



Recovery Housing for Men and Women

Welcome Packet

116 Market Street
Kittanning, PA 16201

Mission: Unity Home Partners Recovery Housing Program is intended to inspire hope for program members that recovery and independent living are not only possible, but attainable!

The service is designed to promote:

- Relapse prevention
- Develop recovery tools
- Continuous clean time
- Harm reduction
- Empowerment
- Provide a safe drug free environment
- Employment or volunteer work
- Increased self-esteem and self-worth
- Maintaining member's privacy and confidentiality

The UHP Recovery Program is based on the recovery principles of active involvement, the right to self-determination, and the right to your choice of services. This program is guided by the belief that people with substance use disorders need opportunities to identify and choose a role for themselves. These roles include healthy life choices, working in the community, helping others, and staying active in their recovery. For this reason, it is essential that the member not only agree to and participate in the program, but they must take an active lead in the process. The UHP Recovery Program will empower members with substance use disorders to achieve goals and cope with the stressors and barriers encountered during the recovery process and reintegration.

In this Welcome Packet you will find the following:

- A. Membership Agreement
- B. Facility Rules
- C. Application for Admission
- D. Financial Verification
- E. MAR Policy



Recovery Housing for Men and Women Membership Agreement

A. Membership Agreement

This agreement dated _____ is between myself, ("Member") and Unity Home Partners, and sets forth the terms under which I, the member, may continue to participate in the program and stay at the facility owned and operated by Unity Home Partners located at 116 Market Street, Kittanning, PA 16201.

1. My membership is day to day, and will be for a maximum of 2 years, (24 months), and may be renewed at the end of this period. I understand that I do NOT have renter/tenant rights and agree to waive such rights as a condition of my membership. Also, if I violate any of the house rules, which are subject to change upon notice, if I don't pay any and all program fees on time, or otherwise violate any part of this agreement, as determined by the staff of Unity Home Partners, I understand that I will be asked to leave the property and will immediately and voluntarily do so. Additionally, I agree to leave immediately if I am found to be under the influence of drugs or alcohol. Exceptions may be made if the member agrees to seek additional help and follow treatment recommendations.
2. I agree to pay the following membership fees, which are subject to change upon notice: **\$450.00** monthly regardless if I am here for the entire month or not. **This will be paid on or before the first of every month.** This is to be paid to the Unity Home Partners Recovery Program and given to the program Manager/CRS. I understand that no refunds will be given for any partial week. I understand that all fees must be paid on time in by check or money order.
3. I agree and understand that Owners and Staff of Unity Home Partners are not responsible for any personal property lost, broken, or stolen by members or their guests. Furthermore, personal property left at the facility after membership ends will be stored off site for 10 (ten) days and after such time will be disposed of at our discretion.
4. I understand and agree to **follow all the house rules** established by Unity Home Partners Recovery Program including the completion of a D&A Screening and Assessment by a licensed provider within 10 days of admission and attending 90 meetings in 90 days after intake. I will also complete a recovery plan and weekly sessions with the program CRS to grow in my recovery and prevent relapse.

Staff Signature: _____

Date: _____

Member Name: _____

Member Signature: _____

Date: _____



Recovery Housing for Men and Women

Facility Rules

B. Facility Rules

1. Any use of alcohol or drugs is grounds for immediate expulsion. Should a member relapse, the individual will be required to participate in a drug alcohol level of care assessment and follow through with any/all recommendations. Returning to residency at the facility will be contingent on the member following through with recommendations of the Unity Home Partner staff and/or other service providers involved.
2. We do random drug and alcohol testing and additional testing as necessary. Refusal is considered a positive test. You will be automatically and immediately dismissed from the program for refusing to submit to a drug screening. Tampering with the testing with result in immediate expulsion from the program.
3. Membership fees must be paid on time. Late payments are subject to late fees (\$25 late fee).
4. Stealing, destruction of property, and violent behavior is cause for immediate expulsion. If it does not belong to you, do not use it or take it. If you damage the house/apt, contents of the house/apt, or another house/apt. member's property, you will be required to pay for it and could result in discharge from the program.
5. Smoking or use of any tobacco product (including vaping) is NOT allowed in the house. Smoking, vaping, and dipping are permitted in the designated areas ONLY in the rear of the building. If you are caught smoking in the house it will be a \$50.00 penalty for first offense. Second offense you will lose your privileges and face immediate discharge.
6. Absolutely no knives, weapons, or firearms of any kind are allowed on the property.
7. No one is permitted in another member's room unless invited, except for Unity Home Partners Staff. Approved guests of a member are confined to the common areas and are NOT permitted in any of the bedrooms. No overnight guests are permitted. All guests must leave the premises by 10:00 p.m.

