

RESIDENTIAL APPLICATION PACKET

Please read all the materials, Then complete all forms as indicated and return to:

Amethyst House P.O. Box 11 Bloomington, IN 47402 Attn: Men's or Women's House (please specify) Email it to jhall@amethysthouse.org Fax to: 812-336-9020

Administration Office / Outpatient Services Phone: 812-336-3570 Fax: 812-336-9010

DO NOT FAX THIS PAGE

AMETHYST HOUSE RESIDENTIAL APPLICATION PROCESS

Keep this page for future reference

I. HOW TO APPLY:

- 1. Read the Confidentiality Statement, Community Agreements, and Orientation Policy. (Keep these for future reference please **do not send** them in with your application)
- Complete the Admission Requirements Checklist, the Application for Residency and Release of Information Form(s). These forms are fillable but you will need to print then sign.

- Release of Information (ROI) Instructions: Complete one ROI per person. Fill out the releases of information with your full legal name, date of birth, and the person or agency you would like Amethyst House to obtain or share information with. Be sure to give us the complete name, address, telephone number, and fax number (if applicable) for each person you sign a release for. Check appropriate boxes and put an expiration date in the box. Finally, sign your full name and date in pen when possible. Please note that we cannot talk with anyone regarding your application without a completed Release of Information.

- Mail completed documentation to Amethyst House, P.O. Box 11, Bloomington, IN 47402 (Attn: Men's House or Women's House as appropriate) or Fax to 812-336-9020 or Email to jhall@amethysthouse.org or drop off at 645 N. Walnut St., Bloomington IN 47404
- 4. Bed Availability: Check in with our Admissions Coordinator *at least once a week* at 812-336-3570 ext 227.

Applicants that are incarcerated need to communicate at least monthly with Amethyst House. If Amethyst House has not heard from you within 30 days, your application will be removed from the waiting list. You may appoint someone else to check in for you, but you must sign a 'Release of Information' as instructed above.

II. PROCESS:

- 1. When Amethyst receives your application, an interview appointment will be scheduled.
- 2. Following the interview, the application will be evaluated by the Treatment Team to determine whether you are appropriate for our program.
- 3. Amethyst House has a non-discrimination policy and acceptance is based without regard to age (must me over 18), race, color, sex, religion, disability, national origin, citizenship, or gender identity, sexual orientation or preference, housing status or veteran status.
- 4. Priority is given to those with history of IV drug use, pregnant and women with dependent children.
- 5. If accepted into the program, you will need to have a Tuberculosis screen (completed within the past 90 days or within 72 hours of admission).
- 6. If accepted into the program, you will need to have a physical exam (completed within the past 6 months or wthin 30 days of admission).

III. MEDICATIONS:

If you are taking prescription medication(s), at least one month's supply is required upon admission. All medication must have a pharmacy label in your name.

IV. PROGRAM FEES:

Medicaid pays an average of thirty days. After Medicaid is exhausted other grant funding may be available. After grant funding is exhausted clients will be responsible for treatment fees.

AMETHYST HOUSE CONFIDENTIALITY STATEMENT

Keep this page for future reference

Confidentiality of Records- Alcohol and Drug Abuse Clients

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by federal and state laws and regulations (Federal confidentiality rule 42 CFR Part 2) which prohibits disclosure of information unless expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rule restricts any use of the information to criminal investigation or to prosecute any alcohol or drug abuse client.

In general, the program may not share client information outside the Amethyst House program except in the event of:

- 1. The client consents to specific disclosure in writing
- 2. There is receipt of a subpoena and court order, disclosure allowed by the court
- 3. Disclosure is made to emergency healthcare providers, qualified personnel for research, audit or program evaluation
- 4. Violation to the Federal and State laws and regulations is a crime and any suspected violations will be reported to appropriate authorities in accordance with the Federal regulations
- 5. Federal law and regulations do not protect information about suspected child abuse or neglect from being reported under the State of Indiana law which mandates reporting of any event. Elder abuse may be reported however this will be done in a manner that will protect the client's status as a drug/alcohol addiction patient.
- 6. Federal law and regulations do not protect information about a crime committed by a client either at Amethyst House or against any person who works for the program, the program itself or about threats to commit such a crime.
- 7. All threats to harm self or others, or crimes against children must be reported.

This information is provided in accordance with policies set by the State of Indiana Division of Mental Health and Addiction Services.

DO NOT FAX THIS PAGE

Amethyst House Residential Program Welcome & Program Introduction

Keep this as a guide for your first 30 days

WELCOME to Amethyst House. We are here to provide support as you become acquainted with our program and services. Please let us know how we can assist you.

OUR MISSION is to provide a foundation of recovery for you by offering high quality residential treatment and guidance for healthy living.

THIS INTRODUCTORY PHASE aims to be a time for stillness and refocusing so that your recovery can be your priority. Within your first 30 days with us you will get to know your peers and other members of our recovery community. This will also be a time to become familiar with the residential program and the Community Agreements. You will attend recovery groups, case management sessions, 12-step meetings, and meetings with your sponsor – please utilize these opportunities to learn about recovery and build your support network. You will also begin to fine-tune your life skills during this phase to increase your chances for successful self-sufficiency when you are ready to move on.

YOUR TREATMENT TEAM consists of your case manager, counselor, clinical director and may also include your sponsor or other community support. The role of your treatment team is to work collaboratively with you to accomplish shared goals.

THE FOLLOWING LIST outlines the goals to focus on during this introductory phase. Please let your case manager know if you have any questions!

Plan to remain on the property for the first 24 hours. You may go to a 12-step meeting or TB test appt with staff approval. If going to a 12-step meeting you must go with another resident and return immediately after the meeting. Use this time to get settled in, meet the residents, make plans for your job search, familiarize yourself with volunteer opportunities, and read the community agreements. Write down any questions to ask your case manager on Day 2.

Curfew is 9:30 p.m. daily, including weekends, while on orientation.

