**Philadelphia Reentry Home Information, Rules,**

**Regulations, Financial and Confidentiality Agreement**

**Philadelphia Reentry Resident Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M or F

Resident Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** State: **\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sponsor/Caseworker Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Current Driver’s License #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** State:**\_\_\_\_\_\_\_\_\_\_\_\_**

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to You: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Home Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Work Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Do you have any outstanding warrants? Y/N Referred By: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Referral Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profession: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employer Company: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Employer Contact: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Company Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** State:**\_\_\_\_\_\_** Zip:**\_\_\_\_\_\_\_\_\_\_\_\_** Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I agree to abide by the Philadelphia Reentry rules. I also agree that should there be concerns for my safety and/or my welfare, my emergency contact or sponsor should be contacted.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The House Rules for Philadelphia Reentry**

***As a resident of this program I understand and agree to the following:***

**1.**I will not possess any drugs, alcohol, or mood altering substances. This includes ‘nonalcoholic’ beer or wine. House manager/owner must be notified in writing of any prescription medications. Mouthwash or medications with alcohol are not allowed. Only over-the-counter medication that is on the “Safe List” may be used. \* Alcohol or drug use is grounds for immediate termination of the right to live at PRH at which time a recommendation for a higher level of care may be made. \*

**2.**I will agree to take random drug/alcohol tests when requested by recovery residence house manager/owner. Refusal or failure to take the test immediately, or a positive test, will result in immediate dismissal from PRH with a recommendation for a higher level of care.

**3.**If transitioning from a treatment facility, I agree to follow all of their aftercare recommendations.

**4.**PRH House manager/owner should be notified anytime there are concerns or questions about yourself, your roommates or the living environment. We are here to support you.

**5**. I agree that I will not participate in another community member’s disease by keeping secrets about chemical use, rule violations, or destructive behaviors. I further agree to notify manager/owner if I suspect any of the above. I understand that failure to do so may result in my discharge.

**6..**I agree to attend the weekly house meetings.

**7.**I will work, attend school, or do a combination of these things, which consist of a full day’s activities (40 hours/week). Recovery will be my #1 priority above all else (work, relationships, etc.) Residents are encouraged to seek employment during normal, daytime hours (9-5). Residents are expected to have employment or a full time work schedule (minimum 30 hours) within 14 days of admission to RR. A 14 day evaluation will be made to determine you’re further stay.

**8**. If unemployed, residents are expected to be out of bed by 9 a.m. and out of the residence from 10 a.m. – 4 p.m. during the normal work week (Monday – Friday) unless otherwise cleared with House manager/owner.

**9.** I understand that violence, or threats of violence, emotional or physical will not be tolerated and are grounds for immediate dismissal and legal action. Incidents will be determined by house managers/owners on whether or not discharge is nessacary.

**10.** I will not bring weapons into the community - including stored in a vehicle. **11.** I agree to sign in and sign out anytime I go out or come in.

**12.** Members of the opposite sex are not allowed in the recovery residence, unless they are relatives. I will clear any visitors to the residence with my roommates. Overnight guests outside of the recovery residence are not permitted.

**13.** I agree to let someone in my community and/or House manager/owner know where I am at all times.

**14.** I will not go into environments such as bars, lounges, etc.

**15.** I will, at all times, respect the other members of the house in regard to noise, eating, cleaning personal space, personal possessions and common living areas.

**16.** I understand that each residence is a working environment and that I will be expected to assist in the daily activities required to allow the home to run smoothly. This means that I will be responsible for helping with the chores and housekeeping duties. I will be expected to do my fair share. Each community is encouraged to devise a cleaning schedule/ division of labor in their community meetings.

**17.** I understand that my bedroom is to be clean and my bed made every day. **18.** No sleeping on the couches.

**19.** No storage space is available beyond what can fit in one’s bedroom.

**20.** I understand that residences are subject to inspections, and that failure to maintain a clean living environment may jeopardize my stay.

**21.** Philadelphia Reentry is NOT responsible for losses or theft of personal property, including: money, jewelry, clothing, etc. Stealing will result in immediate termination and possible legal action. Philadelphia Reentry cannot be responsible for items remaining at the house after a resident has left for any reason. Every reasonable effort will be made to safeguard these items for a period of 48 hours, at which time they will be donated to the house or another charity.

**22.** At no time am I allowed in another resident’s room, for any reason! All conversations, activities, visiting, etc. is to be done in the common areas. There are no exceptions. If I do not live in a particular room, I do not go there.

**23.** I agree not to lend money, cars, and/or jewelry to my peers unless processed in the community meeting.

**24.** I understand that smoking is only allowed on the designated outside areas.(Backyard) **25.** I will be fully dressed in the common areas at all times.

**26.** No halogen lamps, candles, or incense.

**27.** When I move out of PRH, I will leave a clean space for the next person, i.e. vacuum, etc.

**28.** I understand that good Hygiene is important and must be showered and well-groomed at all times.

**29.** Constant negative behavior will not be tolerated and is grounds for discharged. **30.** Being a good neighbor is an absolute must!

**31**.No congregating out front of the residence

**Understanding and Agreement**

**I have read and understand the guidelines and rules of Philadelphia Reentry House I agree to abide by them. I was given the opportunity to ask questions about any area unclear to me. I understand that this opportunity remains throughout my stay at the residence.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident Signature Date House manager/owner Signature Date

**ATTENDANCE/CURFEW/BLACKOUT**

**POLICY** All residents of Philadelphia Reentry Home are expected to attend the weekly house meeting and other groups that are outlined in the intake packet.

