

Coram Deo Recovery

PO Box 2334, New Britain, CT 06050

Client Acceptance Form Checklist:

Date:

Name:

Congratulations! You have been accepted into Coram Deo Recovery. We are honored that you have chosen us for the next steps in your recovery. To ensure very clear communication we are asking that you read and initial each line, and then sign on the bottom to indicate your agreement and understanding. If anything is not clear, please be sure to ask and we will help you understand.

___ We may have a waiting list for our Basic Needs Beds.

___ Until a Basic Needs Bed is available, you may come in self pay or wait elsewhere.

___ If you come in self pay, you will be expected to pay the following fees:

1. \$600.00 Deposit
2. \$150.00 Double Room Rate
3. \$165.00 Single Room Rate

___ An outline of all of our services are attached

___ If you are on methadone we must have verification of treatment from the New Britain Hartford Dispensary.

___ Our Intakes are at 10 am and require 3 hours. Please be on time.

___ Our intakes are done Tuesdays, Wednesdays, and Thursdays

___ You must limit the number of items you bring to 2 average size duffle bags

___ In addition to the 2 duffle bags you may bring your own linens

___ You must provide a negative drug screen when you arrive or you will not be admitted

___ You must have your prescription refills so that you do not run out of medication

___ Please bring with you your Husky D card and ID

___ You must call weekly to confirm you are still interested in the bed. If you do not you risk being taken off the wait list. Office Hours are Tuesday thru Friday 10:00 am to 3:00 pm.

Clinician / Case Manager Signature

Client Signature

Coram Deo Recovery

PO Box 2334, New Britain, CT 06050

Below is a list of medications we do not accept at Coram Deo Recovery.

It is not a comprehensive list, but should be used as a guide.

Your signature indicates your compliance with this policy.

If at any time you are found to be non-compliant that will be cause for involuntary discharge from our program.

Benzodiazepine's such as, but not limited to:	
Alprazolam (Xanax)	Lorazepam
Klonopin	Oxazepam
Diazepam (Valium)	Temazepam (Restoril)
Rohypnol	
Narcotics, such as, but not limited to:	
Opium	Codeine
Oxycotin	Percocet
Oxycodone	Tramadol
Fentanyl	Vicodin
Buprenorphine – by prescription only	Methadone – by prescription only
Other Medications Not Allowed:	
Adderall / Vyvance	Ambien
Ritalin	Haldol
Soma (Carisoprodol)	Medical Marijuana

Client Signature

Date

Staff Signature

Date



Coram Deo
RECOVERY

P.O. Box 2334
New Britain, CT 06050
Phone: (860) 348-3486
Fax: (860) 333-1264
CoramDeoRecovery.org

Coram Deo Recovery

PO Box 2334, New Britain, CT 06050

860.348-3486

Our Fees

Deposit: \$600.00

The deposit is refunded in full within 30 days of discharge provided the following stipulations apply:

1. You have maintained your sobriety
2. You have kept the rules of the program
3. Your room is basically in the same condition as when you moved in
4. You give 30 days' notice in writing to the office.
5. Your service fees are paid up to date.

For the first year you are with us:

Weekly Service Fees for a shared room: **\$150.00**

Weekly Service Fees for a single room: **\$165.00**

After 12 Months your service fees will increase \$10 weekly.

\$160 for a shared room, \$175 for a single

After 18 Months your service fees will increase \$10 weekly.

\$170 for a shared room, \$185 for a single

After 24 Months your service fees will increase \$10 weekly.

\$180 for a shared room, \$195 for a single

Fees will continue to increase every six months at \$10 weekly.

The Following Items are Included at No Additional Cost:

- Fax
- Washer/Dryers
- WiFi
- Cable and/or streaming services

Our Fees are non-negotiable, however with appropriate communication, we are happy to make payment arrangements for those that request it, when necessary. If you have additional questions, please feel free to email them to the office at office@coramdeorecovery.org.

Client Signature:

Coram Deo, Inc.
P.O. Box 2334
New Britain, CT 06050-2334

Phone: (860) 348-3486
Fax: (860) 333-1264
office@coramdeorecovery.org

Coram Deo Recovery

PO Box 2334, New Britain, CT 06050

While You Wait

You may have a week or two before you arrive with us. You may be a bit anxious – but there are some things you can do while you are waiting to make sure that your intake runs smoothly.

