



THE ENDEAVOR HOUSE

A MWV SUPPORTS RECOVERY INITIATIVE

# POLICIES AND PROCEDURES MANUAL

1620 E Main St Center Conway NH 03813

603-662-0668

[www.mwvsupportsrecovery.org](http://www.mwvsupportsrecovery.org)



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## MISSION STATEMENT

The Endeavor House is an initiative of MWV Supports Recovery and has adopted the same mission statement.

*Recovery is possible. Stigma can be erased through education. MWV Supports Recovery will “Echo” the sounds of recovery throughout the valley and region.*

## GUIDING PRINCIPLES

Areas of Focus: Awareness, Treatment, and Prevention

- Provide support services and access treatment avenues for individuals and families experiencing substance use disorder
- Educate the community on substance use disorder focusing on prevention, treatment, and recovery and relapse prevention.
- Collaborate with all community sectors on substance use disorder focusing on prevention, treatment, recovery, and relapse prevention.
- Support advocacy through education and training.
- Participate, advocate, and lobby for recovery on a broader stage to regional, county, state, and federal organizations.

## VALUES

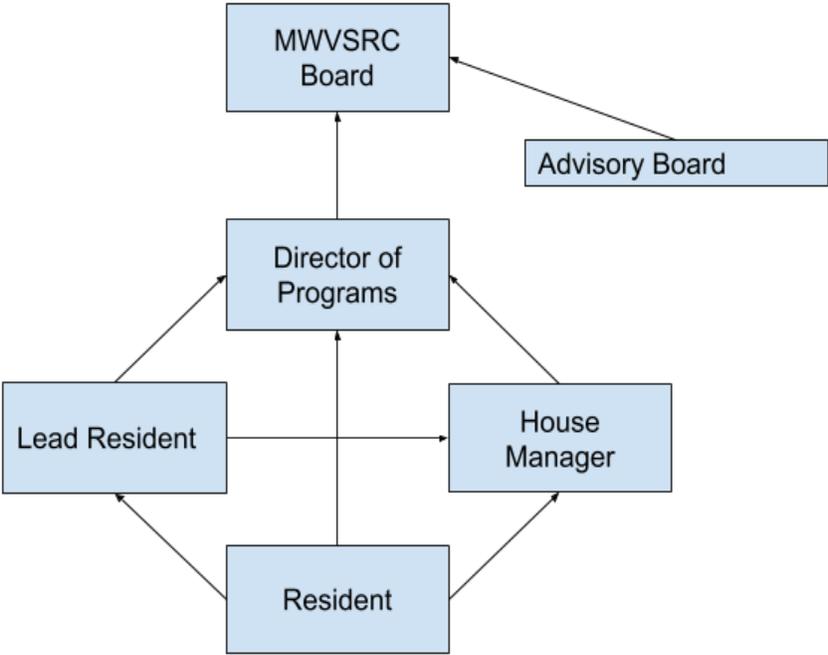
The values of MWV Supports Recovery are focused on trust, resilience, friendship, and family.

## CORE COMPETENCIES

The Endeavor House core competencies include: Commitment to recovery and safety of our clients, emphasis on communication and influence and responsiveness to our client’s needs.

At the Endeavor House, communication and responsiveness is prioritized and influence and mentorship is provided appropriately to aid in the client’s recovery with the help of house managers, life skills counselors, and peer mentorship.

ENDEAVOR HOUSE ORGANIZATIONAL CHART



## **CODE OF ETHICS**

The interactions of the Endeavor House owner, House manager, and volunteers, with the residents will be governed by ethical standards. Residents in a Recovery residence environment have the right to expect ethical behavior from the Endeavor House owner, House manager, and volunteers. Following ethical guideline will protect the residents and the Endeavor House staff from inappropriate relationships and interactions.

The Endeavor House strives to maintain a respectful environment built on honesty and trust. Focusing on our resident's individual growth to include those core principles is important to us.

Endeavor House members will:

- Conduct our business honestly and ethically.
- Treat all persons with dignity and respect.
- Safeguard a person's privacy and confidentiality per local, state, and federal requirements.
- Not threaten or comment on act of physical or emotional abuse.
- Not become romantically or physically involved with persons currently served (or served in the recent past)
- Not engage in harassment
- Not discriminate due to race, religion, age, sexual orientation, disability, national ancestry, or economic condition (does have latitude to outline specialty population served)
- Strive for continued personal growth and self improvement through education, training, and consultations.

The Endeavor House has the following procedure set in place:

1. All male contact with Endeavor House residents will be monitored at all times by a female, whether it be the Endeavor House owner, House manager, or a volunteer.

2. Anyone who observes or has substantial reason to believe that the Endeavor House owner, House Manager, or volunteers have engaged in unethical behavior in violation of this policy must report that behavior in confidence to their foreperson. Likewise, if the Endeavor House owner or a volunteer is to believe a resident has behaved with him/her in such a way as to provoke or invite unethical behavior must report that interaction to the Endeavor House owner.
3. If a resident fails to comply at any time, this breach will constitute grounds for disciplinary action, including probable discharge. The Endeavor House owner, House Manager, and volunteers will also be oriented to this policy and indicate understanding and agreement to comply.

## **RESIDENT RIGHTS AND RESPONSIBILITIES**

This is set in place to safeguard the residents of the Endeavor House and to ensure the best experience possible.

Residents will be informed of their rights and responsibilities upon admission into the program and given a copy of the (Program Description) and (House Rules-the Resident Responsibilities)

The Endeavor House Resident Rights are as follows:

- 1) To be treated with dignity and respect
- 2) To participate actively in your recovery
- 3) To be given information regarding informed consent prior to the start of your stay.
- 4) Be seen by a private physician with the understanding that all costs will be the responsibility of the resident.
- 5) Have all information pertaining to stay held in confidence.
- 6) Receive information regarding costs.
- 7) Be fully informed at the time of admission of the rights and responsibilities set forth herein and of all the rules and guidelines governing resident conduct.
- 8) Initiate a complaint or grievance procedure and understand that you may begin the process by filling out a grievance slip or contacting the Endeavor House owner or volunteer.
- 9) Request referral resources in the event of your dismissal from the Endeavor House.
- 10) Not to be required to perform services for the Endeavor House.

## CONFIDENTIALITY AND RESIDENT RECORDS

This policy is set in place to protect the right to privacy for all Endeavor House residents. The right to confidentiality, whether it be verbal or written information, shall be protected and in compliance with state and federal laws.

