

A NEW DAY—SAFE & SOBER LIVING, LLC

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Resident Agreement

(*circle desired location*)

Meridian or Boise—(23rd & Jefferson or Ustick & Cole)

***Desired/Approximate Move In Date:** _____

Full Name (First,Middle,Last) :

Phone #: _____

Date of Birth: _____

ID/Driver's License (#/State):

****Primary Family Member(s) and Emergency Contact #s:**

****Counseling Agency:** _____ **** BPA or IDOC Funded?** _____

Counselor Name & Contact Phone #: _____

Drug(s) of Choice? _____

How long have you used drugs/alcohol? _____

How long have you been sober: _____ Attend Meetings/Sponsor? Yes _____ No _____

Have you ever been convicted of a crime? _____ Yes _____ No (If Yes, Please explain below)

***List any Mental Health Diagnosis:** _____

***Convicted Sex Offender?** Yes _____ No _____ (We do NOT house sex offenders at this time)

****Parole/ Probation Officer Name & Contact number (include Extension):**

Have you ever been in a Sober Living Home, Recovery House, Halfway House or similar facility? ____ Yes
____ No (If Yes, explain when/where)

Have you ever been evicted from a Sober Living/Transitional Home? ____ Yes ____ No (If yes, Please explain)

Are you taking any prescription medications? ____ Yes ____ No (If Yes, Please list all medications below and reason)

ALL MEDICATIONS ARE TO BE KEPT SECURED IN A LOCKED BOX. RESIDENTS ARE INDIVIDUALLY RESPONSIBLE FOR THE PROVISION OF HIS MEDICATIONS AND LOCKED BOX. --All opiate-based medications must be approved by A New Day.

____ Rent is \$450.00 per month for self-pay residents (no initial/move in fees).
BPA/IDOC APPROVED RESIDENTS only pay a \$55 Utility Fee each month. Rent is due by the 5th of the month. There will be a \$25 late fee if payment is received after the 5th. To make a payment, see owner or house manager and ensure receipt is provided. Provided a client departs sober and in good standing (i.e., packs and carries his own belongings the day he departs, cleans his respective living area, does not return to the premises without permission, etc.) he is likely to receive a pro-rated refund of any overpayment; anything less will result in no refund at all. All refunds are given at the discretion of A New Day Safe & Sober Living. Departing clients must allow at least (14) days for the processing of any refund.

____ I realize that A New Day Safe & Sober Living program for which I am applying for residency requires complete abstinence from Drugs and/or Alcohol. Any use of Drugs and/or Alcohol is strictly prohibited and will result in immediate consequences and possibility of eviction from our residence(s). Disruptive and/or Discourteous behavior within our residence(s) or community will not be tolerated and can/will result in eviction from our residence(s). Finally, a resident's inability to maintain employment and pay his rent in a timely manner can/will result in eviction from our residence(s). By signing, I acknowledge agreement to the terms stated, and hereby waive my right(s) to normal due process afforded by local landlord-tenant laws.

Signature: _____ Date: _____

Tenant Agreement

The following terms and agreement are to be read and fully understood by the undersigned tenant of A New Day-Safe & Sober Living, LLC program.

1. A New Day-Safe & Sober Living, LLC is providing the undersigned tenant, (name): _____, a place to reside in their sober living facility located at (address): _____ in return for a contracted rental fee.
2. The undersigned understands that they shall live in the facility under the agreed upon contractual terms and rules as provided and explained, and may terminate their residence at any time.
3. A New Day- Safe & Sober Living, LLC is providing a sober living facility only and does not provide any counseling, nor restrict the undersigned from making their own personal choices as long as they do not violate facility rules as outlined in their contract for residence.
4. A New Day- Safe & Sober Living, LLC will provide a housing facility in normal condition, and shall not be held liable by the undersigned for any injury or loss to the tenant, or their belongings. The undersigned, by and through their signature, acknowledges that they are responsible for any injury or accident and will forever hold harmless A New Day- Safe & Sober Living, LLC
5. The undersigned understands that A New Day- Safe & Sober Living, LLC carries only insurance to cover the dwelling and business assets located in the dwelling.
6. The undersigned will immediately notify A New Day- Safe & Sober Living, LLC, in writing, of any incident resulting in injury or loss. This will include a full accounting of the incident details.