-
- Be sure to communicate regularly with us. It is important that we stay informed on your arrival date and time. Our preference is to have you there in the morning – by 11:00 am. We recognize this is not always possible, but this will help things go smoother for you.
 - Be sure to read through your contract a few times, so that you can familiarize yourself with our policies and procedures. If you have questions you can ask them when you call for your check in.
 - Plan on your intake taking 3 to 4 hours. While that may seem excessive, we allot that much time for many reasons. First of all, we want to make sure you are prepared for a longer day than necessary. It always feel better to be done sooner than expected than taking longer than expected. Second of all, we want to make sure we allow enough time to answer all your questions. Not only is your intake about paperwork, it is about getting to know you, and how we can best help you with your transition. Lastly, there are many elements to the intake – from paperwork to getting you settled in your new home with your new roommates and housemates. Having adequate time ensures the transition will run smoothly.
 - Most importantly, - BREATHE - . It's going to be okay. We've been doing this for a while now and I am sure you may have heard some things about us – good, bad, indifferent. Put those things aside and come see for yourself. Recovery can happen with the right supports in place, and we are here to help you.
 - One more thing: If you want to have a friend or family member do a drive by of the house, or come and meet us, that's more than okay. We would be happy to meet with your current support system to show them where you will be and to introduce ourselves, particularly if that makes it an easier transition for you. Our office number is 860-348-3486 and our office hours are Tuesday – Friday from 10am to 3pm.
-

Clinician / Case Manager Signature

Client Signature



STATE OF CONNECTICUT
 Department of Mental Health and Addiction Services
SUPPORTED RECOVERY HOUSING SERVICES



CLIENT SERVICE AGREEMENT

I understand that an approval for SUPPORTED RECOVERY HOUSING SERVICES (SRHS) will mean:

- I will have a clean, safe, drug- and alcohol-free living environment.
- There will be staff/workers who:
 - are available 8 hours a day to assist with recovery planning and available on call 24 hours a day for urgent situations;
 - understand the principles of recovery and are respectful of my recovery;
 - are competent and are able to address or help me address my unique needs;
 - will be positive role models; and
 - will not discriminate against me based on my age, race, color, ethnicity, gender, national origin, sexual orientation, religion, mental/physical disability or political affiliation.
- My case manager will help me accomplish the following, based on my needs:
 - obtain basic needs such as food, personal care, clothing and transportation;
 - connect me to treatment;
 - connect me to local self-help and support groups like NA/AA or church meetings;
 - obtain employment;
 - complete benefit or entitlement applications; and
 - talk about relapse prevention and stressful situations.
- I understand I will need to:
 - meet with the case manager every week to make a short-term recovery plan and do my best to meet the goals I set for myself;
 - not break the rules and regulations of the house;
 - not endanger the recovery of the people who share the house with me;
 - try to resolve any issues I have through my case manager;
 - submit to alcohol or drug screenings as requested; and
 - obtain a signed *Treatment Verification Form* from my treatment provider.
- With an approval through the Behavioral Health Recovery Program-Basic Needs (BHRP), \$20 per day will be paid on my behalf to the housing provider and I will not be charged any additional fees for housing or case management services during this time.
- The maximum period that I may receive BHRP payment for SRHS is 30 days, with the possibility of a second month extension. This time period may be reduced based on my previous use of the service.

I, _____ (Your Name), have read and understand everything written above and agree to fully participate in SUPPORTED RECOVERY HOUSING SERVICES.

Client Signature Date



STATE OF CONNECTICUT
 Department of Mental Health and Addiction Services
SUPPORTED RECOVERY HOUSING SERVICES



**CONSENT TO DISCLOSURE AND RE-DISCLOSURE OF CONFIDENTIAL INFORMATION AND RECORDS
 RELEASE OF INFORMATION**

I, _____, DOB: _____
(Name of Participant) (Date of Birth)

EMS#: _____, SS#: _____ as a
(EMS Number) (Social Security Number)

participant in the DMHAS Behavioral Health Recovery Program (BHRP), understand my support services will be coordinated through DMHAS and the DMHAS designated Administrative Service Organization (ASO). I authorize the following individuals and organizations to release and exchange information to each other for the purpose of processing BHRP requests:

1. The DMHAS Administrative Service Organization; and
2. _____
3. _____

This information may include: my name, address, age, gender, Social Security number, clinical assessment, progress in care, the type and outcome of mental health and addiction services I have received/am currently receiving, BHRP support history and such other information as is necessary to provide effective coordination of the treatment and services I receive.

