

Resident Application

Application Date

Part-1

Last Name First Name MI Birth Date

Social Security Number Drivers License Number DL St Valid DL Exp/Valid Date Mo/Yr

Marital Status Male/Female St County ZIP Code Home of Record

Vehicle- Make/Model/Year/Color Veh Plate # Veh State Veh Insurance Verified By

I understand that any vehicle I park on Serenity House, Inc. property must be legally licensed and insured at all times, and that it must be in running condition.

Initial Here

Date of Last use or Drink List ALL substances you used or drank

Where can you be reached NOW?

Contact Name Phone Number Best day and time to call

I certify that all of the information I have given is accurate to the best of my knowledge. I understand that falsifying any information on this form is grounds for refusal of admittance or termination of residency. I authorize Serenity House, Inc. to verify any or all of the information I provide. I understand that Serenity House, Inc. resident rent is due in advance. I understand that my rent is a legal debt and that if I fail to pay it, Serenity House Inc. will use all legal means available to collect it and that in such case I will be liable for all collection costs.

PRINT your name here

I understand that falsifying any information on this form is grounds for refusal of admittance or termination of residency. I authorize Serenity House, Inc. to verify any or all of the information I provide. I understand that Serenity House, Inc. resident rent is due in advance. I understand that my rent is a legal debt and that if I fail to pay it, Serenity House Inc. will use all legal means available to collect it and that in such case I will be liable for all collection costs.

Applicant SIGNATURE REQUIRED Date Signed

If I am accepted, I agree to pay \$300.00 Room and Board ENTRY FEE (First 2 weeks @ \$135.00 Each Plus \$30.00 Drug Screen Charge) before moving in. Every week thereafter after will be \$135.00.

Initial Here

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Check that each Document/Task has been completed.

- Resident Application Part 1 (SHI-RA-1) Legal Status Information (SHI-RA-2) Photo Copy of Drivers License or State ID
Employment Information (SHI-RA-2) Emergency Contact Information (SHI-EC)
Continuing Care Information (SHI-RA-2) Admission/Waiver Agreement (SHI-AGW)

Interviewed By Interview Date House Bed# Move-In Date

Amount Collected Check# Remarks

Part-2

Employment Information

Resident Name (Print)

Company Name

Where you work:- City

St

Work Phone#

-thru-

Work Days

-til-

Work Hours

Your Work Status- Check ONE

Your Pay Period-Check ONE

- FT- Full Time
- PT- Part Time
- TD- Temp working for a company
- TA- Temp working for an agency

\$ _____
Pay Amount, weekly or per pay period

- Every Day
- Every Week
- Every 2 Weeks
- Every Month

Continuing Care

Care Provider (Agency or Company)

Your Case Manager

Case Manager Phone#

Release Date

Medical Information

Your Doctor's Name

Doctor's Phone No.

Date of this Information

List ALL Limits and/or Disabilities you now have.

List ALL Prescriptions you now have.

List ALL Known allergies you now have.

Are you HIV/AIDS Positive?

Do you have or carry Hepatitis - C?

Legal Status

Present Legal Status- Check ONE

- N/A- Clear
- Pb- Probation
- Pr- Parole
- Sp- Sentence/case Pending

County/St or Court Name

County Officer's Name

Court Officer's Phone No

List ALL Active Court Orders, Cases, Pending Cases, etc

Community Service Hr

Emergency Contact Information

Serenity House Inc.

Check One

Resident _____

Employee _____

Your Name _____

How do you know or what is your relationship to this emergency contact _____

Contact Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Emergency Contact

Home Phone _____ Work Phone _____

Cell Phone _____

Contact email address _____

SERENITY HOUSE, INC.
RELEASE OF INFORMATION

I _____ authorize Serenity House, Inc.
Print Resident Name

to: _____ RELEASE : _____ REQUEST the following information:

Assessment _____ Discharge Plan _____

Treatment Plan _____ Discharge Summary _____

Progress Notes _____ Other (Specify) _____

For the sole purpose of: Facilitating treatment _____

Following treatment progress _____

Other (Specify) _____

Resident Signature: _____ Date: _____

Guardian Signature: _____ Date: _____
(If Required)

Witness Signature: _____ Date: _____

This consent is subject to revocation at any time except to the extent that the program has acted on it. If not previously revoked, this consent will terminate on _____ (Specify date).

Notice:

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The federal rule prohibits you from making any further disclosure of this information unless expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information for criminal investigation or to prosecute any alcohol or drug abuse client.

