

Resident Handbook



THE HEALING HOUSE FOR MEN A NEW BEGINNING

The Healing House for Women



Come Heal and Recover

Resident Handbook

PERSONAL INFORMATION, EMERGENCY AND NON EMERGENCY CONTACT SHEET

Name: _____

Cell: _____

Clean Date: _____

Date of Birth: _____

DL Number: _____

Exp Date: _____

Email Address: _____ (Mandatory)

PLEASE PHOTO COPY ID AND PLACE IN FILE

Emergency Contact (Mandatory):

Name: _____ Relationship: _____

Cell: _____ Home/work: _____

Name: _____ Relationship: _____

Cell: _____ Home/work: _____

Employer: _____ Phone number: _____

Income: _____

Sex Offender Status: None (to be filled out by CRRA)

Are you on probation? _____ Officer: _____

Are you court ordered? _____ Judge: _____

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Drug of choice _____

Past Treatment and Sober Living admissions with 5 years:

List any medical or mental health conditions: _____

List all your medications: _____

Staff Management Contact

Healinghouseformen@gmail.com

Healinghouseforwomen@gmail.com

954-743-6502

Resident Handbook

CONFIDENTIALITY POLICY & PROCEDURE

The Healing House residents and employees are expected to maintain a high level of personal integrity. To ensure an atmosphere of trust, residents and employees are encouraged to practice honesty with each other. All residents and employees must take every precaution to prevent the intentional or unintentional disclosure of confidential information to any unauthorized person or outside entity. Once the screening process for a new intake into The Healing House residence is complete, a copy of the necessary contact information remains with the Housing Manger. All personal information disclosed in the application form and information release form is immediately given to the managing member. The managing member creates a file for the new client and that file is then uploaded in their Oathtrack chart where it is kept for a period of 90 days following the client's discharge from the program; at which time the information is deleted. Confidential information is only shared with a third party if residents' consent by signing a release of information form. Residents may revoke releases of information by signing the revoked portion of the release. Once ROI is revoked and documented, it takes effect immediately. You may verbally revoke your ROI; however, The Healing House Staff is allowed up to 24 hours until documented to communicate this change with all staff unless documented. ROIs for Emergency Contacts may not be revoked. The Healing House is mandated to report pertinent information to appropriate agencies regarding a court order, medical emergency, child, or elderly abuse.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

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PROGRAM PHASES

Phase One:

All residents are on 8pm curfew for their first 7 days of residency.

After 7 days of 8pm curfew, curfew increases to 9pm until employment is secured and a work schedule is provided to management.

After 1 week of compliance with the 8pm curfew and employment is secured residents move to phase 2.

The 8pm curfew is not to punish you. It allows us to get to know each other. It shows your willingness to move through our phases. We believe in you!

Phase Two:

Once transitioned to phase 2, all residents are on 10pm curfew Monday, Tuesday, Wednesday, Thursday, and Sunday. Curfew is 11pm on Friday and Saturday. Residents are in this phase for a minimum of 30 days.

All residents are expected to get a sponsor, start working the 12 steps, get a homegroup, and get a service commitment in phase 2.

Residents must show commitment and responsibility with employment and program fee payment for a minimum of 30 days.

After 30 days of residency passes are granted as long as the pass is conducive to your recovery and you have no outstanding balances with program fee. 1 pass per month is granted.

Exceptions for curfew and passes are made for recovery related events, conventions, campouts, and retreats. All residents are expected to pay off any outstanding program fee balances in order to move to phase 3. All residents are expected to have worked steps 1,2, and 3 with a sponsor in order to move into phase 3.

Phase Three:

Once transitioned to phase 3 curfew extends to midnight on Monday, Tuesday, Wednesday, Thursday, and Sunday. Curfew is 1a, on Friday and Saturday.

Residents are expected to start working a 4th step with their sponsor.

Residents remain in phase 3 until obtaining 6 months of residency and sobriety/clean time.

Overnight passes are granted twice a month as long as the pass is conducive to the resident's recovery.

Once the resident has completed steps 1-5 and have maintained 6 months of recovery/clean time they transition into Graduation.

Grad Phase:

Grads receive a Completion Certificate. We celebrate with cake and medallions once you've accomplished 1 year of recovery. All Grads are on 1am curfew Monday through Sunday.

Overnight passes are more flexible.

Grads are allowed to work overnight jobs.

Grads may be eligible for house management positions after 1 year of sobriety/clean time.

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Healing House Alumni:

Alumni, who have a year clean or more, have the opportunity to sponsor new residents, and give back to their community.

The Healing Houses holds yearly Alumni events including but not limited to:

Alumni Speaker Meetings

The Annual Clean and Sober Thanksgiving Feast

Sport Events

Superbowl Parties

Secret Santa Exchange

Family Dinner Nights

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

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PROGRAM RULES AND GUIDELINES

House Managers will complete Orientation with residents immediately upon move in.

House Managers will go over resident intake packets, give residents a tour, provide residents with a laundry hamper, bed linens, pillow, towel, wash cloth, shower caddy, a roll of toilet paper, and laundry soap. For indigent residents, House Managers will provide toiletries, clothing, and food. All clothing must be washed after intake. All resident's belongings must be unpacked within their first 24 hours of moving in.

