



## RESIDENT HANDBOOK

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## **WELCOME TO PROJECT S.O.A.R.**

The goal of Project S.O.A.R. is to provide a safe, sober, and responsible environment to recovering alcohol and substance abusers which will support recovery.

The information contained in this Resident Handbook will serve to introduce you to Project S.O.A.R., its staff, its expectations in terms of rules and responsibilities and the services which are available to you.

Project S.O.A.R. believes in a 12-Step Plus Approach. This 12-Step Plus Approach combines:

1. A supportive, structured, monitored and accountable sober living environment.
2. Attendance at specific meetings within the adult residential community that are necessary to build an effective recovering community who are willing and able to honestly support each other in the difficult task of recovery from addiction, mental health problems, and anti-social behaviors. These meetings include an in-house 12-Step meeting, a Relapse Prevention Support Group Meeting, and a Community Meeting (Double Trouble Meeting for those requiring medications).
3. Attending appropriate 12-Step Meetings in the community outside of the adult Residential community. This includes Double Trouble Meetings for residents with mental health problems, especially those requiring medications.
4. Attending counseling or other forms of treatment needed for you to:
  - A) get accurate information about addiction, mental health problems, and antisocial behavior
  - B) learn the specific thinking, feeling management, and behavioral skills needed to advance in your recovery, avoid relapse, and
  - C) develop the life skills that will enable you to lead a rewarding drug free life, via linkage to outside providers and active involvement in the recovering community.

## CRITICAL RULES

Project S.O.A.R. has a number of critical rules which result in immediate corrective discipline up to and including immediate termination from the residence. These critical rules are:

1. **ALCOHOL:**

There will be no possession, sales, or use of beverages containing alcohol within the adult residential community.

2. **PRESCRIPTION DRUGS:**

There will be no possession, sales, or use of any prescription drug within the adult residential community that has not been registered with the Housing Director for monitored self-administration.

3. **ILLICIT DRUGS:**

There will be no possession, sales, or use of any illicit drug within the adult residential community.

4. **SEXUAL HARASSMENT AND ACTING OUT:**

There will be no flirting, sexual remarks, sexual harassment, romantic involvement or sexual acting out with another resident or visitor.

5. **BARS:**

No Project S.O.A.R. resident may enter a bar for any reason or be present in any situation where alcohol or illicit drugs are being used or have been used. Bars are not conducive to recovery and are often powerful triggers for craving and relapse.

6. **VIOLENCE:**

There will be no violence or threat of violence in the adult residential community or by any resident outside of the community grounds. Violence or the threat of violence will result in immediate discharge.

**7. USE OF DRUGS:**

- a. There will be NO use of mood-altering drugs in the adult residential community, nor by any resident in the community—either on or off the grounds.
- b. Using alcohol or other drugs will result in immediate discharge and the resident will be required to go to detoxification.
- c. If a resident refuses to enter detoxification, the resident must leave the grounds.
- d. After detoxification is completed, the resident must schedule an assessment for readmission. If detoxification is unavailable, the resident may be put on meeting restriction (where the resident is required to go and attend back to back meetings for three days and only return to sleep) or be required to leave for 36 hours and attendance of AA/NA verified.

**8. PORNOGRAPHY:**

- a. Sexually Explicit Material: Sexually explicit pictures, magazines, reading materials or movies are not allowed at Project S.O.A.R.
- b. Room Inspections: Staff will periodically complete room inspections, and sexually explicit materials, if they are found, will be confiscated and destroyed.
- c. Child Pornography: Any resident found with child pornography (or any sexually explicit material containing images of children or models who look like children) will be subject to corrective discipline up to and including being asked to leave the sober community. The material will be confiscated and may be destroyed or turned over to the police for investigation.
- d. Violent Sexually Specific Material: Any resident found with sexually specific material that depicts graphic acts of violent sexuality (such as rape or sadomasochistic sexual behavior) will be subject to corrective discipline up to and including being asked to leave the adult residential community. The material will be confiscated and may be destroyed or turned over to the police for investigation. If any “snuff” films or pictures (sexually explicit acts involving the murder or mutilation of a person during the sexual act) are discovered, they will be confiscated and turned over to the police for investigation.

## **LIVING ARRANGEMENTS**

### **(Routine Rules and Procedures)**

#### **1. Personal Items/Clothing Restriction**

##### A. Residents in Phase I

Residents in Phase I (Orientation) are only allowed the personal items that fit in their personal dresser and under bed storage.

All items must be put away between 8:00am and 5:00pm. Anything left out will be taken by staff and placed in storage in the resident's name until staff has time to get it out of storage. All toiletries must be stored neatly in the resident's respective area.

(1) Residents in Phase I Non-employed:

Residents are only allowed the personal items that fit in their personal dresser and under bed storage. All items must be put away between 8:00am and 5:00pm. Anything left out will be taken by staff and placed in storage in the resident's name until Staff has time to get it out of storage. All toiletries must be stored neatly in the resident's respective area.

(2) Residents in Phase I Employed:

Employed Phase I residents will be moved into two person rooms based upon seniority, once in a two person room, personal space increases to include the items that can fit in the closet area and large dresser or under bed storage.