SERENITY HOUSE, INC.
ADMISSION AGREEMENT AND WAIVER OF CERTAIN RIGHTS

I _____ have read the rules and regulations for residents of Serenity House, Inc. and agree to abide by the rule and any subsequent rules and or directives implemented by the Executive Director. _____ (Initial)

I understand that I am responsible for my weekly rent payment in advance on Friday of each week unless the Executive Director changes this schedule. _____ (Initial)

I further understand that there will be **NO REFUND** for rent already paid when I leave Serenity House, regardless of my reason for leaving. _____ (Initial)

I understand that Serenity House, Inc. is not responsible for loss or damage of personal property or injury caused by theft or by negligence by the Management, Board of Directors, Employees, or Residents of Serenity House, Inc. _____ (Initial)

I understand that I am required to pay \$30.00 CASH for drug testing which is nonrefundable. _____ (Initial)

In an effort to cooperate with Serenity House, Inc. enforcement efforts regarding the possession and use of alcohol and *illicit drugs* and drug paraphernalia (*illicit drugs* is defined here as any drugs not medically prescribed by a licensed physician.), I hereby acknowledge and grant consent for entry into my personal living space for the purpose of search and seizure. I understand that parking my vehicle on Serenity House property is a privilege and that by exercising my parking privilege, I give implied consent for search of my vehicle. I understand that such searches may be conducted at random and may be conducted by Serenity House, Inc. Staff or Law Enforcement agents (including dogs). Where a search is based on individual suspicion, every reasonable effort will be made to validate the suspicion before the search is initiated. _____ (Initial)

I HAVE BEEN PROVIDED A COPY OF THE RULES AND REGULATIONS FOR SERENITY HOUSE RESIDENTS AND HEREBY ASSERT THAT I HAVE READ AND UNDERSTAND THE TERMS OF MY RESIDENCY. _____ (Initial)

Resident Signature: _____ Date: _____

Manager Signature: _____ Date: _____

I have read and understand the rules of residency at Serenity House Inc.

Signed this _____ day of _____ 20 _____

By _____

Checked in by _____

Serenity House Inc.
House Rules

- 1) To be accepted into a Serenity House home, a person must be:
 - a. Drug & alcohol free for 72 hours prior to admission.
 - b. Be medically cleared if required.
 - c. Submit to a drug & alcohol screen or evaluation if requested.
 - d. Pay 2 weeks rent plus a drug screen test kit cost. *All payments are non-refundable.*
- 2) Refusal to obey house rules or staff directives will result in restriction or expulsion.
- 3) The resident commitment is 9 months, however it is suggested that a stay of 1 to 1 ½ years be considered. Those who have stayed longer than 9 months have a much greater success rate.
- 4) Serenity House will NOT accept any sex offenders.
- 5) No weapons of any kind are to be kept in the houses. Any guns, bows or any other hunting equipment are to be locked in your car or stored off premises. Residents are not allowed to keep handguns anywhere on any Serenity House property.
- 6) Any resident who uses alcohol or drugs, or knows of another resident who is using and does not report it to management will be expelled from the program.
- 7) Resident must be working with a sponsor within 30 days of residency.
- 8) There will be no fraternization between residents of opposite sex or opposite sexual orientation. This includes any communication with another resident of the opposite sex or opposite sexual orientation via in person, phone calls, text, social media, or any other type of communications.
 - a) Female residents may attend meetings at the male residence; however you must leave within 15 minutes of the conclusion of the meeting.
 - b) Residents have no reason to be alone anywhere, anytime, with residents of the opposite sex or opposite sexual orientation. This includes vehicles.
 - c) Expulsion of all parties involved will result from any fraternization.
- 9) Residents will be under restriction for the first 30 days and MAY be eligible for a pass after 4 weeks residency providing he/she has done what was expected of him/her. THIS PRIVILEGE WILL BE RETRACTED IF ANY RENTS ARE UNPAID.
 - a) Residents are restricted for the first 30 days upon arriving at Serenity House, except to look or go to work; attend recovery meetings, church, or school. Any resident on restriction must be accompanied by a non-restricted resident.
- 10) Passes earned:
 - 1) Must be taken in 24 hour increments
 - 2) Not more than 48 consecutive hours in a week.
 - 3) Not more than 96 hours total in a month

This is at the discretion of management. (Rare occasion)