The following procedure will take place:

- 1) The Endeavor House owner, House manager, volunteers, and residents of Endeavor House, will adhere to the confidentiality laws and procedures as set forth in Federal law 42 CFR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records.
- 2) Residents will be informed upon admission of their rights to confidentiality and be given the opportunity to sign consent forms for the release of information. Residents may choose whether or not to sign and may revoke a release at any time (See attached form).
- 3) Upon admission, the Endeavor House will provide for the residents to sign, a “Resident Confidentiality Agreement” (See attached). The Endeavor House owner will explain that this agreement is for the purpose of ensuring confidentiality among the residents and building trust.
- 4) Resident files, both current and past, will be kept in a locked filing cabinet in one of the recovery residences’ offices, which will have the capability for the door to the office to be locked. These files will be under the direct maintenance and supervision of the Endeavor House owner. The files will be utilized and viewed only by Endeavor House members unless:
  - The resident whose name appears on the file requests to view their file.
  - The resident has signed a release of information form for the specific person that has requested to view the file, or any parts thereof, on which a statement forbidding further disclosure will be stamped on each page released.
  - A court order is furnished requesting the file.
  - A situation in which the resident’s life is in danger and the file or the portion thereof would aid in the treatment of the resident.

## RESIDENT CONFIDENTIALITY AGREEMENT

The confidentiality of recovering persons is protected under Federal Law 42 CFR, which protects them from anyone outside of the residence having knowledge of their participation in the recovery residence without the resident's specific permission. No information regarding a resident of Endeavor House may be released to anyone outside the program unless:

1. The resident has signed a consent form to that person/agency.
2. The court order is issued to Endeavor House.
3. Medical personnel require the information in a medical emergency.
4. The resident threatens to harm him/herself or someone else.

Federal law does not protect a resident if they commit a crime against anyone at Endeavor House. Also, Federal law does not restrict sharing of information regarding reported child abuse/neglect to appropriate state and local authorities.

These laws apply not only to the Endeavor House owner, members, and volunteers of the Endeavor House, but also the residents as well.

\*\*\*\*\*

I agree to not reveal to anyone outside the Endeavor House, the name, identity, or description of another resident. I also agree to not discuss the content of conversations or groups with anyone outside of Endeavor House. This includes sharing at 12 step meetings. I agree to inform the Endeavor House owner if any of my peers reveal any information about themselves or another resident that may be a cause for concern.

Resident Name (Printed) \_\_\_\_\_

Resident Signature \_\_\_\_\_

Endeavor House owner \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

Name of Resident: \_\_\_\_\_

I hereby request and authorize:

**Endeavor House 1620 E. Main St. Center Conway NH 03813 Phone: 603-662-0668**

To disclose to or obtain from:

\_\_\_\_\_  
\_\_\_\_\_

The following types of information from my records (and any specific portion thereof):

- Medical history/Physicals
- Alcohol and drug abuse treatment record
- Laboratory reports
- Psychological evaluations
- Other \_\_\_\_\_ For the purpose  
of \_\_\_\_\_

All information I hereby authorize to be obtained from the agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

- Ninety (90) days unless otherwise an earlier time period of \_\_\_\_\_
- One (1) year
- The period necessary to complete all transactions on account related to services provided to me

I understand that unless otherwise limited by state or Federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

Signature of Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

Endeavor House owner: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

To be used only if Resident withdraws consent:

Resident signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information which is being disclosed is from records whose confidentiality is protected by federal law. Federal Regulations (42-CFR Part 2) prohibit disclosures without the specific consent of the person to whom it contains. A general authorization is NOT sufficient for such release. The Federal rules restrict any use of this information from a criminal investigation or to prosecute any alcohol or drug abuse patients.

## **COMPLAINTS/GRIEVANCES:**

MWVSRC is committed to meeting the needs and expectations of our residents. We will work with each resident to try and resolve any conflict and try and provide a satisfactory outcome for all parties involved whenever possible. The Endeavor House strives to ensure that grievances are handled respectfully, appropriately, and professionally. If at any time a resident of the Endeavor House has a complaint, problem, or concern during their stay, please follow the procedure outlined herein:

1. A *Grievance slip* form follows this page. If additional forms are needed, please ask the Director of Programs. The form is to be completed, signed, and placed in a sealed envelope, and given to the Director of Programs. The director will make a copy of it and place it in the resident's file. The original will be returned to the resident after being signed by the Director of Programs acknowledging receipt of grievance.
2. If a verbal complaint is being made to the Director or an employee, then they will assist the resident with filling out the grievance slip. It will then be signed by the resident and the director/employee. If the complaint was received by an employee, then the employee will notify the Director of programs. A copy is to be made and placed in the resident's file and the original will be given to the resident.
3. In either instance, the Director of programs will meet with the resident to discuss the complaint/grievance within an acceptable period of time. The nature of the grievance, the impact, and possible resolution (s) for the grievance will be discussed. At that time, an additional signature will be required at the bottom of the grievance form acknowledging that the meeting took place between the Director of programs and the resident.

The Endeavor House ensures that all grievances will be followed through with investigation, validation, and recommendation.

**THE ENDEAVOR HOUSE GRIEVANCE SLIP**

**RESIDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**VERBAL DATE FILED:** \_\_\_\_\_ **WRITTEN DATE FILED:** \_\_\_\_\_

**COMPLAINT/GRIEVANCE RECEIVED BY:** \_\_\_\_\_

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**RESIDENT COMPLETES THIS SECTION:**

**COMPLAINT/GRIEVANCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**RESOLUTION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I have reviewed the complaint/grievance with the complainant and it has been filled out with all pertinent information, which has been agreed upon with the complainant.