##### B. Resident in Phase II Employed

Employed Phase II residents will be moved into Phase II rooms based upon seniority, once in a Phase II Unit, personal space increases to include the items that can fit in the closet area and large dresser or under bed storage.

All items must be put away between 8:00am and 5:00pm. Anything left out will be taken by staff and placed in storage in the resident's name until staff has time to get it out of storage. All toiletries must be stored in the resident's respective area.

Phase II residents may personalize the units in a neat fashion and may create a neat and tasteful living environment.

2. **Personal Furniture Items**

All furniture brought in, other than electronics, is a donation to the house and becomes property of the house when that resident graduates or moves out. Before any items of furniture are moved, the resident bringing the furniture must sign a "Furniture Donation Form" (Appendix 2) which will be placed in the resident's business file.

3. **Automobiles**

A. Each resident who owns a vehicle, must provide a copy of her/her valid insurance and license, and abide by all Florida State Laws. Residents must park their cars in designated parking areas with a parking pass on the window (all unregistered vehicles will be towed at owner's expense).

B. Visitors must park only in the visitor parking area.

C. Any resident who wishes to purchase a vehicle must clear it through Administration.

4. **Laundry**

A. Project S.O.A.R. has washers and dryers for resident convenience and use. Residents are expected to wash their own clothing and bed linen. Residents will be issued bed linen and towels when admitted. Residents are to keep these laundered appropriately.

B. Laundry must be completed by curfew.

C. Orientation and pre-employment residents may obtain funds to wash from a Director (limit of one wash and one dry per week if free for the first three weeks of orientation).

5. **Dress Code**

All residents are expected to dress accordingly and not in a "street" manner.

Residents will not lounge in the halls with short-shorts or t-shirts associated with "using" behavior. Shoes or sandals will be worn at all times.

No Project S.O.A.R. bedding is to be taken outdoors. All residents will maintain a clean shaven appearance with beards neatly trimmed. No hats, head bands or sunglasses are to be worn in the house or office.

## 6. Living Quarters

A. Project S.O.A.R. has ample apartments/units which can accommodate all the residents.

B. All new residents are required to reside in one of the orientation units for a minimum of 30 days (Phase I) or until phased up by a vote of the Resident's Council with staff approval.

## 7. Cleaning Duties

A. All residents are expected to check the job list posted for their job duties.

B. Jobs will be completed no later than 8:00am each morning by all residents.

C. The Senior Resident of the House and the Director of Housing will monitor to assure the assigned tasks are properly completed. (If a resident is on a special pass, the resident is responsible to find someone to do their job).

D. Residents will keep all areas of their units clean, including floors, living areas, bedrooms, bathrooms, etc. Dust mops and wet mops are available and are to be put back when the resident is done with them.

E. All clothes are to be washed on a regular basis, folded and put away.

F. Personal hygiene is an important part of sober and responsible living. As a result, each resident is required to shower and engage in other appropriate personal hygiene activities each day. The bathroom is to be picked up and cleaned after each resident has finished using it so the next resident will have a clean bathroom to use.

## 8. Telephone

A. There is a telephone in each property for use by Phase I residents for job interview calls and immediate family contact only.

B. Residents are expected to limit their calls to 10 minutes or less. If this is abused, loss of phone privileges may result.

C. Residents are to remember that confidentiality of all members of the sober living community is important. To protect everyone's confidentiality, residents are to answer the phone with a simple "hello". Residents are not to answer the phone by saying "Project S.O.A.R." or the sober living house, or any other greeting that could break the confidentiality of another resident.

D. Residents are not to give out any information about other residents.

E. If the resident is not on the property, the person taking the call is to take a message and put it on the message board for that resident.

**9. TV and Radios**

A. Personal TVs will not be allowed. (There is a TV in most Phase I Community Rooms, in each in most Phase II and Phase III Units).

B. Radios are allowed. However, they are NOT to be used during group meetings, must be on headphones after 10pm or in Phase I units, and may not be played in a fashion to be heard outside of the unit.

**10. AA/NA Meetings**

A. All orientation residents must attend a minimum of five (5) AA/NA meetings per week. 90/90 is highly suggested.

B. These meetings are mandatory and an important part of the resident's recovery.

C. In-House meetings must be a minimum of one hour long and the schedule will be posted.

D. Residents in Orientation Phase must utilize meeting verification sheets and turn them in on Monday's meetings with the rent.

E. All Phase I and Phase II residents must attend the Monday Relapse Prevention Support Group, the Wednesday In House 12-Step Meeting, and the Friday Community Meeting as scheduled.

**11. Visitors/Visiting Hours**

A. Visiting hours are restricted to Saturday and Sunday:

Saturday: 12:00pm to 6:00pm

Sunday: 1:00pm to 6:00pm

B. Visiting is only in common area for Phase 1 (Orientation) and Phase 2 residents.

C. Phase 2 and 3 may visit in living rooms only.



## 12. Medical Problems

Residents should bring any medical, eye, or dental problems to the attention of Administration. Residents may utilize any medical doctor they choose but “doctor shopping” (finding multiple doctors for the same prescription or finding doctors who will prescribe mood altering drugs without proper medical justification) for medications is an immediate discharge.

## 13. Medications

A. If a resident is on medication prescribed by their personal physician or dentist, the medication will have to be documented in Administration.