The purpose of the disclosure authorized herein is to facilitate the provision of BHRP recovery supports.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and Chapter 899 of the Connecticut General Statutes, and cannot be disclosed without my written consent unless otherwise provided for in the regulations or statutes. I have received a summary of the federal law protecting this information and a statement of the intended use of this information. I understand that the federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient, and I understand that the rules prohibiting re-disclosure to third parties without my written consent will be strictly adhered to. I also understand that I may revoke this release at any time except to the extent that action has been taken in reliance on it. Unless revoked by me, this consent shall expire upon completion of this application, or:

 [Specific date, event or condition upon which this consent expires, only if different from above]

Date: _____

 (Signature of Participant)



STATE OF CONNECTICUT
Department of Mental Health and Addiction Services
SUPPORTED RECOVERY HOUSING SERVICES



SRHS HOUSE RULES

Please sign the document to indicate your full understanding and agreement to follow these house rules. Please note that each housing provider may have additional rules that are required.

1. Alcohol and Drugs
 - a. Absolutely no alcohol or drug use by any client or visitor of the house. Any client possessing or using alcohol or drugs will be immediately discharged. Law enforcement officials will be notified if there is illegal drug use in the house by any client or visitor.
 - b. House staff has the right to request clients provide a urine sample or other drug test (including random testing). If a client fails to submit to any testing, the client may be immediately discharged.
 - c. Those who relapse will be offered an opportunity to address their needs for additional and more intensive treatment by the staff. Any refusal may have an impact on their ability to remain in the house.
2. Guests and Visitors
 - a. There are no guests/ visitors allowed in the house without the consent of the house staff. Guests/visitors are only allowed in common areas and are not permitted to stay overnight.
3. Smoking
 - a. Smoking will only be allowed in designated areas.
4. Health and Medications
 - a. All medical and behavioral health conditions must be reported upon admission.
 - b. All clients are responsible for the safety and administration of any medications they may have. All medications must be documented with house staff at intake.
5. Clients should immediately begin job searching. Job searching should be considered a full-time activity and residents should be looking for work several hours (e.g. six hours) each day. Employment is a mandatory criterion for ongoing housing supports and may impact your ability to remain in the house.
6. During the period that clients housing is being paid through the BHRP
 - a. Clients should begin actively seeking a sponsor immediately with a goal to obtain one within 30 days of admission.
 - b. Clients must meet weekly with a case manager (see Client Service Agreement for additional details on case management services).
7. Complaints
 - a. All clients are encouraged to contact the owner/manager of the house to resolve any issues and, if there is no resolution, use the written grievance procedure. There is a grievance procedure posted at each SRHS house.
8. Behavior and Personal Relationships
 - a. Sexual relationships between any clients in the house (including staff) are not acceptable.
 - b. Clients are not allowed to borrow money from other clients or staff.
 - c. Stealing of anything will result in immediate discharge.
 - d. No threatening, violence, or acts of dishonesty.
9. Curfew and Check-in
 - a. Clients must sign in at house meetings and at other required times.
 - b. Clients must adhere to the curfew set by the housing provider.
10. Limit the use of shared Internet and phone services (if available) to 15 minutes.
11. Any outstanding warrants must be documented at intake and addressed within 30 days of admission.
12. In the case of an emergency, call 911 immediately and then notify staff.



STATE OF CONNECTICUT
 Department of Mental Health and Addiction Services
SUPPORTED RECOVERY HOUSING SERVICES



13. Mandatory Meetings:

- a. The minimum mandatory meetings will be:
 - i. 1 weekly housing meeting
 - ii. 5 self-help meetings per week during the first 30 days
 - iii. 3 self-help meetings per week during the second 30 days
 - iv. weekly meeting with the case manager
 - v. Other mandatory meetings may be set by the housing provider.

14. Overnight Absences:

- a. Absences from the house, without permission from staff, are not allowed.
- b. Clients may obtain permission for overnight absences based on the individual house rules and according to BHRP policies.