- 11) There are no holiday passes except when approved by staff.
- 12) Residents will be assigned house chores and are responsible for the prompt, efficient and effective completion of the tasks.
- 13) Residents are responsible for keeping their living space clean and their bed made.
- 14) Residents are responsible for their own laundry. Laundry supplies are not furnished by SHI. If you don't have a full load please ask management if any house laundry needs done. This saves the house money and water.
- 15) Residents are responsible for good personal hygiene. Please shower daily.
- 16) Residents are not to be in another person's room when they are not present.
- 17) Residents are to be in attendance at ALL prepared meals unless specifically excused. With adequate notice and approval, a late plate will be prepared. Visitors may eat at the house with a 2 day notice and approval of management.
- 18) No cell phones or hats in the barn, meeting area or dining area.
- 19) Residents must be up and dressed no later than 8:00am on weekdays and 9:00am on weekends. Lights out at midnight on weekdays and 1:00am on weekends. If you work 2nd or 3rd shift please be courteous of those sleeping when you return home.
- 20) All prescription medications will be kept in the house safe not in your room or car. Management will make them available to you at the appropriate times; however you are responsible for dispersing the proper amount of medication as it is prescribed. Violations will result in immediate dismissal.
- 21) No smoking except in designated smoking areas.
- 22) No pets allowed except existing house pets.
- 23) No guests in sleeping rooms. Overnight guests are NEVER permitted.
- 24) Residents and guests are to be properly attired in the common areas of the house. This means shirts, pants or shorts, shoes and sandals. This is effective during the business hours of 8:00am until 10:00pm. Please wear a robe while going between the bathroom and your room.
- 25) Gambling in any form is prohibited and will mean expulsion when caught.
- 26) Serenity House is not responsible for lost or stolen articles or for personal injury on or off the premises.

- 27) Any resident who leaves the residency program, voluntarily or not, has 7 days to retrieve their personal property, providing all fees due to Serenity House Inc are paid. After that time personal property will be disposed of.
- 28) No house property will be taken from the premises without previous approval and signing items out.
- 29) It is every resident's responsibility to help manage utility costs. When a room is unoccupied, please turn lights off. Thermostats are to be operated by staff only. Room temperatures are to be kept at 70 in the winter and 72 degrees in the summer.
- 30) Curfew is 10:00pm on weeknights, Friday and Saturday 11:00pm, and 4pm on Sunday.
- 31) Residents must seek and obtain employment. You need to find A JOB. Residents are responsible to find their own transportation to & from work.
- 32) Rent is due every Friday by 6:00PM and paid to the manager. It is prepaid for the following 7 days and is non-refundable. No exceptions! Each resident is responsible to meet this obligation in a timely manner. We don't expect your families to pay your way.
- 33) If house rent is not current, cell phones MUST not be on the SHI property or used, this will result in expulsion of residency.
- 34) Residents must inform their house manager if leaving the premises, where you are going, and what time you will return. (sign in/sign out sheets need to be filled out in full) Need specifics of where you are going (address) when you will return and a contact information (phone)
- 35) If you have any active warrants you must contact the proper authorities and take care of it immediately. You must provide proof that it is taken care of or we will call the proper authorities to pick you up. Serenity House works hard on their relationship with the judicial system and we will not harbor a fugitive.
- 36) Residents will report any illness to staff; however, the staff will not report your absence from work; that is the resident's responsibility. If you are sick more than 1 day you must seek medical help.
- 37) Residents with vehicles must have a valid driver's license and proof of insurance. No exceptions! If you have a vehicle on the grounds and don't possess a driver's license you must still have insurance on said vehicle.
- 38) Visitors are welcome and encourage to visit up to 2 times per week for up to 2 hours per visit. Our visiting hours are from 8:00 am to 10:00 pm and all adult visitors must sign in and out! These are our resident's homes and they need time for house citizenship and to grow.

