



UNDERDOG.RECOVERY.HOMES

UNDERDOG RECOVERY HOMES RESIDENT APPLICATION FORM

Please complete this form to provide information so we can consider your application for occupancy. Underdog utilizes housing support dollars to cover the rent, so it is free to the residents, however when you start to work, there will be a \$200 deposit. While working you may owe a portion of the rent, up to \$1,000.00. You must meet the criteria of long-term homelessness and provide a Professional Statement of Need. You will sign a month-to-month lease for up to 12 months. We also help you apply for SNAP and cash assistance. The amount of benefits you receive is based on your income, expenses, and number of people in the household.

Please note Underdog will facilitate a background check.

Underdog Recovery Homes (“Underdog”) seeks to provide a supportive, clean environment that fosters community during recovery. Occupants living in an Underdog home must agree and acknowledge that living in the Home requires **complete abstinence from drugs and alcohol**. All occupants must abide by these Rules and Expectations. On this first page is a brief list of rules and expectations and is not a comprehensive list (extensive list found further below). We recommend that you attend treatment (IOP) based on your assessed level of care. However, your housing is NOT contingent on going to IOP. Please sign the attached ROI so that we can communicate with your treatment program.

- Remain drug and/or alcohol free while residing in Underdog homes.
 - you are subject to UAs and breathalyzer checks at random or at staff’s request.
- Attend the mandatory weekly house meeting.
- Attend at least 3 recovery meetings per week.
- Be mindful that you are in community living; respect your housemates, staff, and neighborhood.
- Respect the property and space that you live in and keep it in a clean and orderly manner.
 - You will be assigned weekly household chores.
 - No loitering outside of the property
- **New Resident Curfew:** New residents are on a 7-day house restriction and can only leave with a approved personnel or approved house mate.

- There is no required number of treatment hours determined by Underdog; your independent assessment with an LADC will determine the necessary services and frequency of attendance. You ALSO can choose to NOT go to IOP, but you must remain sober and actively engaged in the recovery community. We do not advocate skipping treatment as it is vital for most to remain sober, but we appreciate everyone is on their own journey.
- You may attend ANY IOP of your choosing. We will provide 3 to 5 IOPs located near your home that we have identified to provide quality care. (see attached lists)
- Upon graduation from treatment, you can continue to stay in the housing for 12 months total. This is a month-to-month lease and housing is NOT guaranteed for 12 months unless you are following all house rules. During this time, **you should actively participate in your recovery by engaging in work, attending school, or volunteering at least 20 hours per week. This is also a requirement to receive SNAP benefits.**
- Your housing is not dependent on your treatment status but on your adherence to house rules and active engagement in recovery efforts, working, attending school, volunteering, and maintaining sobriety.



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Resident Application Form

Todays Date: _____ *Date of requested move in:* _____

Last Name: _____ *First Name:* _____ *Middle Initial:* _____

Date of Birth: _____ *Age:* _____ *SSN #:* _____ *Marital Status:* _____

Gender: _____ *Race:* _____

Do you identify as American Indian, Alaska Native, or Native American: Yes No

If yes, tribal affiliation if it is known: _____

PMI# if known: _____ *Case # if know:* _____

Current Address: _____ *City:* _____ *State:* _____ *Zip:* _____

Phone Number: _____ *Email:* _____

Name of current treatment center, institution, facility or residence: _____

A ROI with the above facility must be signed by you, there is one included in this packet.

How did you hear about Underdog Recovery Homes? _____

List the last three (3) years of residency (including treatment, medical facilities, jail/prison, family, homeless on the streets etc.):

<i>Start Date</i>	<i>End Date</i>	<i>Location</i>	<i>Address</i>	<i>Reason for leaving</i>

Emergency Contacts:

Name: _____

Relationship: _____ **Phone:** _____

Name: _____

Relationship: _____ **Phone:** _____



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Chemical Use History / Legal Involvement:

Sober Date: _____ Drug of Choice: _____ Will you pass a drug test at admission: Yes No

List types of drugs used/abused in the past 12 months: _____

Lifetime DWI's: _____ Lifetime possessions: _____ Lifetime assaults: _____

Any arson convictions? Yes No Any Criminal Sexual Conduct Convictions? Yes No

If yes, Level of CSC conviction: _____ Do you have to Report: _____

Do you have a felony record? Yes No

If yes, please explain: _____

Are you on Probation / Parole: Yes No

P.O.Name: _____ County: _____ Phone: _____

P.O.Name: _____ County: _____ Phone: _____

ROI must be signed upon intake.

