



**THE SAFE HOUSE, LLC.**  
**A DIVISION OF MEEHAN & DAUGHTERS REAL ESTATE**

**Meehan & Daughters Real Estate**  
**Phone: 860-456-7610**  
**Fax: 860-423-5113**

**824 Main Street Willimantic, CT 06226**  
**Go to our website: [www.meehanrealty.com](http://www.meehanrealty.com)**  
**Email Us: [meehanh@hotmail.com](mailto:meehanh@hotmail.com)**

Date: \_\_\_\_\_ Intended Occupancy Date: \_\_\_\_\_ Sobriety Date: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SS #: \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Lic State & Driver License # \_\_\_\_\_

Car Make and Model: \_\_\_\_\_ Plate State and # \_\_\_\_\_

Are You A Member Of The Military \_\_\_ Yes \_\_\_ No Military Status: \_\_\_\_\_

Length of Years: \_\_\_\_\_ Months \_\_\_\_\_ at current Address

Landlord/ Manager Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Length of Years: \_\_\_\_\_ Months \_\_\_\_\_ at current Address

Landlord/ Manager Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Income Information: All Applicants Must Include Proof of Income**

Present Employer Name & Address: \_\_\_\_\_

Phone # of Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Employed From Year: \_\_\_\_\_ Month: \_\_\_\_\_ Current Monthly Income: \_\_\_\_\_

If not employed Source of Income: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you eligible for ATR?** \_\_\_\_\_

**Have you ever been evicted?** \_\_\_\_\_

**Have you ever been arrested?** \_\_\_\_\_ **If yes, please explain:** \_\_\_\_\_

**Explain any history of drug or alcohol abuse?** \_\_\_\_\_

**Name Of Bank:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **St.:** \_\_\_\_\_

**Personal References:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Credit Check Release:**

I am applying for an apartment through your agency. I hereby authorize and request all credit reporting agencies, employers, credit and personal references release all pertinent information about myself. A photocopy/fax copy of this shall be as valid as the original.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Read and Sign:**

I agree that the landlord may terminate any agreement entered in reliance on any misstatement made in this application.

I vow that all information entered on this application is true.

Security Deposits are not refundable until the lease has been fully executed.

Security Deposits that are put down to hold an apartment are not refundable unless the applicant is rejected.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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



Behavioral Health Recovery Program (BHRP)  
 Administrative Services Organization:  
**Advanced Behavioral Health, Inc.**  
**P.O. Box 735, Middletown, CT 06457**

PHONE: 1-800-658-4472 FAX: 1-866-249-8766

**TREATMENT VERIFICATION FORM**

**DATE:** \_\_\_\_\_

**RE:** Request for BHRP - Basic

Applicant's Name: \_\_\_\_\_

Treatment Provider: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Level of care / Type of treatment: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_ Expected Discharge Date: \_\_\_\_\_

Participation in behavioral health treatment is a requirement for individuals to access services through the DMHAS Behavioral Health Recovery Program (BHRP) – Basic. I am attesting that the individual named above is participating in behavioral health treatment.

\_\_\_\_\_  
 Name of Clinician Clinician Phone #

\_\_\_\_\_  
 Signature of Clinician Date

Please fax the form to **1-866-249-8766**.  
 If there are any questions contact BHRP – Basic staff at 1-800-658-4472.



**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) or the Access To Recovery (ATR) III Program, 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 and ATR III requests:

1. The DMHAS Administrative Service Organization; and
2. The Safe House, LLC
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 or ATR III 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 or ATR III 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:

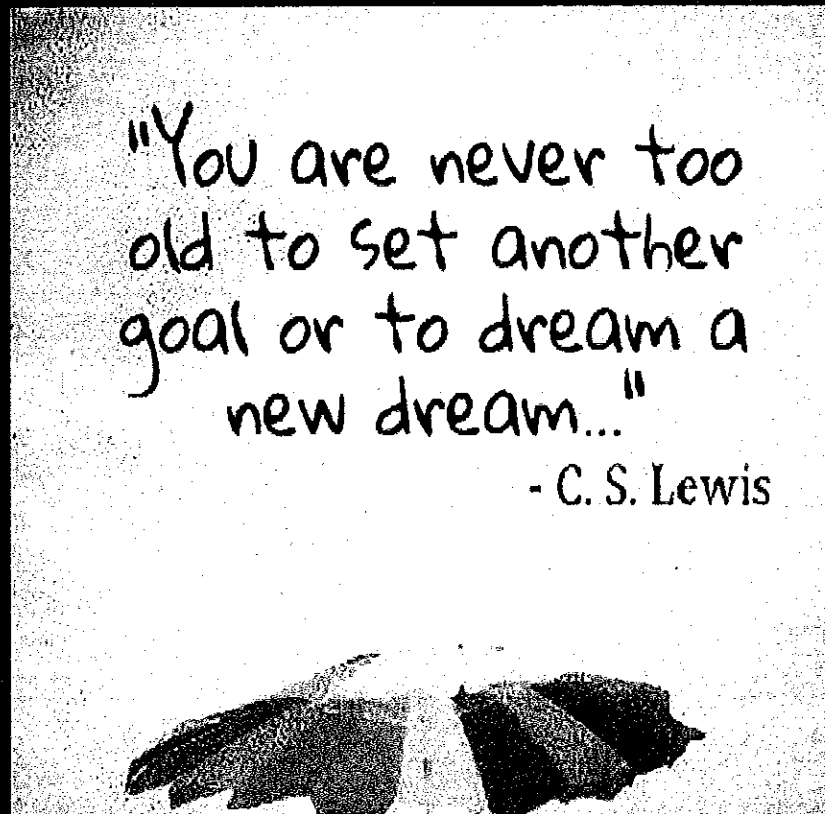
6 months from date signed  
 [Specific date, event or condition upon which this consent expires, only if different from above]

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (Signature of Participant)

MEEHAN & DAUGHTERS REAL ESTATE

## THE SAFE HOUSE, LLC.

SUPPORTED RECOVERY HOUSING SERVICES  
POLICY MANUAL



84-86 Spring Street

Willimantic CT 06226

Phone: (860) 456-7610 Fax: (860) 423-5113

E-Mail: [meehanh@hotmail.com](mailto:meehanh@hotmail.com) Web: [www.meehanrealty.com](http://www.meehanrealty.com)

## **THE SAFE HOUSE, LLC. POLICY MANUAL**

**THE SAFE HOUSE, LLC. Sober Living Mission:** To contribute to a recovery-oriented system of care by providing transitional supported recovery housing services in the Willimantic, CT community. The Safe House, LLC aspires to enhance success for individuals in recovery from substance use and co-occurring disorders whose personal goals are to secure permanent housing, employment, and contribute in a measurable positive manner to the community.

By providing a supportive, drug and alcohol free living environment as well as supportive recovery-oriented coaching to every resident and program participant, The Safe House, LLC aims to decrease the risk of relapse and reduce substance use treatment recidivism. The Safe House, LLC embraces the belief that 'recovery is possible'. By utilizing a person-centered, strengths based approach, promoting the active participation of each resident and program participant in their individual recovery planning, participants are encouraged to state preferences and make decisions that support recovery skills, foster independent living, promote community integration, and increase the longevity of overall good health and recovery.

The Safe House, LLC fulfills its mission in a manner that encourages equitable access of services. The Safe House, LLC is committed to providing culturally competent, gender responsive and respectful transitional recovery housing environment. The Safe House, LLC will ensure that all segments of the population have equal access and benefits to their programs and services. The Safe House, LLC will take affirmative steps to reach members of all groups and in particular communities who because of their race, color, ethnicity, economic status, disability and linguistic abilities may have not had the opportunity to fully participate in similar programs and services; it is the stated intent of The Safe House, LLC that no individual from a vulnerable community should be adversely impacted from its services.