- 39) Visitors are responsible for their own children. If they are visiting you it is your job to inform them of any and all rules that apply to them and you. Please, no children near ponds, creeks, grills, or horseshoe pits without supervision. Please do not let your children out of your view at any time. It is not Serenity House's responsibility to watch your children!
- 40) Visitors are restricted to the common areas of houses and grounds. No visitors are allowed in resident rooms including family members - without approval of management.
- 41) Any resident or visitor that is disruptive to the smooth operation of a house, for any reason deemed inappropriate by management will result in expulsion from the property and may result in that person being banned from the property indefinitely. This includes fighting, bullying, spreading gossip, and pranks.
- 42) Television viewing is a privilege. Program selections are negotiable and should be worked out among residents. House watch is generally in charge of programming. TV's are to be turned OFF when not viewing.
- 43) Telephone calls are limited to 10 minutes. Please don't abuse this privilege or all telephone use will be taken away...be courteous to your fellow residents.
- 44) Residents may not use the business phone except in the case of an emergency. Never answer the phone Serenity House. We suggest you cheerfully answer it, "HELLO".
- 45) Take written messages for your fellow residents. However never confirm or deny someone's residency to any unknown source. You should never disclose if someone is in recovery.
- 46) All residents are to attend 1 AA/NA meetings per day, 4 of which must be Serenity House meetings. You may attend and are encouraged to attend outside meetings. All residents are required to attend and complete all SHI programming as requested by management.
- 47) Personal conduct. Serenity House Inc depends on the support and good will of our communities' citizens, agencies, organizations, and merchants. Your appearance, conduct, and manners may be the only measure of our program that many people will ever observe. Your free time (at or away from Serenity House properties) is generally your own to spend as you see fit, providing your appearance, conduct, and manners do not negatively reflect on Serenity House Inc or your fellow residents. Three glaring examples of unacceptable public conduct are: visiting a bar (for any reason); shopping in a liquor store, and any negative encounters with the law enforcement. Residents whose appearance, conduct, and manners reflect negatively on Serenity House may be subject to disciplinary action, including expulsion from our program.
- 48) Any resident who has been terminated or left residency for any reason and wishes to be readmitted into the SHI program must submit a new application, wait 30 days from prior stay, go through the interview process, and get written approval from the director. (NO EXCEPTIONS)

Revised: 11/06/18

SERENITY HOUSE, INC

CASE OF SO - AUBURN, IN 46705

150.827.3900 - FAX: 150.827.5416 - serenityhouseinc@gmail.com

While residing at Serenity House, I understand and agree that I shall not consume or possess any of the following medications or substances

- Acetaminophen w/ Codeine
- Amphetamines (Including Adderall)
- Benzodiazepines (including Xanax, Ativan, Klonopin)
- Barbiturates
- Buprenorphine
- Benadryl
- CBD Oil
- Cough medications with alcohol
- Cough medications with codeine
- Darvocet or Darvon (Propoxyphene)
- Dextromethorphan
- Dilaudid (Hydromorphone Hydrochloride)
- Energy pills (ephedrine based)
- Fentanyl
- Flexeril
- Gabapentin (or any brand equivalent)
- Hydrocodone
- Hydromorphone
- Lorcet (Vicodin/Hydrocodone)
- Lortab (Hydrocodone)
- Mephentermine
- Methadone
- Morphine
- Nasal inhalers with levmetamfetamine (l-dexoxyephedrine)
- Nyquil/Dayquil (OTC)
- Oxycodone (Percodan)
- Oxycotin (Acetaminophen/Oxycodone)
- Percocet
- Phentrazine (Preludin)
- Phentermine (Adipex)
- Phenylpropanolamine (PPA)
- Propranolol (Inderal)
- Pseudoephedrine (Sudafed)
- Seroquel
- Sleep aids
- Suboxone
- Tramadol
- Tylenol 3 (Tylenol with codeine, Hydrocodone)
- Vicodin
- K2 or any substance containing a synthetic cannabinoid-like substance
- Any substance that will affect the outcome of an instant drug screen
- Any mind or mood altering substance that results in your impairment or intoxication

While residing at Serenity House, Inc, I understand and agree that I shall not consume or possess any of the above medications or substances.

Procedure for medications:

1. Advise your doctor/dentist that you are an addict and residing at Serenity House.
2. Ask your doctor/dentist if there is a non-narcotic option. If so, advise doctor/dentist you want the non-narcotic option.
 - If no, advise doctor/dentist that you will contact your House Manager of the prescribed medication and House Manager may reach out to doctor/dentist.
3. Sign a Release of Information, if you haven't done so already, that gives House Manager permission to speak with your doctor/dentist about the procedure and medication being prescribed.
4. If the House Manager is advised that the above is true and there is no non-narcotic option, House Manager will give resident permission to fill the prescription and take the medication(s) as prescribed. You will be required to give all prescribed medication to your House Manager.

Resident Signature _____ Date _____

House Manager Signature _____ Date _____