*You may leave the property if you are:

- job searching (4 hrs maximum)
- working / volunteering
- going to 12 step meetings / treatment groups
- attending religious services
- attending to medical needs (including obtaining health insurance) or legal obligations

*Only go where you sign out for, straight there - straight back.

TB Tests are required within the first 72 hours of admission. You may go to IU Occupational Health Clinic at 3443 W. 3rd St. no appt necessary. The fee is \$30 and they will bill our Amethyst account but ultimately will be added to your residential bill.

Passes. Should you need to go anywhere else, please submit a pass. Passes that are not recovery focused or treatment related will be reviewed by the treatment team. Your sponsor may come to the house to meet with you. Sponsors are not held to visiting hours and may meet with you at the house at any time, as needed. See the community agreements for more information about visiting hours.

Welcome & Program Introduction (cont.)

Getting Started Checklist

Please bring your checklist to case management each week. Your case manager will help you with resources and answer any questions you may have.

1. <u>Employment</u>– If you are employable, please plan to have full time employment (32- 50 hours) within the first two weeks of the program. You are required to apply for 3 jobs per day, Monday through Friday. Please complete a job search form indicating which jobs you have applied or interviewed for each day. Turn this in during your weekly case management. Once you obtain employment, your work hours cannot conflict with treatment sessions, house meetings, and curfew. You may be asked to complete a release of information form for your employer if we have difficulty verifying your employment. If you are unable to obtain employment, please discuss with your case manager. If a resident is on disability, she/he is expected to obtain volunteer work of at least 20 hours/week or comparable rehabilitation activity. Residents will remain on Orientation until employed/ volunteering. Please speak to your case manager if you wish to pursue educational goals.

2. <u>Financial Status</u> – You are required to complete a fee contract, budget, and payment plan (if applicable) with your case manager. Please refer to your residential fee contract for payment information.

3. <u>Sponsor.</u> – Please obtain a sponsor within your first 2 weeks. A temporary sponsor is a good way to begin. Many 12-step meetings have temporary sponsor lists. Your sponsor may not be a current Amethyst House employee, client or board member. The sponsor must have a minimum of two years' continuous sobriety. Sponsors may not have more than four residents as sponsees at any one time.

4. <u>Health Insurance</u> – Your case manager will assist you with obtaining health insurance. Please submit all applications and documents necessary and attend all insurance appointments.

5. <u>12-Step Meetings</u> – Please have the chairperson sign your Meeting Log at each 12-step meeting you attend. Turn in this completed form each week to your case manager. You are required to attend daily meetings. Once you obtain employment, your case manager will change your requirement to 4 meetings a week.

6. <u>Community Agreements</u> - Please familiarize yourself with the components of the community agreements. Ask staff any questions you have about rules & requirements.

7. <u>Transition Plan</u>. - Please start thinking about your transition from the program back into the community. Talk with your case manager about housing options.

8. <u>Next Steps for Success</u> - At the end of your first 30 days, your case manager will discuss your completion of the Welcome and Introduction Period at Clinical Staffing. You may be asked to meet with your treatment team to map out your next steps in the program. Your case manager will set up this meeting.

We are glad that you are here! Please let us know how we can support you as you adjust to the program and take steps to meet your recovery goals.

AMETHYST HOUSE ADMISSION REQUIREMENTS – RESIDENTIAL PROGRAM

Please fill out and return to Amethyst

APPLICANT: Please use the following list as a checklist of eligibility for the residential program. Please note Amethyst House **cannot accept registered sex offenders** due to the participation of children in our program and proximity to nearby schools.

Name	:		

Date:		
-------	--	--

Social Security Number:

Admission to the program is dependent on the following criteria:

You must be:

Age 18 years or older

Presently free from alcohol and all non-prescribed mood-altering or addictive substances for a minimum of five (5) days

Medically stable and able to comply with Amethyst requirements

Voluntarily seeking services with an expressed desire for sobriety.

Free of indications of possible harmful behavior towards self or others

Able to comply with house requirements and manage daily living [example: dress self, take care of personal grooming, work etc.]

Mental / emotional state is sufficiently stable for participation in a halfway house setting

Meets criteria for diagnosis of substance abuse or dependence, or pathological gambling

Is unable to maintain abstinence in a less restrictive environment

Make at least a three (3) month commitment to Amethyst House

Comply to the Community Agreements.

Agree to random urine drug screens and breathalyzer testing

Agree to financial responsibility

Respect the confidentiality of all other clients of Amethyst House.

*Priority Admission is given to anyone that is an IV drug user and/or homeless and Women who are pregnant.

I have read and agree to the above requirements.

Applicant's Signature:

AMETHYST HOUSE APPLICATION - FOR RESIDENCY

Please fill out and return to Amethyst

We do not discriminate on the basis of age, race, creed, ethnicity, religion, marital status, or sexual orientation. Please answer all questions. If a question or area does not apply to you, please indicate by writing "N/A."

DATE OF APF	LICATION:				
NAME:				DATE OF BIRTH:	
MAILING ADD	RESS:				
CITY:			COUNTY:	STATE:	ZIP:
PHONE:					
FIONE.					
GENDER:	Male	Female	Do you prefer	to be contacted by mail or pho	no?
GLINDLIN.				to be contacted by mail of pho	
Why do you y	vant to live	at Amethyst?			
		at Amethyst:			

DRUG(S) of CHOICE:	Age at First use:	Date of Last use:	How did you begin using?
1.			
2.			
3.			
4.			
- Have you ever used nee	dles? Yes	No H	ave you ever shared needles? Yes No

If yes, what type of gambling?
Y / N Why?

Current Legal Status:

Are you incarcerated? Y / N Name of Facility:

Potential Release Date: Pending Charges:

Previous Charges:

Legal Status: (circle all that apply) Probation / Parole / House Arrest / Drug Court / Felony Charges Other:

Corrections Officer:

Is there anyone else in the legal system you would like us to contact?