15. House Chores

- a. Each client must complete chores as described by the housing provider and must keep his/her personal areas clean and orderly. This includes, but is not limited to, the kitchen, bathroom and bedroom.
- b. Clients must periodically help with major chores, such as spring and fall cleanup, major house cleaning, painting, moving furniture, etc.
- c. Room checks may be done by staff at any time.

16. Cars

- a. Any motor vehicle on the property must be registered and insured. Each SRHS participant is limited to one motor vehicle.
- b. All drivers must have valid driver's licenses.
- c. Cars must be in working condition.

17. Departure and Discharge

- a. All clients will be discharged from SRHS assistance after 60 days and depending on individual circumstances become a self-pay resident, or
- b. be guided to alternative living options in the community, based on their individual recovery plan.

18. Personal belongings

- a. I agree to accept full responsibility for any personal property. I have been advised to not bring any item of sentimental or significant monetary value into the house because of risk of loss or theft.
- b. I agree to hold the SRHS staff harmless from any and all losses I may have, from theft or otherwise. I understand that my belongings are not insured unless I obtain my own insurance policy at my own cost.
- c. Upon leaving the house for any reason whatsoever, I will immediately remove my personal belongings. All personal belongings left behind after three (3) days, will be donated without compensation.

I, _____, agree to follow all rules.

Client Signature _____ Date _____

Staff Signature _____ Date _____

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



STATE OF CONNECTICUT
Department of Mental Health and Addiction Services
SUPPORTED RECOVERY HOUSING SERVICES



CLIENT RIGHTS AND GRIEVANCE PROCEDURE

CLIENT RIGHTS

All services at _____ (SRHS Provider Name) are voluntary. Even after accepting services, clients have a right to terminate services at any time. Applicants for services will have equal access and can expect to be treated with respect regardless of their gender, race/color/national origin, age, sexual orientation, or physical/mental disability.

GRIEVANCE PROCEDURE

If you do not think you are being afforded your rights, or believe you have been treated unfairly, you should file a grievance with the SRHS provider's designated staff member, per the posted grievance policy. A grievance may be filed verbally or in writing and should contain, at a minimum, a full description of the event, the date it occurred, the persons involved, and a reasonable expected outcome. If you do not feel that your grievance is being handled appropriately, you may contact the SRHS supervisor, owner or director. If you are not satisfied with the outcome of the grievance at the SRHS provider, you may contact the Behavioral Health Recovery Program (BHRP) at (800) 658-4472. **You are required to try to resolve your grievance at the SRHS level before calling BHRP.**

You should not be threatened, penalized or have your services negatively affected or otherwise be retaliated against because you filed a grievance.

Client Signature: _____

Date: _____



STATE OF CONNECTICUT
 Department of Mental Health and Addiction Services
SUPPORTED RECOVERY HOUSING SERVICES



INTAKE ASSESSMENT

Demographics

Name: _____ Phone: () _____ - _____

Previous address: _____ City _____ Zip _____

Date of Assessment: ____/____/____ Social Security #: _____ - _____ - _____ Date of birth: ____/____/____

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	If female, pregnant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Smoker:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates of Military Service	____/____/____ through ____/____/____				
Marital Status:	<input type="checkbox"/> Married		<input type="checkbox"/> Civil Union		<input type="checkbox"/> Divorced		<input type="checkbox"/> Separated	
	<input type="checkbox"/> Widowed		<input type="checkbox"/> Never Married		<input type="checkbox"/> Other _____			
Race:	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> African American	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> White/Caucasian			
Ethnicity:	<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Hispanic					
	<input type="checkbox"/> Unknown		If Hispanic:	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Other	

Primary Language: _____ Religious/Spiritual Practice: _____

Emergency contact: _____ Phone: () _____ - _____ Relationship: _____

Emergency contact address: _____

Legal Information/History

Pending Cases:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previous Involvement with the Criminal Justice System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Probation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Criminal Justice Contact Name:	_____	
Current Parole:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Criminal Justice Contact Phone:	(____) _____ - _____	
Conservator:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of arrests in the last 30 days:	_____	



STATE OF CONNECTICUT
 Department of Mental Health and Addiction Services
SUPPORTED RECOVERY HOUSING SERVICES



Health Status

	Currently Experiences/Uses	History Of	In Treatment For	Not Applicable
Psychiatric conditions				
Addiction disorders				
Medical Conditions				
Trauma/ Abuse				
Prescribed Medications				

