costs of house supplies that are already provided for you upon moving into the residence.
5. We do not accept cash or personal checks. Please open a bank account. We will accept debit or credit cards. We send a text receipt via our card processing service to your cell phone. **We will only accept a one-time money order and/or certified bank check written to: "Pay to the order of Brooke's House Foundation" when you first arrive for your initial Intake and Room Charge.** All future Room Charges must be paid by debit card, credit card or reloadable gift card. We will establish "auto pay" payment arrangements for your convenience. Our accounting department will keep your card information on file and will run your room charge on the 1st of every month. **If the provided information on file is run and does not cover your room charge in full, there will be an additional \$100 late fee charge. It is your responsibility to ensure that there are sufficient funds to cover your room charge.**
6. **POLICY ON REFUNDS:** If you break the rules and are asked to leave, there *is no refund*. If you self-exit the community, there *is no refund* for any prorated amounts based on days not used.
7. **POLICY ON FINANCIAL INVOLVEMENT OF STAFF:** Anyone associated with the houses or foundation is **prohibited** from handling your finances. The exception is we will provide referrals to agencies for room charge payments.

KEY PRINCIPLES

POLICY: NO DRUG USE OR ALCOHOL USE – MARIJUANA IS NOT ALLOWED

1. This is a Clean and Sober recovery house and you MUST be clean and sober at all times otherwise immediate removal may result. You will have a baseline UA when you arrive. Random UA's will be required. The house manager or any resident may request a random UA. Failure to comply is cause for removal and is considered "dirty". You will be charged \$10.00 per UA for follow up UAs. You are expected to obtain a sponsor if you are in NA/AA programs. You are expected to work together with the residence in the house on your sobriety.
2. We employ a Peer Support counselor. Everyone is expected to interview with the Peer Support counselor when you are first housed. The Peer Support counselor will review each one of these rules with you. The Peer Support counselor is highly skilled and will provide information about recovery support and find resources for you. The Peer Support counselor is your first call if you have a conflict or problem.
3. If you supply or give drugs to any resident or are caught dealing drugs on or off property, you will be asked to leave and may get your belongings within 21 days.
4. If you use drugs, you must self-report immediately to your program. You will be asked to sign a medical release form upon admission so that we and our designee may share house drug testing results with counselors.
5. There is no expectation of privacy. Rooms may be searched for drugs or contraband at any time. Putting a lock on your door is cause for termination.
6. You are not allowed to ask other residents to execute paperwork for the courts or any other group.

No alcohol or illegal drug use. No marijuana or using prescription drugs that do not belong to you. No cough syrup, unless it is prescribed to you. Any prescribed medication must be kept in a locked box. **Bringing fentanyl into the house is cause for termination and payment for a hazmat removal.**

Honesty, cooperation and integrity are expected at all times. **Our highest values are zen, tranquility, cooperation and feeling personal safety.**

No discussion about other residents' background and warrants with non-residents.

LIVING IN BROOKE'S HOUSE

1. Brooke's House works with several agencies that provide housing, therapy and medication support for our clients. **If you are in a program, you are expected to follow the rules of the program.**
2. NA/AA, peer counselor or therapist support is required. Any program your therapist recommends should be followed.
3. **NO CALL – NO SHOW for 48 hours** will result in loss of your room. Please contact your house manager if you plan on being gone longer than 48 hours with approval. **NOTE: DOC officers, Drug Court Therapists and your counselor (not house managers), are the only ones that can give permission to spend the night somewhere else.** Brooke's House must be notified in writing immediately if you will be absent with approval from a counselor.
 - a. **We check whether you have permission to be absent.** There is a 30-day blackout with most external programs who provide residence to our housing.
 - b. **We enforce the curfew unless you have a check out slip from work.**
4. Rooms are shared rooms, unless you are a house manager. If there is an open bed in your room, you are responsible for maintaining the bed. You may not use the spare bed, dresser or closet. You may not change your room or house without written permission from DOC, drug court, the house owners and the house manager.
5. **CHORES:** Chores will be assigned weekly. The chore list is in the kitchen. If you cannot do your chore, you need to make arrangements with another resident to cover it for you. The house will be deep cleaned every week. Chores will include thorough cleanup of common areas (kitchens, bathrooms, living room). Each resident is responsible for cleaning up after themselves and participating in communal chores as necessary.
6. **Daily Responsibilities**
 - a. Rooms will be kept orderly and clean
 - b. Beds will be made daily when not occupied
 - c. Trash must be emptied daily
 - d. Dirty dishes should be removed immediately after use and washed
 - e. It is expected that you will thoroughly clean the bathroom after your use
 - f. Immediately clean up any area you use (Kitchen, Bathroom, and Common area)

