

ATTENTION ALL APPLICANTS! PLEASE ONLY SUBMIT OUR 5 PAGE APPLICATION FOR PHONE SCREENING. WE DO NOT REQUIRE ANY OTHER MEDICAL DOCUMENTATION!

**VITA PULITA HOUSE LLC
CONFIDENTIAL APPLICATION**

MAILING ADDRESS: PO BOX 2816, NEW BRITAIN CT, 06051

PHONE: (860) 518-1963

FAX: (860) 259-5475

PLEASE ANSWER ALL QUESTIONS ON FORM OR PUT N/A

DATE: / /

PRINT NAME:	DATE OF BIRTH:
SOCIAL SECURITY NUMBER:	DSS#: DRIVERS LICENSE NUMBER:
PRESENT ADDRESS (STREET, CITY, STATE): CHECK HERE IF IN TREATMENT FACILITY _____	CELL PHONE: HOME PHONE:
MARITAL STATUS (CIRCLE ONE) MARRIED - NEVER MARRIED - SEPARATED - DIVORCED	REFERRING AGENCY (PLEASE INCLUDE PHONE NUMBER) COUNSELOR:
WHEN DID YOU ATTEND YOUR FIRST AA OR NA MEETING?	HOW MANY AA/NA MEETINGS DO YOU ATTEND EACH WEEK?
DO YOU WANT TO STOP DRINKING ALCOHOL AND USING DRUGS? _____ YES _____ NO	ARE YOU WILLING TO GO TO ANY LENGTH TO STAY SOBER AND CLEAN? _____ YES _____ NO
ARE YOU CURRENTLY EMPLOYED _____ YES _____ NO	DO YOU HAVE A MEDICAL DOCTOR? (IF "YES", PLEASE WRITE NAME) _____ YES _____ NO
HAVE YOU EVER BEEN TO AN IN-PATIENT TREATMENT FACILITY FOR ALCOHOLISM AND/OR DRUG ADDICTION? _____ YES _____ NO IF "YES", HOW MANY TIMES? _____ IF "YES", PLEASE PROVIDE TREATMENT PROVIDER, PHONE NUMBER, AND COUNSELOR:	DO YOU TAKE PRESCRIPTION DRUGS? _____ YES _____ NO IF "YES", PLEASE LIST ALL DRUGS YOU ARE PRESCRIBED:

DATE OF MOVE IN? ☐ IMMEDIATELY ☐ OTHER DATE (IF "OTHER DATE", PLEASE WRITE DESIRED MOVE IN DATE): _____

DO YOU HAVE ANY SEX/ARSON CHARGES: ☐ YES ☐ NO

LEGAL HISTORY: LIST ALL PAST LEGAL ISSUES (INCLUDING CHARGES, CONVICTIONS, PRISON SENTENCES, DWI, PROBATION, OR PAROLE)

CURRENT LEGAL ISSUES: LIST ALL CURRENT CHARGES, COURT DATES, PROBATION, OR PAROLE INCLUDING THE NAME OF THE PROBATION/PAROLE OFFICER'S NAME AND NUMBER ASSIGNED TO YOU:

Psychiatric Treatment History: Applying clients with dual diagnosis and/or who take psychiatric medications are not disqualified. Have you ever been treated for a psychiatric condition (eg. depression, anxiety, bipolar disorder, psychotic behavior, schizophrenia, etc.)?

Do you think you need to be treated for a psychiatric condition? (If so, please describe why)

Do you currently take medication/s for psychiatric conditions?
(If yes, please indicate what medication is being taken, the dosage, and the prescribing doctor)

Medical/Physical Condition: Do you have any medical or physical conditions, limitations, or complications?

Employment:

Are you willing to work ONLY PART-TIME for the FIRST FOUR WEEKS of your stay? ___ Yes ___ No

If "NO", please explain why: _____

Please list the kinds of jobs you have held in the past:

Are you on SAGA, disability, pension, or other form of non-job related income? ___ Yes ___ No

If yes, please list:

If you do not have a job, will you get one? ___ Yes ___ No

If you answered "Yes" to the above question, what job plans do you have?