B. If the medication is on the Project S.O.A.R. List of Restricted Medications it will have to be secured in the resident’s locker in the common rooms and obtained with the assistance of staff.

C. Failure to have a medication logged in with administration, (this includes refills) is grounds for corrective discipline up to and including immediate discharge.

D. Residents must advise prescribing doctors that they are addicts in recovery and may not doctor shop (doctor shopping means finding more than one doctor to prescribe the same medication for the same injury or illness and as stated in #12 above).

E. Staff will be authorized to verify with prescribing medical doctor the need for such medication and the resident agrees to sign the appropriate HIPPA release form to verify information with the prescribing doctor. Failure to do so may result in discharge from Project S.O.A.R..

## 14. Horse-Play

There is not to be any unnecessary horse-play, yelling, rough-housing or running on the property or in the units. There will be no yelling to let someone know they have a phone call. (You must try to find them or take a message.)

## 15. Borrowing

Project S.O.A.R. does not encourage the lending of money between residents, nor do we encourage the buying or selling of personal items between residents.

## 16. Gambling

No gambling is allowed in the house or on the property.

**17. Smoking**

Smoking is not allowed in any of the units. Please step outside to smoke in designated areas only. Utilization of the butt cans provided is kindly requested.

**18. Lights Out**

- |    |                         |         |
|----|-------------------------|---------|
| A. | Phase 1 Orientation     | 10:00pm |
| B. | Phase 1 Non-Orientation | 10:00pm |
| C. | Phase 2                 |         |
|    | Sunday—Thursday         | 11:00pm |
|    | Friday—Saturday         | 1:00am  |
| D. | Phase 3                 | 2:00am  |

**19. Curfew**

- |    |                         |                                       |
|----|-------------------------|---------------------------------------|
| A. | Phase 1 Orientation     | 6:00pm                                |
| B. | Phase 1 Non-Orientation | 10:00pm                               |
| C. | Phase 2                 |                                       |
|    | Sunday—Thursday         | 11:00pm                               |
|    | Friday—Saturday         | 1:00am                                |
| D. | Phase 3                 | 1:00am unless pass issued by Director |

**20. Wake-Up**

- |    |          |
|----|----------|
| A. | Weekdays |
|----|----------|
1. All Orientation residents and non-working residents are to be up at 7:00am and at Morning Meditation/Job review and scheduling seminar at 8:00am.
  2. Your bed is to be made by 8:00am and bedside area cleaned. Two or more corrections in one week will result in restriction.

3. If you are in the house at 8:00am, you are expected to be at Morning Meditation/House Conscious discussion.

B. Wake-Up—Saturday

1. Wake-up at 9:00am
2. Complete house chores by 10:00am

C. Wake-Up—Sunday

1. Wake-up at 10:00am
2. Complete house chores by 1:00pm

21. **Passes**

Passes may be given out for a variety of reasons:

A. Passes for Employment Interviews

1. All residents seeking employment will be out of the house at 9:00am and must return by 6:00pm daily.
2. Residents log travel prior to leaving office to make staff aware of your location. Residents must secure employment before going to the beach.

B. Weekend Passes

1. ***Passes are a privilege and must be earned.*** As a result, passes are approved or rejected at the discretion of administration.
2. Rent must be paid in full to qualify for a weekend pass.
3. Weekend Passes begin on Saturday at 8:00am and end on Sunday at 8:00pm.
4. A pass request form must be submitted to Administration on Sunday, one week prior at the house meeting.
5. Weekend passes are not permitted until residents have completed their 4th weekend at Project S.O.A.R. and have actively participated in all house routines with no rule violations or incidents.

6. If you choose not to use your weekend pass after approval, you will then be required to participate in weekend activities at Project S.O.A.R..

C. Day Passes for Unemployed Phase I Residents

1. Passes are a privilege and must be earned. As a result, passes are approved or rejected at the discretion of administration.

2. A request for a day pass may be submitted to staff to attend church services on Sunday.

3. All other individual activities must be scheduled after chores.

### **PROJECT S.O.A.R. HOUSE MEETINGS**

1. Monday Evening: Orientation & Relapse Prevention Support Group

A. Orientation: An orientation for all new residents will be completed with plenty of opportunity to ask questions and discuss the goals of the sober community.

B. Relapse Prevention Self-Help Group: Following the orientation, you will participate in a Relapse Prevention Support Group. This will include a brief reading about one of the following topics:

1. The Need to Accept Addiction and Make an Abstinence Commitment
2. The Need for a Structured and Accountable Recovery Program
3. High Risk Situations and How to Identify and Manage Them
4. Early Relapse Warning Signs and How to Identify and Manage Them
5. How to Manage Craving and Social Pressure to Use Addictive, Irresponsible, or Antisocial Behavior
6. How to Stop Relapse Quickly Should it Occur and Get Back into a Stable Recovery Program.

2. Wednesday Evening: In House 12-Step Meeting

The residents will conduct an in-house 12-step meeting. Members of the 12-Step community who are not residents in the Project S.O.A.R. community may be invited to speak, tell their story, or just attend as a way of integrating the Project S.O.A.R. community with the sober programs in the larger community.

3. Sunday: Community Meeting

The Community Meeting is a time for:

- a. A report from the Chairperson of the Resident Council
- b. Residents to place issues on the agenda for the next Resident Council
- c. Residents to deal with house needs and review job duties.
- d. Announcements of special events
- e. A discussion of pass requests.