**BASIS** It is beneficial for residents to attend the weekly house meeting and other groups and activities which help provide peer support. Repeated absences and tardiness interrupts the process.

**PROCEDURE:**Residents are provided with Rules that outline their responsibility regarding attendance.

1. Residents must inform the house manager/owner and community of possible absences/tardiness due to scheduled appointments, such as medical appointments, in the weekly house meeting, prior to the appointment. Also, if residents are going to be absent/tardy from their set schedule, they must inform a house manager/owner member of their whereabouts (where they will be, their expected time of return and their return).

2. Residents who have consistent or sporadic, non-consecutive absences and/or leaving early and repeated avoidable conflicts, will be assessed by the house manager/owner to discuss issues regarding compliance with the policy and request that the resident comply with the policy. If this measure does not resolve the concern then the resident will be discharged with an appropriate referral to another facility.No leaving during the middle of the night or without permission. Will be considered AWOL and is grounds for discharge.

**CURFEW**10 pm on the weekdays and 11pm on the weekends. Curfew can be flexible if deemed appropriate by Philadelphia Reentry. Ex. Work, recovery related and family outings. Residents must notify staff when out past curfew or are out overnights at all times. Any violations may jeopardize your stay.

**Philadelphia Reentry Blackout Policies**

1. All new residents will have a 30 day blackout period.

2. Residents should make contact with house managers/Residential manager once daily in person or by text for the first 30 days.

3. Must pass urine screening upon arrival.

4. Residents must be awake by no later than 9 AM on weekdays, 12 PM on weekends. 5. Residents must attend and participate in the House meeting deemed per house. 6. Residents must check in and out of the house by ways of a sign in and out sheet 7. Must be out from the hours of 10 and 4 looking for employment, going to appointments,

outpatient and 12 step meetings. (Must have evidence of job applications upon request) 8. Must find employment within 14 days or be enrolled in school or volunteering. 9. Must attend 12 step meetings 3x a week for the first 30 days.

10. 10. No overnights for the first 30 days.

**First 30 Days of Residence**: 9pm Weekdays | 10pm Weekends **31 Days to 60 Days of Residence:** 10pm Weekdays | 11pm Weekends **61 Days till End of Residence:** 11pm Weekdays | 12pm Weekends. If for any reason a resident needs an extension on their curfew they **MUST**

contact the house manager. If a resident does not ask permission and stays out past curfew - it is grounds for expulsion.

**Philadelphia Reentry Resident Finances**

**BASIS**. Residents in a recovery residence must learn to take responsibility for their needs, which includes appropriate handling of personal finances.

**PROCEDURE**

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

. House manager/owner will use the form (see attached) to keep track of residents' fees. Fees must be paid on a weekly or monthly basis, as determined by the house manager/owner. Fees are $165.00 a week for double/triple rooms and $170.00 for single room

• Recovery Residence fees are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Fees include housing and utilities, such as Gas, electric, water, Wi-Fi etc. Fees may be waived in the first two weeks with consent of the owner. After which rent may accrue and back payment will be added on to the balance. Evidence of ability to pay may need to be provided in most cases.

• ***I understand that there is an Intake fee of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*** -I understand that I may pay fees on a biweekly or a monthly basis. Fees is due on the 1st of each month if paying on a monthly basis. If paying on a weekly basis, I understand that the period is Friday to Sunday , and that I must stay **a week ahead**. Fees will be collected during the community meeting for that week.

 -I understand that there is a **10% late fee** for fees not paid on time. In acceptance of the FINANCIAL AGREEMENT with All Good Things Recovery INC I agree that to qualify for Recovery Residence I must adhere to the attached Rules and Regulations and make my scheduled payments when due. I further understand that failure to make payments when due may result in my discharge from Recovery Residence.

**PROMISE TO PAY ACCOUNT**

For and in consideration of services to be rendered I promise to pay Philadelphia Reentry all its charges rendered to me from admission to discharge. I understand that the total of such charges are due and payable according to this FINANCIAL AGREEMENT.

**Resident Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ House manager/owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_**

 **Residency at Philadelphia Reentry Home**

 **As a client I understand that this residence is a program. The residency term is for up to 9 Months and at that time there will be a review to determine if more time is needed. By signing this agreement I understand the terms relating to discharge of the residence. Any major rule violations will result in immediate discharge such as:**

**-Stealing of any kind**

**-Fighting**

**-Acts of violence or aggression towards others**

**-Curfew violations,**

**-Consumption of drugs and alcohol of any kind/Being under the influence -Positive Drug tests, any non-narcotic prescription for client unaccounted for either 5 up or below will be considered abuse and also grounds for discharge. -Discovery of new criminal charges or sex offender registry**

**-Negative bad behavior any constant occurrences of discussed that repeat itself without being corrected.**

**Philadelphia Reentry stands by any rules listed that are broken can result in immediate discharge. By signing this contract I agree that I must leave immediately and take my belongings with me if I violate any rules. If necessary PRI will hold my belongings for one week and at that time belongings will be donated if not picked up. You revoke you’re right as a resident/client/tenant or any wording you may describe yourself as to continue to reside at resident listed in information portion. No you cannot stay until you find another place, you’re mail doesn’t give you the right to squat, no we do not have to go through eviction if you sign this. We have the right to discharge you and ask you to remove yourself for any reason we deem necessary.**

**Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager/owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**