THE HOUSE WILL BE INSPECTED EACH WEEK AND A REPORT CARD PROVIDED. THE HOUSE MUST MAINTAIN A MINIMUM GRADE OF "B" AT ALL TIMES.

7. **PRIVACY:** Since some Residents are on Community Placement, the Department of Corrections will have full access to the premises. You should be polite to anyone who enters the home with a request for information.
8. Due to the fact that Residents are in transition for various reasons, **we will neither confirm nor deny that they live here.**
9. Sexual relationships between residents are NOT permitted. All residents must sleep alone in their own bed.
10. **No pets allowed.** We do not have the space. Trained service animals that perform a function are allowed.

11. Brooke's House Foundation **Strongly Discourages** the borrowing or lending of money between our residents. If you **borrow and loan it is at your own risk**. Residents are responsible for their own security and the security of their possessions. Residents storing personal belongings in common areas store them at their own risk. Property left over from moving out or being evicted may be disposed of after 30 days unless other arrangements have been made.
12. **CARS:** If you own a vehicle, it must be functioning and not in disrepair (leaking oil, smoking), and you must also have proof of license and insurance. Parking is first come first served. There is no assigned parking. If you damage someone's car, it is your responsibility to provide compensation for repairs. Brooke's House Foundation does not get involved and is not responsible for any damages, theft, etc. of any vehicles.
13. You must abide by all rules of the house and all laws.
14. **SMOKING, VAPING AND CHEWING: OUTSIDE ONLY.** There is absolutely NO smoking, vaping or chewing inside the house, garage or any other structure on the property. There is also no smoking, vaping or chewing on the front porch or anywhere in the front of the property visible by neighbors. You are required to always clean up your smoking materials. **Please smoke in designated areas only.**
15. **Stealing is cause for asking you to leave the house permanently.**
 - a. Taking someone's food is stealing. You must ask permission to take items from the refrigerator.
 - b. Taking someone's medication is stealing.
 - c. Bringing stolen goods into the house is stealing.
16. **The computer and printer are to remain in the common area at all times.**
17. **Guests are not allowed. NO overnight guests are allowed under any conditions.** The ONLY exceptions:
 - a. A family member may see the house when you move in.
 - b. NO persons under 18 allowed anywhere on the property at any time, unless approved by CPS and discussed with Brooke's House Foundation.
18. **No men or women who are not members of the house can be invited into the house. The security of your room and house depends on this house rule.**
19. **UTILITIES and GARBAGE: Energy conservation** is everyone's responsibility. Please turn off lights, water and heat when not in use. Garbage must go out on the appointed day. It is up to everyone to make sure the cans are outside.
20. **PROPERTY STORAGE:** Upon vacancy, AWOL status or arrest, any personal property left more than 30 days will be considered abandoned and will be donated to charity or disposed of. Please make arrangements to have someone collect your items if you cannot do so.
21. **By signing this agreement, you understand that breaching the safety of the house, or when someone exits, will lead to a change in door codes. DOC has automatic entry into the houses and they have the door codes.** We have WIFI enabled locks and may change codes instantly.
22. **Curfew is midnight on Friday and Saturday night. Curfew is 10 PM Sunday through Thursday night. No exceptions** unless approved by the House Manager. You may be asked to provide a work schedule to the house manager if you are working a night shift.
23. No burning candles, incense, or the wood stove/fireplace (if applicable) at any time.