**Signature of person making grievance/date:** \_\_\_\_\_

**Signature of person witness to verbal grievance/date:** \_\_\_\_\_

**Signature of Director acknowledging receipt of :** \_\_\_\_\_

**ACKNOWLEDGEMENT OF MEETING TO DISCUSS:**

**Signature of person making grievance/date:** \_\_\_\_\_

**Signature of Director of Programs/date:** \_\_\_\_\_

## **ADMISSION CRITERIA AND INTAKE PROCEDURE**

It is necessary to provide prompt and consistent care for residents entering the Endeavor House. Certain steps need to be taken to ensure the resident is an appropriate fit. Upon first contact with the potential member, whether by phone or in person, the Endeavor House owner will screen the potential resident to determine whether or not they are an appropriate fit for the Endeavor House by applying the following admission and exclusion criteria:

**Admission Criteria;** The potential resident must:

- A) Be admitted voluntarily
- B) Be 18 years of age or older
- C) Be at least 28 days from the last use of alcohol and/or drugs
- D) Be medically stable. Any individual with ongoing medical problems, including dual diagnosis, may be accepted if they are addressing these problems with outside professional help, including medication management
- E) Have adequate control over their behavior and assessed not to be imminently dangerous to oneself or others
- F) Express a desire to recover from addiction to drugs or alcohol
- G) Be assessed as medically appropriate and free of any illness that requires isolation from others.
- H) Have the capacity for active participation in all phases of the program
- I) Be ambulatory and meet personal needs without assistance
- J) Have adequate resources to pay for the program

**Exclusion Criteria;** The potential resident cannot:

- A) Have clinical manifestations that meet criteria for a more intense level of care (e.g. Acutely psychotic or a danger to self or others)
- B) Have severe permanent deficits in recent memory, attention, concentration, who cannot attend effectively to activities of daily living and whose cognitive impairment prevents them from understanding and participating in the program.
- C) Have ongoing medical issues, which require a more intensive level of monitoring and care than can be provided by the Endeavor House.

If the potential resident is assessed as appropriate for the Endeavor House program then the Endeavor House owner completes the initial screening, and if appropriate, the potential resident is invited to interview in the residence with potential roommates and the Endeavor House members.

**Initial Screening:**

- A) The Endeavor House owner obtains assessment information from the resident and will verify the identity of the resident through identification.
- B) The Endeavor House owner will have the resident complete and sign the Resident Information Form (See application attached)
- C) The Endeavor House owner will review the Confidentiality policy and obtain the resident;s signature of the Confidentiality agreement and Release of Information forms.
- D) The Endeavor House owner will also review the resident’s rights and responsibilities, the rules, groups, emergencies, and all other general information found within the program description and obtain all signatures requested.
- E) The Endeavor House owner will provide the resident with a copy of the Resident Handbook and at this time will search the resident’s belonging for any hazardous items.
- F) The Endeavor House owner will administer a urine drug screen.
- G) If the resident has had a recent physical and lab work (including TB testing) and has not brought the results, then the Endeavor House owner will obtain a release from the resident for medical information from the referral source.

The resident will be informed of the fees for the recovery residence.

The resident will then be escorted to their residence and assigned a room.

\*If the potential resident is determined as inappropriate then suitable referrals will be provided.

# ENDEAVOR HOUSE RESIDENT APPLICATION

## APPLICANT INFORMATION

Today's Date: \_\_\_\_\_

Desired date to move in to the Endeavor House: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Current physical address:

\_\_\_\_\_

Current mailing address (if different from physical):

\_\_\_\_\_

Do you own or rent: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

How long: \_\_\_\_\_ What is your monthly gross income: \_\_\_\_\_

Are you receiving welfare or other non-job related income: \_\_\_\_\_ If yes,  
please explain:

\_\_\_\_\_

Marital status: Married  Separated  Divorced  Widowed  Partnership

Level of education completed: H.S.  College  Grad school

Other: \_\_\_\_\_

Are you a Veteran: \_\_\_\_\_

Are you pregnant: \_\_\_\_\_

Do you have a valid driver's license: \_\_\_\_\_

Do you have a car: \_\_\_\_\_ Is it registered and insured: \_\_\_\_\_

Current Treatment Center: \_\_\_\_\_

Expected discharge date: \_\_\_\_\_

Who referred you to us: \_\_\_\_\_

## RECOVERY AND SUBSTANCE USE

Do you think you have a problem with alcohol: \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

Do you think you have a problem with drugs: \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

Primary addiction: \_\_\_\_\_ Date of last use: \_\_\_\_\_

List drugs/alcohol you used addictively:

1st \_\_\_\_\_ Route: \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age of 1st use: \_\_\_\_\_

2nd: \_\_\_\_\_ Route: \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age of 1st use: \_\_\_\_\_

3rd: \_\_\_\_\_ Route: \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age of 1st use: \_\_\_\_\_

## EMERGENCY CONTACT

Name of person not residing with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of person not residing with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of person not residing with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**OTHER INFORMATION**

Please list hobbies and special interests:

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What would you say your best characteristics are:

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Do you have a medical Doctor: Yes  No

If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT**

Current employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Current work schedule: (Show hours)

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

List your last 3 employers:

Company Name:

Supervisor:

Contact Info:

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If unemployed what are your plans for getting a job:

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Please list your vocational skills/specialized training or certifications:

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<b>LEGAL</b>
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Have you been arrested in the past 30 days: Yes  No  If yes, explain:

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Are you currently on probation or parole: Yes  No  If yes:

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you Mandated: Yes  No

Are you experiencing legal problems (i.e. Court dates, warrants, active restraining orders):

Please describe: \_\_\_\_\_

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**MEDICAL**

So you take any prescription medications: Yes  No  If yes, Please list:

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Do you have any medical conditions or allergies: Yes  No  If yes, please explain:

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When did you attend your last AA or NA meeting: \_\_\_\_\_

How many meetings have you attended in the last 30 days: \_\_\_\_\_

Do you already have a sponsor or a Recovery Coach: Yes  No  If yes, :

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any other recognized addictions or disorders (i.e. Eating disorder, cutting):

Yes  or No  If yes, Please explain:

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How long have you been clean/Sober:

What is the longest you have gone substance free: \_\_\_\_\_

How many previous recovery attempts/relapses have you had:

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Are you on any maintenance programs, and if so, which:

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Are you interested in being on a maintenance program:

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Have you ever lived in a home shared by other people: Yes  No

Do you anticipate any problems with this: Yes  No  If yes, Please explain:

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What is your main goal at this time:

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Please list anything else you feel is relevant to this application:

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I authorize the verification of the information provided on this form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **DOCUMENTATION OF RESIDENCE**

1) Each resident's stay at the Endeavor House, from admission to discharge, will be documented in their individual file and will reflect the status of their stay.

All documentation should:

- Be written in ink, contain the resident's name, and contain date of entry.
- Have the signature of the Endeavor House owner and Resident.
- Have clear representation of the type of signed document.
- Monthly House meeting: Notes will be written in narrative style and describe the proceedings. Attendance will be taken as well.
- Other documentation: This includes medical or legal documents and correspondence with resident's payroll/probation officer and urine drug screens.

