A State Licensed Facility

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A State Licensed Facility

Mission Statement

We are The South Suburban Council, a 501(c)(3) non-profit dedicated to alcoholism, substance use and mental health treatment and recovery. The mission of The South Suburban Council is to deliver a continuum of treatment and recovery support services to residents of the greater Chicago and Northwest Indiana areas and those surrounding communities particularly to those who are financially disadvantaged. Licensed by the Illinois Department of Human services, Division of Substance Use Prevention and recovery and Division of Mental Health and certified for Medicaid reimbursement. The South Suburban Council is accredited by The Joint Commission. The South Suburban Council does not discriminate on the basis of race, color, religion, ancestry, national origin, gender, age, mental or physical handicap, marital status, HIV status, sexual orientation, transgender status, parental status or political affiliation. The South Suburban Council is handicap accessible and does not deny access to service because of a proven inability to pay.

GUIDING PRINCIPLES

Areas of Focus: Awareness, Treatment, and Prevention

● Provide support services and access treatment avenues for individuals and families experiencing substance use disorder

● Educate the community on substance use disorder focusing on prevention, treatment, and recovery and relapse prevention.

● Collaborate with all community sectors on substance use disorder focusing on prevention, treatment, recovery, and relapse prevention.

● Support advocacy through education and training.

● Participate, advocate, and lobby for recovery on a broader stage to regional, county, state, and federal organizations.

VALUES

The values of The South Suburban Council Recovery Home are focused on trust, resilience, friendship, and family.

CORE COMPETENCIES

The South Suburban Council Recovery Home core competencies include: Commitment to recovery and safety of our clients, emphasis on communication and influence and responsiveness to our client’s needs.

At The South Suburban Council Recovery Home, communication and responsiveness is prioritized and influence and mentorship is provided appropriately to aid in the client’s recovery with the help of house managers, life skills counselors, and peer mentorship.
The South Suburban Council Recovery Home Organizational Chart:

- **VP of Clinical Services**
- **Advisory Board**
- **Director of Programs**
- **Lead Resident**
- **House Manager**
- **Resident**
A State Licensed Facility - CODE OF ETHICS

The interactions of The South Suburban Council Recovery Home, House manager, and volunteers, with the residents will be governed by ethical standards. Residents in a Recovery residence environment have the right to expect ethical behavior from The South Suburban Council Recovery Home, House manager, and volunteers. Following ethical guideline will protect the residents and The South Suburban Council Recovery Home staff from inappropriate relationships and interactions.

The South Suburban Council Recovery Home strives to maintain a respectful environment built on honesty and trust. Focusing on our resident’s individual growth to include those core principles is important to us.

The South Suburban Council Recovery Home members will:

● Conduct our business honestly and ethically.
● Treat all persons with dignity and respect.
● Safeguard a person’s privacy and confidentiality per local, state, and federal requirements.
● Not threaten or comment on act of physical or emotional abuse.
● Not become romantically or physically involved with persons currently served (or served in the recent past)
● Not engage in harassment
● Not discriminate due to race, religion, age, sexual orientation, disability, national ancestry, or economic condition (does have latitude to outline specialty population served)
● Strive for continued personal growth and self-improvement through education, training, and consultations.

The South Suburban Council Recovery Home has the following procedure set in place:

1. Anyone who observes or has substantial reason to believe that The South Suburban Council Recovery Home, House Manager, or volunteers have engaged in unethical behavior in violation of this policy must report that behavior in confidence to their foreperson. Likewise, if The South Suburban Council Recovery Home or a volunteer is to believe a resident has behaved with him/her in such a way as to provoke or invite unethical behavior must report that interaction to The South Suburban Council Recovery Home.

3. If a resident fails to comply at any time, this breach will constitute grounds for disciplinary action, including probable discharge. The South Suburban Council Recovery Home, House Manager, and volunteers will also be oriented to this policy and indicate understanding and agreement to comply.

Initial __________
RESIDENT RIGHTS AND RESPONSIBILITIES

This is set in place to safeguard the residents of The South Suburban Council Recovery Home and to ensure the best experience possible.

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-the Resident Responsibilities)

The South Suburban Council Recovery Home Resident Rights are as follows:

1) To be treated with dignity and respect
2) To participate actively in your recovery
3) To 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 costs.
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 process by filling out a grievance slip or contacting the house manager or volunteer.
9) Request referral resources in the event of your dismissal from The South Suburban Council Recovery Home.
10) Not to be required to perform services for The South Suburban Council Recovery Home.

Initial ______________
RESIDENT EXPECTATIONS & GUIDELINES AGREEMENT

The South Suburban Council reserves the right to dismiss any resident for nonpayment, failure to comply with the Resident Expectations and Guidelines, and/or conduct not deemed in keeping with the goals or values of the program of recovery set forth by The South Suburban Council.

There will be no use or possession of alcohol and/or drugs while in residency at the The South Suburban Council Recovery Program. No visitors are allowed on The South Suburban Council properties under the influence of alcohol and/or drugs. All residents and visitors are subject to search by any means required or deemed necessary to ensure compliance. All packages and deliveries are subject to immediate inspection. Any violation will result in immediate dismissal and possible police intervention or prosecution.

ZERO-TOLERANCE POLICY

Violation of any of the following will result in IMMEDIATE DISMISSAL.

✓ Use or possession of drugs, paraphernalia, alcohol and/or banned substances on or off property.
✓ Violence or threats of violence.
✓ Weapons of any kind.
✓ Stealing of any kind. If it is not yours, do not take or use it without permission.
✓ Bullying of any kind.
✓ Sexual harassment.
✓ Racial or sexual slurs.
✓ NO cell phones allowed in house meetings.
✓ Destruction of property.
✓ Sexual relations or intimate bodily contact with another The South Suburban Council Resident, staff member or volunteer.
✓ Sex in any The South Suburban Council property is not permitted (Zero Tolerance).
✓ Abuse of over-the-counter or prescription medication. Initial__________
✓ Smoking, lighting candles, or incense inside the houses. No smoking in the house is permitted. Each house has a designated smoking area.

✓ Refusing a drug test, provide urine immediately when requested or giving urine to another resident

✓ Repeated write-ups for rule violations.

The South Suburban Council reserves the right to notify law enforcement, parole, probation, drug court or other partners of the reason for dismissal. Residents who are dismissed from the program are not permitted to return for a minimum of 30 days except for picking up personal belongings. This must be done within three (3) days of dismissal or the belongings will become the property of The South Suburban Council.

DRUG AND ALCOHOL TESTING

✓ Submit to random drug and alcohol breathalyzer testing.

✓ Use of alcohol, drugs or banned substances will result in immediate dismissal. BANNED SUBSTANCES INCLUDE, but are not limited to: Marijuana, Alcohol, Cocaine, Heroin, K2/Spice, any designer drug or controlled substance, CBD in any form, Valerian Root, Kava Kava, Kratom, diet pills, bath salts and overuse of energy drinks.

✓ If you are asked to submit a urine analysis (UA) or Breathalyzer (BA) you must stay on the property until the test is completed.

✓ Refusal to give a urine screen or Breathalyzer will result in immediate dismissal. Tests time and frequency are determined by management.

✓ Residents returning from extended visit or overnight pass are required to be drug tested immediately.

✓ If you suspect another Resident of using drugs/alcohol, it is your responsibility to report this matter immediately to staff. Knowledge of others using mood-altering chemicals and not notifying staff can result in a discharge from the program

Any resident testing positive for drug use and disputing results will be re-tested immediately. If subsequent testing is positive and the resident wishes to continue the dispute, they will without delay leave the premises. If they choose, the resident may, at their expense, obtain an independent test at the medical facility chosen by The Lighthouse. The resident must remain off all The South Suburban Council properties pending results. Should this test prove negative for drug use, the resident will be re-instated and reimbursed for the cost of the test. No other expenses are reimbursable.

MEDICATION POLICY

✓ All prescription medication will be documented during intake, subsequent prescriptions disclosed and locked in house safes. Medications are subject to be inventoried at any time.

✓ Over-the-counter medications or mouthwash containing alcohol are prohibited. Initial__________
✓ Narcotic pain medications, benzodiazepines (Xanax, Ativan, Klonopin, etc.) are strictly prohibited. K2/Spice, Valerian root, Kratom, Kava Kava, diet pills, ‘bath salts,” CBD oil or any designer drug is not permitted.

✓ Residents are responsible for obtaining their own medication refills. You are not allowed to stop taking your medication(s) without a doctor’s note.

✓ If you are prescribed medication by a psychiatrist, you will be required to obtain one for continuation of care and possible re-evaluation for the duration of your stay.

✓ Residents will self-administer medication as directed by a physician.

✓ Abuse of over-the-counter medication and/or prescription medication will result in immediate dismissal from the program.

FINANCIAL RESPONSIBILITY

✓ Residents are responsible for all program fees during participation.