### **Four principles central to recovery management at The Safe House, LLC:**

- 1. Consumer choice: the process of recovery is a personal one.**
- 2. Outcomes oriented.**
- 3. Increased capacity.**
- 4. Sustainability.**

### **THE SAFE HOUSE, LLC POLICIES AND PROCEDURES**

- Upon admission, individuals will receive a comprehensive orientation to The Safe House, LLC that includes a tour, overview of client rights and responsibilities, intake assessment, and preliminary recovery planning.**

- **Individuals must have an individualized recovery management service plan that is person-centered, and individuals and their families must be given sufficient information to allow them to make informed choices about the services in which they participate.**
- **The Safe House, LLC agrees to work with the individual and his/her family, as appropriate, to provide all necessary and desired appropriate services and supports in order to assist that person/family in achieving the goals identified in their plan.**
- **All fully served individuals have a single point of responsibility – a Supported Recovery Housing Services Specialist – with a caseload that is low enough so that: (1) their availability to the individual is appropriate to their service needs, (2) they are able to provide intensive services and supports when needed, and (3) they can give the individual served considerable personal attention.**
- **Services include the ability of SRHS Specialists or other staff members known to the participant to respond to clients 24 hours a day, 7 days a week.**
- **SRHS staffs are trained in culturally competent practices, and know the community resources of the client's racial/ethnic community.**
- **Services also include linkage to, or provision of, all needed services or benefits as defined by the client and/or family in consultation with the SRHS Specialist/case manager. This includes the capability of increasing or decreasing service intensity as needed.**

#### **CODE OF CONDUCT AND HOUSE RULES:**

##### **CODE 1. RECOVERY MANAGEMENT AND SUPPORTS**

Residents agree to attend on-premises "House Meetings" which are held 2 times per week, 1-2 hours per meeting. House meeting attendance is mandatory (the only exception is verifiable employment that conflicts with the scheduled house meeting). Residents agree to attend verifiable Self-help meetings each week. Self-help meetings include group therapy, 12-Step meetings, organized peer recovery meetings, spiritual gatherings, wellness oriented group meetings, etc. If you have a question regarding whether or not a particular type of group meeting complies as a self-help meeting, please ask your case manager. Residents are required to keep a weekly log of the meetings that they attend.

**Phase 1 (Initial 30 Days of Residency):** Resident agrees to attend at least 5 self-help groups per week.

**Phase 2 (30+ Days of Compliant Residency):** Resident agrees to attend at least 3 self-help groups per week.

**Phase 3 (90+ Days of Compliant Residency):** At least 2 self-help groups per week.

Residents should begin actively seeking a sponsor immediately, and should obtain one within 30 days of admittance. Residents are also required to have a self-help program book (AA, NA, Bible, etc.). If you do not have a recovery/wellness-oriented text, please see your case manager.

**RELAPSE POLICY:** There is a zero-tolerance policy towards drug and alcohol use on or off the premises, and such will result in the resident's immediate dismissal from the house (see Relapse Code 10 for requirements to return to house).

Absolutely no alcohol or drug use by any client, staff or visitor of the house on or off the premises. Law enforcement officials will be notified if there is illegal drug use in the house by any client or visitor. Any client possessing or using alcohol or drugs will be immediately discharged. Participants agree to remain alcohol and drug free. Residents agree to submit to drug and or alcohol tests at any time. Once staff requests a urine drug screen, the resident agrees to produce it within two hours and must remain with staff until ready to do so. Refusal to submit to a test will be treated as a positive test result and will result in immediate discharge.

**CODE 2. ADVANCING ONE'S RECOVERY:** Every resident will work with SRHS Specialist to develop a recovery management plan, which details advancing one's personal recovery. Examples of advancing one's recovery or program might include an outpatient day program at a treatment facility, returning to or looking for work, volunteering and being of service in any way by an organization needing help, family therapy, attending self-help meetings every week, vocational development activities, working at a job— these sorts of actions indicating progress is what we want to see.

Residents agree to meet with their respective case manager.

**Phase 1 and Phase 2** residents agree to meet with case managers for a minimum of 60 minutes each week. **Phase 3** residents will work with their case manager to develop an individual recovery plan with personal guidelines tailored to their needs, and agree to abide by this recovery plan. Residents will meet with case managers as mutually agreed upon in this plan.