- Abstain from the use of drugs and alcohol for your entire stay. Controlled or addictive substances are not allowed. This can include prescriptions, over the counter medication, medical marijuana or legal and illegal substances. _____
- Drug seeking behavior will not be tolerated. _____
- Submit a drug test and/or a breathalyzer whenever asked by staff. Failing or refusal to submit a drug/alcohol test will lead to immediate discharge. When asked to take a drug test, if the resident is unable to provide a urine sample, the resident must sit at the dining room table and drink water until able to do so. If this time limit exceeds 20 minutes, the resident will be discharged. _____
- All residents must be fully clothed at all times while in common areas and/or around other residents. All residents must wear undergarments while in the living area. Sleeping nude is prohibited. All residents must sleep in appropriate attire. Residents are responsible for personal grooming and appearance. All residents must bathe daily and maintain personal hygiene _____
- Remain employed or be receiving financial assistance due to retirement, disability, or full-time school enrollment. If receiving financial assistance due to retirement or disability, be actively involved in volunteer work. Residents are encouraged to pay their own program fee and maintain their own responsibilities. _____
- All residents who are unemployed must be out of the house on M-F between 10am and 2pm seeking employment or a volunteer commitment. _____
- PAY PROGRAM FEE ON TIME EVERY WEEK IN FULL. Program fee is due on Friday by 10pm. If the program fee is late, a fee of \$20 will be charged daily or could lead to immediate discharge. _____
- Some types of employment are not conducive to recovery and will not be allowed. This includes, but is not limited to, bars, alcohol sales, Strip clubs, casinos, phone rooms, smoke shops, commission-based jobs, and graveyard shift. Residents are responsible for ensuring their personal and employment schedules, adhere to the curfew policy, house meeting schedule, and their personal treatment plan with outside providers. NO JOBS BEFORE 5:00 AM and after 1:30am. Residents must provide their updated work schedule to the House Manager. _____
- Residents are not to lend vehicles to other clients. Residents are not to drive any vehicle that is not registered and insured. Residents are not to drive any vehicle without a valid driver's license.

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Residents cannot leave/abandon vehicles on property. If derelict vehicles are left on property they will be promptly removed/towed at the owner's expense. _____

- Attend the MANDATORY WEEKLY house meeting once a week. _____
- Participate in Weekly Deep Clean Day every Sunday. _____
- Help to maintain the property by performing assigned chores. This responsibility is mandatory for all Residents in this program. Daily chores must be completed by 10:00 PM, manager inspection, and those chores delegated daily are to be performed in the allotted time frames. If the chore is not completed a \$10 chore fine will be due the same night. Continued and/or consistent noncompliance with this policy will lead to immediate discharge from the premises. Any chore assigned to a resident is the assigned Residents sole responsibility and it is not permitted to pay another member to perform duties. _____
- Keep a clean, safe and orderly living environment. Assigned living quarters must be kept clean and organized at all times. _____
- The residents are not to make any changes to living quarters or property without permission. Any alteration of the physical construction of the premises and/or property damage (Holes in walls, interior decorating, altering entertainment and/or communication devices, disabling smoke alarms etc.) is not allowed. The consequence for such behavior could be any repair or replacement costs or dismissal from the program and or forfeit of prepaid program fees. _____
- Bedrooms: Keep bed neatly made, clothes washed, hung up and put away, dresser tops uncluttered, garbage emptied, and floors swept and/or vacuumed. Change and wash linens EVERY SUNDAY. No food allowed in any bedroom. Food is to be eaten in the kitchen or in the dining room areas. _____
- Bathrooms: Clean and straighten up properly after use. Hang towels neatly on towel racks. Other than towels, no personal items are to be left in bathrooms. _____
- Kitchens: Counter tops must be kept free of clutter and wiped clean. Absolutely no dishes of any kind (plates, glasses, cups, silverware etc.) are to be left in the sink at any time. Clean up and put dishes away immediately after cooking meals.
- BURNING CANDLES, INCENSE AND/OR ANYTHING else that could pose a fire risk to property is strictly prohibited could result in expulsion from the program. _____
- Smoking is not permitted inside any HH home. Smoking is to be done on the front porch in designated smoking areas only and dispose of cigarette butts in the ashtrays provided. _____
- Treat the other residents and staff with dignity and respect at all times. This includes not taking any food or property belonging to other residents and staff without their permission. No stealing. _____
- Violence and abuse of any kind will not be tolerated and will lead to immediate discharge. This includes bullying, verbal abuse, physical abuse, and violent threats of any kind. The Healing

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Houses will press charges for any physical acts of violence on property. _____

- Residents with cell phones must give the resident manager their cell number. _____
- All residents must sign up to the GroupMe application and participate in our community group chat. All residents are responsible for responding to required community information on the GroupMe platform within the same 24 hours of the messages posted. All clients must check GroupMe on a daily basis. All clients must participate in “Group Me” group chat to ensure communication and serve as a platform to express cares and concerns. _____
- Staff will NOT hold medications or handle any clients' med distribution. Staff IS allowed to ask any resident at any time to count their medication in front of staff if staff is suspicious of abuse. Take precaution when handling doctor prescribed medication. If a resident is taking prescription medication for a medical condition or illness, it is the residents' responsibility to be accountable for those medications, to store them in a concealed manner and not leave the bottles or pills out in plain view. _____
- No sexual or romantic relations with other residents in the program will be tolerated. _____
- No one is permitted on property without permission. _____
- Turn all the lights and appliances off when leaving any room. Do not tamper with the air conditioning unit. _____
- Be responsible and follow through on applying for, making appointments, and attending appointments for any available and relevant social services, medical services, and or therapeutic services. (bus passes, food stamps, self-care, counseling etc.). _____
- Each resident is required to work a personal program of recovery to help build a strong foundation in recovery and a strong network in the recovery community. This means you must have a sponsor, start working the 12 steps, and home group within your first 2 weeks of stay. The sponsor must have a minimum of one-year continuous recovery. _____
- Attend a minimum of one 12-step meeting (AA, NA, CA, OA, Al-Anon etc.) per day until employment has been secured. After employment is secured, attend a minimum of 3 12- step meetings a week. Everyone must sign a weekly meeting sheet. _____
- Provide a detailed report of your meeting attendance and daily activities to the house manager if requested. _____
- Obtain the literature for the 12-step fellowship(s) you attend. (AA Big Book, NA Basic Text etc.). _____
- Adhere to the program's curfew policy. Every resident is on 8pm curfew for their first week and then is on 9pm curfew until they become employed. After employment is secured curfew is 10pm on weekdays and 11pm on weekends. Once a resident has obtained a sponsor, home group, and is paying their program fee, their curfew is adjusted to 11pm on weekdays and 12pm on weekends. Consequences may include additional chores, loss of privileges or possible dismissal from the

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program. _____

- Overnight passes are not issued during the first 30 days in the program. Residents in good standing, that have met their requirements and responsibilities, may be eligible for an overnight pass. An overnight request form must be submitted to the house manager (a minimum of) 48 hours in advance of the request date. All fees must be paid, and chores must be done prior to leaving on the overnight pass. The resident should expect to be drug tested upon returning from an overnight stay. _____
- Lending or borrowing money between staff or residents is not permitted. _____
- Quiet time takes place at 10pm every night. This means the television is at volume 20, phone conversations need to be taken out back towards the fire pit, no music, no loud noises, etc. TV must be off by 1am. _____
- Residents are not to check the mailbox; the house manager will distribute mail by the end of the night. _____
- No one is allowed in another client's room. _____
- Staff must respect neighbors, please see good neighbor policy _____

VIOLATIONS OF THESE RULES AND GUIDELINES MAY RESULT IN LOSS OF PRIVILEGES OR DISCHARGE.