*Please note you will need to complete a **Release of Health Information** form for the facility where you are incarcerated (if applicable), any corrections officers that have been assigned to you, and anyone else you would like Amethyst House to contact regarding your application.

County:

Financial Status:					
Are you employed?	Y/ N	Em	ployer:		Length of employment:
Other income:					
Do you have any healt	th insurar	nce?	Y / N	Private Carrier:	
Medicaid:				Medicare:	
Would you be able to	pay upon	admis	sion to t	he program?	

Medical / Physical Status:

Current medical problems or needs:

Allergies:

Current Medications / Reason for Prescription:

Health Care Provider:

Prior Substance Abuse Treatment: (Please list name of provider, date, type of treatment)

- List any other **mental health treatment or counseling** (include where and dates):

Are you taking any medications for **mental health** reasons? Y / N Name / Dose:

Mental Healthcare Provider:

 Have you attended 12-Step Meetings (AA/NA) before? Y / N

 Describe your experience with the 12-Step program:

 Are you attending meetings now? Y / N

 Why?

 How many per week?
 Do you have a sponsor?

 Y / N

 Why or why not?

Support & Concerns:

- Who supports you in your recovery efforts now?

Relationship to you:

Please describe any other problems or concerns in your life right now.

Dependent Children's Name:	Age:	Where are they living?	
Are you involved with DCS?		Worker: County:	
- Women Only: Do you plan to ma	ke an applicati	on to Amethyst for your child(ren)? Y/N	
Explain:			
- Do you pay child support?	County	y: Amount:	
How much back child support do	you owe?		

FOR WOMEN:

Are you currently pregnant? Y/N Healthcare Provider:

How many weeks? Date of last appointment:

Vehicle Information:

- Do you have a valid driver's license?	Do you own a vehicle?	
Do you plan to have the vehicle at Amethyst?	Make & year:	
Can you provide proof of vehicle insurance?		

By initializing the box below I agree to the following statements:

- 1) I have completed this application honestly and to the best of my ability
- 2) I have read and understand the community agreements
- 3) I understand that if I am admitted to the Amethyst House, I need to have one month's supply of any prescription medication that I am taking, as well as a pharmacy label on each prescription container.
- 4) I agree to get a TB test completed within 72 hours of admission. I understand that I must provide proof. If I don't provide the documentation I can be discharged from residential services.

Applicant's Signature: Date:

ONLY SUBMIT the completed Application (3 pages); Admissions Requirements Checklist, and any Releases of Health Information Forms.

Mail to: Amethyst House, P.O. Box 11, Bloomington, IN 47402

Attn: Men's or Women's House (please specify)

or Fax to: (812) 336-9020

or Email to: jhall@amethysthouse.org

NOTE: Please keep the cover sheet, Application Process, Confidentiality Statement, Community Agreements, and Orientation Phase for your own records.

Amethyst House, Inc P.O. Box 11 Bloomington, IN 47402 (812) 336-3570 Fax #: (812) 336-9010

Rel	ease of Health In	nformation	
Client Name:	Date of Birth:	SSN#:	
I, to <i>exchange</i> information with:	, authorize Amethy	yst House, Inc. □ to release □ to obtain	n
Name of Person/Agency:			
Relationship: _			
Address: _			
City, State, Zip:			
Phone:			
For the purpose of (check all appropriate items):			
Coordinating Care Monitoring Treatment	Compliance 🗌 Referral Pla	anning 🗌 Billing 🔲 Scheduling	
Leave messages or facilitate communication be	etween the client and Amethy	nyst House 🗌 Obtaining Bio-Psycho-Social I	Information
☐ Treatment Planning ☐ Discharge Planning [Other:		
Records/information to be released (check all appr Substance Abuse Treatment Information Fu	Ill and Complete Record	-	
Progress Notes Lab Results/ Reports U			-
Monthly Status Reports Alert Forms In	iterpretative Summary 🔲 O	Other (specify)	
I understand that this authorization includes r drug and alcohol abuse, HIV testing or treatm understand that this authorization is not requi except to the extent that action has already be rules and that this consent will expire on the f	nent, or related conditions red as a condition for trea een taken. I understand tha	s that may be contained in my record. I furt atment and that it may be revoked by me at at my records are protected under Federal c	ther any time confidentiality
I have read and understand the above and ackno	wledge that it was properly o	completed prior to my signature.	

Signature _

Date ____

To Recipient of Client Records/ Information

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The federal rule prohibits you from making any further disclosure of this information unless expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information for criminal investigation or to prosecute any alcohol or drug abuse client.

Amethyst House, Inc P.O. Box 11 Bloomington, IN 47402 (812) 336-3570 Fax #: (812) 336-9010

Rel	ease of Health In	nformation	
Client Name:	Date of Birth:	SSN#:	
I, to <i>exchange</i> information with:	, authorize Amethy	yst House, Inc. □ to release □ to obtain	n
Name of Person/Agency:			
Relationship: _			
Address: _			
City, State, Zip:			
Phone:			
For the purpose of (check all appropriate items):			
Coordinating Care Monitoring Treatment	Compliance 🗌 Referral Pla	anning 🗌 Billing 🔲 Scheduling	
Leave messages or facilitate communication be	etween the client and Amethy	nyst House 🗌 Obtaining Bio-Psycho-Social I	Information
☐ Treatment Planning ☐ Discharge Planning [Other:		
Records/information to be released (check all appr Substance Abuse Treatment Information Fu	Ill and Complete Record	-	
Progress Notes Lab Results/ Reports U			-
Monthly Status Reports Alert Forms In	iterpretative Summary 🔲 O	Other (specify)	
I understand that this authorization includes r drug and alcohol abuse, HIV testing or treatm understand that this authorization is not requi except to the extent that action has already be rules and that this consent will expire on the f	nent, or related conditions red as a condition for trea een taken. I understand tha	s that may be contained in my record. I furt atment and that it may be revoked by me at at my records are protected under Federal c	ther any time confidentiality
I have read and understand the above and ackno	wledge that it was properly o	completed prior to my signature.	

