



**Todisco Sober Homes**

**NEW RESIDENT INTAKE PACKET**

**APPLICATION, RULE HANDBOOK, RELAPSE PREVENTION & ADDITIONAL INFO.**

**To be eligible for Todisco Sober Home LLC residency, applicant must have completed 30 day residential program (within 2 weeks of applying for residency), be enrolled in an IOP/PHP program or currently in dual diagnosis therapy.**

**Completed form and necessary additional information can be emailed to [todiscosoberhomes@gmail.com](mailto:todiscosoberhomes@gmail.com) subject "Application for Cara's Place"**

**Demographics: \_**

- Name: \_\_\_\_\_
- Preferred Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Contact Information: \_\_\_\_\_

**Employment: \_**

- Current Employer: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Length of Employment: \_\_\_\_\_
- Income: \$ \_\_\_\_\_

**\_State or Federal Income/Benefits: \_**

- Type of income/benefit (e.g. SSI, SSDI, VA benefits): \_\_\_\_\_
- Amount: \$ \_\_\_\_\_

**Emergency Contacts:**

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

**Medication:**

- List current medications and dosages: \_\_\_\_\_  
\_\_\_\_\_
- List any allergies or sensitivities: \_\_\_\_\_

**Legal Issues:**

- Are you currently on probation or parole? Yes/No
- If yes, provide:
- Probation/Parole Officer Information:
- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Court Location: \_\_\_\_\_
- Probation/Parole Conditions: \_\_\_\_\_
- Have you been convicted of a felony? Yes/No
- If yes, provide details: \_\_\_\_\_

**Probation Officer Information:**

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

**Recovery Goals:**

- What are your short-term recovery goals? \_\_\_\_\_
- What are your long-term recovery goals? \_\_\_\_\_

**Recovery Plan:**

- Describe your recovery plan, including support groups, therapy, and other resources:  
\_\_\_\_\_
- How do you plan to maintain sobriety? \_\_\_\_\_

**Rules and Responsibilities:**

**I understand that I am required to follow the rules and responsibilities of the home, including:**

- No smoking inside including vapes, smoking is allowed in designated smoking areas outside & disposed of properly in the stand up stanchion secured unit.
- No candles or incense, no use of traditional fireplaces.
- Curfew of 10PM on weekdays (Mon-Thur) and 11PM on weekends (Fri-Sun)
- Completing weekly assigned house chores to maintain a clean and sanitary living environment
- Resident must maintain good hygiene
- Obtaining employment or a source of income by day 30 (45 the latest)
- No violence or unbecoming behavior, **resulting in dismissal**
- No weapons or firearms, **resulting in immediate dismissal**
- No illicit drugs or alcohol on the premise, **resulting in immediate dismissal**
- Approved visits from friends and family in common areas only
- No entering other residents bedrooms
- No food in the living room or bedrooms (Kitchen only)
- Attending up to 2 or more meetings weekly to align with house rules and recovery pathways
- Must attend all house meetings
- Approved visitors must sign in and out.
- Submitting to random drug and alcohol testing, with a positive screening resulting in a conversation with the house manager to discuss a relapse prevention plan, **potentially leading to temporary or permanent dismissal**

**\*GARAGE USE IS PROHIBITED, OFF LIMITS TO RESIDENTS\***

**\*SMOKING INSIDE THE HOME IS NOT ALLOWED INCLUDING VAPES & ECIG'S\***

**\*TODISCO SOBER HOMES LLC IS NOT LIABLE FOR ANY RESIDENT STOLEN OR DAMAGE PROPERTY\***

**GRIEVANCES CAN BE SUBMITTED AT ANY TIME BY EMAIL TO [TODISCOBERHOMES@GMAIL.COM](mailto:TODISCOBERHOMES@GMAIL.COM) AND WILL BE ADDRESSED IN A TIME SENSITIVE MANNER TO ENSURE THE SAFETY AND WELLBEING OF THE HOME AND RESIDENTS.**

I hereby certify that the information provided is accurate and true. I understand that false information may result in denial of residency. I acknowledge that I have read and agree to the rules and responsibilities of the home.

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

Todisco Sober Homes LLC may provide transportation from personal vehicles or third party ride share from time to time for residents, in the event of accident or injury I hereby waive Todisco Sober Homes LLC of liability.

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

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

I understand that there is video monitoring in common areas inside & outside the home and some audio may be recorded on the cameras video monitoring system. Todisco Sober Homes LLC takes privacy seriously no camera's are allowed in personal areas (bedrooms or bathrooms)

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

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

I understand if on parole or probation and dismissed the home, Todisco Sober Homes LLC will notify the above. By signing below I am giving Todisco Sober Homes LLC permission to speak with these parties at any time for any reason.

Signature \_\_\_\_\_

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

I understand I will provide proof of 30 day residential stay discharge paperwork, IOP/PHP progress letter or a letter of proof of treatment for eligible residency. Without the following I am ineligible for residency at Todisco Sober Homes LLC.

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

Date \_\_\_\_\_

I understand I am responsible for storing my medication in a safe and secure space away from the other residents.

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

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

I understand in the event of an overdose or a relapse if I seek residential treatment after release or after of 30 days from original dismissal I am eligible to reapply to Todisco Sober Homes LLC for residency.