OUR GUIDELINES AND POLICIES ARE STRUCTURED TO PROMOTE SAFETY AND ACCOUNTABILITY. RESIDENTS ARE EXPECTED TO CONDUCT THEMSELVES IN A MANNER THAT IS IN ACCORDANCE HH MISSION STATEMENT. FINES MUST BE PAID PROMPTLY (WITHIN 24 HOURS) OR ADDITIONAL CONSEQUENCES MAY BE ADMINISTERED

ALL RESIDENTS WILL BE PROVIDED A SIGNED COPY OF HH HANDBOOK UPON REQUEST. THE HANDBOOK IS ALSO POSTED INT KITCHEN AREA.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

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GOOD NEIGHBOR POLICY

To fulfill the The Healing House Mission Statement, it is imperative that every resident is considerate to our neighbors. Any personal conduct that negatively affects our relationships with neighbors and the surrounding community will not be tolerated.

Residents will only park in designated parking areas on HEALING HOUSE property. Residents must never block neighbor's driveways, garbage cans or mailboxes.

If at any time an issue arises between a resident or staff member of The Healing House and a neighbor, the house manager will provide the owner's contact information for the neighbor immediately and do not attempt to resolve the issue yourself.

Quiet time occurs between 10pm and 9am.

There is no loud music allowed, screaming, yelling, or derogatory language allowed, Residents are not to have relationships with neighbors beyond a brief greeting. Neighbors are not allowed on property.

Residents will only smoke in designated areas and will not throw cigarettes in neighbor's yards. Designated smoking area is located on the back porch only. Residents will not loiter on neighbor's property. Residents will be respectful and keep noise at minimum.

- Refer to ZERO TOLERANCE POLICY

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME:angel ramos _____ DATE: 3/4/24 _____

STAFF SIGNATURE _____

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HAZARDOUS SEARCH POLICY AND PROCEDURE

- Residents belongings and vehicles are fully searched by a house manager, prior to bed assignment, for any contraband. I.e., drugs, alcohol, weapons, unreported medication.
- All bedrooms, bathrooms, kitchens etc. are subject to be searched at any time. Staff have the right to search at their discretion.
- RANDOM ROOM AND VEHICLE SEARCHES WILL OCCUR randomly.
- Hazardous items include but are not limited to abusive substances, medication that has not been checked in, weapons, candles, stolen items, drug tests, paraphilia, etc.
- Finding contraband could result in a loss of privileges or immediate discharge for each client assigned to that room.

RESIDENTS AND STAFF UNDERSTAND AND AGREE THE HEALING. HOUSE FOR WOMEN STAFF RESERVES THE RIGHT TO SEARCH PERSONAL SPACES AND PROPERTY ANYTIME A SAFETY CONCERN ARISES.

- Refer to ZERO TOLERANCE POLICY

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

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MEDICATION STORAGE AND USE POLICY & PROCEDURE

- Residents being admitted must report ALL medications that they are taking on the application form.
- Residents must inform staff of any changes to their medications. Any changes will be logged in the resident's file.
- Take precaution when handling doctor prescribed medication. If a resident is taking prescription medication for a medical condition or illness, it is the residents' responsibility to be accountable for those medications.
- All medications required that the medications be stored in a concealed manner. Medications found in bags or in bottles with no prescription to that resident are considered contraband.
- ALL PILL BOTTLES MUST NEVER BE LEFT OUT IN PLAIN VIEW SIGHT.
- The Healing House will not hold medications or handle any tenant's med distribution.
- Controlled substances, prescribed or not, are not allowed in The Healing House.
- OTC medication with alcohol, DXM, CCC, or other addictive components is not allowed.
- Staff IS allowed to ask any resident at any time to count their medication in front of staff if staff is suspicious of abuse.
- Residents are not allowed to share medications.

AFTER 10 DAYS FROM DISCHARGE WE RESERVES THE RIGHT TO DISCARD ANY PROPERTY NOT COLLECTED WITHIN IN THIS TIME. MEDICATIONS THAT ARE LEFT BEHIND WILL BE DROPPED OFF TO THE NEAREST HOSPITAL FOR DISPOSAL BY A CRRA AFTER 10 DAYS.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

Resident Handbook

ZERO TOLERANCE POLICY

Behaving in any of the following ways will without exception result in the immediate termination of residency at The Healing House.

- Being under the influence of drugs (including Buprenorphine (Suboxone)* or alcohol.
- Being in possession of drugs, drug paraphernalia or alcohol.
- Testing positive for drugs and/or alcohol.
- Abusing OTC or prescription medication/addictive substances including medical marijuana.
- Refusing to submit a U/A or a breathalyzer test when asked.
- Violence in any way towards HH staff, clients, or the neighbors.
- Being in possession of any type of weapon or firearm.
- Vandalizing or stealing any HH staff, resident, and/or any neighbors' property.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

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DISCHARGE POLICY AND PROCEDURE

Successful Discharge:

- The client must submit a one week's notice to a managing member prior to leaving The Healing House. IT IS RECOMMENDED THAT THE RESIDENT HAVE A RELAPSE PREVENTION PLAN INCORPORATED IN HER DISCHARGE PLAN. Residents will process plan in house meeting before discharge. A copy of the plan will go in the residents file.
- THE CLIENT MUST CLEAN AND READY HER LIVING SPACE FOR THE NEXT RESIDENT. STAFF IS RESPONSIBLE FOR COLLECTING BEDDING AND CHECKING FOR CLEANLINESS.

Unsuccessful Discharge:

We as staff have the right to discharge anyone, we see fit if they are a negative contribution to the community. By signing this agreement, you are agreeing to leave the property and never returning if we instruct you to do so. Staff is never allowed to discharge anyone without communicating with owners first, unless the resident has relapsed. All residents who are discharged unsuccessfully must be provided with a list of referrals specific to their individual situation.