## FAILURE TO FOLLOW STAFF INSTRUCTIONS

1. The staff members of Project S.O.A.R. are there to:
  - A. Assist you to become oriented to life in the sober living community.
  - B. Guide you in the use of sober and responsible behavior.
  - C. Inform you when you are lapsing into the use of addictive or antisocial behavior and request that you return to the use of sober and responsible behavior.
  - D. Enforce the rules necessary to protect the safe and sober environment of the community.
  - E. Coordinate the activities of the staff with the leadership of the sober community (The **Residents' Council** and the **Senior Resident** of each living unit).
  - F. You are expected to follow the instructions of the Project S.O.A.R. as long as they are consistent with the goals of protecting the safe and drug free environment, encouraging progress in personal recovery, maintain order and stability within the community, and stopping behavior that is disruptive, harmful to self or others, or presents a negative image of Project S.O.A.R. to the surrounding community.
2. If a staff member or trainee gives you an instruction and you do not agree with it, it is important that you immediately obtain a grievance form, fill it out to present your concerns to the staff member in writing. If the staff insists that you follow the instructions, you must do so. It is an important responsibility for you as an active resident to bring these situations to the attention of management by filing a grievance as soon as possible after the incident.
3. If you feel that following the instruction will cause harm to yourself or others, you may disobey the instruction but only after filling out a grievance form in writing. You will be placed on unit restriction immediately, a restriction notice will be written, and a member of the senior staff and the Residents' Council will be assigned to review the directions given by the staff member within 24 hours and either take you off restriction if they find in your favor and schedule you to present the incident to the Residents' Council if they find that there was not sufficient cause to refuse to follow the staff direction.

## CORRECTIVE DISCIPLINE

### A. Rule Infractions:

If you break two or more rules in one week, you will receive a consequence. The consequences will be issued by Administration. If a resident breaks four or more rules in a 30-day period, the resident will be re-evaluated by Administration for continued residency.

### B. Grievances:

1. If a resident feels that he/she has been treated unfairly or is requesting a change in policy, the resident is to fill out a grievance and place in the official grievance box.
2. Only a director has access to the grievance box and no person grieved will be advised of the grievant's name until the grievance is investigated.
3. All grievances will be investigated and the resident will be interviewed by a director within 48 hours of the grievance submission date.

### C. In House Restriction:

1. Restricted to the unit
2. No telephone calls allowed
3. No visitors allowed
4. Residents on house restriction must attend the scheduled house activities
5. Residents on house restriction may attend 12-step or other approved self-help groups outside of the house but only if accompanied by another resident in good standing in Phase 2 or above.

### D. Grievances and Policy Change Requests:

To change an existing policy or rule, the following procedure must be followed:

1. You must fill out a **Grievance Slip** and place it in the grievance box prior to every Thursday.
2. All policy change requests in the community will be discussed and voted upon.

3. If the community votes for the policy or rule change, it will be submitted to the Residents' Council.
4. The Residents' Council may approve the recommended policy or rule change by a simple majority vote.
5. If approved by the Residents' Council, the recommended policy or rule change will be submitted to administration for the review and approval by both the Director of Housing and the Business Director. This will assure that the recommended change is both a sound behavioral practice that will not endanger the sober and responsible environment of the residence and that it will not adversely affect the finances of the sober community or violate any laws, codes, or ordinances.
6. The administration may modify any aspect of the recommended rule or policy change or veto it. The administration will communicate their reason for the modifications or veto in writing to the Residents' Council.



## **COMPLAINTS/GRIEVANCES**

Project S.O.A.R. is committed to meeting the needs and expectations of our residents. We will work with you to try to resolve any conflict and try to provide a satisfactory outcome for all parties involved within seventy-two (72) hours, whenever possible.

If you have a complaint and/or grievance or wish to participate or convey your feelings regarding any ethical issue during your stay at Project S.O.A.R., please follow the procedures outlined herein.

A **GRIEVANCE SLIP** form follows this page. This form is also available in the Office. The form is to be completed, signed and placed in a sealed envelope. The envelope is to be placed in the grievance box prior to each Thursday.

If you are making a verbal complaint to a staff member, the staff member must complete the Grievance Slip. The form is to be signed by both you and the staff member.

The House Director will meet with you to discuss your grievance/complaint within forty-eight hours. During the initial interview, the House Director will discuss the nature of the complaint/grievance, the impact on your stay (if applicable) and possible resolutions. You will be provided with a written response to your complaint/grievance with resolutions within seventy-two hours of receipt. The House Director will sign this response.