To ensure every resident meets the qualifications to reside at Underdog Recovery Homes, Underdog Recovery Homes must run a background check. By signing below, I authorize Underdog Recovery Homes to run a background check through the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information for an application of occupancy with Underdog. This authorization's expiration shall be one year from my signature date.

Applicant Signature

Date



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Physical & Mental Health:

Are you under physician's care? Yes No

Under care of? Psychologist Psychiatrist Therapist

Do you have a case worker? Yes No

Case Worker Name: _____ Case Worker Phone/ County: _____

Ever been hospitalized for a mental health crisis? Yes No Ever planned suicide: Yes No

If yes, explain: _____

Psychiatric diagnosis: _____

Prescribed medications: _____

Do you have a disability with a need for accommodation? Yes No

If so, what: _____

While residing at Underdog Recovery Homes, you are required to actively participate in your recovery by either attending treatment, engaging in work, or volunteering at least 20 hours per week. This is also a requirement to receive SNAP benefits.

Are you capable of working/volunteering? Yes No

Are you currently working? Yes No

If yes, place of employment: _____

Supervisor name and phone number: _____

Transportation

If you are going to be driving while residing at Underdog Recovery Homes, we will need to verify that you have an active, valid driver's license. Sign below to authorize Underdog Recovery Homes to verify an active valid driver's license is in place. You must also have active insurance. *(Provide copies of both)*

Driver's License Number: _____

Vehicle Model/Type/Year/Plate Number: _____

Insurance Company: _____ Policy No.: _____



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UNDERDOG RECOVERY HOMES RULES AND EXPECTATIONS

Underdog Recovery Homes (“Underdog”) seeks to provide a supportive, clean environment that fosters community during recovery. Occupants living in an Underdog home must agree and acknowledge that living in the Home requires complete abstinence from drugs and alcohol. All occupants must abide by these Rules and Expectations.

These Rules and Expectations are designed to protect the health, safety, and comfort of Underdog participants. A breach of these Rules and Expectations constitutes a material breach of your occupancy agreement with Underdog. You will be removed from the Home for breaking these rules.

Recovery Focused, Drug and Alcohol-Free Environment:

1. No possession of any alcohol, drugs, or drug paraphernalia.
2. Any prescription drug use must be in strict compliance with a current order from a licensed clinician. All prescription medications must be in their original bottles labeled with your name, the prescribing clinician, and dosing information. The amount of medication must be consistent with the most recent date the prescription was filled and number of doses since that fill.
3. Drug and alcohol testing is required to move in and when requested by management or staff.
4. No romanticizing drug or alcohol talk.
5. Expectations for occupants on Medically Assisted Treatment (“MAT”), including methadone, buprenorphine and naltrexone:
 - a. All MAT medications must be taken as prescribed;
 - b. MAT medications must be kept in a lockbox at all times;
 - c. Staff and/or management may request to verify the contents of the lockbox, lockboxes must be opened for viewing when requested;
 - d. No MAT medications may be shared;
 - e. Missing or found medications must be reported immediately to management or staff;
 - f. Occupants must have a current medication list, with a prescribing provider, available at all times and permit verification of prescription with a Release of Information if requested.
6. No Medical Cannabis or CBD products allowed.

Community Living:

7. Be respectful to others and conduct yourself in a manner that doesn’t interfere with the rights, comforts, or convenience of others in the home or the neighborhood.
8. Work to resolve conflicts proactively and respectfully. Management and staff will assist if necessary.
9. Management and staff may be on site or visit regularly and are allowed to enter at any time.
10. No weapons allowed.
11. Underdog is intended to be a peaceful, quiet, and comfortable place to stay. No disruptive behavior will be tolerated, including acting in a loud, boisterous, unruly, or thoughtless manner.
12. There is zero tolerance for physical or verbal abuse and disrespect to other occupants, staff or management.

