THE LOGOS COLLECTIVE

Referral Partner Packet

Program Name	The Logos Collective
Working Residence Level	NARR Level II recovery residence
Program Type	Recovery housing / sober living
Primary Contact	Name: _____ Phone: _____ Email: _____
Referral Intake Contact	Name: _____ Phone: _____ Email: _____
Website / Referral Link	_____

Referral Partner Packet

1. Quick Program Summary

The Logos Collective provides safe, structured, recovery-oriented housing for adults seeking accountability, and community while building a life in recovery. The residence is designed as a supportive living environment, not a detoxification service, inpatient treatment program, hospital, jail alternative, or locked facility.

Mission	To offer a pathway of hope, restoration, accountability, and recovery-focused housing where residents can rebuild their lives with dignity and support.
Model	Peer-supported, monitored recovery housing with written house rules, resident rights, grievance access, recovery-support expectations, and safety protocols.
Clinical Services	The housing program does not provide clinical treatment. Residents may receive outside counseling, MOUD, primary care, IOP, outpatient treatment, and other services of their choice.
Cultural Statement	Our program is rooted in compassion and service. Residents are welcomed regardless of background.
MOUD Position	Residents using prescribed methadone, buprenorphine, naltrexone, psychiatric medication, or other lawful medication are not denied or discharged solely because of medication. Safe storage, non-diversion, and impairment/safety rules apply.
Ideal Referral	Adults who are medically stable, willing to follow house rules, able to participate in a recovery-support plan, and appropriate for a community-based recovery residence.
Not Appropriate For	Individuals needing medical detox, MOUD clients in the induction stage, inpatient/residential treatment, 24-hour clinical monitoring, acute psychiatric stabilization, nursing care, or a locked/secure setting.
Resident Fees	Program fee: $200 per week. Scholarships/funding are accepted on behalf of residents who qualify. Payment details must be disclosed before admission.
Services provided	Transportation to/from treatment, Wi-Fi / internet and computer lab, community activities, Peer Support

2. Who We Accept

- Adults seeking safe, stable, recovery-oriented housing and connection with others who seek the same.
- Residents who can live safely in a shared home environment with no tendencies for violence.
- Residents who agree to house rules, drug/alcohol testing policy, fee terms, visitor rules, and recovery support expectations.
- Residents who can manage daily living needs independently or with appropriate outside supports.
- Residents taking lawful prescribed medications, including MOUD, who agree to safe storage & non-diversion expectations.

3. Who We May Decline or Refer Elsewhere

- Those **n**eeding detox, inpatient/residential treatment, medical monitoring, or acute psychiatric stabilization.
- Clients who present a safety risk to themselves or others and cannot be managed in recovery housing.
- Clients who cannot agree to the resident agreement, house rules, medication safety rules, or financial terms.
- Clients who have unresolved medical, behavioral, or supervision needs beyond the program's level of support.
- Clients who are seeking only temporary shelter and is not willing to participate in recovery-support expectations.

4. How to Refer

Step 1 - Referral Contact	Call/email: _____
Step 2 - Required Information	The attached Form
Step 3 - Screening	The resident completes a recovery housing fit screening. Staff may request 42 CFR compliant releases to coordinate with referral partners / treatment providers.
Step 4 - Admission Decision	Decision options: ☐ Accept ☐ Waitlist ☐ Needs more information ☐ Refer elsewhere ☐ Declined
Step 5 - Move-In	Resident signs agreements and associated releases if needed, and orientation checklist.
Same-Day Admissions	☐ Available when safe and complete documentation is possible.
Transportation	☐ Resident responsible. ☐ Program may assist when approved. Driver/insurance policy applies.
Emergency Instructions	Our program is not an emergency or crisis stabilization provider.

Referral Form

Date of referral: _____

Referral source / agency: _____

Referral contact name and phone: _____

Prospective resident name: _____

DOB: _____

Phone: _____

Emergency contact: _____

Current living location: _____

Current living situation: _____

Recovery History: _____

Desired move-in date: _____

Funding source: _____

Current treatment provider, if any: _____

Behavioral needs: _____

MOUD/medication provider, if any: _____

Legal/supervision requirements (contact, if yes): ☐ Yes ☐ No _____

Primary recovery needs / concerns: _____

_____

_____

Known safety concerns: _____

Complete this form for each referred person. Attach releases/ROI only when needed and properly signed. Do not collect more information than necessary for recovery housing fit and safety.

PLEASE STOP HERE

Office use only: Admission decision: ☐ Accepted ☐ Waitlist ☐ Need more information ☐ Refer elsewhere ☐ Declined - Reason / next steps: _____

_____

_____

Reviewed by: _____ Date: _____