**PROJECT S.O.A.R. GRIEVANCE SLIP**

<b>RESIDENT NAME</b>	<b>DATE OF INCIDENT</b>
----------------------	-------------------------

Verbal/Date Filed \_\_\_\_\_ Written/Date Filed \_\_\_\_\_

Complaint/Grievance Received By: \_\_\_\_\_

**RESIDENT COMPLETES:**

**COMPLAINT/GRIEVANCE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**RESOLUTION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have reviewed the complaint/grievance with the complainant and filed all pertinent information, which has been agreed upon with the complainant.**

\_\_\_\_\_  
Signature of Person Making Complaint/Grievance Date

\_\_\_\_\_  
Signature of Person Taking Complaint/Grievance Date

**Distribution:**    **Original – Resident**  
                         **Copy – Resident File**

## THE PHASE STRUCTURE

### 1. Progressing from Phase 1 to Phase 2

#### A. Orientation Restriction:

1. Orientation is designed to help new residents in Phase 1 to allow them to become involved with the house, get to know other residents, and learn to put personal recovery and protecting the safe and sober environment of the community as their top priorities.
2. All new residents will be put on **orientation restriction** for 2 weeks. During this time, residents must be accompanied by another Project S.O.A.R. resident to attend outside AA/NA meetings, Project S.O.A.R. meetings, food shopping, and other approved Project S.O.A.R. activities.
3. Residents may go to work or seek employment during the Orientation Restriction period, but need to return to the house immediately following employment interview or their work shift. When on Orientation Restriction, the resident must inform the housing director on duty in writing about where they are going and when they will be returning by completing and submitting an **Orientation Employment Pass Form**.
4. All new residents on orientation restriction are not allowed to have visitors except immediate family in the community room only, with prior approval.
5. Visitor must call first and obtain approval to visit.
6. Visitors may drop off property to the orientation resident after it has been scanned by a director.
7. ALL MEDICATIONS MUST BE CHECKED IN WITH THE DIRECTOR FOR LOG IN.
8. Orientation residents may, however, make and receive phone calls and write and receive letters to persons other than immediate family beginning with the first week.

#### Phasing Up:

To Phase-Up from Phase 1 to Phase 2, the resident must have accomplished the following:

If after 30 days, the resident has accomplished the following, the resident may qualify to meet with the Residents' Council, explain the progress they have made and request approval to move into Phase 2. It is important to remember that moving up in the

phases of residency is based upon completing specific recovery and life tasks and demonstrating the ability to practice the principles of sober and responsible living within the adult residential community.

A. Obtained employment that meets earning requirements for Phase 2

B. Responsibly paid bed cost and has a zero credit balance or began the process of catching up with a minimum of \$25.00 over bed cost.

C. Has regularly attended and responsibly participated in the three mandatory meetings in the sober living community (The In House 12-Step Meeting, The Relapse Prevention Self-Help Group, and the Community Meeting)

D. Be free from any rule violations or disciplinary actions for a minimum of two weeks.

E. Meet with the Resident Council in order to demonstrate the following:

- That the resident is responsibly participating in the community
- That the resident is employed and performing satisfactorily in their job setting
- That the resident has developed a personal awareness of their responsibility for engaging in the behaviors that led to applying for residence at the Project S.O.A.R.
- That the resident has developed a relationship with another resident at least one phase more advanced than the resident's own phase and asked that other resident to be their temporary sponsor
- That the resident has developed relationships with at least three other residents in the orientation program with whom they have attended meetings, supported each other in working a recovery program, and honestly told each other when problem behaviors began to occur that could have led to relapse.
- That the resident knows and has worked on the first three steps (Steps 1-3) of the 12-Step Program
- That if the resident were to be advanced to Phase 2, that the resident would be able to both learn from and contribute to their own recovery and the recovery of the other residents.

1. Phase 1:
  - A. 2 week orientation restriction to the house.
  - B. Attend a minimum of 7 AA/NA meetings per week
  - C. Seek employment/vocational counseling
  - D. Attend all house meetings and groups
  - E. Obtain a Sponsor and join a Home Group
  - F. Follow all rules and regulations
  
2. Phase 2:
  - A. Continuous AA/NA meeting attendance
  - B. Working full time, going to school or performing volunteer work
  - C. Begin working the 12 steps with your sponsor
  - D. Therapeutic classes and treatment with community providers outside of the residence if needed or ordered by the court.
  - E. Continuous attendance at all House meetings
  - F. Displaying role-model behavior and Band of Brothers Participation
  
3. Phase 3:
  - A. Begin making outside living arrangements
  - B. Completion of the Relapse Prevention Plan and review with Resident Council
  - C. Attend monthly Alumni meeting
  - D. Hold House Government position
  - E. Draw up a living agreement if applicable
  - F. Continuous meeting attendance, working the steps with your Sponsor and displaying role-model behavior

## **CRITERIA FOR RESPONSIBLY LEAVING THE ADULT RESIDENTIAL COMMUNITY**

In order to responsibly leave the sober community with full approval of the Residents' Council and the Housing staff, a resident must have:

1. Completed Phases 1 and 2 at Project S.O.A.R.
2. Maintained uninterrupted abstinence from alcohol, drugs, antisocial and criminal behavior for a minimum of 4 months
3. Obtained full time employment, entered school, or been working as a volunteer in an approved program for a period of four months
4. Scheduled a discharge session with staff at least 3 weeks prior to discharge and been able to demonstrate progress and a concrete recovery plan for after leaving Project S.O.A.R.
5. Scheduled and completed a final meeting with the Residents' Council to share their future plans and receive feedback.

Note: Project S.O.A.R. has an open door policy should relapse occur.