Current Health Problems: _____ _____ _____ <input type="checkbox"/> No current health problems		Allergies: (include medications) _____ _____ _____ <input type="checkbox"/> No known allergies	
Current Provider Agency: _____		Admission Date: ____ / ____ / ____	
Current Doctor/Clinician/Worker: _____		Phone Number: (____) ____ - ____	
Medications prescribed during current treatment: _____ _____ <input type="checkbox"/> No current medication			
Do you attend AA/NA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of times attended in the last 30 days? _____	
Date of last use: ____ / ____ / ____		What is your longest period of sobriety or stability? _____	



STATE OF CONNECTICUT
 Department of Mental Health and Addiction Services
SUPPORTED RECOVERY HOUSING SERVICES



Drug / Alcohol History

Drug Type	Method	Days used in last 30 days	Age at first use

Entitlements and Benefits

Principal Source of Income:	<input type="checkbox"/> None	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Retirement	<input type="checkbox"/> Salary	<input type="checkbox"/> Disability
Number of People Dependent on Income:	_____	Number of Minors Dependent on Income:	_____		
Benefits:	<input type="checkbox"/> Medical	<input type="checkbox"/> SNAP	<input type="checkbox"/> TANF	<input type="checkbox"/> SSD/SSI	<input type="checkbox"/> Other _____
Medicaid Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Not Active	<input type="checkbox"/> Pending	<input type="checkbox"/> Unknown	EMS ID # _____

Other State/Provider Agency Involvement

Are you currently working with another agency or case manager? (e.g. DCF, ABH ICM)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what is your worker's name and phone number?		
_____	(____) _____	- _____

Referral Source

Who referred you to this house?	<input type="checkbox"/> Self	<input type="checkbox"/> SA provider	<input type="checkbox"/> MH Provider	<input type="checkbox"/> Probation/Parole	<input type="checkbox"/> Other _____
---------------------------------	-------------------------------	--------------------------------------	--------------------------------------	---	--------------------------------------



STATE OF CONNECTICUT
 Department of Mental Health and Addiction Services
SUPPORTED RECOVERY HOUSING SERVICES



Family and Supports

Do you feel you have social supports (family, friends, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How would you describe your current relationship with your family members? _____ _____ _____		
Do any of your immediate family members have service needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please explain: _____ _____ _____	
Do you currently have a sponsor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Sure

Employment Status

<input type="checkbox"/> Employed full-time <input type="checkbox"/> Unemployed, looking for work	<input type="checkbox"/> Employed part-time <input type="checkbox"/> Not in labor force	<input type="checkbox"/> Non-competitive or volunteer work <input type="checkbox"/> Other _____
Employment Status: _____		
Highest Grade Completed: _____		

Housing Status

Living situation immediately prior to SRHS:	<input type="checkbox"/> Private Residence	<input type="checkbox"/> Single Room Occupancy	<input type="checkbox"/> Residential care/treatment	<input type="checkbox"/> Board and Care
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Prison/Jail	<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Homeless (i.e. street)
Reason For Leaving:	_____			
Have you been homeless within the last six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you at risk of homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many of the last 30 days have you been in a controlled environment (i.e. jail, hospital, group home, etc.)? _____				



STATE OF CONNECTICUT
 Department of Mental Health and Addiction Services
SUPPORTED RECOVERY HOUSING SERVICES



In the Client's Own Words

I need help with the following:				
<input type="checkbox"/> Housing	<input type="checkbox"/> Medical Care	<input type="checkbox"/> Education	<input type="checkbox"/> Hygiene	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Paying Rent/Utilities	<input type="checkbox"/> Shopping & Meal Preparation	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Substance Abuse Services	<input type="checkbox"/> Health and Wellness Services
<input type="checkbox"/> Securing Benefits	<input type="checkbox"/> Money/Debt Management	<input type="checkbox"/> Opening a Bank Account	<input type="checkbox"/> Taking Medication	<input type="checkbox"/> Legal Assistance
Are you interested in maintaining a sober lifestyle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure				

What do you think is your biggest or most challenging issue?	_____

What are the relapse triggers you can recognize?	_____

What are your strengths?	_____
What specific assistance or support would best help you to reach your goals?	_____

Is there anything else you can tell us about yourself that would assist us in helping you meet your goals?	_____

 SRHS Staff Signature

 Date

 Client Signature

 Date



STATE OF CONNECTICUT
 Department of Mental Health and Addiction Services
SUPPORTED RECOVERY HOUSING SERVICES



SOBER LIVING HOME DISCLOSURE FORM

I, _____, understand that the purpose of this
 (name of prospective resident)

disclosure form is to help persons like myself who are considering becoming a resident of the
 Sober Living Home _____,
 (name of sober living home)

understand the following:

Sober Living Homes are not licensed or certified to provide substance use disorder treatment services.