2) Delayed entries should be avoided, but when necessary they are to be dated for the day entered into the chart and refer to the date when the meeting or incident occurred.

3) Corrections in documentation are made by crossing through the mistake with a single line, initialing at the mistake and then writing the correction next to it.

**ENDEAVOR HOUSE MEETING MINUTES**

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

Location: \_\_\_\_\_

Meeting facilitator: \_\_\_\_\_

Note taker: \_\_\_\_\_

Present: \_\_\_\_\_

Absent: \_\_\_\_\_

\_\_\_\_\_

Review previous minutes (if applicable)

\_\_\_\_\_

Announcements:(Includes agenda)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Discussion: (Summarize existing issues, state outcome,and assign action plan)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12 STEP MEETING ATTENDANCE OR OTHER RECOVERY SUPPORT MEETINGS**

Residents Name: \_\_\_\_\_ Date: \_\_\_\_\_

WEEK OF: RECORD DATE BELOW	MEETINGS/PEER SUPPORT/SELF HELP	TOTAL # OF MEETINGS	REVIEWED BY/DATE
WEEK 1			
WEEK 2			
WEEK 3			
WEEK 4			
WEEK 5			

Number of meetings this month: \_\_\_\_\_ Verified by: \_\_\_\_\_

Comments:

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## **ATTENDANCE**

All residents of Endeavor House are expected to attend the monthly house meeting and other groups that are outlined in the intake packet. This is beneficial for the success of the resident's program and helps provide peer support. Repeated absences and tardiness interrupts this process and will reflect in the documentation of the resident's file.

During this process:

- 1) Residents are provided with the rules that outline their responsibility regarding attendance.
- 2) During the monthly meeting, or any other acceptable time that makes the Endeavor House owner aware, Residents must inform the Endeavor House owner and community of possible absences/tardiness due to scheduled appointments, such as medical, before the scheduled appointment occurs. Also, if residents are going to be absent, tardy from their set schedule, they must inform the Endeavor House owner of their whereabouts; where they will be, when they are returning, and when they returned.
- 3) Residents who have consistent or sporadic, non-constructive absences and/or leaving early and repeated avoidable conflicts, will be assessed by the Endeavor House owner to discuss issues regarding compliance with this policy and request that the resident comply. If this measure does not resolve the concern, then the resident will be discharged with an appropriate referral to another facility.

## **NO PETS ALLOWED**

The Endeavor House provides the resident the opportunity to have an individualized recovery plan and provides an environment that allows residents to work on their unique recovery program with the goal of becoming self-supportive. This needs to be the focus; Self-Care. Therefore, no pets are to be allowed on or in the property for visits and/or to possess. A pet may also indulge in property destruction both inside and outside the premises. This will not be tolerated. Any violations of this policy will be grounds for disciplinary action, including but not limited to possible discharge.

- Currently, there is a house cat residing in the Endeavor house that is cared for by an assigned resident. This person follows the direction of our President of the Board. This is the only exception.

## **RESIDENT RULES**

The Endeavor House rules and Program description help residents understand the expectations and benefits of the program. Residents will receive a copy of these guidelines upon admission. The Endeavor House owner will review the rules and program description with the resident and the resident will sign a copy if the rules indicating the review.

### *RULES AND REGULATIONS:*

- ❖ You are required to attend (3) 12 step meetings per week, have a program book, and have your meeting slip signed by a member of the group, and not another resident, and attend on premises “House Meetings” which are held once per month.
- ❖ House meeting attendance is mandatory, which means that you must arrange for employment that does not interfere with these meetings. There is not exception to this rule.
- ❖ For the first 14 days you are to remain on the premises unless given permission to leave. During this time you are expected to be working on your steps and attending peer support.
- ❖ You must let the Endeavor house owner/House manager know when you are leaving the premises. All overnights must be approved by the Endeavor House owner/House Manager in advance, and any inconsistencies in leave time are grounds for discharge.
- ❖ Rent must be paid every Friday directly to the Endeavor House owner/House manager and kept up to date without exception.
- ❖ You must see the Endeavor House owner/House Manager at least one (1) time per week to discuss your recovery program-it does not count as a visit to discuss your program while paying rent , unless the Endeavor House/House Manager chooses to do so.

- ❖ You must obtain a home group and a sponsor, or you must be in a weekly program with a recovery coach. You must provide a contact name and phone number within the first week of residency and this will be verified.
- ❖ You must be working the 12 steps and working on a recovery path program with a MWVSR coach/Endeavor House owner. Present these in a house meeting by the 3rd week of residency. And provide a copy to the Endeavor House owner/House manager.
- ❖ You are required to be employed either part time or full time. You are not permitted to quit a job without first discussing it with the Endeavor House owner/House Manager. Employment status will be verified periodically.
- ❖ There are certain types of employment that are not allowed, such as cab driving, working in bars, clubs, or places that sell alcohol. And you must speak with the Endeavor House owner/House Manager prior to accepting employment with any place.
- ❖ Your room must be kept neat, with your bed made at all times, rugs vacuumed, toilet cleaned, kitchen area clean, which means absolutely no glasses, dishes, or silverware, etc , left in the sink at any time, and any trash disposed of in a timely manner.
- ❖ You will be assigned daily and weekend chores which will be a mandatory part of your stay at the Endeavor House.
- ❖ All vehicles will have current tags and insurance, and this will be verifiable. Also, there will be no storage of vehicles, and no working on vehicles on the premises.
- ❖ Bikes and other modes of transportation must be stored in the appropriate locations, and security for these are at your own risk.
- ❖ You must make the Endeavor House owner/House Manager aware of any situation involving a resident outside of the Endeavor House premises that required police involvement.
- ❖ There are absolutely no visitors allowed on premises without prior approval from the Endeavor House owner/House Manager.
- ❖ There will be no congregating outside the front of the home, no loud music or discussions, or inappropriate dress allowed. You are also required to attend to your daily hygiene needs.
- ❖ No one is allowed in another resident's room. NO exceptions.