24. Please do not damage the house. If you intentionally damage the house, you will pay for the damage. If no one self-reports, then the entire house residents will pay for the damage.
25. Please let us know your preferred pronouns. We honor your preference.
26. Be friendly and cooperative in the neighborhood. A friendly attitude will help our “Good Neighbor Policy”.
27. **When you exit the house, you may not take house supplies, furniture, or anything that does not belong to you.** We will follow up immediately if something is missing.
28. **House meetings are mandatory.** Signing in and out of the house is required.
29. **You are required to follow your treatment plan with your health care team.**
30. **You must identify any merchandise that you own that has a value of greater than \$50** when you enter our home and **have paperwork signed by the house manager.** We are not responsible for merchandise of value.
31. **Policy: Paid work by residents. (From the National Alliance of Recovery Residences.)** Policy and procedures that ensure the following conditions are met if the residence provider employs, contracts with or enters into a paid work agreement with residents:
 - a. Paid work arrangements are completely voluntary.
 - b. Residents do not suffer consequences for declining work.
 - c. Residents who accept paid work are not treated more favorably than residents who do not.
 - d. All qualified residents are given equal opportunity for available work.
 - e. Paid work for the operator or staff does not impair participating residents’ progress towards their recovery goals.
 - f. Paid work is treated the same as any other employment situation.
 - g. Wages are commensurate with marketplace value and at least minimum wage.
 - h. The arrangements are viewed by a majority of the residents as fair.
 - i. Paid work does not confer special privileges on residents doing the work.
 - j. Work relationships do not negatively affect the recovery environment or morale of the home.
 - k. Unsatisfactory work relationships are terminated without recriminations that can impair recovery.
32. **Grievance policy:** If you have any problems with your house, please contact your house manager, peer support or founders.

INVOLUNTARY TERMINATION OF RESIDENCY

Involuntary termination of residence shall include, but is not limited to:

1. Use or possession of alcohol, drugs, drug paraphernalia, marijuana, medicines not prescribed to you, guns, knives, other weapons. _____
2. Dealing drugs on or off the property. _____
3. Abuse of over the counter or prescription medications. _____
4. Possession of stolen goods or any theft. _____
5. Non-residents on the property. _____
6. Physical violence or threats of any kind. This includes anyone you let in the house.

7. Consistent violation of curfew. _____
8. Consistent Violation of house rules. _____
9. Having food in your room that leads to ants or other damages. _____
10. Stuffing anything down the toilet except toilet paper. _____
11. Damaging the house intentionally. _____
12. Obstruction with any authorities, law enforcement or DOC. _____

CLIENT TERMS AND CONDITIONS

I understand that this recovery house is in compliance with the Anti-Drug Act of 1988 Public Law #100-960 which exempts this house from the Landlord Tenant Act. _____

I agree to comply with the house rules and expectations at all times. _____

I understand that it is necessary to be polite to the Department of Corrections and/or mental health coordinator and Peer Mentor. _____

I understand that zen, cooperation and kindness are key values, and I will do my best to support the residents in the house. _____

I understand that Brooke's House Foundation is not responsible for my personal property.

I understand that if I have a conflict with anyone that the house leader, the peer mentor and Brooke's House Foundation will help come to a resolution. We will work together as a team to resolve any conflict. _____

Signed and Understood _____

Printed Name _____

Manager _____

Date _____

BROOKE'S HOUSE FOUNDATION

GOOD NEIGHBOR POLICY

It is the policy of Brooke's House Foundation to be a "good neighbor" and respect those who live around us. We expect all our residents and staff to conduct themselves in a friendly and courteous manner. In this home we function as a family unit and live in a beautiful neighborhood surrounded by other families. It is very important to follow this policy to honor the peace and integrity of the neighborhood.

ALL RESIDENTS WILL ADHERE TO THESE POLICIES WHILE LIVING IN THE HOME

WHY?