Signed and dated this _____ day of _____, 20 _____.

FOR RESIDENT (Print Name): _____

Signature _____

General House Rules/Requirements/Guidelines:

You are in a Sober Living Home/Environment. Your success and continuance in this home is dependent upon your consistent good behavior, sobriety, and cooperation. **Disruptive and/or discourteous behavior will not be tolerated.** Any contact with Illegal Drugs and/or Alcohol and/or violation of any of the following Rules & Guidelines can/will result in eviction. Your initials and signature indicate your understanding and agreement.

____ Consumption or possession of alcohol in any form is strictly prohibited.

____ Use or possession of illegal drugs in any form is strictly prohibited.

____ Use and/or possession of drugs and/or alcohol will result in consequences, fines, and/or immediate eviction. If evicted for drugs and/or alcohol the resident agrees to leave the premises immediately and not return for any reason whatsoever, without permission from the owner of A New Day-Safe & Sober Living.

____ **Stealing is strictly prohibited.** If caught, you will be evicted.

____ Residents are required to submit to a Drug and Alcohol Screen/Test at any time (24/7) it is requested. A refusal and/or failure to provide an adequate sample will be treated the same as a positive test result. Any attempt to Cheat/Circumvent test will result in a fine/eviction. Resident's PO will be notified of all positive test results.

____ Attendance to a community sobriety/recovery meeting is strongly encouraged.

____ Residents are encouraged to maintain a working relationship with a Sponsor.

____ Residents are required to maintain employment. If at any time a client is/becomes unemployed and is capable of working, he must actively seek employment. A resident's employment is prohibited from interfering with their adherence to any of the other terms of this agreement.

____ Behavior considered to be a "Conflict of Interest" between Residents is strictly prohibited.

____ Resident's will not lock their door at time due to probation, parole officers, or owners conducting home visits and needing to view rooms at any time during the day

____ Smoking inside any A New Day-Safe & Sober Living home is strictly prohibited. **Smoking must be done in the BACK of the residence.** Smoking or gathering for any reason at the front of the home is NOT allowed

____ A New Day-Safe & Sober Living is **NOT**, at any time, responsible for the loss of a resident's personal item's/belonging(s). Residents are responsible for the security and safekeeping of their own personal item's/belongings. Upon leaving the residence, resident is to pack and carry their item's/belongings off the premises. A New Day-Safe & Sober Living regarding the retrieval/disposition of their personal item's/belongings. A New Day-Safe & Sober Living will not store personal belongings for more than seventy-two (72) hours.

____ **Disruptive/Discourteous behavior** will not be tolerated and can/will result in eviction.

____ Guests of the opposite sex are strictly prohibited from entering any A New Day-Safe & Sober Living home without the permission of owner of A New Day-Safe & Sober Living.

____ Overnight guests are strictly prohibited.

____ Guests are not permitted at the house beyond curfew (10:00 pm) and are only permitted in the common areas.

____ Guests cannot be under the influence or in possession of drugs and/or alcohol.

____ Resident curfew is 10:00pm every night. Residents must adhere to more strict curfews when required (i.e., Parole, Probation, etc.). Failure to return to the house on time can/will result in eviction.
*Some flexibility with work schedules, but need to be approved upon by A New Day-Safe & Sober Living

____ House quiet time is 10:00pm to 5:00am. Any activity (i.e., Lights, TV, Telephone conversations, etc.) that disturb another residents ability to sleep/rest is prohibited.