Signature _

Date ____

To Recipient of Client Records/ Information

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The federal rule prohibits you from making any further disclosure of this information unless expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information for criminal investigation or to prosecute any alcohol or drug abuse client.

Amethyst House, Inc P.O. Box 11 Bloomington, IN 47402 (812) 336-3570 Fax #: (812) 336-9010

Rel	ease of Health In	nformation	
Client Name:	Date of Birth:	SSN#:	
I, to <i>exchange</i> information with:	, authorize Amethy	yst House, Inc. □ to release □ to obtain	n
Name of Person/Agency:			
Relationship: _			
Address: _			
City, State, Zip:			
Phone:			
For the purpose of (check all appropriate items):			
Coordinating Care Monitoring Treatment	Compliance 🗌 Referral Pla	anning 🗌 Billing 🔲 Scheduling	
Leave messages or facilitate communication be	etween the client and Amethy	nyst House 🗌 Obtaining Bio-Psycho-Social I	Information
☐ Treatment Planning ☐ Discharge Planning [Other:		
Records/information to be released (check all appr Substance Abuse Treatment Information Fu	Ill and Complete Record	-	
Progress Notes Lab Results/ Reports U			-
Monthly Status Reports Alert Forms In	iterpretative Summary 🔲 O	Other (specify)	
I understand that this authorization includes r drug and alcohol abuse, HIV testing or treatm understand that this authorization is not requi except to the extent that action has already be rules and that this consent will expire on the f	nent, or related conditions red as a condition for trea een taken. I understand tha	s that may be contained in my record. I furt atment and that it may be revoked by me at at my records are protected under Federal c	ther any time confidentiality
I have read and understand the above and ackno	wledge that it was properly o	completed prior to my signature.	

Signature _

Date ____

To Recipient of Client Records/ Information

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The federal rule prohibits you from making any further disclosure of this information unless expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information for criminal investigation or to prosecute any alcohol or drug abuse client.

AMETHYST HOUSE COMMUNITY AGREEMENTS

We do not discriminate on the basis of age, race, gender identity, ability, ethnicity, national origin, religion, marital status, or

sexual orientation.

1. ALL DRUGS, INCLUDING ALCOHOL, ARE PROHIBITED

- a. Possession of drugs/alcohol, intoxication, and positive drug screens may result in discharge.
- b. For the safety of the community and your recovery, please notify staff if you suspect a resident is using drugs/alcohol.
- c. Referral sources (court, probation, DCS, etc.) will be notified of possession, intoxication, or positive drug screens.
- d. Visitors who bring drugs/alcohol to Amethyst House or appear intoxicated will be banned.
- e. Drug/alcohol screens may be administered at any time by staff.
- f. Drug/alcohol screens are considered positive when diluted, tampered with, negative for prescribed MAT, or if unable to provide a screen within 2 hours of being notified.
- g. Inability or unwillingness to provide an acceptable specimen for lab testing is considered a refusal and grounds for termination of treatment.

2. CHILDREN: (see <u>Child Safety Policy</u>)

- a. Requests for temporary residency for children under 6 will be staffed on a case by case basis (only available at the Women's House).
- b. Child care or babysitting services are provided by Amethyst House staff for treatment groups only. (*see <u>Responsibility for Childcare</u> Policy*)
- c. Lack of childcare is not an excuse for missing a 12-Step meeting.
- d. If the child has food allergies it is the mother's responsibility to identify them and assure the child's compliance with correct food consumption to avoid any reaction, including notification to staff of the child's allergies and what he/she may not eat.
- e. A child's mother must agree to participate in any and all medical, psychological, and insurance/funding conferences, treatment planning, and related activities on behalf of her child.
- f. Any threat or action of violence to a child (person under 18 years old) will be reported to the Child Protection agency immediately. Staff will complete a 310 child abuse report. ***State reporting is mandatory for anyone having knowledge or suspicion of a crime against children.

3. COMMUNICATION/COMMUNITY

- a. We encourage residents to resolve conflicts with each other first. If residents are unable to solve conflicts, please refer to staff for assistance/mediation.
- b. All residents are encouraged to discuss house issues, share highlights from their week and provide support and feedback to each other during the weekly house meetings.
- c. As a resident of the house, it is important to maintain a positive, recovery-focused atmosphere. Please participate in fostering a community that is safe, inclusive, and supportive. Staff is available to help facilitate a healthy recovery environment.

d. It is everyone's responsibility to keep the house safe.

e. Residents' ideas and suggestions are valued. Amethyst encourages residents to make suggestions in writing in order to communicate feedback.

4. CONFIDENTIALITY

5.

- a. Residents must observe confidentiality of names or stories related to other residents and/or outpatient clients.
- b. Residents cannot share information about other residents while they are at Amethyst House. Please maintain confidentiality when answering the house phone, answering the door, and out in the community. This includes anything shared in recovery groups, at the house, or in 12-step meetings.
- c. It is the residents' responsibility to inform their visitors about confidentiality.
- d. Visitors are held to the same policy of confidentiality. Please inform your visitors of the policy before they visit.
- e. Confidentiality may be limited or waived when action is being taken to address suicidal or homizidal threats or actions, threats are used to accurate the suice of the limit of the suice of the suic

homicidal threats or actions, threats are made to commit a crime and disclosures of child abuse/neglect. CONSIDERATION OF SELF AND OTHERS

- a. Dress appropriately. Clothing with violent, sexual, and/or gambling themes are not permitted. Any attire that promotes or displays drugs or alcohol in any form is not permitted. Nudity in common spaces is not permitted. Proper coverage of private body parts is required.
- b. Residents are expected to shower daily, wear clean clothes, and exercise basic hygiene.
- c. Fighting, wrestling, throwing objects, yelling, slamming doors, etc. will not be tolerated. Staff is available to help you process overwhelming emotions.