✓ Weekly program fees are due each Sunday by 7PM.

✓ If there is an outstanding balance on any account, no passes or extended curfews will be granted and 10:00pm curfew will be enforced.

✓ Residents who relapse or are asked to leave The South Suburban Council will not be reimbursed any funds.

EMPLOYMENT

✓ Residents must obtain a job, enroll in school, attend Outpatient, or volunteer their time in the community for at least 30 hours per week.

✓ The South Suburban Council will provide job search assistance.

✓ Residents are responsible for putting in transportation requests as needed.

✓ All transportation requests are to be submitted at least 24 hours in advance.

✓ Every Resident who does not have a full-time job, volunteer position, attending Outpatient, or class schedule MUST be up by 7am Monday through Friday and must be actively seeking work. You must be out of the house by 8A and may not return until 3P.

SAFETY

✓ In case of a true emergency, call 911 and then notify the manager on duty.

✓ Safety is the primary concern at The South Suburban Council; therefore, any suspicious activities should be reported to the manager on duty immediately.

✓ Fire extinguishers are in each house. Please familiarize yourself with their location. Initial__________
✓ Do not share razors or cut each other’s hair. This is for your own protection from infectious diseases transmitted through blood-borne pathogens.

✓ No giving or receiving tattoos, piercings, etc. on the premises.

✓ No smoking, burning candles or incense is allowed in any house. Smoking is permitted outside in designated areas only. Smoking in the house will result in immediate discharge!

VISITATION

✓ No active users or drinkers are allowed on the property at any time.

✓ Except for family, visitors are not allowed to “hang-out” in houses without prior approval. There are other Residents living in our recovery community whose anonymity must be respected.

✓ Residents must respect the anonymity of all other Residents. Resident information is confidential.

✓ Visitors are only allowed on the property from 3P to 7P. No restrictions on the weekend.

✓ Visitors are only allowed in the common areas of the house. (No visitors in bedrooms).

✓ Loitering in cars by visitors and/or Residents outside the facility is not permitted at any time and could be construed as mischievous behavior resulting in discharge.

CHORE EXPECTATIONS

✓ All Residents are expected to keep their entire living area clean. This includes making your bed, keeping your belongings neatly organized, and keeping the bath, commode, sink, and floor cleaned daily. Not keeping your room and bathroom clean will result in a write-up or fine.

✓ Daily chores for the common areas will be assigned to Residents and posted in a common area. Residents are expected to complete their chores by the time indicated. Failure to complete assigned chores will result in a write-up or fine.

✓ Saturday morning a deep cleaning of the house takes place. No one can miss deep cleaning chores. Please ask for help if you do not have experience cleaning.

✓ Cleaning up after oneself is mandatory. You are required to wash your own dishes/pan. Do not leave dishes for someone else to clean up for you. Failure to do so will result in a write-up or fine.

BEDROOMS

✓ Bedrooms are private and should be respected. Do not enter a room without permission.

✓ No visitors are allowed in bedrooms at any time.

✓ Doors are not to be locked from the outside. If you have valuables you want locked up, then purchase a lock-box or use a locker that has been provided to you.

✓ Beds are to be made by 7 am. 

Initial__________
Rooms are to be kept clean always. Write-ups or fines may be given for dirty rooms. (i.e. clothes on floor, trash, dirty dishes, beds not made, etc.).

Bedding is to be changed and washed weekly.

The South Suburban Council may search personal belongings at any time - including but not limited to bedrooms, closets, dressers, nightstands, vehicles, luggage, etc. - for contraband items.

There is NO food allowed in the bedrooms. If dishes or cups are found in your room, you may receive a write-up or fine.

PHONES & TELEVISION

These items are shared by many so take turns viewing programs.

Keep the noise level down. TV’s are off at ten (10:00 pm) on weeknights.

No personal televisions or computers are allowed in bedrooms.

FINES

You will be fined for the following things: (Fines range from $10.00 - $50.00)

Leaving house door unlocked $50

Fire hazard. (i.e. stove/oven left on, dryer lint filter not cleaned, etc.) $50

Unexcused absence from any mandatory meeting. $25

Replacement house key. $25

Dishes left in sink, common areas, or bedrooms. $10

Leaving food items out in kitchen overnight $10

Leaving clothes in washer/dryer when absent from house or overnight $10

Leaving bathroom messy and/or unsanitary $10

Eating another Resident’s food without permission (this is stealing) $10

PERSONAL VEHICLES

Residents can have a car provided they have permission and a valid driver’s license and insurance policy.

Residents MUST provide the office with make, model, and license information.

Residents are not allowed to loan their car to another Resident for any reason.

PROBATIONARY PERIOD

Residents in their first 45-days will comply the following: PROBATIONARY terms: Initial__________
✓ Curfew will be set at 10:00pm. Lights out at 11pm. YOU ARE NOT TO BE OUTSIDE AFTER CURFEW!

✓ No overnight passes. (You must be home by your curfew).

✓ You must attend ALL required 12-step recovery, Life-Skills meetings and in-house meetings.

✓ You must find a job, go to school, attend Outpatient Treatment or volunteer within the first two weeks of occupancy.

✓ You must find a sponsor within the first two weeks of occupancy.

✓ Adherence to all program rules.

✓ Attend all community meetings, life skills classes and relapse prevention groups.

✓ No dating allowed.

COMPLIANCE, CURRICULUM & MEETINGS

Our program is centered around personal development through life-skills classes and establishing the foundations of recovery through the 12-steps of Alcoholics Anonymous and Narcotics Anonymous.

✓ Residents are required to attend all The South Suburban Council Program 12-step recovery meetings.

✓ Residents are required to make outside meetings. Residents need to be out of the house by 8A and may not return until 3P on weekdays. There are no restrictions on the weekends.

✓ Residents are required to attend the house meetings every night.

✓ Residents must obtain a sponsor, verified by the Program Director or Case Manager, within 2-weeks of admission.

✓ Residents must make honest effort to work the 12-Step program with a sponsor.

✓ All Residents are required to attend weekly life skills classes, and other recovery education classes as required by their program level.

✓ Residents are required to meet weekly one-on-one with Case Manager, Recovery Coach or Program Director for case management meeting.

✓ Repeated program compliance issues, habitual absences, dishonesty or general unwillingness to make progress in your recovery will result in dismissal from the The South Suburban Council Recovery program.

Initial ________
ACKNOWLEDGMENT OF STATUS & AFFIRMATION OF HOUSE CONTRACT

I acknowledge and understand that if accepted at by the The South Suburban Council into their Recovery Program, my status will be that of a Resident in the community and not a tenant, and that I will have none of the rights of a tenant under S.C. Code Ann. § § 27-40-10 to 27-40-940 Landlord-Tenant Laws.

I further understand that in order to continue in the program I must abide by all rules and guidelines set forth in the RESIDENT EXPECTATIONS AND GUIDELINES, and that I may be dismissed from the program as a result of my failure to abide by any such rules at the sole discretion of the Case Manager or Executive Director. If I am dismissed, I must leave the premises immediately. I hereby waive any and all rights, if any, I may have under S.C. Code Ann. § § 27-40-10 to 27-40-940 Landlord-Tenant Laws. I further agree that if The South Suburban Council needs to employ an attorney to enforce my removal from the premises, I will be responsible for all legal fees associated with such removal.

SIGNATURE_________________________________________________ DATE______________________

Initial_________
CONFIDENTIALITY AND RESIDENT RECORDS

This policy is set in place to protect the right to privacy for all of The South Suburban Council Recovery Home residents. The right to confidentiality, whether it be verbal or written information, shall be protected and in compliance with state and federal laws.

The following procedure will take place:


2) Residents will be informed upon admission of their rights to confidentiality and be given the opportunity to sign consent forms for the release of information. Residents may choose whether or not to sign and may revoke a release at any time (See attached form).

3) Upon admission, The South Suburban Council Recovery Home will provide for the residents to sign, a “Resident Confidentiality Agreement” (See attached). The South Suburban Council Recovery Home will explain that this agreement is for the purpose of ensuring confidentiality among the residents and building trust.

4) Resident files, both current and past, will be kept in a locked filing cabinet in one of the recovery residences’ offices, which will have the capability for the door to the office to be locked. These files will be under the direct maintenance and supervision of The South Suburban Council Recovery Home. The files will be utilized and viewed only by The South Suburban Council Recovery Home members unless:

  ● The resident whose name appears on the file requests to view their file.
  ● The resident has signed a release of information form for the specific person that has requested to view the file, or any parts thereof, on which a statement forbidding further disclosure will be stamped on each page released.
  ● A court order is furnished requesting the file.
  ● A situation in which the resident’s life is in danger and the file or the portion thereof would aid in the treatment of the resident.