____ Evicted Residents are required to leave the premises immediately and not return under any circumstances.

____ Overnight/Weekend Passes are to be submitted to the House Manager a minimum of (1) week in advance. Authorization will be granted at the discretion of House Manager and/or A New Day-Safe & Sober Living.

____ Residents are not permitted in any bedroom other than their own without permission from the resident(s) residing in that room; they must also be accompanied by the permitting resident.

____ Thermostat is to be adjusted by the House Manager or owner only.

____ Washer & Dryer -- Be courteous—**NO use after 10:00 PM**. Clean dryer lint screen before and after every use. Do not leave clothes unattended in the washer/dryer.

____ Chores are required to be completed daily. The House Manager is responsible for chore assignment and completion. Failure to complete assigned chore can/will result in fine/eviction.

____ A good general Clean-up of all areas inside & outside the home is required at all times.

____ Bedroom areas are required to be cleaned and maintained daily. Respective areas are to be kept neat, clean and picked up at all times.

____ **SAVE ENERGY** --Turn off lights, TV's, Radio's, Fans, etc., when not in use

____ Residents are required to wear appropriate dress/clothing in all common areas. Bathroom doors must be shut when using the bathroom/showering at all times.

____ Sleeping in common areas is prohibited.

____ Kitchen—Appliances, Counter-tops, Utensils, Dishes, Pots, Pans, etc. will be cleaned and returned to their respective place (immediately) after each use.

____ Refrigerator—Mark food/leftovers with Name/Date when initially placed in the refrigerator.

____ A New Day-Safe & Sober Living residents are not permitted on any other property within the community without permission or accompaniment from the owner of that property.

____ BPA funded clients must pay a \$55 utility fee each month prior to the 5th.

****BPA Clients MUST sign the BPA sign-in sheet every day.**

____ All prescribed Medication(s) must have current doctor's order. **All opiate-based medications must be approved by owner.** All medications must be kept in a lock box within the resident's room. Any resident caught using/possessing/sharing any prescribed medication/controlled substance unknown to the House Manager or exceeding (1) week's dosage of prescribed medication/controlled substances will be evicted

____ **Be Considerate, Responsible and Communicate:** Consideration for others, Responsibility for actions, and Healthy Communication eliminates unnecessary conflict with house members and the consequences that may follow.

____ ***Do not call or text owner after 6pm or on weekends unless it is an immediate matter or emergency.** Furthermore, discuss house matters with house manager prior to contacting owner.

____ I have read all the material on this application, and answered each question honestly. I have a **sincere desire** to live **Clean and/or Sober**, and achieve recovery from alcoholism and/or drug addiction without relapse. Any questions I may have had were answered to my satisfaction.

____ **I understand that a violation of any one of the aforementioned Rules & Guidelines can/will result in a fine or eviction.**

Signature: _____ Date: _____

Drug Screen/Test

I _____, understand that I can be tested for Drugs and/or Alcohol at any time, for any reason, per my agreement with A New Day-Safe & Sober Living. I understand that these results will be shared with any and all current supervision (parole, probation, counseling agencies, cps, etc...). I am aware and have full knowledge that the person(s) administering the test(s) are my peers and not medical personnel. I am also aware that if I test positive, refuse compliance or attempt to cheat/circumvent the test in any way, I will be fined or evicted from the A New Day-Safe & Sober Living program and required to leave the premises immediately. My signature below indicates my understanding and consent.

Signature _____

Date _____

Only for our BPA funded clients

Idaho Substance Abuse Treatment and Recovery Support Services

Direct any and all questions or concerns to: Paul Vandaele; A New Day- Safe & Sober Living, LLC

Consent for Release of Information

I, _____ am requesting substance abuse services from Idaho's publicly funded substance abuse system of care. As such I voluntarily authorize BPA Health, those Substance Abuse Treatment and Recovery Support Services (RSS) providers who are contracted to provide Treatment and RSS under Idaho's publicly funded substance abuse system of care, and the Department of Health and Welfare (Department) to disclose my name, all necessary treatment information and my social security number to each other and the Department. This information will be disclosed for the following purposes: **1)** To assist with referring me to appropriate types of care and guiding my treatment and recovery support; **2)** To be entered into the Department's common client database so that I will have one client number for any services received from the Department; **3)** To process payment of costs for my treatment and recovery support services; **4)** For monitoring compliance in the program; **5)** For program audit and research including independent peer reviewers, contract monitors or researchers appointment by the Department; **6)** For investigations related to fraud.