1. You should represent yourself in such a manner that you exude excellence and humility. Be proud that you are overcoming an addiction, but humble in your attitude toward others.
2. You represent BHF. Our goal is to give you a chance to overcome your obstacles and get set for a sober life. We plan to be here for generations. Think and act beyond yourself.
3. You represent recovering addicts everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with having a sober living home located in their neighborhood. A part of your mission is to demonstrate the strength and character it takes to change for the better. Our goal is to show through our actions we are good people with a bad illness, and that we deserve a chance, not prison.
4. Lastly, if these policies are followed, we can remain anonymous in residential neighborhoods. This benefits our residents and helps to maintain privacy.

POLICIES

Common courtesies include, but are not limited to the following policies:

1. Park legally in the spaces assigned to the house. Make sure you understand where those spaces are located.
2. Drive slowly/the speed limit through the neighborhood.
3. Do not make U-turns illegally. Either turn around in our driveway or go to the opposite end of the street.
4. Keep music turned down while driving in the neighborhood, whether leaving or arriving home.
5. It is your responsibility to inform all people picking you up from the house or dropping off of these policies. Anyone picking up or dropping off people will need to pull over into a parking

spot while they wait and not stop in the middle of the street and never honk for you. They will need to text, call, or use the ride-share app.

6. Do not go on any of the neighbors' property without permission by the neighbor who owns that property.
7. Keep voices down and be aware of subject matter while having personal/private conversations inside and outside - anytime during the day or night. This is especially important in the back smoking area.
8. Do not congregate out front in groups larger than 3-4.
9. Keep the noise level down between 7 a.m. and 10 p.m. This is considered quiet time in and around our locations.
10. Notify housing staff immediately if approached by any neighbor in a disrespectful way. For example, yelling, arguing, or asking me private information about the residents or the home which would cause me to violate the confidentiality agreement signed during admission.
11. Smoking is permitted ONLY in designated areas in the back of the house, and disposal of cigarettes must be in appropriate containers. Do not litter on or around our properties, or neighboring properties.
12. Keep yard and outside porches and overhangs free and clear of trash and clutter.
13. Always maintain the yard.
14. Be aware of the space you take up. Give up space to others on the sidewalk, street, etc... including parking.
15. Limit use of foul language.
16. Be polite and courteous using "please" and "thank you." You will be amazed how many doors this opens on its own.

NEIGHBORHOOD COMPLAINT PROCEDURE

Since we strive to be a good neighbor, Brooke's House Foundation takes any neighbor complaint seriously and once notified, will work to resolve issues in a mutually satisfactory manner. If either a resident or staff member hears of a neighbor complaint, you must:

1. Listen carefully to what the actual complaint is and do not argue with the neighbor.
2. Take notes as to what the complaint is and (important) get the name, address and contact phone number of the person giving the complaint.
3. Give the neighbor the Brooke's House Foundation contact information (below) and explain once they contact us, we will work to resolve the issue.
4. Contact the Brooke's House Foundation office with the notes of the complaint and the neighbor's contact information.

Signed and Understood _____

Printed Name _____

Manager _____

Date _____

BROOKE'S HOUSE FOUNDATION

RESIDENT'S RIGHTS STATEMENT

As a resident of BROOKE'S HOUSE FOUNDATION program, you have the right:

- Not to be discriminated against because of race, color religion, sex, age, national origin, sexual orientation, disability or socio-economic status
- To be treated with respect and courtesy by all staff, residents and guest of the BROOKE'S HOUSE FOUNDATION
- To personal privacy to the degree possible in a program such as the BROOKE'S HOUSE FOUNDATION
- To confidentiality by program staff, including communications and records of your residency as authorized and required by law
- To a safe, sober and clean living environment
- To have your expressed personal, cultural and spiritual beliefs considered when decisions are made regarding your residency, except when to do so would violate the program's values on non-discrimination
- To file a complaint about your residency without fear of recrimination or penalty, to have the complaint reviewed and whenever possible, resolved

BROOKE'S HOUSE
— F O U N D A T I O N —



BROOKE'S HOUSE FOUNDATION

PERSONAL DETAILS

Full name _____ Have you ever been known by an alternate name? YES NO

Alternate Name _____ DOB _____ Agency Affiliation _____

CONTACT

In order to process your application we need a way to contact you. Please provide at least one of the following:

Cell Phone# _____ Landline Phone# _____ Email Address _____

I consent to be contacted by Brooke's House Foundation via SMS, email, or phone using the information I provided for the purposes of reviewing my application.