- ❖ There is no sharing of clothes, personal property, loaning money, borrowing vehicles, or other modes of transport, by either staff or residents.
- ❖ You may be requested to submit a swab test at any time, which may include either with cause or without. Also, another resident may request someone to be tested if a person's behavior warrants it.
- ❖ Any resident who is aware of a rules infraction and does not notify the Endeavor House owner/House Manager immediately will be subject to discharge, which includes finding out later that you knew about it.
- ❖ All rooms are subject to inspections at any given time, and any room that does not pass inspection may cause all residents in that room to be discharged.
- ❖ Smoking is not allowed in rooms or in the house. Smoking is only allowed in designated areas.
- ❖ Any cooking done by residents requires immediate clean up.
- ❖ Any delegation, directive, or request that is made by staff will then become a rule.
- ❖ Any medical conditions and/or injuries must be brought to the attention of the Endeavor House owner/House Manager.
- ❖ If there is an emergency, call 911, and then notify the Endeavor House owner/House manager right away.
- ❖ Any and all medications, including pain pills, psych meds, aspirin, Advil, cold, flu, sinus, etc, must be locked up at all times. You must let the Endeavor House owner/House Manager know what medicines you are taking. Rx and over the counter medications that have an unreadable label will be disposed of. Also, failure to divulge any and all medications to the Endeavor House owner/House manager will cause you to be discharged.
- ❖ House shut downs will occur if chores are not done, the grounds and buildings are not cared for, rooms are not kept clean, or general attitudes are not in line with house etiquette. This will be done at the discretion of the Endeavor House owner/House manager.
- ❖ The Endeavor house has a No pets policy. Animals may not be permitted inside housing or even temporarily on the property. This is including but not limited to any mammal, reptile, bird, fish, rodent, or insect.

- ❖ Texting after hours: Unless there is an emergency situation, Residents are Not to text/call the Endeavor House owner after 6 pm. By doing so, we are recognizing the importance of self care for each individual involved. This policy applies to all weekdays plus Saturday and Sunday.
- ❖ All rules and regulations are subject to additions and changes at the Endeavor House owner's discretion.

**IMMEDIATE DISCHARGE DUE TO THE FOLLOWING VIOLATIONS:**

- 1) Being under the influence of alcohol and/or drugs
- 2) Possession of alcohol and/or drugs
- 3) Threats either verbal or physical, or acts of violence, fighting
- 4) Property destruction or altering the physical construction of the premises, including the interior structure
- 5) Failure to submit a drug screen
- 6) Lying; either found on intake documentation or otherwise
- 7) Stealing, unusual behavior, and/or any criminal activity
- 8) Possession of weapons
- 9) Failure to comply with the Rules and/or staff direction

## **RESIDENTS ON PROBATION OR PAROLE**

The Endeavor House will be in communication with the residents' Probation and Parole Officers throughout the residents' stay. The officers will receive as needed, updates on their client in a timely manner.

The following procedures will take place:

- 1) Residents who are on probation or parole are required to sign an Endeavor House authorization to release information form to allow the officer to obtain information on the status of the resident.
- 2) A resident's probation or parole officer will be notified immediately or by the start of the next day of any positive drug screen results, serious rule violations and associated sanctions, arrests, or law violations known by the Endeavor House owner.
- 3) A resident's probation or parole officer will be notified by phone prior to discharge from Endeavor House.
- 4) A resident's probation or parole officer will be notified by phone if the resident does not self-administer any medication as prescribed.

## **DISCIPLINARY ACTION**

Residents of The Endeavor House who fail to adhere to the rules agreed to upon admission to the program will be subject to progressive disciplinary procedures. The Endeavor House operated on a basis of trust with each individual resident. Each resident enters with a 100% trustworthy status. If it comes to the attention of the Endeavor House owner that a resident is violating a policy, disciplinary action will be taken and trust maybe lost.

The infractions that result in immediate discharge from Endeavor House are:

- 1) Using Any type of mind altering substance
- 2) Drugs, alcohol, or any related paraphernalia found in possession
- 3) Positive results from random drug screening
- 4) Any form of threats or physical assault toward self or others
- 5) Suicide attempts or verbal intent to harm

Other infractions against Endeavor House policies such as violating curfew, not doing chores, etc, will work on a progressive redirective model. Generally, residents will initially be given a verbal warning, followed by a written warning. A behavioral contract is the final opportunity for a resident to change the behavior of concern.

In the event of a discharge, consequences are immediate. The resident must make their own arrangement to find accommodations elsewhere. Thirty days (30) will be allowed to make arrangements for personal belongings to be retrieved. The Endeavor House owner reserves the right, in special instances, to call a community meeting to discuss possible reinstatement of the discharged resident.

## **DRESS CODE**

Residents of the Endeavor House need to adhere to a dress code and also groomed in a manner that is appropriate. The image created by the Endeavor House owner is important to the supportive living environment. Extremes in clothing and grooming are considered inappropriate for both the owner and the residents. Personal grooming is an important aspect of a resident's recovery.

The Endeavor House staff and residents shall adhere to the following:

- 1) Maintain high levels of personal standards of cleanliness regarding hair, nails, oral, and body hygiene.
- 2) Clothing shall be neat, clean, and conservative. No tight fitting clothing and no seductive clothing, such as low cut or sheer styles, short dresses, or short shorts.
- 3) Exceptions may be made by the Endeavor House owner when special events are to occur.
- 4) Residents must always be fully dressed in all common areas.

## **EMERGENCIES AND WHAT TO DO**

Residents are informed upon admission the procedure to follow during an emergency which is also stated in the residents rules. This is set in place to ensure the safety of anyone that is present in the Endeavor House during an emergency situation.

Fire drills will be conducted two times yearly (Spring and Fall) that review the protocol for residents if the fire alarms sound in the houses. The drill reviews evacuation routes for each room in the houses and the fire safety rules.

*In case of an emergency, call 911 for:*

- 1) Fire
- 2) Violence or a threat of violence
- 3) Suspicious persons hanging around premises
- 4) Burglary
- 5) A life threatening medical situation
- 6) Chest pain
- 7) Shortness of breath
- 8) Suicide attempt
- 9) Unconscious individual
- 10) Injury in which there is a broken bone/bleeding that cannot be stopped.
- 11) Serious fall
- 12) Unable to wake someone
- 13) Ingestion of toxic chemicals or substances
- 14) Individual out of control
- 15) Individual hallucinating
- 16) Individual having an extreme allergic reaction
- 17) Extreme paranoid behavior

**AFTER** you call 911, Call the Endeavor House owner and inform them of the situation. Then move to a safe place to wait on the arrival of emergency assistance.

DO NOT try and move an injured person or give CPR or First Aid unless you are qualified.