### **CODE 3. CURFEWS AND OVERNIGHT REQUESTS**

**\*Residents and guests agree to sign in and out of the house upon departure and arrival.**

**Residents' agree to adhere to stated Curfew Hours.**

**Phase 1 (Initial 30 Days of Residency):** Sunday through Thursday - 10:00 pm

Friday and Saturday - 11:30pm

**Phase 2 (30+ Days of Compliant Residency):** Sunday through Thursday - 11:00 pm

Friday and Saturday - 12:30pm

**Phase 3 (90+ Days of Compliant Residency):** TBD on a case-by-case basis with management.

\*Exceptions to curfew hours will be made for verifiable employment and recovery activities as needed.

**Residents' agree to adhere to stated Overnight Request Rules.**

**Phase 1 (Initial 30 Days of Residency):** Overnight passes will not be granted for the first two weeks. All overnight passes must be requested in writing at least 72 hours in advance. Management has the right to approve or deny any requests for overnight stays. Requests for legitimate reasons that will promote recovery may be approved (ie. overnight visit with supportive family members on a weekend, etc.). All requests will be verified.

**Phase 2 (30+ Days of Compliant Residency):** Overnight passes must be requested in writing at least 24 hours in advance. A call at 10pm requesting an overnight for that night will not be approved.

**Phase 3 (90+ Days of Compliant Residency):** TBD on a case-by-case basis with management.

**CODE 4. TRANSPORTATION**

Transportation is not provided. Residents are responsible for setting up all of their own transportation.

**CODE 5. GUESTS AND VISITORS**

There are no visitors allowed in the house without the consent of the program staff, and guests are only allowed in common areas. Visitors are not permitted to stay overnight.

**CODE 6. RULES AROUND THE HOUSE:**

1. Residents give consent to be drug/alcohol tested 24/7 and to remain sober while you are a resident at THE SAFE HOUSE, LLC. Residents agree to not engage in any unlawful or disruptive activities on or off the property.
2. Residents give consent to management to search your room and personal belongings if management feels this is necessary.
3. Rough-housing, arguing, yelling, threatening, and other aggressive behaviors are unacceptable. There is a zero-tolerance policy for aggression; guests who display threatening, intimidating, and/or aggressive behavior will result in guest's immediate removal from the house.
4. Residents agree to not use abusive language, not to show aggressive or violent behavior or act in a threatening manner to any housemates. Bring any grievances to staff and management will address all concerns.
5. Residents agree to keep their bodies respectfully covered in all common areas.
6. Residents agree to keep their rooms neat, tabletops clear, laundry stowed appropriately and beds made up in the morning. Maintaining good personal hygiene, washing laundry and bed linens at least weekly are examples of what is expected of residents.



7. Residents agree to perform their assigned chore on a daily basis. Chores will rotate weekly.
8. Residents agree to clean up after themselves in common areas.
9. Bathroom toiletries and cosmetics must be kept in a shower caddy or zip-lock bag in personal bed rooms.
10. Residents agree to respect house rules and other guests. If you believe another guest has made an unreasonable request related to your personal habits, bring the situation up with management.
11. Stealing of anything will result in immediate discharge.
12. Be mindful of other residents and limit the use of phone services.
13. Clients are not allowed to borrow money from other clients or staff.
14. Smoking is not permitted in the dwelling; smoking is only permitted in designated areas outside of the house. Please place all cigarette butts in the appropriate cigarette butt dispensers. There is no "bumming" of cigarettes permitted. Residents are not permitted to ask transportation staff for cigarettes.

#### **CODE 7. IN CASE OF EMERGENCY**

Staff are available on call 24 hours a day. ICE signs with proper phone numbers are located throughout the house. In the event of an emergency that may threaten the health or safety of self or others, call 911 immediately and then notify staff.

#### **CODE 8. INFORM STAFF OF MEDICATIONS AND MEDICAL PROBLEMS:**

Residents agree to discuss any and all current or past medical problems with staff and provide management with a list of all current prescribed medications. All clients are responsible for the safety and administration of any medications they may have. Furthermore, if medication management assistance is needed speak with your case manager for a referral to CT Visiting Nurses Association. Residents agree that THE SAFE HOUSE, LLC. CANNOT BE HELD RESPONSIBLE IF YOU ABUSE YOUR MEDICATIONS, WHICH OBVIOUSLY CAN LEAD TO SERIOUS HEALTH PROBLEMS AND EVEN DEATH. YOU MUST CONSULT WITH YOUR DOCTOR ABOUT ALL ISSUES AND SIDE EFFECTS RELATED TO MEDICATIONS.