## EXAMPLES OF RESPONSIBLE BEHAVIORS

1. Refusing to resort to lying, cheating, stealing, manipulating, threatening, or using violence to cope with problems of personal feelings.
2. Making a genuine effort to become productively involved in the adult residential community.
3. Living according to the rules of the adult residential community house and if a resident does break a rule, promptly admits to the appropriate staff and assigned senior resident and is willing to accept the consequences as a learning experience.
4. Maintaining effective acts of daily living such as maintaining personal hygiene, keeping room neat and orderly, participating in mandatory house activities.
5. Seeking and finding employment.
6. Meeting all financial obligations to the sober living house and other persons and organizations,
7. Seeking to avoid conflicts with others by settling appropriate boundaries and respecting the boundaries of others.
8. Being willing to resolve conflicts, should they occur, through open and honest communication, using problem solving and conflict resolution procedures, and honestly seeking to find a solution that allows both people to feel satisfied with the outcome (seeking a “win-win” solution).
9. Consistently working to complete the requirements of the current phase of recovery and being willing to ask for help for the 12-Step Sponsor, a senior resident, a staff, or an addiction or mental health counselor should problems develop in completing any tasks.
10. Responsibly attending all medical and counseling appointments and following the recommendations of the care givers.
11. Being willing to register all prescribed medications with the director of housing, allowing the facility to safely hold prescribed medication, reporting in a timely fashion for monitored self administration of medications, taking medications as prescribed, and promptly reporting any adverse side effects of medications to appropriate sober house staff and the doctor prescribing the medication.

## **CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE RESIDENT INFORMATION**

Federal law and regulations protect the confidentiality of alcohol and drug abuse resident records maintained by Project S.O.A.R.. Generally, the staff may not say to a person outside the program that a resident attends the program or disclose any information identifying a resident as having an alcohol or drug abuse problem unless:

1. The resident consents in writing: OR
2. The disclosure is allowed by a court order: OR
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation: OR
4. The resident commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. Records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without written consent unless otherwise provided for in the regulations. The Federal rules prohibit any further disclosure of this information unless a written consent is obtained from the person to whom it pertains. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.



## HIPAA DISCLOSURE

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### General Information:

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. & 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C & 290dd-2, 42 C.F.R. Part 2. Under these laws, Project S.O.A.R. may not say to a person outside Project S.O.A.R. that you are a resident, nor may Project S.O.A.R. disclose any information except as permitted by federal law.

Project S.O.A.R. must obtain your written consent on separate consent forms before it can disclose information about you. Generally, you must also sign a written consent before Project S.O.A.R. can share information for treatment purposes or for health care operations. Specific information to be released is restricted to:

1. Whether or not the resident is in treatment
2. Resident diagnosis
3. The nature of the project
4. A brief description
5. A statement as to whether the client has relapsed into drug and alcohol abuse and the frequency of such relapse

Federal law permits Project S.O.A.R. to disclose information without your written permission:

1. Pursuant to a Letter of Agreement;
2. For research, audit or evaluations;
3. To report a crime committed on Project S.O.A.R.'s premises or against Project S.O.A.R.'s personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. For a good cause court order.

For example, Project S.O.A.R. can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a Letter of Agreement.

Before Project S.O.A.R. can use or disclose any information about your health in a manner which is not described above, it must obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

**Your Rights:**

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Project S.O.A.R. is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location. Project S.O.A.R. will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by Project S.O.A.R., except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Project S.O.A.R.'s records, and to request and receive an accounting of disclosures of your health related information made by Project S.O.A.R. during the six years prior to your request. You also have the right to receive a paper copy of this notice.

**Project S.O.A.R.'s Duties:**

Project S.O.A.R. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Project S.O.A.R. is required by law to abide by the terms of this notice. Project S.O.A.R. reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains.

**Complaints and Reporting Violations:**

You may file a complaint to Project S.O.A.R. and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

**Acknowledgement:**

I hereby acknowledge receiving a copy of this notice.

Signature of Resident \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## Project S.O.A.R. Adult Residential Community House Rules

Every resident will:

1. Remain clean and sober at all times.
2. Follow the house schedule.
3. Perform chores as volunteered or assigned.
4. Keep personal car in designated parking space and provide a copy of valid insurance and license to the house director.
5. Be subject to random alcohol and drug screening.
6. Attend AA/NA meetings as required by current phase in program.
7. See a physician or psychiatrist if required by staff.
8. Attend all in house meetings.
9. Locate employment or regular volunteer commitment.
10. Clean sleeping area and bathroom daily.
11. Refrain from having any sexual relations while on the premises of the Project S.O.A.R.
12. Smoke only outside and only in designated smoking area.