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

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

I understand in the event of an overdose or death, Todisco Sober Homes LLC is not liable. By signing this form I waive liability of Todisco Sober Homes LLC.

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

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

I understand Todisco Sober Homes may have volunteer's or members of Mario's Mission Inc / Todisco Sober Homes or subcontractors on the property for various reasons (for example lawn care, utilities, house care etc) A house mentor, manager or representative of TSH or MMI will be present if this happens.

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

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

I understand all of the following house rules and responsibilities, I agree to abide by what is set forth and expected of me as a resident in Todisco Sober Homes LLC. I understand each adverse scenario to the above rules and responsible. I understand Todisco Sober Homes stores this information in a safe place.

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

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

**Final signature of Todisco Sober Homes LLC after reviewing application**

Signature \_\_\_\_\_

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

FINANCIAL AGREEMENT

**In the event of a fire or an emergency. Residents are to make their way to the nearest exit and join together in-front of the home. Call 911 and notify house manager or mentor.**



### **Todisco Sober Home Financial Agreement**

Move-In Fees:

Single resident Bedroom \$325.00 weekly (1 available in home )

Double resident Bedroom \$275.00 weekly (4 available in home )

- \$300.00 Move-In Fee (non-refundable)

- 1st Week's Rent: \$275.00 (double) \$325 (single)

\*Total Due on Move-In Day: \$575.00 (double) \$625.00 (Single)

\*Weekly Rent: \$ \$275 OR \$325 DEPENDING ON BED (due every Friday)

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Refund Policy:

- Refunds will be issued minus any outstanding balances or damages.
- Two weeks notice of leaving the home must be given in writing to Todisco Sober Homes LLC. If notice is provided, the last week's fee's will be applied to the last week. If notice is not provided the last week's fee will not be refunded.

Payment Terms:

- Payments are due every Friday.
- Payments can be made by Venmo, PayPal, checks made payable to Todisco Sober Homes LLC or cash. Collection of Check's or Cash will be collected only by Todisco Sober Homes LLC staff. Cash will be given a receipt if requested by resident.

Note:

- This agreement is legally binding and enforceable. Prices are subject to change, residents will be notified in advanced by writing.
- Any unpaid balances or back rent will be brought forth to Todisco Sober Homes' legal counsel and will be dealt with accordingly by law, including but not limited to, legal action & collections.

By signing below, I acknowledge that I have read, understood, and agreed to the terms and conditions of this financial agreement.

Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Todisco Sober Homes LLC \_\_\_\_\_ Date \_\_\_\_\_

## **Todisco Sober Homes Relapse Prevention Plan**

Mission: Empower individuals in recovery to maintain sobriety and achieve a fulfilling life.

### **\*Goals:\***

1. Identify triggers and high-risk situations
2. Develop coping skills and strategies
3. Build a supportive network
4. Encourage ongoing treatment and self-care
5. Foster a sense of purpose and meaning

### **\*Strategies:\***

1. **\*Regular Check-Ins:\*** Weekly meetings with house managers to discuss progress, challenges, and feelings.
2. **\*Trigger Management:\*** Identify and develop plans to manage triggers, such as avoiding certain places or people.
3. **\*Coping Skills:\*** Learn and practice healthy coping mechanisms, like meditation, exercise, or creative activities.
4. **\*Support Network:\*** Attend 2 or more AA/NA or all pathways meetings, join a sober community, and build relationships with peers and mentors.
5. **\*Self-Care:\*** Engage in activities promoting physical and emotional well-being, like therapy, yoga, or hobbies.
6. **\*Purpose and Meaning:\*** Explore passions, set goals, and develop a sense of purpose through education, work, or volunteering. Must obtain employment or source of income by day 30 (45 the latest)
7. **\*Relapse Prevention Skills:\*** Learn skills like mindfulness, emotional regulation, and problem-solving.
8. **\*Family Support:\*** Encourage family involvement through counseling and support groups.
9. **\*Follow-Up Care:\*** Coordinate with outpatient treatment providers for ongoing support.
10. **\*Emergency Planning:\*** Develop a plan for crisis situations, including a relapse prevention hotline.

### **\*Additional Resources:\***

- On-site referrals to counseling and therapy
- Sober social events and activities
- Educational workshops and skill-building programs

### **\*Accountability and Support:\***



- Random drug testing
- Regular progress evaluations
- Peer support and encouragement
- Consequences for relapse (e.g., removal from the sober home and back to higher level of care treatment)

In the event of a relapse or overdose, Todisco Sober Homes may dismiss the resident to a higher level or care. If resident is non compliant of relapse prevention policy, resident may be asked to leave the property to best protect the safety of all residents.

After 30 days of treatment, resident is welcomed to reapply for residency.

Todisco Sober Homes is not liable in the event of a death or overdose as our guidelines and agreement state no drug or alcohol use are allowed.

By following this relapse prevention plan, residents of Todisco Sober Homes will be equipped with the tools (NARCAN) and support necessary to maintain sobriety and achieve a fulfilling life.

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

Date \_\_\_\_\_

Signature of Todisco Sober Homes Representative

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

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