8. Curfew is 10:00 pm Sunday- Thursday, 12:00 am Friday and Saturday. Overnight passes must be approved in advance by the UHP staff. No overnight pass will be authorized within the first 30 days of membership. After 30 days, members are allowed (2) overnight guests per week. Only one member in each apartment can have an overnight guest at a time. No additional guests are allowed in an apartment when a member has a child as a visitor. Any special circumstances must be pre-approved by UHP Staff ahead of time. All guests must be reasonably quiet and respectful of others in the facility.
9. Members are responsible for the actions of their guests. It is your responsibility to make sure your guests follow the rules of the house. Remember, this is a group living home. If your guests are visiting frequently and/or for extended periods of times as to become intrusive, your guest privileges may be suspended. Residents and guest are not allowed to be actively using or engaging in any other illegal activity such as prostitution or illegal gambling.
10. **Absolutely no sexual activity is permitted between members and/or guests.** Everyone is expected to sleep only in their assigned apartment.
11. "Quiet time" is in effect each night at curfew. Please be respectful of other members of the house. Disruptive behavior will not be tolerated. Respectful behavior is an important part of recovery.
12. Within 30 days, all members are required to be working, attending school, or otherwise engaged in a wholesome activity. Members with unusual job requirements and/or schedules will be considered on a case by case basis and must have the prior approval of UHP staff. Members who are unemployed when they come to Unity Home Partners Recovery House must be on a verifiable job search each day Monday - Friday.
13. A television is available for use by all house members. Each member is responsible for their own cell phones.
14. All members are required to complete daily, and weekly chores as assigned. All members are required to clean up after themselves, keep their personal space neat and orderly, and maintain good personal hygiene. You must clean common areas (kitchens and bathrooms) after use.
15. Anyone on Parole/Probation must follow all the terms of their Parole/Probation officer. Anyone who breaks the law while a member at Unity Home Partners will be immediately asked to leave the facility.
16. Gambling by members is strictly prohibited. Do not lend or borrow money from other members.

17. No pets are allowed inside or outside of the property at any time. Verified emotional support animals may be considered upon request with additional \$25 per month fee for the support animal.
18. No medications shall be permitted in the house that would not be permitted in a treatment facility, unless special circumstances exist and are approved by the house. All medications must be approved by the staff before the prescription is filled. Members on medically assisted treatment must keep their medicine in a lock box provided by UHP. Prescription narcotic medications are not permitted. Xanax and other similar medications are not permitted. All other medications are allowed only if they are prescribed to you by a doctor and are taken as prescribed. Medications are not to be shared with any other member of the house. Upon entering the house, you must show proof of the prescription to management. Management has the right to count medication at any time and must be taken as prescribed.
19. Monthly house meetings are mandatory unless previously approved by your UHP staff.
20. Owners of Unity Home Partner's Recovery House will not be liable for any personal injury on the property. This includes injury to members and their guests.

FAILURE TO COMPLY WITH ANY OF THE HOUSE RULES will result in the loss of privileges and or immediate membership termination.

By signing this, I agree to follow each one of the above rules and conditions.

Staff Signature: _____

Date: _____

Member Signature: _____

Date: _____



Recovery Housing for Men and Women

Unity Home Partners Recovery Program

C. Application for Admission

To apply for membership at Unity Home Partners Recovery Home, you must submit and complete this application. Afterwards, you will have a complete interview with program staff. If accepted, UHP will then arrange with you a date and time of your arrival.