If a resident does not come home. Staff will pack their belongings, label belongings with first name and last initial, and store in storage. Staff will attempt to contact resident and if no response, staff will contact their emergency contact and the resident is considered an elopement.

If a resident relapses, The Healing House will notify emergency contact to inform of resident's condition. If ROI is in place staff will notify all legal and professional providers of resident's discharge.

Staff will place notes in the residents file describing residents' discharge. Discharge Summary will include drug test result, referrals provided, emergency contacts notified, and reported transfer.

Staff doesn't not provide transportation for transfers or discharges. All fees are non-refundable.

No resident is allowed to stay at The Healing House immediately after a relapse. No resident will be accepted back into The Healing House more than three times a year.

All fees are non-refundable. AFTER 10 DAYS FROM DISCHARGE WE RESERVES THE RIGHT TO DISCARD ANY PROPERTY NOT COLLECTED WITHIN IN THIS

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TIME. MEDICATIONS THAT ARE LEFT BEHIND WILL BE DROPPED OFF TO THE NEAREST HOSPITAL FOR DISPOSAL BY A CRRA AFTER 10 DAYS.

- Staff will contact successful and unsuccessful discharges monthly to provide support if wanted by residents. Staff will invite previous residents to holiday and recovery supportive events throughout the year.
- Refer to ZERO TOLERANCE POLICY

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

Resident Handbook

EMERGENCY POLICY AND PROCEDURE

In case of a medical emergency CALL 911. All other residents who are not involved in an emergency must vacate the premises according to the evacuation maps posted in the kitchen area once medical attention arrives. Please provide any information or assistance to medical professionals if required.

In case of fire, locate a fire extinguisher and/or call 911 and vacate the premises according to the evacuation maps posted in the common area. Fire Extinguishers are located in the kitchen area under the sink. Evacuation maps are located in the common area, please see maps to locate emergency exits. Residents should gather on the

Male residence: NORTH WEST CORNER of SW 14th St and SW 38th Ave.

Female Residence: NORTH WEST CORNER of SW 64th Ave. and SW 25th St.

First Aid Kits are Located in Storage closet rooms. Please notify your housing manager if you need minor first aid assistance. Seek Emergency Medical Attention if injuries are more severe. If a client is involved in an emergency situation and is unable to contact their emergency contact, staff will make contact.

In case of an overdose, if a house Manager is present, follow their direction. If not, the procedure is as follows: Narcan is located in the living room nightstand, computer room bookshelf, above the washer/dryer, and on top of the refrigerator. Administer Narcan immediately and call 911. Continue to administer Narcan and follow operators' instructions. Redirect all other residents to gather on the

Male residence: NORTH WEST CORNER of SW 14th St and SW 38th Ave.

Female Residence: NORTH WEST CORNER of SW 64th Ave. and SW 25th St.

Notify owners of the situation. Narcan Training is held every Sunday.

In case of a Hurricane, The Healing House will meet indigent residents' basic needs. Water, food, and candles will be provided. All other residents are responsible for getting their own supplies. All windows/doors will be safely secured. Staff will provide all residents information for local shelters and resources if the resident does not want to stay on property. Residents are allowed to go elsewhere if it is more comfortable. Prior to Hurricane residents must submit a hurricane plan to staff.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

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RESPONSIBILITY TO RESIDENTS:

1. The primary obligation of Owners, Managers, Staff and Volunteers of Certified Residences is to respect the integrity and promote the welfare of the resident, whether the resident is assisted individually or in a community setting. In a community setting, Owners, Managers, Staff and Volunteers of Certified Residences are also responsible for taking reasonable precautions to protect individuals from physical and/or psychological trauma resulting from interaction within the Community
2. FARR Certified Residences shall ensure that in any community setting, staff, volunteers and visiting sponsors, recovery coaches and/or counselors set a norm of confidentiality regarding all community participants' disclosures
3. FARR Certified Residences ensure that if a resident is or has been in a therapeutic relationship with a professional person or entity, staff attempts to make contact with that professional person or entity after obtaining proper releases for the exchange of relevant information from the resident. These contacts or attempts to contact must be documented in the resident record
4. When it has been determined that the Resident's needs are not being met at the current level of care/support, the Resident will be receiving the necessary assistance with residential placement in the appropriate level of care/ support. When it has been determined that the Resident's needs are not being met at the current level of care/ support, the Resident will receive the necessary assistance with residential placement in the appropriate level of care/support.
5. Certified Residences should ensure that, if a resident's condition indicates there is a clear and imminent danger to the resident or others, staff (per Certified Residence policy and procedure) alert first responders to address danger and risk and then apprise Recovery Residence supervisor/manager/administrator; staff should be trained to appreciate any and all imminent harm potential is beyond the scope of the Recovery Residences level of support and must be referred and deferred to professionals
6. Owners, Managers, Staff and Volunteers of Certified Residences refrain from any practice of intimation, bullying or otherwise threatening or discriminatory behavior; relying instead upon the appropriate, consistent and uniform application of written residence rules and consequences
7. No Owners, Managers, Staff and Volunteers of Certified Residences will solicit or accept any commission, fee, or any- thing of monetary value from residents, other related persons, or referral sources, including, but not limited to, the borrowing of money from a resident under any condition or circumstance (see Ethical Conflicts below)
8. Certified Residences ensure that if a resident's condition deteriorates, i.e. relapse or psychological deterioration, referral and linkage to appropriate interventions will be made.
9. Certified Residences ensure fair and equitable financial policies and procedures pertaining to scholarships and repayment processes, i.e.
 - a. Scholarships: (Partial or Full) Residents are orientated to the type of scholarship and specifically what is and is not included in the scholarship. Orientation is acknowledged by resident signature and documentation is maintained in the resident file.
 - b. Repayment Structure: Certified Residences who structure a payment plan for admission and/or ongoing fees should ensure the payment plan is fair and equitable, and the resident is afforded the financial means to personally care for repayment.
 - c. Fees should be renegotiable if the resident's financial ability is altered and in no way inhibit the resident from seeking alternative employment which would strengthen their wellbeing.