DEMOGRAPHICS

Gender Identity: Male Female Transgender Male / Transman / FTM Gender Queer

Decline to respond Other

Ethnicity: Decline to respond American Indian or Alaska Native Hispanic or Latino White

Black or African American Native Hawaiian or Other Pacific Islander Asian Other

Are you a veteran? YES NO Status: Currently on active duty Served on active duty

PROGRAM COST

How will you pay for the program? I will pay myself Someone else will pay Insurance will pay

I need financial assistance Other

Private Payer Details (If you select Someone else will pay)

Full Name _____ Sex _____ Relationship _____ Phone Number _____

Email Address _____ Address Line 1 _____

Address Line 2 _____ City _____ State _____ Zip code _____

What is the likely preferred payment method? (can be changed later)

Credit/Debit Card Check Money Order Bank Account (ACH) Write-off Venmo Zelle Other

Insurance Details (If you select "Insurance will pay") Are you the policy holder? YES NO

Insurance Company Name _____ Plan Name _____ Insurance Group ID _____

Insurance Member ID _____ Card Issued Date _____ Claims Phone# (Insurance Line) _____

Full Name _____ Sex _____ Relationship _____ Phone Number _____

Email Address _____ Address Line 1 _____

Address Line 2 _____ City _____ State _____ Zip code _____

Financial Assistance (If you select "I need financial assistance")

Please describe your financial situation: _____

Other Payment Method (If you select "other")

Please describe how you would like to pay for the program: _____

PERSONAL DETAILS

Do you have any concerns with sharing a room? YES NO

Please describe your concerns: _____

Are you able to perform household chores? YES NO

Please provide more details: _____

Would you be interested in living at a faith-based or spiritually-based recovery house if there was space available? YES No

CURRENT LIVING SITUATION

We understand that everyone has a unique journey. In order to better understand your transition to our program, it is helpful to understand your current living situation. What best describes your current living situation?

I am living by myself I am living with my family I am living with my roommate(s) I am living at a program, facility, or institution I have no permanent place to live and I am currently experiencing homelessness

Residential Address

Address Line 1 _____ Address Line 2 _____

City _____ State _____ Zip code _____

Is this your primary mailing address? YES NO Do you have a mailing address? YES NO

Mailing Address

Address Line 1 _____ Address Line 2 _____

City _____ State _____ Zip code _____

What best describes your family/Roommate right now?

My family/Roommate is supportive My family/Roommate is unsupportive

Please describe your family situation _____

Do you plan to return to this living situation? YES NO

Please describe _____

How long have you lived at the residential address above? 1 year or less 1 to 5 years Over 5 years

Have you ever been in another housing program within the last 90 days? YES NO

Please mention the reasons for entering and leaving the program:

Have you ever lost housing? If so, please describe your situation:

FAMILY

Personal Contacts (Please add at least two personal contacts)

Personal Contact #1

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

Personal Contact #2

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

Do you plan to return to this living situation?

Single Married Engaged Divorced Separated Domestic Partnered Widowed

Are you fleeing a domestic violence situation? YES NO

Please describe your situation _____

Have you notified the authorities about your domestic violence situation? YES NO

Domestic Violence Case Reference Number _____

Domestic Violence Case Worker

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

Are you in the process of family reunification? YES NO

Please describe _____

Do you have legal custody of your children? YES NO

Do you currently have an open case with Children's Services? YES NO Children's Services Case Reference # _____

Please describe your situation _____

Social Services Case Worker

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

Do you have a child support obligation? YES NO How much per month? _____

Do you need child care assistance while in treatment or at a SLE? YES NO

Please describe _____

SUBSTANCE USE HISTORY

Drug(s) of Choice

- Amphetamines Barbiturates Benzodiazepines Buprenorphine Cocaine Ecstasy (MDMA)
 Methadone Methamphetamine Morphine Oxy PCP THC Alcohol Bath Salts K2
 Kratom Heroin Opiates Ketamin TC Fentanyl Inhalants Nicotine Psychedelics

What were the last drugs used and when? _____

For how many years have you been using alcohol and/or drugs? _____

Do you use tobacco? YES NO Would you like to quit using tobacco? YES NO

Do you need help with quitting? YES NO

MEDICAL

Do you have any physical health / medical conditions or disabilities? YES NO

Please describe _____

Do any of the following apply to you?