13. All occupants deserve respect; prejudice, harassment or discrimination towards another is not tolerated. This includes discrimination based on race, culture, disability, ethnicity, age, gender or sexual orientation.
14. Romantic and close relationships between occupants are discouraged.
15. All occupants will attend a weekly house meeting and participate in house activities including meetings, meals, and other informal gatherings.
16. All occupants should be awake and out of their room by 8am.
17. Curfew is 10pm Sunday through Thursday and midnight on Friday and Saturday. Quiet time starts at 10pm.
18. Maintain your own food properly, throw out old or expired food. Do not eat anyone else's food. Fridge cleaning happens every house meeting old items will be discarded.
19. No possession of pornography is allowed.
20. Gambling is not permitted on the premises.
21. Cell phones may only be used in the privacy of a resident's bedroom and all notifications (ring, text, app notifications) must be kept on silent when in common areas of the home.
22. For safety and security purposes, there are cameras in common areas. Do not tamper with, disable, or remove any monitoring device.

Respect for the Property:

23. Maintain all private and public spaces in a clean and orderly manner. Shoes off in the home, unless you have a separate house shoe for indoors only.
24. Smoking is only allowed outside within the designated area. All cigarette butts and trash must be put in proper containers.
25. No pets of any kind are allowed on site (except for approved service animals).
26. Do not damage or misuse the house, utilities, or equipment. No vandalism.
27. Inform management or staff immediately if there are necessary repairs or something is broken. This includes leaking faucets or toilets, issues with appliances, or malfunctioning equipment.
28. No sleeping in common areas.
29. Personal hot plates, microwaves, toaster ovens, and refrigerators are prohibited in the home.
30. Guests are welcome during the hours of 12:00 p.m. to 8:00 p.m. Guests must not be under the influence of alcohol or drugs. Guests may not be left unattended and must remain in common areas, not bedrooms or sleeping areas. No overnight guests are permitted. Guests may be asked to leave at any time by staff or management.
31. Maintain a clean and orderly household and grounds, participate in cleaning tasks and household chores.
32. Do not alter, move, add, or change any property including furniture, doors, and locks without prior permission from staff or management. No hanging anything on the walls.
33. Do not loiter outside the home or yard. No parking on the street and sitting in the car. If you are street parking, park and get out and come into the home.
34. No visiting with guests parked in front of the home, have your guest come in the home, or go elsewhere to talk.
35. Be respectful of the neighbors and neighborhood.

Work, School, and Activities:

36. Occupants must work, attend school, or volunteer a minimum of twenty (20) hours per week.
37. All outside overnight stays must be pre-approved at least one day (24 hours) in advance. No leave of over five (5) days will be permitted.
Drug testing may be required upon return from any overnight stay away from the house. For the first thirty (30) days, overnight stays will only be permitted in extenuating circumstances.
Overnight stays will only be approved for weekend nights, including Friday or Saturday.
38. Active participation in recovery (attend at least 3 recovery meetings per week) and weekly contact with a sponsor is required.

Medical Care & Medications:

39. No medical care is provided on site, and staff are **NOT** trained in providing medical care. If you have a medical emergency, you will need to seek emergency care or call 911.
40. You are responsible for bringing any prescription medication that you need and ensuring you have enough during your stay.

By signing this you agree that these Rules and Expectations have been provided to you, that you have read and understood the Rules and Expectations and understand that if you do not follow these rules, you will be removed from the Home. Further, you acknowledge that you have been provided with a list of treatment programs that are geographically located near the Underdog Recovery Homes.