What is your monthly income right now? _____/Month

What do you expect your monthly income to be next month? _____/Month

Have you ever lived in a sober house? ___ Yes ___ No

If "Yes", provide the name and location of the Sober House(s) below:

House Rules & Regulations. Please Initial EACH Line:

- _____ No alcohol, drug use, or possession (including abusing prescription drugs/narcotics) on premises.
- _____ Must submit to alcohol and drug testing on demand.
- _____ No threats, violence, stealing, disruptive behavior, or dishonesty will be tolerated.
- _____ Paying clients will have a curfew on 10pm Sunday-Thursday, and 12am Friday-Saturday (10pm for all clients for the first 30 days). All funded clients will have a curfew of 10pm every night without exception.
- _____ A minimum of 5 meetings per week on 5 different days of the week will be required.
- _____ 3 month minimum commitment to reside at Vita Pulita House for paying clients.
- _____ No overnight guests in the house. Guests must stay in the common areas only. All guests must leave by 8pm.
- _____ While on Basic Needs, there will be no overnight absences.. Once a client is on self-pay, a limit of 2 biweekly weekend passes will be allowed per month upon approval from the house manager and director.
- _____ Each client must complete their assigned chores and keep their personal areas and room clean. Rooms may be inspected/searched by management without notice.
- _____ Upon moving in, a total of \$400 is required prior to move in. This includes a non-refundable \$100 admission fee, a \$100 refundable deposit, and \$200 for your first week of rent. The \$100 deposit is only returned to the client if they give a 2-week notice. If a client is discharged by management for violating house rules, the deposit is forfeited.
- _____ All clients are required to attend the weekly house meeting at 8:15pm every Monday evening. There are NO exceptions to this rule.
- _____ All clients must have a job within 6 weeks upon arrival at Vita Pulita House. The job must be a first shift job (unless other arrangements have been approved by management).
- _____ Any client vehicles must be fully registered and insured, and the client must have a current valid drivers license. The house provides a limited number of parking spots.
- _____ No smoking/vaping allowed in the house. This will result in immediate discharge.
- _____ There will be a designated smoking area near the carport. No cigarette butts, trash, or mugs/glasses should be left in the smoking area.
- _____ Vita Pulita House is not responsible for theft of personal property. Please do not bring valuable items into the house.
- _____ Not reporting that someone else is using drugs/alcohol is grounds for discharge.
- _____ No painting, altering, or creating holes in the walls on the premises. You may hang pictures and personalize your room with command strips, mounting putty, or an equivalent. Any alterations or damages to the house will result in repair charges. And if the resident leaves without paying damages, payment will be taken out of the deposit.
- _____ If you want to protect your personal belongings from theft/damage, you must have your own renters insurance.
- _____ I have read the preceding rules, and I understand that violation of any of these rules are grounds for immediate discharge from Vita Pulita House.

Briefly explain what you expect to gain by becoming a member of Vita Pulita House. What can you offer Vita Pulita House and it's clients?

Emergency Contact Name _____ Emergency Contact Phone Number _____

The client agrees to the additional terms and conditions:

1. *Client acknowledges his occupancy shall be deemed a transient occupancy in that this DOES NOT create landlord/tenant relationship.*
2. *Client acknowledges that the purpose of this house is to provide a temporary place to live on a week to week basis, which will encourage and support the recovery of the residents.*
3. *Client acknowledges that his failure to pay his rent is a violation of Connecticut Criminal Statutes Section 53a-119, subsection 7. Vita Pulita House reserves the right to file a police complaint should this statute be violated.*

CLIENT SIGNATURE _____ **DATE** _____

PLEASE FAX COMPLETED APPLICATION TO (860) 259-5475 OR EMAIL TO CLEANLIVINGHOUSES@GMAIL.COM. YOU CAN ALSO MAIL APPLICATION TO: P.O. BOX 2816, NEW BRITAIN, CT 06051. CALL VITA PULITA HOUSE TO SCHEDULE AN INTERVIEW AT (860) 518-1963. IT IS THE RESPONSIBILITY OF THE APPLICANT AND/OR REFERRING COUNSELOR TO SCHEDULE AN INTERVIEW.