Signature of Resident \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## RESIDENT BILL OF RIGHTS

**ADMISSION INTO PROJECT S.O.A.R. DOES NOT CONSTITUTE THE SURRENDER OF YOUR RIGHTS AS A HUMAN BEING. PROJECT S.O.A.R. SUPPORTS AND PROTECTS THE FUNDAMENTAL HUMAN, CIVIL, CONSTITUTIONAL AND STATUTORY RIGHTS OF EACH RESIDENT. WE WANT YOU TO BE INVOLVED IN YOUR CARE, AND AS SUCH, YOU, AS THE RESIDENT, AND/OR YOUR FAMILY HAVE THE RIGHT TO:**

1. Reasonable access to adequate and humane services regardless of your race, religion, sex, sexual orientation, ethnicity, age, handicap, political views, or financial status. Project S.O.A.R. does not discriminate against residents on the basis of color, national origin or marital status.
2. Communication and information regarding your stay at Project S.O.A.R..
3. Attention that is considerate and respects your personal value/belief system, by an adequate number of competent staff.
4. Freedom from censorship of mail or phone calls, unless therapeutically contraindicated.
5. Assurance of your health and safety. Emergency medical care will be accessed by using 9-1-1, Project S.O.A.R. is not responsible for resident's medical bills if they are hurt or require medical attention while at Project S.O.A.R..
6. Freedom from requirement to perform tasks that may cause injury or emotional trauma. A part of your stay is personal care, which includes making your bed, dusting your area, and clearing your plates from the dining room.
7. Request the opinion of a consultant, at your own expense.
8. Visits from family and significant others, regardless of age, unless contraindicated.
9. Obtain the fee for residency at Project S.O.A.R. in writing.
10. Rules and regulations of Project S.O.A.R. that govern your conduct during your stay with us.
11. Confidentiality and privacy.
12. To express your personal values, belief systems, and cultural practices. You are encouraged to discuss it with the staff. However, these beliefs and practices may not harm others or interfere with the planned course of action.
13. Discharge from Project S.O.A.R. at your own responsibility. If at any time you desire to discharge, please discuss this decision with staff so that appropriate procedures can be followed.
14. If during your stay, staff makes a judgment that you pose as a threat to yourself or others, it is our responsibility to seek appropriate legal action. This will include the involvement of the police or orders for involuntary transfer to another facility.
15. A resident has the right to inspect his/her own records:
  - a. The project director may temporarily remove portions of the records prior to the inspection by the resident if the director determines that the information may be detrimental if presented to the resident. Reasons for removing sections shall be documented and kept on file.
  - b. The resident has the right to appeal a decision limiting access to his/her records to the house director.
  - c. The resident has the right to request the correction of inaccurate, irrelevant, outdated or incomplete information from his/her records.
  - d. The resident has the right to submit a rebuttal data or memoranda to his/her own records.

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16. To file a complaint or grievance either orally, written or through established Project S.O.A.R. procedure.

17. Be treated with dignity and not be subjected to unusual punishment, humiliation, mental abuse, or punitive interference with the daily functions of living, such as eating and sleeping.

MY RIGHTS AND RESPONSIBILITIES AS A RESIDENT OF PROJECT S.O.A.R. WERE OUTLINED AND EXPLAINED TO MY SATISFACTION, AND, AS APPROPRIATE, TO MY FAMILY, IN A LANGUAGE THAT I/WE UNDERSTOOD:

Signature of Resident \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Copy to Resident

PROJECT S.O.A.R.

**LIST OF RESTRICTED MEDICATIONS**

- Morphine
- Methadone
- Methamphetamine
- Not prescribed to the resident
- Narcotic pain medications and/or benzodiazepines (Xanax, Ativan, Klonopin)



**PROJECT S.O.A.R.**

**RESIDENT TRANSPORT FORM**

**Note: All Transports are to be done by drivers with a valid driver’s license, a copy of which is to be maintained by the House Director.**

Driver: \_\_\_\_\_

Date: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Pick Up Location: \_\_\_\_\_

Name of Resident: \_\_\_\_\_

Resident Belongings being transported: (check all that apply)

Clothing     Furniture (specify: \_\_\_\_\_)

Jewelry     Hygiene Supplies     Personal Papers     Cash (Amount: \_\_\_\_\_)

Other (specify: \_\_\_\_\_)

Medication (specify: \_\_\_\_\_)

***\*NOTE: All medications are to be turned over to the driver. Resident is not to be in possession of any medications during transport.***

Driver Receipt of above noted resident belongings: \_\_\_\_\_

Signature

Resident Acknowledgement of transfer of belongings to driver: \_\_\_\_\_



**PROJECT S.O.A.R.**

**RESTRICTION NOTICE**

Resident Name: \_\_\_\_\_

Date of Infraction: \_\_\_\_\_

Location: \_\_\_\_\_ Time: \_\_\_\_\_ am/ pm

Description of Infraction: (Who was involved, What resident did, Witnesses, etc.)

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Action Taken:  House Restriction  Other (Specify: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Completing Report: \_\_\_\_\_

.....  
**Resident:** My signature indicates that I have read this report and understand the consequences imposed upon me.

\_\_\_\_\_

Distribution: Original – Resident/Copy – Resident File

PROJECT S.O.A.R.  
RESIDENT APPLICATION FORM

Date this form is completed: \_\_\_\_\_

**Personal Data**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home telephone #: \_\_\_\_\_

Sex: \_\_\_\_\_ (if *female*, are you pregnant?... Yes: \_\_\_\_\_ No: \_\_\_\_\_ )

Home address: \_\_\_\_\_  
\_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

**Treatment History**

**Have you been a resident of the Project S.O.A.R. before?**

**Yes: \_\_\_\_\_ No: \_\_\_\_\_**

*(If yes, please give dates of residency: \_\_\_\_\_)*

Referring Agency (Please include **address and telephone #**):

\_\_\_\_\_  
\_\_\_\_\_

Counselor: \_\_\_\_\_

Previous Treatments (please include **dates of admission and discharge status**):

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_

***Substance Abuse History***

Please check all problem substances; indicate Drug(s) of Choice "DOC"; please indicate how each substance is used (e.g.; drink, smoke, I.V.); also, please indicate how much, how often, and for how long each substance has been used at the peak of your addiction cycle.