Member Information

Name: _____

DOB: _____

Phone #: _____

SS # (optional): _____

Emergency Contact:

Name/Relationship: _____

Phone #: _____

Collaborative Contacts (Outpatient Services, Parole/Probation Officer, etc.):

Name/Title: _____ Phone #: _____

Name/Title: _____ Phone #: _____

When using, what was your drug of choice? _____

What is your sobriety date? _____

Which 12 step meetings do you attend?

AA

OTHER

NA

CA

Do you have a sponsor?

Yes

No

Are you involved in any legal action?

Yes

No

Do you have any medical conditions?

Yes

No

If "Yes" please list: _____

Are you taking any medications prescribed by a doctor?

Yes

No

If "Yes" please list: _____

Please note all drugs must be secured. Please see facility rules for more information.

IMPORTANT NOTICE:

You do NOT have renter's rights or any rights of tenants pursuant to the Pennsylvania Property Code, and expressly waive all such rights in exchange for membership privileges.

I have read the above notice and understand that I am applying for membership in a Unity Home Partners Recovery House as a member of a sober living home. I agree to abide by the responsibilities and requirements of the house and fully subject myself to the rules of the home, which include periodic/random drug testing. I understand that I am subject to immediate expulsion, without prior notice or refund of deposit/fees, from the home if any of the following occur:

- I use alcohol or drugs (other than prescribed and previously approved by the UHP staff)
- I engage in disruptive behavior (continued patterns of irresponsible behavior or disruptive behavior)
- If I leave voluntarily at any time I am required to give a 30-day written notice to the applicable Unity Home Partners Recovery House- Manager, CRS or Recovery Coach.
- If I am in default of payment.

By signing below, I certify that the information contained in this application is true. I have read and understand the UHP rules and policies. I understand and accept the above conditions as set forth for fees to UHP and agree to abide by said conditions should I be accepted as a member. My signature below indicates that I agree to all terms and conditions of this agreement.

Staff Signature: _____

Date: _____

Member Name: _____

Member Signature: _____

Date: _____



Recovery Housing for Men and Women
Financial Verification

D. Financial Verification:

Are you currently employed?

Yes No

If so where? How many hours per week? _____

Do you have any other sources of income? _____

If NO source of income, please describe how you plan to pay the membership fees:

If you get assistance from an agency to pay the membership fees, how much is the assistance for?

How long is the assistance going to continue? _____

Agency or family member contact information (Name and Phone Number)

How do you plan to pay the membership fees after the assistance is finished?

If no sources of income and no assistance, are you committed to working to find gainful employment and/or assistance in your first 30 days of residence? _____



Recovery Housing for Men and Women

MAR and Medication Security Policy

E. MAR and Medication Security Policy

This agreement dated _____ serves as a written consent that I understand Unity Home Partner’s policy on Medication Assisted Recovery (MAR) and medication safety policies and procedures to ensure member safety and reduce diversion risks.

Unity Home Partners understands the value of MAR in the recovery of some of our members. Even if you personally do not receive MAR treatment, all members and staff play a critical role in medication security.

If you are receiving MAR, you will be asked to sign a release of information for your prescribing physician to verify your status. Any medications that must be stored on site will be secured in the House Manager’s office inside a safe. The House Manager resides on-site and will therefore be available to provide you access to your medications as prescribed. If the House Manager is unavailable, Directors will be on-site to coordinate medication access to ensure there are no interruptions in dosages. Minimum required dosages may also be given to residents if the House Manager is not on site.

If you are prescribed any controlled substances or medications with potential for abuse/diversion while a member at Unity Home Partners, your medication must be stored on site in the House Manager’s safe as well. The same access will be provided to your medications.

All MAR or controlled substances will be inventoried and logged daily by the House Manager. Our staff do not dispense medication; however, we can support you in obtaining blister/bubble packs to help you better manage your dosages. All other medications are expected to be secured in individual resident lock boxes.

Please note that is important to be honest about the medications you are taking. We will regularly, randomly drug test all members and program staff. If you have any concerns about medication safety or security, please contact the House Manager immediately.

Staff Signature: _____

Date: _____

Member Name: _____

Member Signature: _____

Date: _____