- d. Verbal and physical aggression will not be tolerated, and can result in immediate discharge.
- e. Be respectful of others and limit profanity. Prejudicial language or jokes will not be tolerated.
- f. Sexually provocative and pornographic materials, including online content, are prohibited. Sexual behavior, including pornographic content creation, is prohibited on Amethyst House property.
- g. Be respectful of all Amethyst House neighbors and their property.
- h. When high risk for COVID transmission is identified, all residents and staff must wear face masks and practice social distancing.

6. CURFEW

- a. All residents are required to be in the house by curfew and remain in the house until 5:00am.
- b. Residents are required to be out of bed with bed made by 9:00 AM Mon.-Sun. Residents are entitled to sleep past 9:00 am two days through the seven day week (must alert CM prior to doing so).
- c. Curfew hours are: 10:30 PM Sunday through Thursday and 12:00 midnight Friday and Saturday.
- d. During your first 30 days curfew hours are: 9:30pm daily, including weekends.
- e. Smoking is not allowed after curfew hours (see Smoking/Tobacco section).
- f. Exceptions to curfew for special events, holidays, etc. require staff approval.
- g. Please submit requests to case managers ahead of time for exceptions to curfew (special events, holidays, etc.). Case managers will staff curfew exceptions with the treatment team.

7. EMPLOYMENT

- a. Residents are required to obtain and maintain full-time employment (32-50 hours). If you are unable to work fulltime, please discuss your circumstances with your case manager.
- b. If a resident is on disability, she/he is expected to obtain volunteer work of at least 20 hours/week or comparable rehabilitation activity. Residents will remain on Orientation/Welcome Period until this is arranged.
- c. Residents are expected to have a goal of being employed within two weeks of admission.
- d. Residents will apply to a minimum of 3 jobs per day, Monday through Friday. (4 hr. limit during Welcome Period)
- e. Residents may be asked to provide proof of employment, income, and/or schedule.
- f. Residents will remain on Orientation until employed. (see <u>Orientation/Welcome Period</u>).
- g. Residents will discuss all potential changes in employment with their case manager.
- h. Employment schedules must coordinate with scheduled treatment sessions, required Amethyst House activities, and curfew hours. Residents are responsible for informing employers of their availability.
- i. Employment at bars/taverns, alcohol retail stores, head shops, or gambling establishments is not permitted.
- Employment must be approved by your case manager before an offer is accepted.

8. GAMBLING

- a. Gambling includes any form of lottery, scratch-off tickets, bingo, betting, wagering, stock-trading, etc
- b. Gambling is prohibited and any possession of gambling materials may result in discharge.
- c. For the safety of the community and your recovery, please notify staff if you suspect a resident is gambling.
- d. Referral sources (court, probation, DCS, etc.) will be notified of gambling.
- e. Visitors who gamble at Amethyst House will be banned.

9. GENERAL SAFETY

- a. Weapons of any kind are prohibited. This includes knives, guns, bows, martial arts equipment, etc.
- b. Extension cords, space heaters, hot plates, toaster ovens, etc. are strictly prohibited.
- c. Residents should not leave personal electrical appliances turned on or plugged in.
- d. Any use of open flame is strictly prohibited. This is held to the same zero-tolerance standard as the smoking policy. Violations of this will result in immediate discharge. The possession of candles and/or incense is also not allowed.
- e. **Physical violence, verbal aggression, and intimidation are not permitted.** Residents who engage in such behaviors threaten the safety of the community and are at risk for immediate discharge.
- f. All residents are required to adhere to safety/evacuation drills or procedures.
- g. At the Men's House, there are keys outside of single occupancy bathrooms for safety purposes. Inappropriate use of these keys, including but not limited to, unlocking bathroom doors to play jokes on others, or hiding the key, will result in being staffed for immediate discharge.
- h. The doors at the residential houses will remain locked at all times to prevent entry from the outside. Residents must lock all exit doors when returning to the house.

2

10.HOUSEKEEPING

- a. Please keep your room organized and clean.
- b. You may have water in your room. Other beverages and food (incl. candy) are not allowed in bedrooms and must be kept in the appropriate areas in the kitchen or pantry.
- c. Residents and visitors must be respectful of Amethyst property, including furniture, appliances, etc. They may not rearrange furniture, remove items, or bring new items in without staff permission.
- d. Residents are not permitted to change beds or rooms without staff permission.

- e. If Amethyst property is damaged by a resident or their visitor, the resident will be held financially responsible for damages and/or repairs.
- f. Each resident is responsible for cleaning up after themselves, both in personal and common areas (including cups, eating utensils, etc).
- g. Toiletries, towels, or personal items are not to be left in the bathrooms or general living area. Items left out will be put in the lost and found. A shower caddy is recommended.
- h. Beds should be made daily and bedding cleaned once a week.
- i. Chores are assigned weekly and are completed daily. Each resident will rotate through all chore assignments. (see <u>WH Chore List</u> + <u>MH Chore List</u>). Additionally, all residents are expected to participate in a deep cleaning of the house, which occurs every other week for a minimum of one hour.
- j. Residents are assigned to cook the evening meal for the entire house Monday through Thursday, on a rotating basis, as a part of learning independent living skills. Ordering food for the house is not an acceptable meal plan. The evening meal needs to be ready by 5pm.
- k. The kitchen is closed from 12-5 am Sunday through Thursday and from 1-5 am Friday through Saturday. Use of kitchen appliances and any food preparation is prohibited during these times.
- Residents must clean their bedroom area and take all personal possessions upon leaving the program; items left in the house for more than 48 hours may be disposed of. All Amethyst House materials (towels, bedding, pillows, etc) must be returned to staff.