#### **CODE 9. CARS**

Any motor vehicle on the property must be registered and insured, and each program participant is limited to one motor vehicle. All drivers must have valid driver's licenses. Cars must be in working condition.

#### **CODE 10. PERSONAL BELONGINGS**

Residents agree to accept full responsibility for any personal property. Residents have been advised to not bring any item of sentimental or significant monetary value into the house because of risk of loss or theft. Residents agree to hold the program and staff harmless from any and all losses I may have, from theft or otherwise. Residents understand that personal belongings are not insured unless they obtain their own insurance policy at their own expense. Upon leaving program for any reason whatsoever, residents will immediately remove their personal belongings. All personal belongings will be donated after three (3) days, with no compensation.

#### **CODE 11. BEING A GOOD NEIGHBOR/COMMUNITY BUILDING**

Residents agree to be “good neighbors”. We must be considerate as well as friendly and responsive to a neighbor’s needs. Shouting or any loud noise, swearing, where we park our cars, toss cigarettes etc. should be minded acutely. This is important because while *communities* agree sober livings provide an important and necessary service, most *people* when surveyed said having a sober living next door would unnerve them. Let’s help people reverse this old way of thinking and be better than any average neighbors.

#### **CODE 12: RELAPSE POLICY**

If you relapse, as evidenced by a positive urinalysis or Breathalyzer, you are subject to immediate dismissal from the house. If it is your first violation, you can petition management to permit a rehabilitative attempt. Provided management agrees, you must leave the house immediately and detox at a recognized detox facility. You must continue to pay your Weekly Rent and keep it current when you are in detox.

#### **CODE 13. INFORMING MANAGEMENT ABOUT A RESIDENT WHO HAS RELAPSED**

Residents agree to alert management immediately should you discover that another Resident has relapsed and is using drugs or alcohol. Residents have an obligation to protect each others’ health and safety; please inform management so we can handle it as a medical issue.

**CODE 14. VIOLENCE:** No threatening, violence, or acts of dishonesty. No form of aggression, from yelling to any sort of physical contact or damaging house property will be tolerated in any way, shape or form and may result in immediate dismissal from the house. No weapons of any sort are permitted on any persons on the premises of The Safe House.

#### **CODE 15: KEEPING THE SAFE HOUSE SAFE**

The Safe House, LLC is determined to provide a safe living environment for all of its residents. Fire evacuation plans and fire extinguishers are posted in common areas. The Safe House, LLC will have random fire drills, in which all residents must participate. First aid kits are also available in common areas. Please inform management of any safety concerns as soon as

possible.

**CODE 16: DEPARTURE AND DISCHARGE POLICY**

Staff will assist clients to secure permanent housing based upon their recovery plan.

**CODE 17: ANTI-DISCRIMINATION AND EQUITABLE SERVICE PROVISION POLICY**

The Safe House, LLC is committed to provided services in a fair and equitable manner. If at anytime, you feel that we are not meeting this standard, you are advised to file a grievance form with management. We value your feedback and appreciate your candidness in these matters.

**CODE 18: GRIEVENCE PROCEDURE**

If for any reason you feel that an issue was not handled appropriately in an informal manner, we would like you to file a written grievance form. You are welcome to identify yourself or submit it anonymously. Grievance forms are located outside the office and can be submitted in the locked mailbox outside the office. The Safe House, LLC is committed to respecting your rights and supporting your recovery. Please feel free to submit suggestions and ideas for wayd in which we can improve.

***CLIENT AFFIRMATION OF RECEIPT OF THE SAFE HOUSE, LLC POLICY MANUAL***

*By signing below you signify you have received The Safe House, LLC Policy Manual and have had a comprehensive orientation, reviewed this Code of Conduct and all associated rules with management, have been given ample opportunity to ask questions, and you understand and agree with the Code and rules herein, and agree to abide by the same.*

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

I, \_\_\_\_\_, agree to follow all rules.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date