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RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

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RECOVERY AGREEMENT/PLAN/EXPECTATIONS

___ I will go to 12 step meetings. I will get a sponsor. I will get a home group. I will work all 12 steps. I will get phone numbers from other recovering addicts and build a support group.

___ I will remain abstinent from all mood- and mind-altering substances and am willing to take a drug test at any time.

___ I will abide by my curfew.

___ I will pay my program fee.

___ I will get a Job that is conducive to recovery.

___ I will not contact any old people who are negative towards my recovery or are using drugs/alcohol.

___ I will maintain boundaries with any unhealthy people in my life and put recovery first.

___ If I am struggling, I will reach out to my support and share in a meeting.

___ I will commit to a minimum of 90 days at The Healing House.

___ I will not move out of The Healing House without a recovery supportive plan that I have discussed with my support group.

___ I will attend all necessary outside appointments that are conducive to my recovery and assist me with becoming a healthy productive member of society.

___ If applicable I will take my medication as prescribed and assist further care from the appropriate providers.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

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GRIEVANCE POLICY & PROCEDURE

All residents should feel safe to report any grievance between themselves and another resident or staff without fear of reprisals.

Policies are to be enforced in a fair and equal manner.

Grievance Forms are located in the common area. Fill out a grievance form and submit it to the Housing Manager to be addressed if you prefer confidentiality. Housing manager will submit your grievance to either the owner or housing administrator.

Staff will address the issue within 24 hours of submission and have 3 days to resolve the grievance. If it is not resolved to the resident's satisfaction the resident reserves the right to contact FARR.

A forum for discussing grievances or house issues will be provided at every weekly accountability meeting.

Intimidation or unfair policy enforcement will NOT be tolerated.

It is your right to contact FARR with any grievances.

FARR Contact Information

326 W. Lantana Rd. Unit 1

Lantana, FL 33462

Office :(561) 299-0405

Fax :(888) 374-2043

<http://farronline.info/grievance>

FARR GRIEVANCE POLICY

It is the policy of The Florida Association of Recovery Residences (FARR) to ensure Certified Residences and stakeholders' grievances are handled respectfully, appropriately, and professionally.

The Formal Grievance Procedure should be used to resolve interpersonal conflict between individuals and to report issues with existing FARR policy that a Certified Residence believes should be examined prior to the next scheduled annual policy review meeting.

The Formal Grievance Procedure should not be used for retribution or personal/agency gain.

The Formal Grievance Procedure includes but is not limited to the investigation, validation, and recommendation of the Ethics Committee as to the standing of the Certified Residence and sanctions and/or disqualification of their certification to the FARR Board, when necessary.

Formal Grievance Procedure

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Confidentiality of Proceedings

1. All information, notes, reports, transcripts, and any other documentation of any kind that are generated or received during the course of an ethics investigation, including the ethics committee meetings, and appeal hearings, shall be kept confidential by FARR.
2. The respondent is entitled to a full and complete copy of the following:
 1. Compliant; (Subject of complaint / grievance; Identity of complainant / grievant will remain confidential);
 2. Investigative summary;
 3. Ethics Committee's Recommendations;
 4. FARR Executive Board Recommendations.
3. The complainant is entitled to a full and complete copy of the following:
 1. Ethics Committee's Recommendations;
 2. FARR Executive Board

Recommendations. Oversight and Conflict of Interest

1. In all cases, the Chairman of the FARR Ethics Committee will direct ethics investigations under the supervision of the FARR Executive Director;
2. If a member of the Ethics Committee is a party in a grievance or involved in any way, he or she will be excused from the grievance proceedings;
3. If a member of the FARR Executive Board is a party in a grievance or involved in any way, he or she will be excused from the grievance proceedings.

Sanctions

1. Possible sanctions for the violation of the FARR Code of Ethics or Standards include but are not limited to:
 1. Written Reprimand: A Written Reprimand with request for Corrective Action and follow-up review;
 2. Summary Suspension: Summary Suspension with request for Corrective Action and follow-up review;
 3. Revocation;
 4. Denial of Application for Certification with FARR.
2. The Ethics Committee may consider the applicant's or agencies past history in regard to ethical sanctions and disciplinary actions when determining the appropriate sanctions for the current ethics case.

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3. A third offense, confirmed by the Ethics Committee, in a two-year period will automatically result in an immediate summary suspension and sanctions shall include a suspension or revocation of Certification.

The Formal Grievance Process

It's important to follow the grievance or complaint procedures carefully and to document all pertinent facts, dates and information when filing a report or claim.

Step 1: Filing

A Formal Grievance should be filed within 30 days of when the complaint became aware or suspected the violation of ethics or standards. The Formal Grievance should be documented on the FARR Formal Grievance Form; Verbal grievances will not be acted upon.

Step 2: Submission

The FARR Formal Grievance Form should be submitted to the Executive Director of FARR, or if a perceived conflict exists, to the Chairman of the FARR Ethics Committee;

Step 3: Notification of Receipt

Grievant should be notified by email or telephone within 3 business days of the Executive Director's receipt of the grievance. The Executive Director of FARR forwards a copy of the Grievance to the Chairman of the FARR Ethics Committee for review and discussion;

Step 4: Investigation

Within 30 days of receipt of the written complaint, the FARR Ethics Committee will complete an objective investigation of the matter and record the findings in writing;

An extension of no more than 30 days may be granted for investigations that take longer than the initial 30-day timeframe. No member of the Ethics Committee or Executive Committee shall intentionally try to stall, prolong, or delay proceedings. The complainant /grievant and / or respondent may be requested to appear separately in front of the Ethics Committee. Written notice of the time and date will be sent to the grievant at least 10 days prior to the hearing.

Step 5: Presentation to the Board

FARR Ethics Committee presents to the FARR Executive Committee at the next scheduled meeting. The presentation shall include the complaint / grievance; investigation summary including an objective account of everything that transpired to result in the grievance and as well as anything that have occurred as a result of the grievance, and the recommended action to be taken;

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Step 6: Board Decision / Recommendations

FARR Board of Directors will discuss and make a formal recommendation for vote at the next general meeting. A report of the findings, voting results, and corrective actions to be taken will be provided to the grievance via email within 14 business days after the general meeting. The proceedings will be recorded in general meeting minutes to keep official record;

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

Resident Handbook

HH Grievance Form

NAME : _____

DATE/TIME

LOCATION

Detailed description of grievance including names of other persons involved

Supervisors is to fill out the following information:

SUPERVISOR NAME : _____

DATE/TIME RESOLVED: _____

Detailed description of solution to grievance and how it was resolved.