VITA PULITA HOUSE LLC

We would like to extend a warm welcome to you from Vita Pulita House. Recovery housing is all about change, which means probably doing things the opposite of how you've been doing them for most of your life. The main goal of this house is to completely rebuild your life to become a clean, sober, and productive member of society, while also working towards the goal of becoming self reliant and financially independent. We have an exceptional home specially designed for those who are finally serious about getting and staying clean. We are a tough, zero tolerance facility with many rules. Our process leads to successful outcomes if followed. If you are not 100% committed to your recovery, this isn't the house for you.

Life is all about rules and standards here at Vita Pulita House LLC. We strive to become the best recovery house available for all clients. There are 6 behaviors that will have you facing immediate discharge (within 60 minutes) and forfeiture of any deposit.

1. Being under the influence or possession of any mood or mind altering drugs (including alcohol, narcotics, and prescription drugs).
2. Failure to be current with weekly rent.
3. Fighting, threatening, inciting violence, or bullying other clients.
4. Stealing house supplies or property of other clients.
5. Having a visitor in the client's room.
6. Being disrespectful to the house manager or director.

The above 6 rules have a zero tolerance policy, and will result in immediate discharge. By signing below, you are stating that you abide by this contract for the duration of your stay. By signing below, you are also waiving your rights to any court ordered eviction process, being that recovery housing does not fall under the same laws as tenant/landlord relationships. You ARE NOT a tenant of this house.

SIGNATURE

DATE

WITNESS

DATE

I, _____, as a client of Vita Pulita House LLC, located at 350 Chestnut Street, New Britain 06051, agree to remain abstinent from all drugs, mind altering substances, and alcohol for the duration of my stay. I understand that this dwelling is a sober environment, and that no alcohol or drugs are allowed anywhere on premises.

If I violate any of the above 6 rules, I agree to vacate the premises upon request by the house manager or director. I agree to also vacate the premises should I bring a guest who is under the influence of any mood or mind altering drugs.

I agree to submit to any urine tests and/or breathalyzer tests at any time. If I fail to provide urine within 15 minutes upon request, I will be asked to vacate the premises.

I understand that I will update the house manager or director immediately of any new prescription changes or new prescription drugs I may be taking.

SIGNATURE

DATE

HOUSE MANAGER/DIRECTOR SIGNATURE

DATE



BEHAVIORAL HEALTH RECOVERY PROGRAM RECOVERY SUPPORT SERVICES

Consent to Disclosure and Re-disclosure of Confidential Information and Records

I, _____, DOB: _____, EMS# _____;
(Name of Participant) (Date of Birth) (EMS Number)

SS# _____ as a participant in the DMHAS Behavioral Health Recovery Program,
(Social Security Number)

understand my treatment and support services will be coordinated through DMHAS and the DMHAS designated Administrative Service Organization (ASO). I authorize the following individuals and organizations to release and exchange information to each other for the purpose of processing Behavioral Health Recovery Program Recovery Support Services program requests:

1. The DMHAS Administrative Service Organization; and
2. Vita Pulita House L.L.C.
[Referring Treatment Provider/Program]
3. _____
[Requested Service Vendor(s)]

This information may include: my name, address, age, gender, Social Security Number, clinical assessment, progress in care, the type and outcome of mental health and addiction services I have received/am currently receiving, Behavioral Health Recovery Program history and such other information as is necessary to provide effective coordination of the treatment and services I receive.

The purpose of the disclosure authorized herein is to facilitate the provision of Behavioral Health Recovery Program Recovery Support Services.

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 Chapter 899 of the Connecticut General Statutes, and cannot be disclosed without my written consent unless otherwise provided for in the regulations or statutes. I have received a summary of the federal law protecting this information and a statement of the intended use of this information. I understand that the federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient, and I understand that the rules prohibiting re-disclosure to third parties without my written consent will be strictly adhered to. I also understand that I may revoke this at any time except to the extent that action has been taken in reliance on it. Unless revoked by me, this consent shall expire upon completion of this application, or:

[Specific date, event or condition upon which this consent expires, only if different from above]

Date: _____
[Signature of Participant]

[Signature of parent, guardian or authorized representative where required]

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the 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 to criminally investigate or prosecute any alcohol or drug abuse patient.