Call the Endeavor House owner in case of:

- A) Drugs, alcohol, and/or weapons on the premises
- B) Suspicion or knowledge of someone using/having used drugs or alcohol
- C) Plumbing problems or maintenance issues in the house
- D) Power out for more than a half an hour
- E) Individual who may be in withdrawal and having difficulties
- F) Curfew violations

## **INTERVENTION FOR THE AGITATED OR DANGEROUS RESIDENT**

The Endeavor House will be trained to effectively manage residents who have become agitated or a danger to themselves or others. If residents are found to act in such a way of having threatening and/or violent behavior then the following procedure will be implemented:

- A) The Endeavor House owner will call out “Help” in a loud voice and also ask for help from residents that are present.
- B) The Endeavor House owner will instruct a resident to call 911 and inform them that there is a resident who is a danger to themselves or others and is potentially violent. Then the Endeavor House owner will approach the resident and attempt a verbal intervention. If the resident calms down then wait with the resident until the police arrive and apprise them of the situation. If the resident does not calm down, do your best to ensure the safety of those present and vacate the premises with all other residents and wait in a safe location for the police to arrive.
- C) Place hands on the resident only if necessary and under the observation of other Endeavor House residents.
- D) Once resident safety is insured, the Endeavor House owner will have a follow up meeting immediately with all residents who were involved in the incident.
- E) Document the incident and place in the residents file.

**INCIDENT REPORT**

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Name of person(s) demonstrating prohibited behavior \_\_\_\_\_

Name of victim(s) if applicable \_\_\_\_\_

Witnesses: \_\_\_\_\_

Incident description including any events leading up to or immediately following the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resulting action executed, planned, or recommended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Police report filed: \_\_\_\_\_ Precinct: \_\_\_\_\_

Reporting officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Police action taken: \_\_\_\_\_

Reporting staff signature \_\_\_\_\_ Date: \_\_\_\_\_

Endeavor House owner signature: \_\_\_\_\_

## **INTERVENTION FOR THE INTOXICATED /IMPAIRED RESIDENT**

Residents may relapse while at the Endeavor House by becoming intoxicated or impaired by a substance. The Endeavor House owner will effectively manage residents who become intoxicated or impaired by a substance.

The following procedure should be implemented for residents who are assessed as being under the influence:

- A) The Endeavor House owner or staff who observes the behavior, or is informed of the possibility of the resident being intoxicated, should evaluate the situation by assessing the following:
- Is the resident's behavior uncharacteristic of how they normally appear?
  - Does the resident have slurred speech or unsteady gait?
  - Does the resident have an odor of alcohol, pot, glue, or some other substance?
- B) If the resident is assessed to be intoxicated or impaired by a substance, the Endeavor House owner will ask the resident if he/she has been drinking/using a substance. If the resident acknowledges use, then they will not be allowed to participate in the recovery residence and will be referred to an appropriate level of care. The Endeavor House owner, or someone of the resident's family or friends, will then transport the resident to the facility.
- C) If the resident who is assessed to be intoxicated or impaired by a substance denies using alcohol or drugs then the Endeavor House owner should ask the resident's peers for supporting evidence that the resident was using, perform a urine screening for evidence purposes. Also, a room search may be warranted to issue that no illegal or dangerous substances have been brought into the house. If the urine screen test shows a positive reading or the search reveals alcohol or mood altering/illegal substances, then the procedure under "B" should be followed.

The Endeavor House owner will document the incident, place it in the resident's file and discharge the resident.

## MEDICAL CARE

Residents often will enter the Endeavor House with medical problems that require follow up or medical problems may develop that require medical attention. Residents at the Endeavor House must have access to adequate medical care.

*The following guidelines are set in place:*

- 1) Residents must have a physical and TB test done prior to their admission to the Endeavor House and they are to bring those records with them when they come. If this cannot be provided by the referral source or if the resident is unable to afford such medical care, then the resident will be referred to the County Health Department.
- 2) Direct medical care to the resident is provided either by the resident's personal physician or referrals to the local County Health Department, clinic, or closest hospital.
- 3) If a resident becomes physically ill while in the recovery residence, then the following procedure is to be followed:
  - Call 911 if the situation is an emergency and/or life threatening
  - Call the Endeavor HHouse owner and inform of the situation
  - The Endeavor House owner will then make the appropriate medical referral
  - Do Not try and move an injured/ill person or give CPR or First Aid unless you are qualified to provide this assistance.

## MEDICATIONS

Residents make take certain medications under the supervision of a qualified physician. A percentage of the residents who come to the Endeavor House are on some type of medication either for a physical or psychiatric concern.

*The following guidelines are set in place:*

- 1) Residents may not take any mood altering medications (e.g. opiate-based pain medications, benzodiazepines, barbiturates, sedatives-hypnotics, sleeping pills, diet pills)
- 2) In rare instances, a patient may have a medical procedure or pain that requires brief use of medications that are not on the client's 'Safe drug list'. Clients, at that time must submit to the Endeavor House owner, a document from a physician stating the necessity of the medication. The Endeavor House owner must approve the use of this medication in the Endeavor House. Medications will be stored in a locked box.
- 3) Residents must inform the Endeavor House owner of any prescriptions/medications they have when they are admitted to the Endeavor House and any prescriptions/medications they receive while a resident at the Endeavor House. Failure to do so will result in disciplinary action and possible discharge.
- 4) Residents may only take over the counter medications that are approved by the Endeavor House owner and that are on the 'Safe drug list'.
- 5) Residents who are on any medication must be able to self administer their own medication without the aid of a health-care professional. If a resident is unable to do so, then they will be referred to a facility that can aid them.
- 6) Amphetamines and Benzodiazepines are not allowed at the Endeavor House.
- 7) Residents on MAT (medication assistance medications)- including buprenorphine derivatives, will have their supply of prescription opiate antagonist placed in a locked box. Access to the lock box is once a day, 5 days a week, and supervised to withdraw and sign out daily dose needed. Weekend or pass doses are allowed. The goal of MAT therapy is to sustain a patient through recovery and Taper when appropriate. The supports given at MWVSRRC given women an opportunity to use this time to become substance free. We support any and all efforts to taper MAT therapy.

- 8) Gabapentin is considered a drug of abuse and will be required to be stored in the lock box following the same guidelines as MAT medication.
- 9) Residents who are on medication are responsible for the proper dosage of their medication. Medication must be stored properly and not accessible on countertops or dressers. The preferred storage for any medication is a lock box, which the Endeavor House owner has a key to.
- 10) Any deviation from the proper medication dosage will be investigated by the Endeavor house owner. Deliberate alteration of the dosage in an attempt to alter mood will result in disciplinary action and possible discharge.
- 11) Residents must not discontinue taking any prescribed medications without the written authorization of a medical doctor.