11. LEAVING THE PROPERTY

- a. New residents may not leave Amethyst House property for the first twenty-four (24) hours without staff approval.
- b. Residents must always use the sign-out/sign-in sheet when leaving/returning to the property.
- c. After Orientation/Welcome Period, residents may sign out for up to six hours per day on days off from work. Residents who work an eight hour day may sign out for an additional four hours so that they can be signed out for a total of 12 hours in one day.
- d. Signing in and out is imperative for safety and accountability of residents. In case of emergency, staff needs to know who is in the house and who is not. Not signing in and out may result in loss of privileges.
- e. Residents within their first 30 days may sign out for a 4 hour pass. Please communicate with your case manager if you need to make other appointments.
- f. Residents are not allowed to leave Monroe County for any reason without staff permission.
- g. Bars, taverns, lounges, nightclubs, casinos, and head shops are off limits for any reason.

12.MAIL

- a. Residents' mail will be distributed to their respective mailboxes. Important communication from staff is delivered to individual mailboxes; all residents are expected to check their mailboxes daily.
- b. When a resident moves out, the mail will be returned to the sender. Residents who move out are responsible for updating their mailing address. Amethyst House **cannot** forward mail due to confidentiality.
- c. Please keep incoming packages to a minimum. All packages, including online shopping orders, must be approved by staff and opened in front of a staff member upon arrival.

13. MEDICATION (see <u>Medication Policy</u>) (see <u>Medical Discharge</u>)

- a. Residents are required to have at least one refill of all prescription medications upon admission
- b. Upon admission to the Amethyst program, residents will take medications as prescribed by their doctor. Medication policies apply to prescribed medications, over the counter medications, and any nutritional supplements.
- c. All medications must be checked-in with staff before taking the medication.
- d. All medications must be kept in a resident's assigned med locker; combinations for lockers are given to individuals by staff and they are not to be shared with other residents. Residents are prohibited from storing medications in any other areas, such as bedrooms, cars, purses, jackets, etc.
- e. Residents are prohibited from sharing medications with one another. Taking or receiving medications from another resident is grounds for dismissal from the program.
- f. Keeping prescriptions up to date and obtaining refills is the resident's responsibility.
- **g.** In situations involving schedule conflicts with dosage times, residents may be allowed to keep a dosage with them. (For example, client must take an 11am dose, but is at work all day). This practice needs to be approved by staff.
- h. Residents may contact staff if they would like assistance making medical appointments or accessing health care services, including medication.
- i. Any involvement with medical personnel (emergency room visits, doctor visits or hospitalizations) is to be reported to Amethyst staff.

- j. Amethyst House reserves the right to observe clients taking their medications when there is concern that a resident is having difficulty with medication compliance. Residents that have concerns regarding their own ability to self-administer medications safely are encouraged to discuss this issue with their case manager.
- k. All medications left behind by residents who leave the program will be destroyed in a timely manner.
- I. Clients should notify a staff member as soon as possible if they have been given a prescription for antibiotics, has a temperature over 100 and/or has a reportable communicable disease.

14. MEDICATION-ASSISTED TREATMENT (see <u>MAT Policy</u>)

- a. Clients are required to obtain approval from the treatment team prior to initiating MAT.
- b. Clients who are not on any MAT prior to admission, and who sign a *<u>Vivitrol Agreement</u>*, must use Vivitrol as opposed to any other MAT.
- c. Clients who are on Suboxone prior to admission may continue taking that MAT as prescribed.
- d. Clients are required to notify their case manager each time they refill their medication, any changes to their dosage, or if they want to discontinue medication.
- e. Clients may not have MAT medications on their person unless approved by staff.
- f. Clients may be asked to provide documentation of MAT appointments.
- g. MAT clients will sign releases of information for prescribing physicians. Communication with prescribing physicians will be on an as needed basis.
- h. Staff will count medications up to twice per week to monitor medication compliance.
- i. In a circumstance where a client is administratively discharged or opts out of the residential treatment program, the client has the right to take all medications with them. Staff will not return medications to clients who are intoxicated.
- j. In a circumstance where a client is being suspended from the residential environment, the client has the right to take all medications with them, including any MAT medications. Medications containing buprenorphine will be counted upon return a count that indicates an overuse of it can result in discharge.

15. PASSES

- a. All pass requests (including child visitation) are subject to Staff approval and should be turned in by Thursday night after the house meeting.
- b. Residents must submit a pass in order to leave Monroe County for any reason.
- c. Please return from pass on time. If a resident is consistently late, they may not be approved for future passes.
- d. In special circumstances Overnight Passes may be approved at the treatment team's discretion, such as preparing to transition to independent housing, family reconciliation and medical necessities. Residents must typically be employed and be in good payment status (in compliance with payment agreements) to be considered for an overnight pass.
- e. Overnights are not an option for the resident's first two months of stay.

16. PERSONAL PROPERTY AND LIABILITY

- a. Residents are assigned limited space in the House. Residents are expected to keep personal spaces organized and be mindful of other residents' personal space. **Please reference the** <u>*Residential Item List*</u> **before moving in.** Staff may ask residents to downsize or limit online shopping if personal items exceed a resident's personal space.
- b. All resident decorations need to be limited to the provided cork boards. No nails, thumb tacks, command strips, or adhesive of any kind is allowed on the walls.
- c. All personal property is the responsibility of the residents and Amethyst House is not liable for any property that is lost, stolen, or damaged.
- d. Residents are prohibited from entering another resident's room without him/her present.
- e. House searches may be conducted at any time by staff. Searches include personal items such as purses, pockets, backpacks, cars, etc. Residents do not need to be present for the searches.
- f. Staff may confiscate a resident's personal electronic device if the treatment team determines it is interfering with resident's ability to engage in treatment.
- g. Residents must clean their bedroom area and take all personal possessions upon leaving the program; items left in the house for more than **48 hours** may be disposed of. All Amethyst House materials (towels, bedding, pillows, etc) must be returned to staff. Residents are not permitted to pack each other's belongings. If the discharging resident is not present at discharge, a staff member must pack up the remaining items.