Resident Handbook

MAINTENANCE/REPAIR POLICY AND PROCEDURE

- All clients are required to report any unsafe conditions to staff.
- All staff are required to report any unsafe conditions to Owners or Landlord
- All clients and staff are required to maintain a clean and hazard free living space.
- All clients are required to report ALL equipment malfunctions to staff promptly. By submitting a maintenance request form to staff on site in order to be addressed as soon as possible. This includes appliances, doors, windows, cable, etc.
- Any alteration of the physical construction of the premises and/or property damage is not allowed. (Holes in walls, interior decorating, altering entertainment and/or communication devices, disabling smoke alarms etc.)
 - All housing managers are to complete a Safety Checklist once a week every Sunday. Staff is to submit all Maintenance Request Forms to the Lead CRRA.
 - The Lead CRRA is to delegate repairs to the appropriate outside contractors and or staff within 48 hours.

THE CONSEQUENCE FOR SUCH BEHAVIOR COULD BE ANY REPAIR/REPLACEMENT COSTS AND/OR DISMISSAL FROM THE PROGRAM AND FORFEITURE OF PREPAID FEES.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

Resident Handbook

MAINTENANCE REQUEST FORM

NAME : _____

DATE : _____

LOCATION:

YOUR REQUEST :

TO BE FILLED OUT BY CRRA

TIME AND DATE ISSUE WAS FIXED

Resident Handbook

HOUSING PROGRAM FEE AGREEMENT

This agreement, on the date of _____ by and between The Healing House and

_____ hereinafter referred to as resident, is as follows:

1. TERM: That the resident agrees to reside at this place of residence for no less than 3 months.
2. TIMELINESS OF PAYMENT: Resident hereby agrees to pay the program fee, in advance, on a weekly basis, from the inception of this agreement, weekly, by Friday at 10pm until the resident's commitment is completed.
3. FEE: The amount of weekly program fee shall be \$200.00.
4. MOVE IN DEPOSIT: Residents shall pay \$400 upon moving into the house to ensure the faithful performance of the terms and conditions of this weekly agreement. This includes a \$200 non-refundable admin fee and 1 week program fee.
5. LATE PAYMENT: If the program fee is past due more than 1 week and you are employed, you will be discharged..
6. CONDITION OF THE PREMISES: Resident acknowledges that she has examined the house and that it is in good order, repair, and in a clean and livable condition.
7. MAINTENANCE AND REPAIR: Residents shall keep and maintain the house in a reasonably safe, serviceable, clean, and presentable condition. This includes, but is not limited to, notifying the housing manager of any and all damages and repairs that are needed, keeping his room and house clean and neat, disposing of waste/garbage in a safe and clean manner, and not engaging in any conduct or activity that would cause damage to the house.
8. ANIMALS: Residents shall keep no domestic or other animals in or about the house.
9. RIGHT OF INSPECTION: Program Administrator and House manager retains the right of inspection and the right to retain a key to the house.
10. SERVICES PROVIDED: We shall provide the following services/property to the resident: comfortable enjoyment of the property, electric, water, washer, dryer, Wi-Fi, cleaning products, and bedding.
11. HOUSE RULES: Resident hereby agrees to adhere and abide by the HOUSE RULES AND GUIDELINES, which are attached hereto and incorporated herein, as part of this lease agreement.
12. TERMINATION: We reserve the right to terminate this program fee agreement with or without cause, and resident hereby forfeit the administrative fee if the resident uses drugs or alcohol, fails to submit to a urine screen, engages in or threatens violence, is caught stealing, or violates the HOUSE RULES AND GUIDELINES.
13. DEFAULT: Resident shall be in default of this agreement if resident fails to fulfill any lease obligation, house rules, or term by which the resident is bound.
16. DESTRUCTION OF THE PREMISES: Resident shall be solely responsible for the cost to repair any and all

Resident Handbook

damage caused by the tenant or due to the tenant's negligence

17. PERSONAL PROPERTY: All personal property brought or placed into the house shall be the sole responsibility of the tenant, and the house is not liable to the tenant or anyone else for damage, loss, or abandonment thereof. We shall not be responsible for property left on the premises. Resident's property will be held for a maximum of 10 days after which staff will dispose of anything left on the premises.

18. END OF THE LEASE CLEANING: Resident is responsible to clean the property in a manner consistent with the condition the property was in at the inception of this lease agreement. Failure to do so shall result in complete forfeiture of the administrative fee.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

Resident Handbook

MAIL AND PACKAGE POLICY

Residents are not allowed to check the mailbox for any reason. Only a designated Community Leader/House Manager is allowed to check the mail and will distribute mail by the end of the night. During mail distribution residents must open mail in front of staff.

If a resident receives a package, they must wait to open it until a community leader or house manager is present.

All packages must be opened in front of staff. NO EXCEPTIONS. If you are found opening a package without staff present, you will be discharged immediately.

Cameras are located throughout the outside properties to observe any packages being delivered.

If a resident receives a package that contains contraband, you will be discharged.

By signing this document you understand the new Mail and package policy and agree to its terms.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

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Drug Testing Policy & Procedure

Residents will submit a drug screen upon intake. Residents will randomly drug test and alcohol test a minimum of once a week and maximum three times a week. Residents must submit a UA if returning from pass, late for curfew, or returning from the hospital/doctor visit.

House Managers will observe residents while completing UA samples. House Managers will enter the bathroom with the resident and the resident must have one hand holding a UA cup while the other hand is in plain sight. Test results are provided to the resident and logged in the resident file.

A copy of test results can be provided upon request.

All Drug screens are provided at the expense of the Healing House and considered a part of the program fee.

DISPUTING A URINALYSIS RESULT: If a resident wishes to dispute the results of their drug screen, they will have the option to visit the emergency room and request a blood test within the hour of receiving their results from the Healing House Staff. The resident will incur the cost of the visit, test and transportation. Residents must provide results to staff immediately. The Healing House does not provide confirmation testing and has no relationships with outside laboratories.