Sober Living Homes are a type of residence where unrelated adults recovering from a substance use disorder voluntarily choose to live together in a supportive environment during their recovery.

The Department of Mental Health and Addiction Services (DMHAS) suggests the following resources and links that provide information on treatment, community resources and sober living homes for individuals recovering from a substance use disorder.

How to find mental health and substance use services in your area: www.ct.gov/dmhas/services

Behavioral Health Recovery Program / Supportive Recovery Housing Service Providers (SRHS, Contracted by Advanced Behavioral Health for DMHAS: www.ct.gov/dmhas/bhrp

CT Alliance of Recovery Residences: <http://ctrecoveryresidences.org/>

Housing and Homeless Services: www.ct.gov/dmhas/housing

Medication Assisted Treatment: www.ct.gov/dmhas/mat

Connecticut Community for Addiction Recovery: <https://ccar.us/>

Advocacy Unlimited: <http://www.mindlink.org/>

211Infoline: <https://www.211ct.org/>

 (Signature of prospective resident)

 (Date)

A copy of a blank disclosure form is available online at www.ct.gov/dmhas/soberhomes



STATE OF CONNECTICUT
 Department of Mental Health and Addiction Services
SUPPORTED RECOVERY HOUSING SERVICES



RECOVERY PLAN

CLIENT NAME: _____ DATE: _____

Suggested Goals: Maintain recovery, locate stable housing, locate full-time employment, apply for relevant benefits or entitlements, (re) establish community network, and secure basic needs/transportation, access treatment services

Short-Term Goal					
Barriers to Goal					
Steps client will take to reach goal					
When will goal be reviewed (select one)	15 days	30 days	45 days	60 days	Ongoing
Progress at review (select one)	Met Goal	Partially Met Goal	Goal Revised	Goal Not Met	
Progress at discharge (select one)	Met Goal	Partially Met Goal	Goal Revised	Goal Not Met	

Short-Term Goal					
Barriers to Goal					
Steps client will take to reach goal					
When will Goal be reviewed (select one)	15 days	30 days	45 days	60 days	Ongoing
Progress at review (select one)	Met Goal	Partially Met Goal	Goal Revised	Goal Not Met	
Progress at discharge (select one)	Met Goal	Partially Met Goal	Goal Revised	Goal Not Met	

Client Signature _____ Date _____

SRHS Staff Signature _____ Date _____

Supported Recovery Housing Agreements

Coram Deo strives to be a trauma-informed and gender-responsive agency. To meet this goal we make a commitment to provide a safe, structured, and sober environment. Therefore we have established the following housing agreements that are based on our experience and feedback from the women who have lived here before you.

These agreements include the trauma-informed values of safety, trustworthiness, choice, collaboration and empowerment.

1. Substance –free environment

- a. To ensure the safety of all there is** absolutely no alcohol or drug use by any resident, staff or visitor of the house on or off premises. Any resident possessing or using alcohol or drugs will be asked to leave immediately.
- b.** Housing staff regularly request residents to provide a urine sample and breathalyzer test, including random tests at any time. If resident declines or is not able to submit to any testing, it will be treated as positive and the resident will be asked to exit the program and will not be allowed to return.
- c.** Coram Deo stands fully behind the reading of our drug test strips. All staff is fully trained on how to administer a drug and alcohol test and read the results on the urinalysis strips. We will not test you again if you come up positive.