Furthermore, I authorize the disclosure of personal substance abuse treatment and recovery outcomes data collected by contracted Substance Abuse Treatment and RSS Providers, BPA Health and the Department to the Federal Center for Substance Abuse Treatment and its contracted data collection Agents. x Client Initials

Informed and Voluntary Consent for Treatment

The purpose of my participation, as a client, in the Idaho publicly funded substance abuse treatment program is to acquire knowledge, skills and attitudes supportive of a sober and more satisfying lifestyle. In addition to the potential positive outcomes likely to occur as a result of my participation, the following reasonably foreseen risks may occur, as they would in any other alcohol and drug treatment program: breach of confidentiality; negative reactions of group members; emotional stress from requirements of group interaction, self-disclosure; stress to relationships resulting from open discussion of issues, past traumas; and, stress to relationships resulting from participant behavioral changes, positive or negative, need to attend recovery support meetings, spend time in group and doing assignments.

Providers will take steps to minimize or protect participants against potential risks by adhering to standards of confidentiality found both in Federal and State Code, and by informing and verifying client understanding of group rules. And, by intervening in and guiding appropriate disclosure, confrontation and resolution in group and in family conflict. Providers will assist clients in accessing sober support services and self-help groups where acceptance and stress reducing support is available. x Client Initials

Revocation Clause

This release may be revoked at any time either orally or in writing, except to the extent that action has already been taken in reliance on the release. I acknowledge that some information may include material that is protected by State and Federal regulations including Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Information Portability and Accountability Act (HIPAA). Unless revoked as stated above, this consent expires automatically on: _____. x Client Initials

I have read the above Consent to Release of Information, Informed and Voluntary Consent for treatment and the Revocation Clause. I agree I have been given the opportunity to question the above disclosures and consent for care and hereby do agree to the above identified Disclosures and Consent to Treatment.

Client Printed Name

Client Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Paul Vandaele, LPC

Witness Printed Name

Witness Signature

Date

A New Day Safe & Sober Living, LLC; 720-212-7446

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

I, _____ authorize [A New Day Safe & Sober Living, LLC] to:

(Client Name or Parent/guardian of client)

☒ Release to:

☒ Exchange with:

(Name of Agency- Counseling Agency and/or Probation Officer)

(Phone #)

the following information pertaining to _____

(Client Name)

(Date of Birth)

(initial all that apply):

☐ Substance Abuse Records
☐ Case Management Records
☐ Recovery Support Services
☐ Substance Abuse Assessment
☐ Treatment Plan
☐ Psychiatric Evaluation
☐ Mental Health Records
☐ Progress Reports
☐ Laboratory Data (Drug Testing)

☐ Medication Records
☐ History & Physical Exam
☐ Medical Record
☐ HIV/AIDS Related Information
☐ Legal Services
☐ Court Related Information
☐ Admission/Discharge Summary
☐ Other: _____

for the purpose of (initial all that apply):

☒ Care Coordination

☐ Other: _____

(Be as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, as well as the Health Information Portability and Accountability Act (HIPAA) of 1996, 45 CFR Parts 160 and 164 Subparts A and E, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent any time, by either written or verbal notification, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: _____

(Date or event)

I also understand that this authorization is voluntary and that I may refuse to sign this authorization. I understand that this agency may not condition treatment, payment, enrollment or eligibility for benefits whether or not I sign this authorization, unless allowed by law. I understand that I may inspect or copy any information used or disclosed under this authorization.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Agency Witness: _____ Date: _____