The Healing House uses 14 panel UA cups for testing and breathalyzer testing at Drug testing fees for residents are included in move-in costs.

If a resident fails a drug test or refuses to comply with testing they are immediately discharged and provided referrals to a higher level of care. Staff will assist with packing residents' belongings if the resident is non-compliant.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

Resident Handbook

Recurrence of Use Policy and Procedure

If a relapse occurs, the resident must immediately pack up their belongings and leave property. Staff will assist with packing if necessary. The resident has a maximum of 20 minutes to pack and transfer.

The Healing House will provide referrals to local nonprofit treatment centers, detoxes, respites, and hospitals. Staff will also provide residents with referrals for alternate housing and the homeless hotline.

The Healing House will notify emergency contact to inform of the resident's condition. If ROI is in place staff will notify all legal and professional providers of resident's discharge.

It is preferred that the resident allow staff to assist with discharge plans to communicate a safe transfer. This plan will go in the residents file.

The Healing House does not provide transportation for transfers or discharges.

If the resident expresses motivation to return to The Healing House and the staff determines it's in the best interest of the resident and community to return, they must return with a clean UA.

No resident is allowed to stay at The Healing House immediately after a relapse. No resident will be accepted back into The Healing House more than three times a year. All fees are non-refundable.

AFTER 10 DAYS FROM DISCHARGE WE RESERVES THE RIGHT TO DISCARD ANY PROPERTY NOT COLLECTED WITHIN IN THIS TIME. MEDICATIONS THAT ARE LEFT BEHIND WILL BE DROPPED OFF TO THE NEAREST HOSPITAL FOR DISPOSAL BY A CRRA AFTER 10 DAYS.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

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PHOTO/VIDEO RELEASE FORM:

I _____ Hereby understand that while I enter or Reside at The Healing House properties, I am being recorded, by audio and video, while in the common areas of the house both inside and outside of property. I understand that I am not being recorded while in any private settings such as any bedroom or bathroom. I understand that in order to maintain my residency at The Healing House I must agree to this surveillance.

_____ I agree to have my photo posted on The Healing House website if I have attended an event or celebration with my community. (optional) _____ initial here to decline

I _____ hereby release The Healing House and those in authority from liability, claims, and demands for any violation of any personal or proprietary right I may have in connection with such use, including any and all claims for libel, defamation, or invasion of privacy. I understand that any and all recordings, in whatever medium, shall remain the property of The Healing House. I have read and fully understand the terms of this release.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

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The Healing House

Resident Hurricane Plan

Hurricane Season: June 1st through November 30th.

Name: _____

Date: _____

Cell phone or telephone number where you can be reached in an emergency: _____

Do you live in an evacuation zone? Yes No

Residence Type: House

Hurricane Plan – I plan on staying in the following place during an evacuation and/or event of a hurricane. **Please initial next to the address you choose.**

Healing House Address: _____

Hurricane Shelter Address: _____

Other: Address: _____

Description of location: _____ Telephone: _____

Please agree and initial the following hurricane preparedness questions:

_____ I have or will have a minimum 14-day (14) supply of all of my medications on hand during hurricane season in case of a hurricane.

_____ I will have the necessary supplies in case of a hurricane (flashlights, water, batteries, food, etc) on hand in preparation for a hurricane.

_____ I will contact my House Manager if I make a change in my Hurricane Plan.

RESIDENT NAME: _____ DATE: _____

RESIDENT SIGNATURE: _____

STAFF NAME: _____ DATE: _____

STAFF SIGNATURE: _____

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EMERGENCY AND NON EMERGENCY CONTACTS

DIAL 911 FOR EMERGENCIES ONLY

For all Broward County Services information CALL 311

To Report a Non-Emergency: 954-764-4357

Domestic Violence/Sexual Assault Assistance: 954-828-5507

Suicide Prevention Lifeline 1-800-273-8255

Mens's Resources:

Fort Lauderdale Police Department

1300 W. Broward Blvd.

Fort. Lauderdale, FL 33312

Broward Health 7th Ave Adult Center (homeless healthcare voucher is accepted here)

NW 10th Pl, Fort Lauderdale 33311

Phone: 354-759-6600

Plantation General Hospital- Nearest Hospital

401 NW 42nd Ave, Plantation FL 33317

Phone:954-587-5070

Women's Resources:

Miramar Police Department

11765 City Promenade, Miramar FL 33325

Phone:954-602-4130

Memorial Regional Hospital

3501 Johnson St, Hollywood FL 33020

Phone: 954-987-2000

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LOCAL RESOURCES

Henderson Mental Health Center

4740 N. State Road 7, Building C #201 Fort Lauderdale, FL 33319
954-739-8066 www.hendersonmhc.org

Jubilee Center of South Broward- Food, Identification, counseling, legal for homeless

2020 Scott St Hollywood Florida
954-920-0106 <http://www.jubileecenterbroward.org/index.html>

Pride Center- Free HIV testing, Support Groups, 12 step Meetings

2040 N. Dixie Hwy Wilton Manors FL 33305
954-463-9005 <http://www.pridecenterflorida.org/about/>

Broward County 2-1-1 Hotline

Simply dial **2-1-1** for assistance. It's available 24 hours a day, 7 days a week, and you'll be directed to the nearest emergency food or social service agency in your area.