2. Guests/Visitors

- a.** To allow you to settle in, there are no visitors at the house for the first 30 Days.
- b.** After 30 days, visiting hours are between 2:00 pm and 6:00 pm daily (including weekends). It is important to note here that while you are able to have visitors during this time, it is important to be considerate of the house. It can be disruptive to the house and unacceptable to have someone visit every day during these hours. Our recommendation is to limit your visitors to one or two days a week.
- c.** Visitors are only allowed in common areas such as kitchen, living room, dining room. No visitors are allowed in the bedroom and are not permitted to stay overnight. This is a very basic safety issue for the entire house. We need to be

aware of who is in our home in the event of an emergency and it can be intrusive and uncomfortable if someone you are living with has their significant other over repeatedly. – ***Therefore, if a visitor is found in your room either during or after visiting hours, you may be discharged from the program immediately. We take the violation of this rule VERY SERIOUSLY.***

3. Vehicles – *While it can be very convenient to have a vehicle when you are initially released to come to us, we have also found that it can be a trigger – should you have thoughts of relapse having a vehicle can make it that much easier, while not having a vehicle can be a deterrent. In addition, we have found that women who have vehicles and who bring them in the first 30 days set themselves up to be everybody’s “friend”, just by virtue of having a car. This can create a difficult dynamic for someone attempting to integrate into our recovery environment. For these reasons:*

- a.** No vehicles are allowed in the first 30 days, unless you are working.
- b.** License, car registration, and insurance copies must be given to the main office and be on file.
- c.** One vehicle per resident and vehicle must be in working condition.

4. Curfew

- a.** Curfew is 10:00pm for the first 30 days.
- b.** Curfew is 11:00 pm after 30 days. If you suspect that you may not be back by that time, you must contact your case manager/house manager.

5. Quiet Hours – *We serve women in all stages of recovery, which means that many women work and need to get a decent night’s sleep, while others may not have reprogrammed their sleep patterns just yet. For this reason, we established quiet hours and we ask that you would respect the limitations so that everyone can benefit.*

- a.** Quiet hours at all houses are before 8am and after 10pm.
- b.** During this time, no or very low television.
- c.** No phone calls should be made.

6. Overnight Absences

- a. In general, absences from the house without permission from staff are not allowed.
- b. Overnights are not allowed within the first 30 days.
- c. After 30 days, all overnights must be approved by staff. They should be discussed with case manager with enough notice to develop a safety plan.
- d. Unapproved overnights may be cause for discharge. It is important that you communicate with us your whereabouts so that we can help keep you safe as well as the rest of the house.

7. Smoking

- a. Smoking is only allowed **OUTDOORS** in the back of the houses. This includes vaporizers. In an effort to keep our program as private as possible, we ask you please do not smoke in the front of the home, which can draw attention to our homes. ***Anyone smoking INSIDE will be discharged from the program immediately. We take this rule VERY SERIOUSLY, as it poses a potential threat to all of our residents should a fire break out.***

8. Property Upkeep You will find that our properties are kept beautifully - though not necessarily to your taste. As you can imagine, we have many women come in and out regularly. It is our desire to keep our homes beautiful for all residents, therefore:

- a. ***Residents are not permitted to hang, tape, staple or nail things the walls or deface any property of Coram Deo.***

9. Behavior and Personal Relationships

- a. Sexual relationships between any residents in the houses (including staff) are not acceptable and are cause for immediate discharge. Sending inappropriate / naked photos of oneself to other residents is also cause for immediate discharge.
- b. Residents are not allowed to borrow money from other residents.
- c. Stealing of anything will result in immediate discharge. Immediate discharge is ONE HOUR
- d. No threatening, violence, or acts of dishonesty.

10. Personal Belongings

- a. I agree to accept full responsibility for any personal property. I understand I am advised not to bring anything of sentimental or significant monetary value into the house because of risk of loss or theft.
- b. I agree to hold SRHS staff harmless from any and all losses I may have from theft or otherwise. I understand that my belongings are not insured unless I obtain my own insurance policy at my own cost.
- c. Upon leaving the house for any reason whatsoever, I will immediately remove my personal belongings. All personal belongings left behind after three (3) days, will be packed and will be donated without compensation.

11. Health and Medication - *In an effort to keep you safe, as well as all of the residents, we ask that you handle your medications responsibly. Medications should be kept out of sight and you should not share medication with anyone in the program, nor should you share **WHAT** medications you are currently taking.*

- a. We ask that you inform staff of any and all changes to your medical condition so that we can properly assist you with your needs.
- b. All medications must be documented with staff at intake.
- c. If any medication changes should occur while residing at this program, it is your responsibility to update your medication changes to your case manager or office manager in 24 hours. Random Med Checks will be performed to assure that you are med compliant. Any discrepancies in actual medication or the amount of medication will be cause for immediate discharge.