Initial ________
AUTHORIZATION TO RELEASE INFORMATION

Name of Resident: ____________________________

I hereby request and authorize: The South Suburban Council 1909 Cheker Square East Hazel Crest, IL. 60429 708.647.3333 www.sscouncil.org To disclose to or obtain from:

____________________________________________________________________________________
____________________________________________________________________________________

The following types of information from my records (and any specific portion thereof):

☒ Medical history/Physicals

☒ Alcohol and drug abuse treatment record

☒ Laboratory reports

☒ Psychological evaluations

☒ Other ________________________________

For the purpose of _______________________________________________________________

All information I hereby authorize to be obtained from the 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 otherwise an earlier time period of ____________

☒ 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.

Signature of Resident: ________________________ Date: _____________

Signature of witness: ________________________ Date: _____________

The South Suburban Council: _______________________ Date: _____________

************************************************************************************

To be used only if Resident withdraws consent:
Resident signature: __________________________ Date: __________

The information which is being disclosed is from records whose confidentiality is protected by federal law. Federal Regulations (42-CFR Part 2) prohibit disclosures without the specific consent of the person to whom it contains. A general authorization is NOT sufficient for such release. The Federal rules restrict any use of this information from a criminal investigation or to prosecute any alcohol or drug abuse patients.
THE SOUTH SUBURBAN COUNCIL RECOVERY HOME GRIEVANCE SLIP

RESIDENT NAME: ______________________    DATE: _________________

VERBAL DATE FILED: _______________    WRITTEN DATE FILED: ____________

COMPLAINT/GRIEVANCE RECEIVED BY: ______________________________

-----------------------------------------------------------------------------------------------------------------------------

RESIDENT COMPLETES THIS SECTION:

COMPLAINT/GRIEVANCE: _______________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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RESOLUTION: _______________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

I have reviewed the complaint/grievance with the complainant and it has been filled out with all pertinent information, which has been agreed upon with the complainant.

Signature of person making grievance/date: ___________________________

Signature of person witness to verbal grievance/date: _________________

Signature of Director acknowledging receipt of: _________________________

ACKNOWLEDGEMENT OF MEETING TO DISCUSS:

Signature of person making grievance/date: ___________________________

Signature of Director of Programs/date: _______________________________
ADMISSION CRITERIA AND INTAKE PROCEDURE

It is necessary to provide prompt and consistent care for residents entering The South Suburban Council Recovery Home. Certain steps need to be taken to ensure the resident is an appropriate fit. Upon first contact with the potential member, whether by phone or in person, The South Suburban Council Recovery Home will screen the potential resident to determine whether or not they are an appropriate fit for The South Suburban Council Recovery Home by applying the following admission and exclusion criteria:

Admission Criteria; The potential resident must:

A) Be admitted voluntarily

B) Be 18 years of age or older

C) Be at least 28 days from the last use of alcohol and/or drugs

D) Be medically stable. Any individual with ongoing medical problems, including dual diagnosis, may be accepted if they are addressing these problems with outside professional help, including medication management

E) Have adequate control over their behavior and assessed not to be imminently dangerous to oneself or others

F) Express a desire to recover from addiction to drugs or alcohol

G) Be assessed as medically appropriate and free of any illness that requires isolation from others.

H) Have the capacity for active participation in all phases of the program

I) Be ambulatory and meet personal needs without assistance

J) Have adequate resources to pay for the program

Exclusion Criteria; The potential resident cannot:

A) Have clinical manifestations that meet criteria for a more intense level of care (e.g. Acutely psychotic or a danger to self or others)

B) Have severe permanent deficits in recent memory, attention, concentration, who cannot attend effectively to activities of daily living and whose cognitive impairment prevents them from understanding and participating in the program. Initial _______
C) Have ongoing medical issues, which require a more intensive level of monitoring and care than can be provided by The South Suburban Council Recovery Home.

If the potential resident is assessed as appropriate for The South Suburban Council Recovery Home program then The South Suburban Council Recovery Home completes the initial screening, and if appropriate, the potential resident is invited to interview in the residence with potential roommates and The South Suburban Council Recovery Home members.

Initial Screening:

A) The South Suburban Council Recovery Home obtains assessment information from the resident and will verify the identity of the resident through identification.

B) The South Suburban Council Recovery Home will have the resident complete and sign the Resident Information Form (See application attached)

C) The South Suburban Council Recovery Home will review the Confidentiality policy and obtain the residents signature of the Confidentiality agreement and Release of Information forms.

D) The South Suburban Council Recovery Home will also review the resident’s rights and responsibilities, the rules, groups, emergencies, and all other general information found within the program description and obtain all signatures requested.

E) The South Suburban Council Recovery Home will provide the resident with a copy of the Resident Handbook and at this time will search the resident’s belonging for any hazardous items.

F) The South Suburban Council Recovery Home will administer a urine drug screen.

G) If the resident has had a recent physical and lab work (including TB testing) and has not brought the results, then The South Suburban Council Recovery Home will obtain a release from the resident for medical information from the referral source.

The resident will be informed of the fees for the recovery residence. The resident will then be escorted to their residence and assigned a room.

*If the potential resident is determined as inappropriate then suitable referrals will be provided.

Initial _______
A State Licensed Facility - Residency Application

DATE: _____ / _____ / ________ DOB: _____ / _____ / ________

NAME: ______________________________________ TELEPHONE: (______) _____ - ________

SSN: _____ - _____ - ______ EMAIL ADDRESS: _____________________________________________

ADDRESS: ___________________________________________________________________________

CITY _____________________________ STATE: _______ ZIP ___________

EMERGENCY CONTACT: __________________________________ TELEPHONE: (______) _____ - ________

RELATIONSHIP: ___________________ DRIVER’S LICENSE OR ID NUMBER: ______________________

STATE: ______

VALID LICENSE: ☐ YES ☐ NO VEHICLE MAKE AND MODEL: _________________________________

TAG NUMBER: _______________________

INSURANCE POLICY HOLDER: __________________________________ POLICY NUMBER: __________

EDUCATIONAL INFORMATION

HIGH SCHOOL GRADUATE OR GED? ☐ YES ☐ NO HIGHEST GRADE COMPLETED _____________

TECHNICAL/TRADE SCHOOL? ☐ YES ☐ PROGRAM OF STUDY ________________________________

COLLEGE GRADUATE? ☐ YES ☐ NO YEARS COMPLETED _____________________________

FAMILY INFORMATION

MARRIED/COHABITANT ☐ DIVORCED/SEPARATED ☐ SINGLE/NEVER MARRIED ☐

SPOUSE/SIGNIFICANT OTHER’S NAME ____________________________________________________

DO YOU HAVE CHILDREN? ☐ YES ☐ NO HOW MANY: _________________

FATHERS NAME: __________________________________ TELEPHONE: (_____) _____ - ________

DECEASED? ☐ YES ☐ NO

ADDRESS: ___________________________________________________________________________

CITY _____________________________ STATE: _______ ZIP ___________

HISTORY OF ABUSE (SUBSTANCE/PHYSICAL/EMOTIONAL)? ☐ YES ☐ NO  ________________

Initials________
MOTHER'S NAME: __________________________________ TELEPHONE: (______) _______ - _______
DECEASED? ☐ YES ☐ NO

ADDRESS: _____________________________________________________________________________
CITY ___________________________ STATE: _______ ZIP ___________

HISTORY OF ABUSE (SUBSTANCE/PHYSICAL/EMOTIONAL)? ☐ YES ☐ NO

LEGAL INFORMATION

PROBATION/PAROLE OFFICER: ______________________ TELEPHONE: (______) _______ - _______

CONVICTED OF A VIOLENT FELONY? ☐ YES ☐ NO

COMMITTED/BEEN CHARGED WITH ARSON? ☐ YES ☐ NO

COMMITTED/BEEN CHARGED WITH A SEXUAL OFFENSE? ☐ YES ☐ NO

DO YOU HAVE ANY OUTSTANDING OFFENSES? ☐ YES ☐ NO

LIST ALL CURRENT/PENDING CHARGES AND PAST CONVICTIONS INCLUDING SEXUAL OFFENDER'S ACT
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

FINANCIAL INFORMATION

ARE YOU ABLE & WILLING TO WORK TO PAY FOR THE PROGRAM RESIDENCY FEES? ☐ YES ☐ NO

PHYSICAL CONDITIONS OR DISABILITY:

_____________________________________________________________________________________

Initials_______
ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO

JOB SKILLS/TRADE: ___________________________

EMPLOYER: ____________________________________ TELEPHONE: (______) _______ - _______

HOW LONG EMPLOYED: ____________ SALARY: $___________ PER________

OTHER INCOME (EXPLAIN):
__________________________________________________________________________________

MONTHLY EXPENSES:
__________________________________________________________________________________

SOURCE OF WEEKLY PAYMENT:
__________________________________________________________________________________

ARE YOU COURT ORDERED TO PAY CHILD SUPPORT? ☐ YES ☐ NO

AMOUNT $ _____________________

ARE YOU BEHIND ON CHILD SUPPORT PAYMENTS? ☐ YES ☐ NO

DO YOU PAY FEES/RESTITUTION? ☐ YES ☐ NO

AMOUNT AND FREQUENCY _____________________

MEDICAL INFORMATION

LOCAL PHYSICIAN: ____________________________________ TELEPHONE: (______) _______ - _______

CURRENT MEDICATIONS TAKEN (PLEASE EXPLAIN WHY):
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

DO YOU HAVE A HISTORY OF? SEIZURES ☐ YES ☐ NO

IF YES, DATES ___________________

DIABETES ☐ YES ☐ NO

IF YES, DATES ___________________

HYPERTENSION ☐ YES ☐ NO

IF YES, DATES ___________________

HAVE YOU TESTED POSITIVE FOR? TB ☐ YES ☐ NO

HEPATITIS ☐ YES ☐ NO

HIV/AIDS ☐ YES ☐ NO

ANY DIAGNOSIS OF SCHIZOPHRENIA OR OTHER PSYCHOLOGICAL DISORDER? ☐ YES ☐ NO

HAVE YOU EVER BEEN INVOLUNTARILY COMMITTED TO INPATIENT OR OUTPATIENT CARE? ☐ YES ☐ NO

REASON:
__________________________________________________________________________________

HOSPITAL & DATES:
__________________________________________________________________________________

HAVE YOU BEEN DIAGNOSED WITH A LEARNING DISABILITY? ☐ YES ☐ NO

WHAT: _______________________________ Initials_______
HAVE YOU EVER “HEARD VOICES”? ☐ YES ☐ NO
DATE OF LAST INCIDENT ____________________________
HAVE YOU EXPERIENCED HALLUCINATIONS? ☐ YES ☐ NO
DATE OF LAST INCIDENT ____________________________
ARE YOU SUICIDAL? ☐ YES ☐ NO
HAVE YOU EVER TRIED TO COMMIT SUICIDE OR ENGAGE IN SELF HARM? ☐ YES ☐ NO
HAVE YOU EVER BEEN DIAGNOSED WITH BIPOLAR DISORDER? ☐ YES ☐ NO
WHICH TYPE? _______________
HAVE YOU EVER BEEN A VICTIM OF A VIOLENT CRIME? ☐ YES ☐ NO EXPLAIN
_________________________________________________________________________________
LIST CURRENT PRESCRIBED OR OVER THE COUNTER DRUGS AND REASON FOR TAKING (ATTACH ADDITIONAL SHEET IF NECESSARY)

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<th>DRUG NAME</th>
<th>DOSAGE &amp; TIME</th>
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ADDICTION - DRUG OF CHOICE:
_____________________________________________________________________________________

SOBRIETY DATE: _____ / _____ / ________ DO YOU CONSIDER YOURSELF AN ALCOHOLIC/ADDICT? ☐ YES ☐ NO

ON A SCALE OF 1 TO 10, HOW SERIOUS OF A PROBLEM DO YOU THINK YOU HAVE WITH DRUGS OR ALCOHOL?
(CIRCLE ONE) NO PROBLEM  1  2  3  4  5  6  7  8  9  10  VERY SERIOUS

ON A SCALE OF 1 TO 10, HOW MOTIVATED ARE YOU TO MAKE CHANGES IN YOUR LIFE AT THIS TIME?
(CIRCLE ONE) NOT MOTIVATED  1  2  3  4  5  6  7  8  9  10  VERY MOTIVATED

SUBSTANCE ABUSE INFORMATION PLEASE LIST, IN ORDER OF PREFERENCE, ALL DRUGS USED PAST AND PRESENT. ATTACH ADDITIONAL SHEETS IF NECESSARY.

Initials_______
DRUG                AGE AT FIRST USE                AMOUNT USED                DATE OF LAST USE
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
ARE YOU CURRENTLY ATTENDING 12 STEP MEETINGS? YES □ NO □
HOW MANY PER WEEK? ___________
DO YOU HAVE A SPONSOR? □ YES □ NO
SPONSOR: ___________________________ TELEPHONE: (____) _____ - ______
ARE YOU WORKING OR WILLING TO WORK THE 12 STEPS? □ YES □ NO
HAVE YOU EVER BEEN IN A TREATMENT PROGRAM? □ YES □ NO NAME:
_____________________________ LOCATION ___________________ DATE ______________
LENGTH OF STAY ___________________ DID YOU COMPLETE THE PROGRAM? □ YES □ NO
HAVE YOU EVER LIVED IN A RECOVERY HOME? □ YES □ NO NAME: ___________________________
LOCATION ___________________ DATE ______________
REASON FOR LEAVING
_____________________________________________________________________________________

Initials______
I STATE THAT IF HAVE ANSWERED THIS APPLICATION TRUTHFULLY. I UNDERSTAND THAT IF ACCEPTED TO THE SOUTH SUBURBAN COUNCIL RECOVERY HOME THAT ANY MISINFORMATION AND/OR DISHONEST ANSWER MAY BE GROUNDS FOR MY DISMISSAL.

SIGNATURE __________________________________________________ DATE____________________

WITNESS __________________________________________________ DATE____________________

PRIVACY & PROTECTION OF RESIDENT INFORMATION

The South Suburban Council does not meet the definition of a covered entity or business associate as defined by 45 CFR 160.103 and is not subject to or required to comply with the HIPAA Rules and Guidelines. Our current The South Suburban Council resident private confidential information and data collection practices would be considered Protected Health Information (PHI) under HIPPA, therefore The South Suburban Council follows the NARR 3.0 Standard 6 to “Protect resident information It is best practice that residences be guided by HIPPA laws.” The South Suburban Council best practices include strict policies and protocols to protect confidential resident information and PHI including the multi-layered information storage security and secure resident CRM with identity verification and restricted access. Applicant PHI submitted online through https://www.sscouncil.com is securely encrypted. All The South Suburban Council resident privacy information, PHI, personal and confidential information, regardless of HIPPA or minimum legal requirements will be protected.

LIMITED USE AND DE-IDENTIFIED PHI CONSENT

Under HIPAA The South Suburban Council Protected Health Information (PHI) ceases to be PHI if it is stripped of all identifiers that can tie the information to an individual. The removal of identifiers is referred to as de-identified PHI and HIPPA rules do not apply to de-identified PHI. The South Suburban Council utilizes and releases limited use and de-identified data internally and externally for the purposes of operational improvement, statistics and metric tracking, resident outcomes, demographics, grant writing and fundraising, and the addiction recovery community. I HAVE BEEN PROVIDED THE PRIVACY & PROTECTION OF RESIDENT INFORMATION AND CONSENT TO THE RELEASE OF LIMITED USE AND DE-IDENTIFIED PHI

Signature___________________________________________ Date______________________________

Initials_______
DOCUMENTATION OF RESIDENCE

1) Each resident’s stay at The South Suburban Council Recovery Home, from admission to discharge, will be documented in their individual file and will reflect the status of their stay.

All documentation should:

- Be written in ink, contain the resident’s name, and contain date of entry.
- Have the signature of The South Suburban Council Recovery Home and Resident.
- Have clear representation of the type of signed document.
- Daily House meeting: Notes will be written in narrative style and describe the proceedings. Attendance will be taken as well.
- Other documentation: This includes medical or legal documents and correspondence with resident’s payroll/probation officer and urine drug screens.

2) Delayed entries should be avoided, but when necessary they are to be dated for the day entered into the chart and refer to the date when the meeting or incident occurred.

3) Corrections in documentation are made by crossing through the mistake with a single line, initialing at the mistake and then writing the correction next to it.

Initial _________
ATTENDANCE

All residents of The South Suburban Council Recovery Home are expected to attend the daily house meeting and other groups that are outlined in the intake packet. This is beneficial for the success of the resident’s program and helps provide peer support. Repeated absences and tardiness interrupts this process and will reflect in the documentation of the resident’s file.

During this process:

1) Residents are provided with the rules that outline their responsibility regarding attendance.

2) During the daily meeting, or any other acceptable time that makes The South Suburban Council Recovery Home aware, Residents must inform The South Suburban Council Recovery Home and community of possible absences/tardiness due to scheduled appointments, such as medical, before the scheduled appointment occurs. Also, if residents are going to be absent, tardy from their set schedule, they must inform The South Suburban Council Recovery Home of their whereabouts; where they will be, when they are returning, and when they returned.

3) Residents who have consistent or sporadic, non-constructive absences and/or leaving early and repeated avoidable conflicts, will be assessed by The South Suburban Council Recovery Home to discuss issues regarding compliance with this policy and request that the resident comply. If this measure does not resolve the concern, then the resident will be discharged with an appropriate referral to another facility.

Initial ______
RESIDENT RULES

The South Suburban Council Recovery Home and Program description help residents understand the expectations and benefits of the program. Residents will receive a copy of these guidelines upon admission. The South Suburban Council Recovery Home will review the rules and program description with the resident and the resident will sign a copy if the rules indicating the review.