Florida Department of Children and Families (DCF) Food Stamps

1-866-762-2237 <http://www.myflorida.com/accessflorida>

CareerSource Broward- Employment Assistance

North Center - 2301 West Sample Road, Building 4, Suite 7-A, Pompano 954-969-3541

Central Center - 2610 West Oakland Park Blvd., Fort Lauderdale 954-677-5555

South Center - 7550 Davie Road Extension, Hollywood, FL 954-967-1010

Employ Florida

For more information (toll free): 1-866-FLA-2345 or 1-866-352-2345

Vocational Rehabilitation Division

7550 Davie Road Extension (954) 893-5093

Vocational Rehabilitation Division

1400 W Commercial Blvd #115 (954) 202-3850

Vocational Rehabilitation Division

2550 W Oakland Park Blvd (954) 677-5645

Social Security Office

For more information (toll free): 1-800-772-1213 TTY: 1-800-325-0778

Social Security Office

Suite 100, 3201 West Commercial Boulevard, Fort Lauderdale, FL 33309

Social Security Office

Suite 100, 8501 West Sunrise Boulevard, Plantation, FL 33322

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Social Security Office

2nd Floor, 500 North Hiatus Road, Pembroke Pines, FL 33026

Florida Department of Motor Vehicles

Customer Service Center: 850-617-2000 or Automated information:

850-617-2000 3718-3 W. Oakland Park Blvd. Lauderdale Lakes, FL 33311

8001 Pembroke Road Pembroke Pines, FL 33025

1160 N. University Drive Coral Springs, FL 33071

1113 N. Federal Highway Ft. Lauderdale, FL 3330

3387 Sheridan St. Hollywood, FL 33021

Broward County Transit

Provides information on bus fares, routes maps, fares and passes.

Customer Service Center

954-357-8400

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12 Step Clubhouses

12 step House:

205 SW 23rd St. Ft Lauderdale FL 33315

954-523-4984

<http://12stephouse-1949.org>

4th Dimension:

4425 Hollywood Blvd Hollywood FL 33021

954-967-4722

<http://4thdimensionclub.com>

West Broward Club:

5625 S. University Drive, Davie FL 33328

954-434-1600

Trackside/Sober Today Club:

1633 S21st Ave Hollywood FL

954-923-2338 or 305-206-5216

<https://www.sobertodayclub.com>

Unity Room:

4525 B Pine Island Rd Sunrise Florida

954-245-6764

Sunshine Cathedral

1480 SW 9th ave, fort Lauderdale FL 33315

954-462-2004

Pride Center

2040 North Dixie Hwy Wilton Manors F l 33305

954-463-9005

<http://www.pridecenterflorida.org>

Lambda South

1231 East Las Olas Blvd Ft Lauderdale FL 33304

<http://www.lambdasouth.com>

Stirling Room

7331 Davie Rd Extension Hollywood FL 33024

954-430-3514

Serenity by the Sea:

3561 NW 9th Ave, Oakland Park FL 33309

786-355-3581

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ANONYMOUS LINES

Al-Anon / Alateen 888-425-2666 www.al-anon.org
Alcoholics 954-462-0265 www.aabroward.org
Cocaine 310-559-5833 www.ca.org
Marijuana 800-766-6779 www.marijuana-anonymous.org
Overeaters 505-891-2664 www.oa.org

CRISIS HELPLINES

Abuse Registry 800-962-2873 (96ABUSE)
Broward County Homeless Hotline 954-563-4357 (HELP)
Crisis Line-BROWARD Call 2-1-1 or First Call for Help 954-537-0211 www.211-broward.org
Crisis Line-DADE 305-358-4357 (HELP) www.switchboardmiami.org
Crisis Line-PALM BEACH 561-383-1112 www.211palmbeach.org
Disaster Distress Helpline 800-985-5990 www.disasterdistress.samhsa.gov

Florida Coalition Against Domestic Violence 800-500-1119 www.fcadv.org
Mobile Crisis (Henderson) 954-463-0911 www.hendersonbehavioralhealth.org
National Center for Missing and Exploited Children 800-843-5678 (THE LOST) www.missingkids.com
National Organization for Victim Assistance (NOVA) 800-879-6682 (TRY NOVA) www.trynova.org
National Self-Injury Info Line 800-366-8288 (DON'T CUT) www.selfinjury.com
Poison Control 800-222-1222 www.pediatrics.med.miami.edu/poison-control-center
Sexual Assault 954-761-7273 (RAPE) www.broward.org
RAINN (Rape, Abuse & Incest National Network) 800-656-4673 (HOPE) www.rainn.org
Suicide Prevention 800-784-2433 (SUICIDE)
Hope Line 800-442-4673 (HOPE) www.hopeline.com
Suicide Prevention Lifeline 800-273-8255 (TALK) www.suicidepreventionlifeline.org
The American Foundation for Suicide Prevention 888-333-2377 www.afsp.org
Suicide Prevention Spanish 888-628-9454

Trans Lifeline 877-565-8860 www.translifeline.org

HEALTH HELPLINES

AIDS 800-232-4636 www.cdc.gov/hiv (CDC-INFO) www.cdcnpin.org/hiv
Alzheimer's 800-272-3900 www.alz.org
HIV/STD 800-227-8922 www.cdc.gov/std
Hill-Burton Free Hospital Care 800-638-0742 www.hrsa.gov/gethealthcare/affordable/hillburton
Medicaid Authorization 866-762-2237 www.dcf.state.fl.us/programs/access

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Sober Living Referrals

The Right Way Sober Living
Fort Lauderdale, FL
954-235-9277
therightwaysoberliving.com

Sober Living by Tiffany

N. Miami, Oakland Park, Pompano
954-344-0550
soberlivingbytiffany.com

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WEEKLY MEETING

NAME

:

Meeting:	Meeting:	Meeting:	Meeting:	Meeting:
Time/Date:	Time/Date:	Time/Date:	Time/Date:	Time/Date:
Chair	Chair	Chair	Chair	Chair
Person:	Person:	Person:	Person:	Person:
Meeting:	Meeting:	Meeting:	Meeting:	Meeting:
Time/Date:	Time/Date:	Time/Date:	Time/Date:	Time/Date:
Chair	Chair	Chair	Chair	Chair
Person:	Person:	Person:	Person:	Person:
Meeting:	Meeting:	Meeting:	Meeting:	Meeting:
Time/Date:	Time/Date:	Time/Date:	Time/Date:	Time/Date:
Chair	Chair	Chair	Chair	Chair
Person:	Person:	Person:	Person:	Person:
Meeting:	Meeting:	Meeting:	Meeting:	Meeting:
Time/Date:	Time/Date:	Time/Date:	Time/Date:	Time/Date:
Chair	Chair	Chair	Chair	Chair
Person:	Person:	Person:	Person:	Person:
Meeting:	Meeting:	Meeting:	Meeting:	Meeting:
Time/Date:	Time/Date:	Time/Date:	Time/Date:	Time/Date:
Chair	Chair	Chair	Chair	Chair
Person:	Person:	Person:	Person:	Person:

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