17. PROGRAM FEES

- a. Residents will follow the fee contract they sign upon move-in.
- b. Residents are expected to prioritize program fees and will be assisted by their case manager in all financial planning and budgeting.
- c. Residents will complete a budget within their first 30 days.

- d. Residents must maintain good financial standing with Amethyst House in order to remain in the program. CL who struggle to make payments will be placed on a scheduled payment plan. Inability to follow the fee contract/payment plan may result in discharge.
- e. Residential bills in excess of \$1,000 could result in suspension or termination from treatment.
- f. Residents must have a \$0 balance at the time they move out of the residential program.
- g. If new residents do not have health insurance, they will need to work with their case manager to obtain health insurance within the first 24 hours of admission.

18. PROGRAM PARTICIPATION

- a. Residents must participate in all treatment services (recovery groups, case management, drug screens, continuing care). If a resident is unable to attend, they will notify Amethyst personnel prior to the scheduled session and provide a reasonable explanation to staff. Irregular attendance or failed appointments disrupts program continuity and jeopardizes successful completion of Amethyst programs. Irregular attendance can be grounds for removal from group and/or termination from the program. Participation is not allowed in a treatment session if a resident arrives later than 10 minutes (per the discretion of the therapist leading the treatment session) unless prior arrangements were made.
- b. Residents are required to attend House Meetings every Thursday. These meetings are a forum to discuss house issues, provide health education, review safety information, and have all residents take time to share highlights from their week, both positive and negative, in order to receive support and feedback from others.
- c. Residents are required to attend 12-step meetings daily while unemployed, and four (4) meetings each week after employment has started. All meeting attendance is reported on a weekly Activity Log.
- d. All residents are required to obtain a local sponsor within two weeks of admission and maintain an active relationship with a sponsor during residency at Amethyst House. The sponsor must have a minimum of two years' continuous sobriety. Your sponsor may not be a current Amethyst House employee, client or board member. Amethyst House endorses 12-Step work as a means to an effective recovery program, and residents are *strongly* encouraged to work the Steps with their Sponsor. Sponsors may not have more than four residents as sponsees at any one time.
- e. Residents will meet weekly with their case manager to outline goals for developing their recovery program, enhancing independent living skills, and/or utilizing community resources.
- f. <u>Recreational enhancement funding</u> is available to residents as they explore and identify hobbies, family activities, and community sober activities and events. This is critical as residents in early recovery need to discover ways to enjoy life without using alcohol and drugs.

19. PROHIBITED ITEMS:(This list is not inclusive of every item that may be deemed inappropriate for the residential setting.)

- a. Drugs and alcohol and related paraphernalia
- b. Bottles of Cologne/Perfume/Aftershave/Body Sprays larger than 4oz
- c. Aerosols including air freshener, hair spray, body deodorant, computer duster etc.
- d. Mouthwash containing alcohol
- e. Tools/weapons (including pocket knives, box cutters)(A *small* box of tools may be stored in an exterior part of the house. Once you begin working, you are required to leave these tools at work.)
- f. Pornography
- g. Clothing & miscellaneous items with offensive, drug/gambling related, or explicit themes
- h. Lottery paraphernalia
- i. Creatine containing products, including Bang energy drinks
- j. 5-hour energy drinks
- k. Pre-workout supplements, weight loss pills, caffeine pills and diuretics not prescribed by a medical provider. Nootropics, such as Adrafinil and Phenibut ; any supplement that does not have a distinguishing capsule or pill imprint.
- I. Video game devices
- m. Flammable liquids (no fluid or refillable lighters)
- n. Fireworks
- o. Candles/incense/Plug-in wax melts
- p. Space heaters
- q. Extension Cords
- r. Personal Televisions

20. QUIET TIME

- a. Please keep TV, music, radio, video games, cell phones, and voices at reasonable volumes.
- b. Please respect roommates who are sleeping. Quiet Hours are from 10 pm to 7 am daily. Music, radio, talking on cell phones, etc are not permitted in bedrooms during quiet hours.

21. RELATIONSHIPS

- a. While at Amethyst House, residents are expected to focus on their recovery, therefore they are discouraged from engaging in intimate relationships, <u>especially</u> with other AH clients. If two AH clients are in a relationship, they cannot attend treatment in the same group and are expected to disclose the relationship to staff.
- b. Staff expects residents to be honest and to communicate openly about any/all relationships.
- c. Family/couples sessions are available for residents, to promote healthy relationships.
- d. Intimate behavior is not permitted on the Amethyst House premises and may result in dismissal from the program

22. SCREEN TIME

- a. TV and video games operate by majority rule of residents present.
- b. Sexually provocative and pornagraphic materials, including online content, are prohibited.
- c. Illegally downloaded material is not permitted.
- d. In order to encourage productivity, socialization, focus on recovery activities, and enough rest/self-care: Televisions can only be used Monday - Thursday 4pm-midnight, Friday 4pm-1am, and Saturday-Sunday all day until 1am.
- e. Be mindful of your screen time with phones, tvs, and tablets. Residents are encouraged to socialize and spend time in the common areas. Community connection is a key part of building recovery support networks.
- f. Cell phones or similar devices are not appropriate during group sessions, lectures or films. These devices must be turned off while a participant at all Amethyst programs. Staff may confiscate a resident's personal electronic device if the treatment team determines it is interfering with resident's ability to engage in treatment.
- g. Personal Televisions are not permitted inside bedrooms.