## **RANDOM DRUG SCREENS**

Residents with the diagnosis of alcohol and/or other substance dependence/abuse will be required to randomly submit a urine sample for a drug screen. This has an effective means of monitoring resident alcohol/drug intake status.

The following procedure is to be followed:

- 1) The collection of urine for a drug screen test may be monitored by the Endeavor House owner, either randomly or with probable suspicion of the resident's use of drugs/alcohol during their stay at the Endeavor House. The test will be administered and read by and documented by the Endeavor House owner.
- 2) Urine may be collected either by using rapid on site drug detection methods (commonly referred to as a "dipstick") or collected and sent to a lab for testing. If the sample is to be sent to a lab, it will be packaged and mailed accordingly to the mailing instructions provided by the laboratory.
- 3) Results are documented in the resident's file.

## DRUG SCREENING LOG

Resident Name: \_\_\_\_\_

DATE	COC	MAMP	THC	OPI	PCP	BZO	BUP

## **SEARCH FOR HAZARDOUS ITEMS**

The Endeavor House seeks to ensure the safety of all residents and to provide a safe environment conducive to recovery from addiction. The Endeavor House has the right and responsibility to search residents' belongings and also the residences for illegal substances and inappropriate hazardous items.

*The following procedure will take place upon admission and periodic searches:*

- 1) Upon admission, the Endeavor House owner will search the residents' personal belongings for illegal or inappropriate hazardous items. The resident will be informed of the policy regarding the keeping of illegal substances or inappropriate/hazardous items in the house.
- 2) Periodic searches (timing is determined by Endeavor House owner) of the residences will be done by and Endeavor House either the owner or a staff to determine if there are any illegal or inappropriate /hazardous items.
- 3) If the resident is found to be in possession of an illegal or inappropriate/hazardous item upon admission the item or substance will be confiscated by the Endeavor House owner. If, during the residence search, it is discovered that a resident is keeping an illegal substance (e.g. drugs such as cocaine, pot, or heroin) or an inappropriate/hazardous item (e.g. a legal but mood altering drug such as alcohol, prescription drugs, or a weapon) the item(s) will be confiscated and the resident will be subject to discipline and may be discharged.

## **SUICIDE ASSESSMENT AND PRECAUTIONS**

Suicidal expressions and gestures indicate serious emotional problems and life threatening actions and should be taken seriously.

The following precautions apply at the Endeavor House:

- 1) If a resident reports that they are experiencing suicidal ideations, the Endeavor House owner will contract the Access Center for a consult. The Endeavor House owner may then advise the Access Center that the suicidal resident may be transported to the center.
- 2) Ensure that the resident is safe by: remaining with the resident 1:1 until the resident is transported and safely at the Access Center and, if applicable, removing all potential items that be available to the resident.
- 3) The Endeavor House owner will then transport the resident to the Access Center or call 911 and ask for aid in transporting a suicidal resident.

## **SMOKING**

Smoking inside the Endeavor House residence is strictly prohibited. It is against fire codes and endangers personal safety. Residents may only smoke outside at the designated area which is located next to the garbage shed behind the Endeavor house.

*Guidelines of this policy include:*

- A. Residents must purchase and keep their own tobacco products. Borrowing tobacco products is discouraged.
- B. Use of tobacco products is restricted to the outside designated area of the houses.
- C. Tobacco product refuse shall be discarded in the appropriate receptacle/container.
- D. No e-cigarettes or vaping allowed inside the premises.

A resident who violates this policy will be informed that he/she is in violation and will be told to stop the behavior in question. Failure to comply will result in disciplinary action and possible discharge from the recovery residence.

**\*\*For the purpose of this policy, anyone using smokeless tobacco (Snuff, dip, chewing tobacco, etc), Vaping, and Jewels follow the same No-smoking guidelines.**

- **VAPING**: There is no vaping allowed in the Endeavor house residents' rooms. Vaping is only permitted outside by the designated smoking area. No Exceptions.

## TYPES OF DISCHARGE/CRITERIA

The resident's record must accurately reflect the type of discharge that occurred when a resident is to leave the Endeavor House. This is for accuracy, research, and assessment if the resident were to reapply for admission.

*The following procedure is in effect:*

Upon discharge, the Endeavor House owner will assign one of the following designations for the type of discharge that the resident experienced.

**Discharge of Completion:** The resident has completed the requirements of the Endeavor House recovery residence in good standing and has processed his/her leaving with the community of the Endeavor House owner and residents.

**Administrative:** 1. The resident has violated a rule(s) that would endanger the community (e.g. using drugs or fighting). 2. The resident leaves the premises and/or program without permission and does not notify the Endeavor House owner or peers (e.g. if the resident is out past curfew or leaves during the night) 3. The resident chooses to leave the Endeavor House recovery residence prior to the length of the stay that the Endeavor House owner has recommended.

**Medical Leave:** The resident is no longer appropriate to remain at the Endeavor House recovery residence because of a physical condition that cannot be adequately treated if the resident remains at the Endeavor House or their condition warrants an increased level of structure and they must be admitted to a hospital.

The Endeavor House owner documents the type of discharge in the documents file.

### DISCHARGE CRITERIA:

The indicators that a resident is ready for approved discharge are as follows:

- 1) The resident exhibits the capacity to apply a recovery program in their daily lives. They ask others for help as needed. And, the resident has and uses a sponsor on a regular basis.
- 2) The resident exhibits honesty and is appropriately open with his/her feelings both in individual and group settings.
- 3) The resident consistently demonstrates the motivation to remain in recovery.

- 4) The resident, with the input of the Endeavor House owner, has developed an appropriate aftercare plan, and asks for feedback from his/her peers about the plan.

#### PROCEDURE:

- 1) After completion of the program, the Endeavor House owner will enter a documented confirmation of discharge into the resident's file. This will include a summary of the resident's participation in the Endeavor House residence.
- 2) The resident's file will be removed from the active locked files and placed in a manilla folder in the closed/inactive locked files.
- 3) If a resident "drops out" or withdraws from the recovery residence for other reasons, this is documented in the resident's file. If the resident has signed the appropriate Release of Information forms, then any and all of the referring agencies should be informed (including probation officer, parole officer, and/or court serves, etc).