RULES AND REGULATIONS:

❖ You are required to attend (3) 12 step meetings per week, have a program book, and have your meeting slip signed by a member of the group, and not another resident, and attend on premises “House Meetings” which are held once per day.

❖ House meeting attendance is mandatory, which means that you must arrange for employment that does not interfere with these meetings. There is no exception to this rule. NO cell phones are allowed in house meetings.

❖ For the first 14 days you are to remain on the premises unless given permission to leave. During this time, you are expected to be working on your steps and attending peer support and attending Outpatient Treatment.

❖ You must let The South Suburban Council Recovery Home/House manager know when you are leaving the premises. All overnights must be approved by The South Suburban Council Recovery Home/House Manager in advance, and any inconsistencies in leave time are grounds for discharge.

❖ Rent must be paid every Friday directly to The South Suburban Council Recovery Home/House manager and kept up to date without exception.

❖ You must see The South Suburban Council Recovery Home/House Manager at least one (1) time per week to discuss your recovery program-it does not count as a visit to discuss your program while paying rent, unless The South Suburban Council Recovery Home/House Manager chooses to do so.

❖ You must obtain a home group and a sponsor, or you must be in a weekly program with a recovery coach. You must provide a contact name and phone number within the first week of residency and this will be verified.

Initial __________
❖ You must be working the 12 steps and working on a recovery path program with a Recovery Coach/The South Suburban Council Recovery Home. Present these in a house meeting by the 3rd week of residency. And provide a copy to The South Suburban Council Recovery Home/House manager.

❖ You are required to be employed either part time or full time. You are not permitted to quit a job without first discussing it with The South Suburban Council Recovery Home/House Manager. Employment status will be verified periodically.

❖ There are certain types of employment that are not allowed, such as cab driving, working in bars, clubs, or places that sell alcohol. And you must speak with The South Suburban Council Recovery Home/House Manager prior to accepting employment with any place.

❖ Your room must be kept neat, with your bed made at all times, rugs vacuumed, toilet cleaned, kitchen area clean, which means absolutely no glasses, dishes, or silverware, etc., left in the sink at any time, and any trash disposed of in a timely manner.

❖ You will be assigned daily and weekend chores which will be a mandatory part of your stay at The South Suburban Council Recovery Home.

❖ All vehicles will have current tags and insurance, and this will be verifiable. Also, there will be no storage of vehicles, and no working on vehicles on the premises.

❖ Bikes and other modes of transportation must be stored in the appropriate locations, and security for these are at your own risk.

❖ You must make The South Suburban Council Recovery Home/House Manager aware of any situation involving a resident outside of The South Suburban Council Recovery Home premises that required police involvement.

❖ There are absolutely no visitors allowed on premises without prior approval from The South Suburban Council Recovery Home/House Manager.

❖ There will be no congregating outside the front of the home, no loud music or discussions, or inappropriate dress allowed. You are also required to attend to your daily hygiene needs.

❖ No one is allowed in another resident’s room. NO exceptions.

❖ There is no sharing of clothes, personal property, loaning money, borrowing vehicles, or other modes of transport, by either staff or residents.

❖ You may be requested to submit a swab test at any time, which may include either with cause or without. Also, another resident may request someone to be tested if a person’s behavior warrants it.

❖ Any resident who is aware of a rules infraction and does not notify The South Suburban Council Recovery Home/House Manager immediately will be subject to discharge, which includes finding out later that you knew about it.
❖ All rooms are subject to inspections at any given time, and any room that does not pass inspection may cause all residents in that room to be discharged.

❖ Smoking is not allowed in rooms or in the house. Smoking is only allowed in designated areas.

❖ Any cooking done by residents requires immediate clean up.

❖ Any delegation, directive, or request that is made by staff will then become a rule.

❖ Any medical conditions and/or injuries must be brought to the attention of The South Suburban Council Recovery Home/House Manager.

❖ If there is an emergency, call 911, and then notify The South Suburban Council Recovery Home/House manager right away.

❖ Any and all medications, including pain pills, psych meds, aspirin, Advil, cold, flu, sinus, etc., must be locked up at all times. You must let The South Suburban Council Recovery Home/House Manager know what medicines you are taking. Rx and over the counter medications that have an unreadable label will be disposed of. Also, failure to divulge any and all medications to The South Suburban Council Recovery Home/House manager will cause you to be discharged.

❖ House shut downs will occur if chores are not done, the grounds and buildings are not cared for, rooms are not kept clean, or general attitudes are not in line with house etiquette. This will be done at the discretion of The South Suburban Council Recovery Home/House manager.

❖ All rules and regulations are subject to additions and changes at The South Suburban Council Recovery Home discretion.

IMMEDIATE DISCHARGE DUE TO THE FOLLOWING VIOLATIONS:

1) Being under the influence of alcohol and/or drugs

2) Possession of alcohol and/or drugs

3) Threats either verbal or physical, or acts of violence, fighting

4) Property destruction or altering the physical construction of the premises, including the interior structure.

5) Failure to submit a drug screen

6) Lying; either found on intake documentation or otherwise

7) Stealing, unusual behavior, and/or any criminal activity

8) Possession of weapons

9) Failure to comply with the Rules and/or staff direction

Initial _________
RECOVERY HOUSING RULES

You have made a choice to live in an environment that is alcohol and drug-free. The following Recovery Housing Rules are provided to help the facility run smoothly, and to promote a cooperative and supportive environment.

GENERAL RULES FOR RESIDENTS UPON MOVE-IN:

1. Absolutely no alcohol and drug use by any resident, staff or visitor of the house on or off the premises. Law enforcement will be notified if there is illegal drug use in the house by any client or visitor. Any resident in possession of alcohol and/or drugs is prohibited and will be immediately discharged from the house.

2. Each resident will meet with the Recovery House Manager and establish individualized plans that include the following rules and guidelines:

   a. Community: As a resident, your participation in house meetings is vital. Any absence from house meetings must be discussed in advance with the Resident manager.

   b. Visitation: All visitors and guests must be approved to visit by the Recovery Housing Manager. Visitors and guests are expected to be clean, sober, and courteous. Visitors and guests are only allowed in the first floor common areas between the hours of 4:30 and 8:00 p.m. Guests may not stay overnight.

   c. Leaving the Facility: All residents are required to sign in and out when leaving the house.

   d. Curfew: Curfew will be determined on an individual basis.

   e. Phone Calls: Residents can make phone calls on the house phones 3:00 pm – 9:30pm.

   f. Rent: Residents rent will be determined on an individual basis. Rent amount may change based on one’s ability to pay and income.

   g. Length of Stay: Residents length of stay will be determined on an individual basis with the Recovery House Manager.

   h. Weekly Schedule: Residents are expected to complete and submit weekly schedules to the Recovery House Manager no later than 3:00 pm Thursday. Initial __________
i. Expectations for Recovery Support: Residents are expected to attend a minimum of five (5) sober support meetings, one each day for 5 out of 7 days. Residents are expected to provide documentation of meetings attended to Recovery House Manger.

j. Medication: Residents must inform Recovery House staff of any and all medications. All medications must be documented by Recovery Housing Manger at intake. See Recovery House procedure for storing and dispersing medications.

3. Residents are expected to keep the house clean, neat and safe. A list of chores will be posted weekly. Residents are expected to complete their assigned chore daily. The inability to complete a chore must be discussed with the Resident Manager in advance, if possible, so that proper arrangements can be made. Repeated inability to participate in chores may be grounds for dismissal.

4. Residents are expected to keep their bedrooms neat and clean at all times. Resident Manager will inspect rooms weekly for cleanliness. Any identified issues related to the health and safety will be addressed immediately with a corrective action plan.

5. Shared spaces/common areas are treated with courtesy, respect, cleanliness, and sharing. Please do not leave personal items in these areas after you are finished using them. Please keep them neat and clean at all times.

6. Residents are expected to be good neighbors, not just “non-disturbing” neighbors. A good neighbor is respectful of the facility and personal property, is mindful of noise and loud activity, and is kind and considerate when talking to other residents.

7. Smoking is not allowed in the building at any time. Smoking is only allowed in designated areas between the hours of 6:00 am – 9:30 pm.

8. Recovery House staff have the right to requests residents to provide a urine sample or other drug test; this includes random alcohol and/or drug tests. If a resident refuse to submit to any alcohol and/or drug testing, the resident will be immediately discharged from the house.

9. Each Resident accepts full responsibility for any personal property or belongings. Residents should keep any item(s) of sentimental or significant value locked in their storage locker.

10. Recovery House staff are not responsible for the loss, damage and/or theft of any resident’s personal property or belongings, unless due to fire or flood.

11. Any resident caught stealing of anything will be immediately discharged from the house.

12. Physical violence and/or threatening physical violence toward another resident and/or staff person will result in immediate discharge from the house.