- None Apply Hepatitis A Hepatitis B Hepatitis C Immune System Disorder Tuberculosis (TB)
 Sexually Transmitted Diseases (STDs) Pregnant

Do you have a history of seizures? YES NO

How many and when was the last episode? _____

Do you have any upcoming appointments or ongoing physical needs? YES NO

Please describe _____

Are you currently under the care of any of the following provider types:

None Applicable Medical Doctor (PCP) Psychiatrist Psychologist Therapist Nutritionist

Provider Detail

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

Do you have any medical equipment?

None Applicable Walker Cane C-Pap Machine Glucose Meter Specialized Pillow Other

MEDICATIONS

Are you currently using any prescription medications? YES NO

Please list your Prescription Medication:

Status: Active Inactive

Medication Description Medical Psychiatric Taper PalliativeMAT (Vivitrol, Suboxone, etc)s Vaccine

Medication Name _____ Dosage _____ Unit Type (eg. mg, g, mL) _____

Quantity _____ Start Date _____ End Date _____

Are you currently using any over-the-counter medication? YES NO

Please list your OTC Medication:

Medication Name _____ Dosage _____ Unit Type (eg. mg, g, mL) _____

Quantity _____ Start Date _____ End Date _____

Are you participating in or about to enter any drug replacement program? YES NO

Please select all applicable drug replacement programs:

Vivitrol and ReVia(Naltrexone) Narcan(Naloxone) Subutex(Buprenorphine) Campral(Acamprosate)

Baclofen(Lioresal) Methadone(Methadose & Dolophine) Suboxone(Buprenorphine)

Antabuse(Disulfiram) Topamax(Topiramate) Sublocade(Buprenorphine) Other

MAT Doctor

Please add the contact details of your Medication-Assisted-Treatment Doctor

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

TREATMENT HISTORY

Are you currently in a treatment program? YES NO

Current Treatment Program

Program Name _____ Program Type Inpatient Outpatient Sober Living

Start Date _____ Estimated Discharge Date _____

Are you planning to attend an aftercare program or an intensive outpatient program? YES NO

Are you willing to enter a treatment program? YES NO

Do you need assistance? YES NO Please describe _____

Have you ever been through any other treatment programs previously? YES NO

Previous Treatment Programs (Please list your previous treatment programs starting with the most recent one)

Treatment Program

Program Name _____ Program Type: Inpatient Sober Living Outpatient

Approximate Start Date _____ Approximate Length of Stay _____

Did you successfully complete the program? YES NO Length of Abstinence After Treatment _____

RECOVERY

Which 12 step meetings do you attend?

None Narcotics Anonymous (NA) Alcoholics Anonymous SMART Recovery Celebrate Recovery Other

What is your Sober or Clean date? _____

Do you plan to attend 90 meetings in 90 days? YES NO Please describe _____

Do you have a Sponsor? YES NO

Sponsor Details

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

Do you have a Recovery Coach? YES NO

Case Manager Details

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

Do you have a Case Manager? YES NO

Recovery Coach Details

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

ASSISTANCE & HELP

Do you have a learning disability or difficulty reading? YES NO

Please describe _____

Do you have any immediate needs such as clothing or toiletries? YES NO

Please describe _____

Do you need assistance with any self-help, support group and/or networks within the local community? YES NO

Please describe _____

Please select the assistance areas you need help with:

- None Applicable Legal Aid Subsidized mass transit programs Credit restoration programs Faith community Free Community college, literacy, GED and ELS programs Identity-based community In-home supportive care Nutritionist / Dietician Counseling Single Parenting Support Group Grief and Loss Support Group Recovery Support Group Trauma Support Group Postpartum Support Group Short-term disability Vocational training resources Employment readiness/placement services Job seeker services such as the Office Vocational Rehabilitation (OVR) and CareerLink Medical/Dental treatment Parenting classes Family counseling If child welfare-involved Activities associated with their Family Service Plan (e.g., visitation with their children) Outpatient drug and alcohol treatment supports Mental Health treatment and counseling Stress and anger management Finance and budgeting classes Probation/Parole offices Volunteer/Community Services Driver's license restoration Tax consulting County assistance offices Other

Do you need assistance with a POA, Will, Obtaining insurance, unpaid bills? YES NO

Please describe _____

Do you need help to renew any forms of identification? YES NO

Please describe _____

Do you need assistance with any food programs? YES NO

Please describe _____

Food programs assistance - select all that apply:

- Food Stamps (SNAP) Women, Infants, and Children Program (WIC)
- Electronic Benefits Transfer Card (EBT) Food Pantry

COURTS & CRIMINAL JUSTICE

Do you have an attorney? YES NO

Attorney Details

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

Do you consent to a background check? YES NO

Please describe your reason _____

Are you currently involved in any legal proceedings or criminal justice issues? YES No

Please describe and add any upcoming court dates _____

Do you have a requirement for Community Service? YES NO

Please describe _____

Do you have any court ordered treatment requirements? YES NO

Are you currently seeking treatment for this requirement or have you found a treatment program to adhere to this requirement?
 YES NO

Please provide more details _____

Do you have any pending sentencing or possible jail time upcoming? YES NO

When? _____ Please describe _____

Do you have a Department of Corrections Number? YES NO Department of Corrections# _____

RESTRICTIONS

Select all legal requirements that apply:

None Applicable House Arrest Probation Parole Drug Court Other

Selected Restriction Reference Number _____ Length of Selected Restriction _____

Selected Restriction Contact info:

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

Are you required to register as a sex offender? YES NO

Please provide the level and any other relevant details _____

Are you required to register with any other authority for any other reason? YES NO

Please describe _____

Are there any Restraining Orders against you or by you? YES NO

Please describe the restraining order situation including who it is, your relationship and relevant dates:

CLIENT STATEMENT

Why do you want to live in a sober house? _____

How did you hear about our program? _____

Were you referred to Brooke's House Foundation? YES NO

Please include who referred you _____

What other information should we consider when reviewing your application? _____

Please describe what issues led you to seek housing with Brooke's House Foundation. Be specific as to details such as how, when, where and your personal responsibility. _____

What are your goals and expectations? _____

Why do you think you are a good fit for sober living? _____

What do you want to accomplish while residing at Brooke's House Foundation? _____

EMPLOYMENT

Are you able to work? YES NO

Are you currently employed? YES NO What is the company's name? _____

Employer Contact Details

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

Is this permanent, temporary, or seasonal work? Permanent Temporary Seasonal

How long have you been employed there? _____ How many hours do you typically work per week? _____

What is your work schedule? _____

Do you have an Employee Assistance Program (EAP)? YES NO

EAP Contact

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

Are you a member of a Union? YES NO Union Name _____

Union Representative

First Name _____ Last Name _____ Relationship _____

Phone Number _____ Email Address _____

Can we release information to this person? YES NO Is this person an emergency contact? YES NO

Notes _____

Does your employer know you are in treatment? YES NO

What is your current occupation? _____

Are you willing to work 40 hours a week of gainful employment? YES NO

Current weekly income _____

PERSONAL FINANCE

Do you currently have an income? YES NO

What type(s) of income do you have? Employment Disability Social Security Other

Monthly amount _____

If for some reason you cannot pay rent per week / month who can you call upon to help you? _____

Do you receive any ongoing financial reimbursement for any reason? YES NO

Do you owe money to a former Sober Living House? YES NO

Please describe _____

Weekly expenses (food, car payment, child support, etc) _____

Additional Financial Information _____

SENSITIVE INFORMATION

Drivers License Number _____ Social Security Number _____ State ID Number _____

ADDITIONAL INFORMATION

Please enter any other information about yourself or your situation that you feel we need to know _____