#### READMISSION PROCEDURE:

Readmission to the Endeavor House is considered a case by case basis , depending on the reason for the discharge. In general, residents that are asked to leave due to a relapse or referral to a higher care may be considered for readmission to the recovery residence. They may also be required to re-interview with their fellow residents before returning. Recommendations may be made for additional outpatient treatment, as well as other conditions within the Endeavor House, i.e. Behavioral contract.

## **RESIDENT FINANCES**

The residents of the Endeavor House are responsible for their personal finances. This skill of appropriately handling one's own finances is vital and an everyday part of residing at the Endeavor House.

### **Proper guidelines for residents:**

- 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 friend).
- 2) Residents may access their funds at their discretion for personal use or to pay Endeavor House fees.
- 3) The Endeavor House owner will use the form to keep track of residents' fees. Fees must be paid on a weekly or monthly basis determined by the Endeavor House owner. Fees are \$135.00 a week.

**RECOVERY RESIDENCE FINANCIAL AGREEMENT**

Resident Name: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Residence address: \_\_\_\_\_

Recovery residence fees are:\$ \_\_\_\_\_

**Fees include housing and utilities**

I understand that I may may pay fees on a weekly basis. **Fees are due every Friday before 7:00 pm.** I understand that the period is Friday to Thursday.

In acceptance of the financial agreement with the Endeavor House, I agree that to qualify for Recovery residence, I must adhere to the rules and regulations and make my scheduled payments when they are due. I further understand that failure to make payments when due may result in my discharge from the Endeavor House. Any unpaid account balance at the time of discharge is subject to the cost of collections and lawyers' fees if required.

\*\*\*\*\*

**PROMISE TO PAY ACCOUNT**

For and in consideration of services to be rendered, I promise to pay Endeavor House all its charges rendered to me from admission to discharge. understand that the total of such charges are due and payable according to this Financial Agreement.

Resident signature: \_\_\_\_\_ Date: \_\_\_\_\_

Endeavor House owner: \_\_\_\_\_ Date: \_\_\_\_\_

## **RESIDENT TRANSPORTATION**

Residents in the Endeavor House must learn to take responsibility for their own transportation needs, which must also be deemed adequate and appropriate.

The following procedure is set in place:

- 1) Residents must provide their own transportation needs. If a resident owns their own vehicle, they may use it while living at the Endeavor House. If they do not own a vehicle, they may use the bus for their transportation. Residents are responsible for purchasing bus tokens or cards.
- 2) If a resident is in a medical or psychiatric emergency, then peers or the Endeavor House owner will call 911 immediately and wait for the ambulance to arrive to transport the ill resident.
- 3) With proof of adequate insurance, the Endeavor House owner may, under certain circumstances, transport residents in their own vehicle.
  - If the resident would be in greater danger riding the bus than receiving a ride from the Endeavor House owner. For Example, if the resident has been at a local hospital (or other such lengthy appointment) and it is late at night, then the Endeavor house owner may make the decision to transport the resident back to the Endeavor house.
  - If the resident is traveling somewhere that the bus does not go to or will not go to in a timely fashion.

## **NON-DISCRIMINATION**

The Endeavor House does not discriminate against persons admitted to the program. It is the belief of the Endeavor House that any and all persons should have the opportunity to live in a recovery residence and recover from addiction to drugs and alcohol.

The Endeavor House does not discriminate on the basis of race, religion, gender, national and ethnic origin, qualified disability (except for those who by any reason of their disability, would be unable to participate in the requirements of the program), sexual orientation, or HIV status.

This policy also applies to the Endeavor House owner, House manager, and volunteers of the Endeavor House.

## CHART DATA COLLECTION FORM

Name: \_\_\_\_\_

- Signed "Confidentiality form"
- Signed "Residents Rules form"
- Signed "Release of Information form"
- Signed "Financial Agreement"
- Medical assessments/Information
- Legal Information
- Weekly progress notes
- Discharge Notes

Comments:

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Signature of Endeavor House owner: \_\_\_\_\_

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

## RESIDENT'S RECOVERY RESIDENCE EVALUATION

In order to better serve those in recovery, the Endeavor House owner would like to have your evaluation of the recovery residence and suggestions for improvement. We use this information to improve our services. Your answers will be treated confidentially.

Date of Discharge: \_\_\_\_\_

Please check how helpful each aspect of the Endeavor House recovery residence was to you in your recovery by checking one response for each component

Subject	Very Helpful	Helpful	Somewhat Helpful	Not Helpful
Living Environment				
Monthly House meeting				
House Manager/ Owner				
Caring				
Courtesy				
Responsiveness				

What was the most helpful part of your stay?

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What was the least helpful part of your stay?

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Do you have any suggestions to offer?

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What would you change?

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Please submit your forwarding address:

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Thank you for taking the time to fill this out.

The Endeavor House

## DISCHARGE STUDY

Resident Name: \_\_\_\_\_

Type of Discharge:

- D/C of Completion
- Administrative
- Medical leave

Date of discharge: \_\_\_\_\_

Length of stay: \_\_\_\_\_

Age: \_\_\_\_\_

Race:

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Asian
- White
- Black or African American
- Other: \_\_\_\_\_

Diagnosis (*If Known*):

\_\_\_\_\_  
\_\_\_\_\_

Reason for Administrative Discharge:

\_\_\_\_\_  
\_\_\_\_\_

Referral Source:

\_\_\_\_\_  
\_\_\_\_\_

Referral Funding source:

\_\_\_\_\_  
\_\_\_\_\_

Evaluation of Participation:

\_\_\_\_\_  
\_\_\_\_\_

## **VOLUNTEERS**

Persons may volunteer to serve in the Endeavor House sites to supply services that are a necessary part of the Endeavor House success. If a person wishes to volunteer, they must first contact the Endeavor House owner to determine if there is a need for a volunteer and to set up a time to interview with the owner. If a volunteer is approved to work at the Endeavor House they must sign a Confidentiality Agreement. Volunteers having direct contact with residents will be under the supervision of the Endeavor House owner.

\*\*\*\*\*

### **VOLUNTEER CONFIDENTIALITY AGREEMENT**

I understand that residents of the Endeavor House, a Recovery Residence, have the right to privacy and confidentiality under Federal Law 42 CFR, which protects them from anyone outside the program having knowledge of their participation without the resident's specific permission.

I agree to not reveal to anyone out the Endeavor House program, the name, identity, description, or content of conversations with any of the residents of Endeavor House.

I agree to inform The Endeavor House owner if any of the residents reveal any information about themselves or another resident that may be a cause for concern.

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Endeavor House owner: \_\_\_\_\_ Date: \_\_\_\_\_