13. Residents are not allowed to borrow money from other residents and/or staff. Borrowing or lending money is often an issue that can cause arguments or other problems between residents. It can also create situations of mistrust. Therefore, it is not permitted while living in this recovery residence.

14. Sexual activities between residents or between residents and their guests are not permitted in this recovery residence. Initial __________
15. Please provide the Recovery House Manager with a 30-day notice for your planned move-out. Once a date for move-out is agreed upon, please remove all belongings and return the room to its original state by 5:00 pm on the move-out date. If an extension is needed, an agreement must be made in writing with the Recovery House Manager.

16. If you are asked to move out of the residence due to unsafe behavior (i.e. drug or alcohol use, violent behavior, theft, etc.), you will be escorted by the Recovery House Manager to your room so that you can gather your belongings. Arrangements for picking up the remainder of your belongings (if needed) will be made with the resident manager. A surrender of your keys to the facility will be made at this time as well. Any personal belongings left at the house after three days post the agreed-upon move-out date will be donated or discarded without compensation.

17. NO cell phones are allowed in the house meetings.

VIOLATION OF ANY RULE MAY RESULT IN IMMEDIATE DISCHARGE FROM THE HOUSE

I, __________________________ agree to follow all Recovery House rules.

CLIENT SIGNATURE __________________________ DATE __________________________

RECOVERY HOUSING MANAGER __________________________ DATE __________________________

Initial __________
A State Licensed Facility

DISCIPLINARY ACTION

Residents of The South Suburban Council Recovery Home who fail to adhere to the rules agreed to upon admission to the program will be subject to progressive disciplinary procedures. The South Suburban Council Recovery Home operated on a basis of trust with each individual resident. Each resident enters with a 100% trustworthy status. If it comes to the attention of The South Suburban Council Recovery Home that a resident is violating a policy, disciplinary action will be taken and trust maybe lost.

The infractions that result in immediate discharge from The South Suburban Council Recovery Home are:

1) Using Any type of mind altering substance
2) Drugs, alcohol, or any related paraphernalia found in possession
3) Positive results from random drug screening
4) Any form of threats or physical assault toward self or others
5) Suicide attempts or verbal intent to harm Other infractions against The South Suburban Council Recovery Home policies such as violating curfew, not doing chores, etc., will work on a progressive redirected model. Generally, residents will initially be given a verbal warning, followed by a written warning. A behavioral contract is the final opportunity for a resident to change the behavior of concern.

In the event of a discharge, consequences are immediate. The resident must make their own arrangement to find accommodations elsewhere. Thirty days (30) will be allowed to make arrangements for personal belongings to be retrieved. The South Suburban Council Recovery Home reserves the right, in special instances, to call a community meeting to discuss possible reinstatement of the discharged resident.

Initial __________
Residents of The South Suburban Council Recovery Home need to adhere to a dress code and also groomed in a manner that is appropriate. The image created by The South Suburban Council Recovery Home is important to the supportive living environment. Extremes in clothing and grooming are considered inappropriate for both the owner and the residents. Personal grooming is an important aspect of a resident’s recovery.

The South Suburban Council Recovery Home staff and residents shall adhere to the following:

1) Maintain high levels of personal standards of cleanliness regarding hair, nails, oral, and body hygiene.

2) Clothing shall be neat, clean, and conservative. No tight fitting clothing and no seductive clothing, such as low cut or sheer styles, short dresses, or short shorts.

3) Exceptions may be made by The South Suburban Council Recovery Home when special events are to occur.

4) Residents must always be fully dressed in all common areas.

Initial __________
EMERGENCIES AND WHAT TO DO

Residents are informed upon admission the procedure to follow during an emergency which is also stated in the resident’s rules. This is set in place to ensure the safety of anyone that is present in The South Suburban Council Recovery Home during an emergency situation.

Fire drills will be conducted two times yearly (Spring and Fall) that review the protocol for residents if the fire alarms sound in the houses. The drill reviews evacuation routes for each room in the houses and the fire safety rules.

In case of an emergency, call 911 for:

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/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 hallucinating
16) Individual having an extreme allergic reaction
17) Extreme paranoid behavior

Initial ________
AFTER you call 911, Call The South Suburban Council Recovery Home and inform them of the situation. Then move to a safe place to wait on the arrival of emergency assistance.

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

Call The South Suburban Council Recovery Home in case of:

A) Drugs, alcohol, and/or weapons on the premises
B) Suspicion or knowledge of someone using/having used drugs or alcohol
C) Plumbing problems or maintenance issues in the house
D) Power out for more than a half an hour
E) Individual who may be in withdrawal and having difficulties
F) Curfew violations

Initial ________
INCIDENT REPORT

Reported by: ________________________ Date: ___________ Date of Incident: _____________

Time of Incident: ___________ Location of incident: __________________________________

Name of person(s) demonstrating prohibited behavior________________________________________

Name of victim(s) if applicable____________________________

Witnesses: ___________ ______________________________

Incident description including any events leading up to or immediately following the incident:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Resulting action executed, planned, or recommended:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

*****************************************************************************

Police report filed: ______________ Precinct: _____________ Reporting officer: ______________

Phone: ______________ Police action taken: __________________

Reporting staff signature____________________ Date: ________

The South Suburban Council signature: __________________________
MEDICAL CARE

Residents often will enter The South Suburban Council Recovery Home with medical problems that require follow up or medical problems may develop that require medical attention. Residents at The South Suburban Council Recovery Home must have access to adequate medical care.

The following guidelines are set in place:

1) Residents must have a physical and TB test done prior to their admission to The South Suburban Council Recovery Home and they are to bring those records with them when they come. If this cannot be provided by the referral source or if the resident is unable to afford such medical care, then the resident will be referred to the County Health Department.

2) Direct medical care to the resident is provided either by the resident’s personal physician or referrals to the local County Health Department, clinic, or closest hospital.

3) If a resident becomes physically ill while in the recovery residence, then the following procedure is to be followed:
   • Call 911 if the situation is an emergency and/or life threatening
   • Call The South Suburban Council Recovery Home and inform of the situation
   • The South Suburban Council Recovery Home will then make the appropriate medical referral
   • Do Not try and move an injured/ill person or give CPR or First Aid unless you are qualified to provide this assistance

Initial __________
MEDICATIONS

Residents make take certain medications under the supervision of a qualified physician. A percentage of the residents who come to The South Suburban Council Recovery Home are on some type of medication either for a physical or psychiatric concern.

The following guidelines are set in place:

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

2) In rare instances, a patient may have a medical procedure or pain that requires brief use of medications that are not on the client’s ‘Safe drug list’. Clients, at that time must submit to The South Suburban Council Recovery Home, a document from a physician stating the necessity of the medication. The house manager must approve the use of this medication in The South Suburban Council Recovery Home. Medications will be stored in a locked box.

3) Residents must inform The South Suburban Council Recovery Home of any prescriptions/medications they have when they are admitted to The South Suburban Council Recovery Home and any prescriptions/medications they receive while a resident at The South Suburban Council Recovery Home. Failure to do so will result in disciplinary action and possible discharge.

4) Residents may only take over the counter medications that are approved by The South Suburban Council Recovery Home and that are on the ‘Safe drug list’.

5) 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.

6) Amphetamines and Benzodiazepines are not allowed at The South Suburban Council Recovery Home.

7) Residents on MAT (medication assistance medications)- including buprenorphine derivatives, will have their supply of prescription opiate antagonist placed in a locked box. Access to the lock box is once a day, 5 days a week, and supervised to withdraw and sign out daily dose needed. Weekend or pass doses are allowed. The goal of MAT therapy is to sustain a patient through recovery and Taper when appropriate. The supports given at MWVSRC given women an opportunity to use this time to become substance free. We support any and all efforts to taper MAT therapy.

8) Gabapentin is considered a drug of abuse and will be required to be stored in the lock box following the same guidelines as MAT medication.

Initial _______
9) Residents who are on medication are responsible for the proper dosage of their medication. Medication must be stored properly and not accessible on countertops or dressers. The preferred storage for any medication is a lock box, which The South Suburban Council Recovery Home has a key to.

10) Any deviation from the proper medication dosage will be investigated by The South Suburban Council Recovery Home. Deliberate alteration of the dosage in an attempt to alter mood will result in disciplinary action and possible discharge.

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

Initial ______
RANDOM DRUG SCREENS

Residents with the diagnosis of alcohol and/or other substance dependence/abuse will be required to randomly submit a urine sample for a drug screen. This has an effective means of monitoring resident alcohol/drug intake status. The following procedure is to be followed:

1) The collection of urine for a drug screen test may be monitored by The South Suburban Council Recovery Home, either randomly or with probable suspicion of the resident’s use of drugs/alcohol during their stay at The South Suburban Council Recovery Home. The test will be administered and read by and documented by the house manager.