23. SMOKING/TOBACCO

- a. Use of tobacco/nicotine products (cigarettes, chewing tobacco, vapes, etc.) is **not permitted inside any Amethyst House facility.**
- b. Residents caught smoking a tobacco cigarette inside will face immediate discharge.
- C. If a resident uses a vape/electronic cigarette or chewing tobacco indoors, consequences will include a \$25 fine, an assignment, as well as confiscation of the device/ chewing tobacco for at least one week. Second violation, the fine is \$75 along with an assignment and confiscation of the vape/chewing tobacco for at least one week. Third violation is grounds for immediate discharge.
- d. Smoking waste (including cigarette butts, e-cig cartridges, etc.) must be properly disposed of in designated containers. These should not be discarded in yards, on streets, or sidewalks.
- e. Use of tobacco/nicotine products is not permitted after curfew hours (see *Curfew section*).

24. TELEPHONE

- a. Residents are allowed to have cell phones at all residential facilities. (see Screen Time section).
- b. Cell phones are not allowed during case management, treatment sessions, and house meetings.
- c. Video chatting is prohibited on Amethyst property as it is a violation of HIPPA.
- d. House phones (landline) are provided at both residential facilities for residents' use. Please keep phone calls to a maximum of 20 minutes and respect other residents' need to use the house phone.
- e. The house phone should be answered with "**Hello.**" **Do not say, "Amethyst House.**" Residents should not confirm or deny the program participation of another resident, or if they are in the House or not. Please refer to Conditions of Admission for details on Client to Client Confidentiality.

25. VEHICLE

- a. Residents must have staff approval before having a vehicle at Amethyst House. Vehicles are not allowed during the Orientation/Welcome and Introduction Period.
- b. Residents must provide a valid driver's license, vehicle registration, and proof of insurance.
- c. Non-operational cars must be removed from the premises within 72 hours. Any vehicles left on the property will be towed at the owner's expense.
- d. Residents who drive a vehicle without a valid driver's license, registration, or insurance are subject to immediate termination from the program.
- e. Vehicles are subject to random searches by staff.
- f. Driving privileges may be removed if residents are not following their treatment program goals.

26. VIOLATIONS OF THE COMMUNITY AGREEMENTS

- a. Residents who do not abide by the Community Agreements will receive either a friendly reminder, a consequence, an intervention plan, or be administratively discharged from all program services.
- b. A Friendly Reminder is a form that informs the Resident of their recent oversight of the Community Agreements. It is meant to be a reminder of the rules and an indication that adjustments must be made in the resident's routine.

Referral sources (PO/DCS/attorney) are not notified and the Friendly Reminder is not documented in the Resident's chart.

- c. A Consequence is an assignment (either writing or a chore) given by the case manager when the resident receives four Friendly Reminders within one month, or has violated a major rule of the Community Agreements (such as repeatedly smoking after curfew). For every four Friendly Reminders accrued in the one month period, the resident will receive a Consequence. Friendly Reminders do not carry over into the next month. Consequences are reported to the resident's referral source (PO/DCS/attorney) and documented in their chart.
- d. Intervention Plans are given when a resident has received too many Consequences, has relapsed or is struggling to meet their goals. Intervention Plans are tailored to the resident's needs and written by their treatment team. The resident may be asked to maintain an earlier curfew, go to a meeting every day and/or complete a writing assignment. Intervention Plans vary in duration and are set at the treatment team's discretion. The client may be discharged from services if they are unable to demonstrate progress towards recovery and service goals.
- e. Residents will be discharged for major violations of the Community Agreements such as repeated relapse, bringing drugs/alcohol into the house, threatening staff/other residents with violence, etc.

27. VISITORS

- a. Visiting hours are: Sunday–Thursday: 10:00am-9:00pm, Fridays and Saturdays: 10:00am–10:00pm.
- b. Visitors (including sponsors) must sign in and out and must indicate the specific resident they are visiting.
- c. Residents must complete a Visitor Request Form for staff approval prior to hosting visitors. A Visitor Request form is not required for sponsors and alumni who have completed successfully.
- d. Visitors of the opposite sex may not stay in the house for more than four hours.
- e. Men's House residents are not permitted to visit the Women's House facility. Women's House residents are not permitted to visit the Men's House facility (with the exception of 12-step meeting attendance).
- f. Visitors are not permitted in residents' bedrooms or upstairs. Visitors are not allowed in the Men's House basement.
- g. Children are allowed to visit residents at both houses during visiting hours. Overnights with children are only available at the Women's House and must be staffed with the Treatment Team following the first 30 days of the program. Residents must fill out either a Visitor Request form or an Overnight Child Visitation Request form. The form must be submitted at least four (4) days in advance of the requested visit time. Children are not allowed inside resident bedrooms/upstairs and must spend the night in the bungalow at the WH. Children over the age of ten are not eligible for overnight visits.
- h. Sponsors may visit Amethyst House any time (as long as Quiet Hours are observed). Please respect the privacy of other residents.
- i. Residents who are administratively discharged or who opt out are not permitted to return to visit without prior staff approval and must visit during CM hours.
- j. Residents must remain with their visitor at all times and are responsible for them.
- k. Clients are prohibited from sharing the keypad door code with their visitors or anyone else, including alumni.
- I. Visitors may be asked to leave and may not be able to return if staff observe they interfere with the client's program.
- m. Staff reserves the right to screen (UDS / M51/ BAC) visitors for drugs/alcohol at the resident's expense.
- n. Residents are allowed to meet with visitors on the porches and on AH property but visitors without a preapproved pass may not stay for more than 10 minutes.

* * *

28. FOLLOW UP

- a. After moving out of the residential program, you will continue treatment by attending continuing care (at Amethyst House or another agency). Upon completion of a continuing care group, you will receive a certificate of completion of Amethyst House services as long as all fees have been paid. If you choose not to engage in continuing care, you may receive a completion of your IOP program, but not an Amethyst House full services completion.
- b. Residents who remain in the Bloomington area are encouraged to continue participating in weekly AA/NA meetings, Amethyst social events. This provides the opportunity for them to share their experience, strength, and hope with the people following in their footsteps.
- c. Amethyst House offers continued case management services and other outpatient services as needed, dependent on completion status of the requester.

Following these community agreements will ensure your successful completion of the residential program.