11. Recovery Meetings – Keeping your recovery front and center should be your highest priority. Coram Deo Requires that you attend a minimum of 5 recovery meetings per week while you are with us. You will be required to turn in a sheet of signed meetings each week with your case manager. Failure to do so will be cause for discharge.

I, _____ agree to follow all rules.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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

Some Things You Should Know

The following is not a list of rules, per se, but rather a list of processes, policies that we operate on, that we felt it would be helpful to communicate to you.

- **Basic Needs or ATR Housing:** *Supported Recovery Housing Services through Access to Recovery or the Behavioral Health Recovery Program (Basic Needs) are 30 days long, and you are eligible for 60 days total. We do not offer a consecutive third month of housing. Generally this is because we almost always operate on a wait list. We have many women who need services and we want to be able to help as many women as possible. We are happy to apply for a third month of housing if we feel you have put forth the effort in your recovery, but it will not be consecutive, which means you will have to become a self-pay client in the interim.*

While your housing is being paid for, it is imperative that you meet with your Recovery Manager Weekly. If something happens and you are unable to meet with your Recovery Manager, you should notify them immediately as your housing could be in jeopardy. The State of CT Department of Mental Health and Addiction Services mandates us to meet with you weekly or your housing is forfeited. This is not a rule that we institute, rather it is from the state.

- **Room Checks** - *Keeping our homes clean and free of rodents and bugs is a big deal! If you need help cleaning your room, please feel free to ask. Not everyone knows how to clean - and we understand that. If you need help using the laundry machines - again, please ask, we are happy to help! **Staff will conduct random room checks to ensure the cleanliness of each room as well as random searches for drugs / paraphernalia.***

- **Relapse** - *We understand relapse can be a part of the recovery process, but it doesn't have to be. However, if a relapse does occur, you must leave the house for a minimum of 2 nights. If you would like to return to our program and The Recovery Team would like for you to return, you will be responsible for any fees and you may lose your BHRP / ATR Bed. While it is **NOT** common practice to **NOT** allow someone to return after a relapse, it does happen. If you use, you stand the chance of losing your place in our program. For Re-Entry:*

1. The Recovery Team must approve your return
2. You must undergo a drug test/breathalyzer test.
3. Your Recovery Plan must reflect changes and additional steps to support you in your sobriety and safety.

Healthy Recovery Habits

In an effort to not overwhelm you with rules, particularly rules that we are largely not able to enforce, but at the same time with a desire to help you understand what Healthy Recovery Habits look like, we offer you these suggestions:

- **Job Searching** - Start looking for work as soon as possible. We recommend job searching be considered a full time activity. Spending five to eight hours daily looking for work will increase your chances of landing a job, and will demonstrate your commitment to creating stability in your life.
- **90/90** - Have you ever tried doing 90 meetings in 90 days? We think this can be very valuable. At Coram Deo, we offer several options for meetings each week - including Faith Recovery Support Services and Lunch and Learn*. We also offer rides to a local church on Sunday mornings, that's a great meeting. Whatever your choice for meetings is, NA, AA, CR, Church, etc. be sure to make this a priority in your recovery.
- **Working the 12 Steps.** This can be extremely valuable for your recovery. Knowing the steps and putting them into practice is a healthy way for ANYONE to live; particularly those in recovery. Finding a sponsor can be difficult - learning to trust is hard. We recommend you join our Weekly Step Group where we work through Stephanie Covington's "*A Woman's Way Through the 12 Steps*". In this group you will be introduced to the 12 steps and actually begin working the steps with the help of our facilitator.
- **Get involved!** At Coram Deo we try to have plenty of activities to help you stay busy with positive sober events. Come to them! We frequently have pool parties, bingo nights, dinner and a movie, bowling, and other things. Some are available at no cost and some are low cost. Check out our calendar and stay involved with those that are here to support you.
- **Volunteer!** What better way to keep your days busy and give back to the recovery community than volunteering at our main office a few days a week. This opportunity is limited to 5 residents at a time, but we have fun! From cleaning, to administrative tasks, such as mailings, etc, we find that volunteers create community and camaraderie.