2) Urine may be collected either by using rapid on site drug detection methods (commonly referred to as a “dipstick”) or collected and sent to a lab for testing. If the sample is to be sent to a lab, it will be packaged and mailed accordingly to the mailing instructions provided by the laboratory.

3) Results are documented in the resident’s file.
A State Licensed Facility

SEARCH FOR HAZARDOUS ITEMS

The South Suburban Council Recovery Home seeks to ensure the safety of all residents and to provide a safe environment conducive to recovery from addiction. The South Suburban Council Recovery Home has the right and responsibility to search residents' belongings and also the residences for illegal substances and inappropriate hazardous items.

The following procedure will take place upon admission and periodic searches:

1) Upon admission, The South Suburban Council Recovery Home will search the residents' personal belongings for illegal or inappropriate hazardous items. The resident will be informed of the policy regarding the keeping of illegal substances or inappropriate/hazardous items in the house.

2) Periodic searches (timing is determined by The South Suburban Council Recovery Home) of the residences will be done by the house manager or a staff to determine if there are any illegal or inappropriate/hazardous items.

3) If the resident is found to be in possession of an illegal or inappropriate/hazardous item upon admission the item or substance will be confiscated by The South Suburban Council Recovery Home. If, during the residence search, it is discovered that a resident is keeping an illegal substance (e.g. drugs such as cocaine, pot, or heroin) or an inappropriate/hazardous item (e.g. a legal but mood altering drug such as alcohol, prescription drugs, or a weapon) the item(s) will be confiscated and the resident will be subject to discipline and may be discharged.

Initial ________
SMOKING POLICY

Smoking inside The South Suburban Council Recovery Home residence is strictly prohibited. It is against fire codes and endangers personal safety. Residents may only smoke outside by the designated area.

Guidelines of this policy include:

A. Residents must purchase and keep their own tobacco products. Borrowing tobacco products is discouraged.

B. Use of tobacco products is restricted to the outside designated area of the houses.

C. Tobacco product refuse shall be discarded in the appropriate receptacle/container. Failure to do so will have serious consequences. The outside ash can/receptacle must be cleaned as often as needed and during evening clean up.

D. No e-cigarettes or vaping allowed inside the premises.

A resident who violates this policy will be informed that he/she is in violation and will be told to stop the behavior in question. Failure to comply will result in disciplinary action and possible discharge from the recovery residence.

**For the purpose of this policy, anyone using smokeless tobacco (Snuff, dip, chewing tobacco, etc.), Vaping, and Jewels follow the same No-smoking guidelines.**
TYPES OF DISCHARGE/Criteria

The resident’s record must accurately reflect the type of discharge that occurred when a resident is to leave The South Suburban Council Recovery Home. This is for accuracy, research, and assessment if the resident were to reapply for admission.

The following procedure is in effect:

Upon discharge, The South Suburban Council Recovery Home will assign one of the following designations for the type of discharge that the resident experienced.

Discharge of Completion: The resident has completed the requirements of The South Suburban Council Recovery Home recovery residence in good standing and has processed his/her leaving with the community of the The South Suburban Council Recovery Home and residents.

Administrative: 1. The resident has violated a rule(s) that would endanger the community (e.g. using drugs or fighting). 2. The resident leaves the premises and/or program without permission and does not notify The South Suburban Council Recovery Home or peers (e.g. if the resident is out past curfew or leaves during the night) 3. The resident chooses to leave the House recovery residence prior to the length of the stay that The South Suburban Council Recovery Home has recommended.

Medical Leave: The resident is no longer appropriate to remain at The South Suburban Council Recovery Home recovery residence because of a physical condition that cannot be adequately treated if the resident remains at The South Suburban Council Recovery Home or their condition warrants an increased level of structure and they must be admitted to a hospital. The South Suburban Council Recovery Home documents the type of discharge in the documents file.

Discharge Criteria: The indicators that a resident is ready for approved discharge are as follows:

1) The resident exhibits the capacity to apply a recovery program in their daily lives. They ask others for help as needed. And, the resident has and uses a sponsor on a regular basis.

2) The resident exhibits honesty and is appropriately open with his/her feelings both in individual and group settings.

3) The resident consistently demonstrates the motivation to remain in recovery.
4) The resident, with the input of The South Suburban Council Recovery Home, has developed an appropriate aftercare plan, and asks for feedback from his/her peers about the plan.

PROCEDURE:

1) After completion of the program, The South Suburban Council Recovery Home will enter a documented confirmation of discharge into the resident’s file. This will include a summary of the resident’s participation in The South Suburban Council Recovery Home residence.

2) The resident’s file will be removed from the active locked files and placed in a manila folder in the closed/inactive locked files.

3) If a resident “drops out” or withdraws from the recovery residence for other reasons, this is documented in the resident’s file. If the resident has signed the appropriate Release of Information forms, then any and all of the referring agencies should be informed (including probation officer, parole officer, and/or court serves, etc.).

READMISSION PROCEDURE: Readmission to The South Suburban Council Recovery Home is considered a case by case basis, depending on the reason for the discharge. In general, residents that are asked to leave due to a relapse or referral to a higher care may be considered for readmission to the recovery residence. They may also be required to re-interview with their fellow residents before returning. Recommendations may be made for additional outpatient treatment, as well as other conditions within The South Suburban Council Recovery Home, i.e. Behavioral contract.
RESIDENT FINANCES

The residents of The South Suburban Council Recovery Home are responsible for their personal finances. This skill of appropriately handling one’s own finances is vital and an everyday part of residing at The South Suburban Council Recovery Home.

Proper guidelines for residents:

1) Residents may maintain bank accounts and have funds that they either bring with them or are supplied by a third party (e.g. family or friend).

2) Residents may access their funds at their discretion for personal use or to pay The South Suburban Council Recovery Home fees.

3) The South Suburban Council Recovery Home `will use the form to keep track of residents’ fees. Fees must be paid on a weekly or monthly basis determined by The South Suburban Council Recovery Home. Fees are $______.00 a week.
RECOVERY RESIDENCE FINANCIAL AGREEMENT

Resident Name: _____________________________________

Admission Date: _______________

Residence address: ___________________________________

Recovery residence fees are: $ ______________ Fees include housing and utilities I understand that I may pay fees on a weekly basis. Fees are due every Friday before 7:00 pm. I understand that the period is Friday to Thursday.

In acceptance of the financial agreement with The South Suburban Council Recovery Home, I agree that to qualify for Recovery residence, I must adhere to the rules and regulations and make my scheduled payments when they are due. I further understand that failure to make payments when due may result in my discharge from The South Suburban Council Recovery Home. Any unpaid account balance at the time of discharge is subject to the cost of collections and lawyers’ fees if required.

********************************************************************************

PROMISE TO PAY ACCOUNT

For and in consideration of services to be rendered, I promise to pay The South Suburban Council Recovery Home all its charges rendered to me from admission to discharge. I understand that the total of such charges are due and payable according to this Financial Agreement.

Resident signature: ________________________Date: _______

The South Suburban Council Recovery Home: ________________________Date: _____
RESIDENT TRANSPORTATION

Residents in The South Suburban Council Recovery Home must learn to take responsibility for their own transportation needs, which must also be deemed adequate and appropriate. The following procedure is set in place:

1) Residents must provide their own transportation needs. If a resident owns their own vehicle, they may use it while living at The South Suburban Council Recovery Home. If they do not own a vehicle, they may use the bus, Pace, Metra, etc. for their transportation. Residents are responsible for purchasing tokens or cards.

2) If a resident is in a medical or psychiatric emergency, then peers or The South Suburban Council Recovery Home will call 911 immediately and wait for the ambulance to arrive to transport the ill resident.

3) With proof of adequate insurance, The South Suburban Council Recovery Home may, under certain circumstances, transport residents in their own vehicle.

- If the resident would be in greater danger riding the bus than receiving a ride from The South Suburban Council Recovery Home. For Example, if the resident has been at a local hospital (or other such lengthy appointment) and it is late at night, then The South Suburban Council Recovery Home may make the decision to transport the resident back to The South Suburban Council Recovery Home.

- If the resident is traveling somewhere that the bus does not go to or will not go to in a timely fashion.

Initial __________
NON-DISCRIMINATION

The South Suburban Council Recovery Home does not discriminate against persons admitted to the program. It is the belief of The South Suburban Council Recovery Home that any and all persons should have the opportunity to live in a recovery residence and recover from addiction to drugs and alcohol. The South Suburban Council Recovery Home does not discriminate on the basis of race, religion, gender, national and ethnic origin, qualified disability (except for those who by any reason of their disability, would be unable to participate in the requirements of the program), sexual orientation, or HIV status. This policy also applies to The South Suburban Council Recovery Home, House manager, and volunteers of The South Suburban Council Recovery Home.
A State Licensed Facility

CHART DATA COLLECTION FORM

Name: __________________________________________

☐ Signed “Confidentiality form”

☐ Signed “Residents Rules form”

☐ Signed “Release of Information form”

☐ Signed “Financial Agreement”

☐ Medical assessments/Information

☐ Legal Information

☐ Weekly progress notes

☐ Discharge Notes

Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature of The South Suburban Council Recovery Home: ________________________

Date: ____________________
RESIDENT’S RECOVERY RESIDENCE EVALUATION

In order to better serve those in recovery, The South Suburban Council would like to have your evaluation of the recovery residence and suggestions for improvement. We use this information to improve our services. Your answers will be treated confidentially.