Applicant Signature

Date



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Program Agreement

I have read and will abide by the House rules. I will go to staff with concerns/questions: _____

I consent to the use of my photograph at Underdog Recovery Homes. This photograph will be used by Underdog staff members for the purpose of identification. _____

I understand I am entering into a drug/alcohol free facility as a program resident: _____

I will not use drugs, alcohol, or any other mind-altering substances: _____

I consent to submitting for random urinalysis and breathalyzer tests during my stay at the house and understand that failure to comply will result in a positive test. : _____

I understand if I have an episode of use, I must be medically cleared by detox or a physician to have a chance at returning to the house: _____

All medications that are considered “mood altering” must be secured in the locker provided to you. All medications are to be stored in a locked container. You are responsible for your medications. Over the counter medications are permitted with approval from staff. No Cold and Cough medications are permissible. _____

I will attend the mandatory weekly house meeting: _____

I understand I will be assigned and will complete all household chores assigned to me each week by house manager / staff _____

I understand I must attend a minimum of three recovery meetings/week & provide signature cards: _____

I agree to actively work with a sponsor on a weekly basis: _____

I will participate at least 20 hrs. a week in treatment, volunteering, or working : _____

I consent to having my bedroom and personal belongings inspected by staff during regular weekly inspections, as well if staff become concerned that there may be contraband in my room. _____

I understand that I am to and will assume total liability for any items stored or left at the house and shall hold Underdog Recovery Homes and/or any of its operated programs blameless for the loss or destruction of any of my belongings, of whatever nature, that are on Underdog premises. I understand that any items (including vehicles) stored or left at Underdog Recovery Homes will be disposed of sixty days after my discharge date: _____

I understand that once I leave the house my mail will be returned to the sender (change of address forms can be found at: <https://moversguide.usps.com/mgo/disclaimer?referral=UMOVE>). _____



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RESIDENT AUTHORIZATION TO RELEASE/DISCLOSE HEALTH INFORMATION

Underdog Recovery Homes 777 Raymond Ave. St. Paul, MN 55114	PH: 651-391-2412 FAX: 651-391-2412 EMAIL: housing@underdogrecoveryhomes.com
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RESIDENT INFORMATION	Resident Name: _____ DOB: _____ Previous Last Name(s): _____
TYPE OF RELEASE	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
HEALTH/TREATMENT INFORMATION RELEASE (select one or both)	<input type="checkbox"/> I authorize Underdog Recovery Homes to RECEIVE information FROM : <input type="checkbox"/> I authorize Underdog Recovery Homes to RELEASE information TO : NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ FAX: _____

INFORMATION TO BE RELEASED (you may select more than one)	DATES OF SERVICE(S) FROM: _____ TO: _____ <input type="checkbox"/> ALL DATES _____ <input type="checkbox"/> NEW INTAKE/HISTORY AND PHYSICAL <input type="checkbox"/> MEDICATION LIST <input type="checkbox"/> PROGRESS/FOLLOW UP NOTES (LAST 3 NOTES) <input type="checkbox"/> ALCOHOL/DRUG LAB RESULTS <input type="checkbox"/> DISCHARGE SUMMARY/LAST VISIT NOTE <input type="checkbox"/> COMPREHENSIVE ASSESSMENT <input type="checkbox"/> PROFESSIONAL STATEMENT OF NEED <input type="checkbox"/> OTHER _____
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PURPOSE OF RELEASE <i>*Fees may be charged based on MN State and Federal Regulations</i>	<input type="checkbox"/> CONTINUATION OF CARE <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> PERSONAL <input type="checkbox"/> LEGAL <input type="checkbox"/> HOUSING <input type="checkbox"/> DISABILITY DETERMINATION
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ALL RECORDS PERTAINING TO MENTAL HEALTH/CHEMICAL DEPENDENCY/DRUG OR ALCOHOL ABUSE OR HIV RELATED ILLNESSES AND TREATMENT RECORDS WILL BE RELEASED UNLESS INDICATED HERE: <input type="checkbox"/> DO NOT RELEASE RECORDS TO ANY OF THE PREVIOUSLY LISTED INFORMATION
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I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 4 CFR Parts 160 & 164, Subparts A & E and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand the information to be released may include records related to behavioral and/or mental health care and/or alcohol and drug abuse treatment. This authorization may be revoked at any time except if Underdog Recovery Homes has already acted on it. Underdog Recovery Homes will not condition care on whether I sign the authorization. Information used/disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal law. It is understood that where federal laws and state laws relating to the court system apply, they should take precedence over any expiration or revocation expressed. I understand this realize with terminate in one year unless specified here:

Resident Signature: _____	Date: _____
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Treatment Programs Near Our Minneapolis Homes

Juel Fairbanks

806 Albert Street N., St. Paul MN 55104

CONTACT: 651-644-6204

<https://juelfairbanks.org/>

Located approximately 8 miles

Avivo Intensive Outpatient Treatment – Co-Occurring

1900 Chicago Ave, Minneapolis MN 55404

Contact: 612-752-8074

<https://avivomn.org/services/treatment-and-recovery/>

located approximately 1 - 6 miles depending on Minneapolis house address

Urban White Earth Substance Abuse Program

1730 Clifton Place, Minneapolis, MN 55403

CONTACT INFO: 612-872-8208

www.whiteearth.com

located approximately 3 - 6 miles depending on Minneapolis house address

Kai Shin Treatment – Specializing in Mental Health and Addiction Medicine

7831 Glenroy Road., Suite 145, Bloomington, MN 55439

CONTACT INFO: 651-447-3755

<https://www.kaishinclinic.com>

located approximately 7-11 miles depending on Minneapolis house address

Roots Wellness Center – IOP Services

393 N. Dunlap Street, Suite 300, St. Paul MN 55104

CONTACT INFO: 612-564-5933

located approximately 8 - 13 miles depending on Minneapolis house address

Twin Cities Wellness Center & Recovery Gym – IOP Services

2912 N. 2nd Street, Minneapolis, MN 55412

CONTACT: 612-234-4242

<https://tcwcrq.com/>

Tagwii Recovery Center - Outpatient Services

2020 Bloomington Ave. S., Minneapolis, MN 55405

CONTACT: 612-977-3424

<http://www.fdlrez.com/>

Indian Health Board – IOP Services

1315 East 24th Street, Minneapolis, MN 55404

CONTACT: 612-721-9800

Underdog Recovery Homes
777 Raymond Ave., St. Paul, MN
Phone: 651-391-2412

www.underdogrecoveryhomes.com



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Treatment Programs Near Our Bloomington Homes

Native American Community Clinic

1213 E Franklin Ave.
Minneapolis, MN 55404
P: (612) 843-5981
<https://nacc-healthcare.org>

Kai Shin Treatment

Specializing in Mental Health and Addiction Medicine
7831 Glenroy Road., Suite 145
Bloomington, MN 55439
P: 651-447-3755
<https://www.kaishinclinic.com>

Progress Valley Inc.

Mental Health and IOP Outpatient Services
1100 E 80th Street
Bloomington, MN 55420
P: (952) 374-5540
<https://progressvalley.org>

Tagwii Recovery Center

IOP Outpatient Services
2020 Bloomington Ave. S.
Minneapolis, MN 55405
P: (612) 977-3424
<http://www.fdlrez.com>

Twin Cities Wellness Center & Recovery Gym

IOP and Fitness Services
2912 N. 2nd Street
Minneapolis, MN 55412
P: (612) 234-4242
<https://tcwcr.org>

Underdog Recovery Homes
777 Raymond Ave., St. Paul, MN
Phone: 651-391-2412
www.underdogrecoveryhomes.com



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Treatment Programs Near Our Bemidji Home

Oshki Manidoo Center

Bemidji Area Addiction Treatment Center
1741 15th Street NW
Bemidji, MN 56601
P: (218) 751-6553 x 6261

Sanford Bemidji Recovery Medical Clinic

Bemidji Area Addiction Treatment Center
1705 Anne St NW Door #4
Bemidji, MN 56601
P: (218) 308-2400
<https://www.sanfordhealth.org>

Kai Shin Clinic – Bemidji

Bemidji Area Addiction Treatment Center
705 5th St NW D
Bemidji, MN 56601
P: (651) 447-3755

<https://kaishinclinic.com>

Sagent Behavioral Health

Bemidji Treatment Center
112 1st St. W
Bemidji, MN 56601
(212) 858-0604
<https://sagentbh.com>