Date of Discharge: _________________

Please check how helpful each aspect of The South Suburban Council recovery residence was to you in your recovery by checking one response for each component

<table>
<thead>
<tr>
<th>Subject</th>
<th>Very Helpful</th>
<th>Helpful</th>
<th>Somewhat Helpful</th>
<th>Not Helpful</th>
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<tr>
<td>Living Environment</td>
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<td>Monthly House meeting</td>
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<td>Courtesy</td>
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<td>Responsiveness</td>
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</table>

What was the most helpful part of your stay?
_____________________________________________________________________________________
_____________________________________________________________________________________

What was the least helpful part of your stay?
_____________________________________________________________________________________
_____________________________________________________________________________________

Do you have any suggestions to offer? ___________________________________________________
_____________________________________________________________________________________

What would you change? ________________________________
_____________________________________________________________________________________

Thank you for taking the time to fill this out.

The South Suburban Council
DISCHARGE

Client’s Name: __________________________________________________ Client ID: _____________

DATE OF DISCHARGE: ________________

Reason for Discharge

☐ Completed Treatment no further treatment needed  ☐ Incomplete Treatment/Health Problems

☐ Completed Treatment Plan/Referred  ☐ Incomplete Treatment/Incarcerated

☐ Incomplete Client Left Before Completing Treatment  ☐ Incomplete Treatment Referred

☐ Incomplete Non-Compliance-Program Rules  ☐ Incomplete Treatment/Death

# of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services.

☐ No attendance in the past month  ☐ 8-15 times in the past month  ☐ 1-3 times in the past month

☐ 16-30 times in the past month  ☐ 4-7 times in the past month

Number of Arrests During Last 30 Days: ______ Length of stay: ________________ Age: ________

Race: ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Asian ☐ White

☐ Black or African American ☐ Other: _________________

Diagnosis (If Known): ___________________________________________________________ ____________________________

Reason for Administrative Discharge: _____________________________________________________________________________________________

Referral Source: ____________________________________________________________________________________________________________

Referral Funding source: _________________________________________________________________________________________________________

Evaluation of Participation: ________________________________________________________________________________________________________
VOLUNTEERS

Persons may volunteer to serve in The South Suburban Council Recovery Home sites to supply services that are a necessary part of The South Suburban Council Recovery Home success. If a person wishes to volunteer, they must first contact The South Suburban Council Recovery Home to determine if there is a need for a volunteer and to set up a time to interview with The South Suburban Council Recovery Home. If a volunteer is approved to work at The South Suburban Council Recovery Home, they must sign a Confidentiality Agreement. Volunteers having direct contact with residents will be under the supervision of The South Suburban Council Recovery Home.

******************************************************************************

VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that residents of The South Suburban Council Recovery Home, a Recovery Residence, have the right to privacy and confidentiality under Federal Law 42 CFR, which protects them from anyone outside the program having knowledge of their participation without the resident’s specific permission.

I agree to not reveal to anyone out The South Suburban Council Recovery Home program, the name, identity, description, or content of conversations with any of the residents of The South Suburban Council Recovery Home. I agree to inform The South Suburban Council Recovery Home if any of the residents reveal any information about themselves or another resident that may be a cause for concern.

Volunteer signature: ______________________Date: ________

The South Suburban Council Recovery Home: ____________________Date: ________
Referral

Mr. ____________________________________________, is being referred on ____/ ______/ _______,
from our facility located at 1909 Cheker Square East Hazel Crest, IL. 60429 to: ____________________
_____________________________________________________________________________________

We are The South Suburban Council, a 501(c)(3) non-profit dedicated to alcoholism, substance use and
mental health treatment and recovery. The mission of The South Suburban Council is to deliver a
continuum of treatment and recovery support services to residents of the greater Chicago and Northwest
Indiana areas and those surrounding communities particularly to those who are financially disadvantaged.
Licensed by the Illinois Department of Human services, Division of Substance Use Prevention and recovery
and Division of Mental Health and certified for Medicaid reimbursement. The South Suburban Council
does not discriminate on the basis of race, color, religion, ancestry, national origin, gender, age, mental or
physical handicap, marital status, HIV status, sexual orientation, transgender status, parental status or
political affiliation. The South Suburban Council is handicap accessible and does not deny access to
service because of a proven inability to pay.

Thank You

The South Suburban Council

Recovery Home Staff
One on One Sessions

Client Name: ___________________________________________    Date: ________________________

Expectations:__________________________________________________________________________
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Goals:________________________________________________________________________________
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State Of Mind:_____________________________________________________________________
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Notes:________________________________________________________________________________
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A State Licensed Facility

Group: ____________________________ Date: ____________________________

Topic: ____________________________ Facilitator: ____________________________

Print Name: ____________________________ Sign Name: ____________________________

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22. __________________________________________________________________________
A State Licensed Facility

Date:
To whom it may concern,

____________________ entered our program on ________________, he currently resides at 1909 Cheker Square East Hazel Crest, IL. 60429. The Department of Human Services licenses us as a Recovery Home. Residents must have a treatment program of 30 days or more, before moving into our housing program.

Our residents are required to find work, attend 4 to 5 outside self-help meetings per week, participate in all house functions and remain sober. All residents develop daily living skills and attend any Outpatient treatment recommended for them.

If you need further information regarding our program, please give us a call at 708.647.3333.

Sincerely,
The South Suburban Council Recovery Home
Program Staff

1909 Cheker Square East Hazel Crest, IL. 60429 - 708.647.3333 - www.sscouncil.org
A State Licensed Facility

Wash Log

(Sheets, Blankets and Pillow Cases) Must be done at least once every two weeks.

Name:                                                          Signature:                      Date: 

1.____________________________________________________________________________________________

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22.___________________________________________________________________________________________
# A State Licensed Facility

## Daily Log Sheet

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<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Off Site Location</th>
<th>Time Out</th>
<th>Time In</th>
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</table>
The South Suburban Council Literature Rental: By signing this agreement I promise to return the literature I have borrowed.

<table>
<thead>
<tr>
<th>Literature</th>
<th>Date</th>
<th>Resident Name</th>
<th>Resident Signature</th>
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</table>
Nightly Chores (immediately following nightly house meetings)

Smoking Area: __________________________________________________________

TV Room: ______________________________________________________________

Hallway East: __________________________________________________________

Hallway West: __________________________________________________________

Great Room: ____________________________________________________________

Kitchen:
   Stoves: ________________________________________________________________
   Countertops: __________________________________________________________
   Microwaves: ____________________________________________________________
   Fridges: ________________________________________________________________
   Cabinets: ______________________________________________________________
   Sink: _________________________________________________________________
   Storage Room: _________________________________________________________
   Small Appliances: _____________________________________________________

Floor – Mop: ____________________________________________________________

Furniture:
   Chairs: ________________________________________________________________
   Couches: ______________________________________________________________
   Tables: ________________________________________________________________

Doors: _________________________________________________________________

Garbage: ______________________________________________________________

Laundry Room: _________________________________________________________

Entrance Room: ________________________________________________________

Computer Room: ________________________________________________________

Vacuum Rooms every Saturday morning and when needed. Clean windows every Saturday morning and when needed. Whole house cleaned every Saturday morning.
Weekly Recovery Planner:

<table>
<thead>
<tr>
<th>Group</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td>Spirituality</td>
<td>7P – 8P</td>
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<td>Recovery Education</td>
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<td>Relapse Prevention</td>
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<td>Big Book Study</td>
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<td>Peer Group</td>
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<td>Employment Services</td>
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<td>7P – 8P</td>
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<td>AA/NA Meeting</td>
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<td>7P – 8P</td>
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<td>Life Skills Training</td>
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<td>9A – 10A</td>
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<td>Community Meeting</td>
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</tbody>
</table>

Curfew is 10P Sunday – Thursday with extended hours on Friday and Saturday until 12A.
Attendance Record for Alcoholics or Narcotics Anonymous Meeting

Name: ______________________

The above named individual is to attend Alcoholics/Narcotics Anonymous meetings. We will appreciate a member of the group signing this record of attendance at the end of each meeting. The applicant is expected to fill out all the columns with the expectation of the signature columns. Your cooperation is greatly appreciated.

<table>
<thead>
<tr>
<th>AA/NA Meeting</th>
<th>Time</th>
<th>Date</th>
<th>Topic/Speaker</th>
<th>Signature of Chair Person or designee</th>
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