Substance	Date of Last Use	DOC	How used; How much; How often; and For how long
<i>Alcohol</i>			
<i>Marijuana</i>			
<i>Cocaine</i>			
<i>Heroin</i>			
<i>Abused Prescription Medications</i>			
<i>Other</i>			

What is your Longest Period of Abstinence?: \_\_\_\_\_

When was your most recent drug screen/urine screen?: \_\_\_\_\_

Do you smoke?  Yes  No, If Yes, amount daily: \_\_\_\_\_

**Psychiatric Treatment History**

Have you ever been treated for a psychiatric condition (e.g.; depression, anxiety, bipolar disorder, psychotic behavior, schizophrenia)?

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If so, did that condition require hospitalization?

---

Do you currently take medication? [ ] Yes [ ] No

If "Yes", please indicate what medication is being taken, the dosage, and the prescribing doctor.

---

Do you think you need to be? (If so, please describe why.)

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Have you ever seriously thought of, planned, or attempted suicide?

---

**Medical/Physical Condition:**

Do you have any medical or physical complications?

---

Are you currently involved in a methadone maintenance program?

---

Have you had a **PPD** (tuberculosis) test done within the past 3 months?: Yes \_\_\_ No\_\_\_

**Employment History/Financial Resources:**

Are you able to hold 40 hours per week of employment?: Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the kinds of jobs you have held most.

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Are you on any Public Assistance?: Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please list your case # (which begins with "00"), your case worker, city, and telephone #.

If "no", What is your current source of income? \_\_\_\_\_  
\_\_\_\_\_

**Family History**

Family of Origin: \_\_\_\_\_

Please list the members of the family in which you grew up, indicating any of whom may have substance abuse problems.

Family of Procreation:

Please list any children, spouse, ex-spouse, or significant other in your life currently.

Do you have dependent children? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If “yes”, how many dependent children are in your custody?

**Educational History**

Please indicate number of years completed and if degree was attained.

High School/GED:

College/Vocational school/Military:

Graduate School:

**Legal History**

Past Legal Issues:

Please indicate any past charges, convictions, prison sentences, DWI, probation's, paroles, etc.

Current Legal Issues:

Please indicate any current charges, court cases, probation that you are facing presently.

Please include name, office, and telephone number of any probation officer following your case.

**Personal Statement**

Briefly explain what you expect to gain from becoming a member of Project S.O.A.R..

Briefly explain what you can offer Project S.O.A.R. and its present group of residents.

**Other comments that you would like to make:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ do hereby consent and authorize Project S.O.A.R. to:

Release to \_\_\_\_\_ or \_\_\_\_\_  Obtain from \_\_\_\_\_

Name of Person/Title/Organization: \_\_\_\_\_

Address/City/State/Zip/Telephone: \_\_\_\_\_

THE INFORMATION WHICH MAY BE DISCLOSED IS (check all that may be released)

- |  |  |
|--|--|
| <input type="checkbox"/> PRESENCE IN TREATMENT (ADMIT DISCHARGE DATE)<br><input type="checkbox"/> COMPLETE MEDICAL RECORD<br><input type="checkbox"/> DIAGNOSIS, BRIEF DESCRIPTION OF PROGRESS<br><input type="checkbox"/> MEDICATION HISTORY<br><input type="checkbox"/> NURSING ASSESSMENT<br><input type="checkbox"/> INITIAL PSYCHIATRIC EVALUATION<br><input type="checkbox"/> PSYCHIATRIC PROGRESS NOTES<br><input type="checkbox"/> INFORMATION NECESSARY FOR PROCESSING/PAYMENT<br><input type="checkbox"/> TO PROVIDE EDUCATIONAL SERVICES<br><input type="checkbox"/> COORDINATE TREATMENT W/FAMILY/SIGNIFICANT OTHER<br><input type="checkbox"/> COORDINATE W/VOCATIONAL TRAINING PROGRAM<br><br><input type="checkbox"/> ALLOW INSURERS TO RESOLVE PAYMENT OF CLAIMS FOR BILLED SERVICES | <input type="checkbox"/> BIOPSYCHOSOCIAL/DIAGNOSTIC SUMMARY<br><input type="checkbox"/> MEDICAL HISTORY AND PHYSICAL EXAMINATION<br><input type="checkbox"/> MULTI DISCIPLINARY TREATMENT PLAN<br><input type="checkbox"/> PSYCHOLOGICAL EVALUATION IF AVAILABLE<br><input type="checkbox"/> PHYSICIAN ATTESTATION STATEMENT<br><input type="checkbox"/> MULTI DISCIPLINARY TREATMENT TEAM<br><input type="checkbox"/> ADMISSION PROFILE<br><input type="checkbox"/> TO PROVIDE ONGOING CONTINUING TREATMENT<br><input type="checkbox"/> COORDINATE SERVICES WITH AUTHORIZED SCHOOL STAFF<br><input type="checkbox"/> COORDINATE TREATMENT W/EMPLOYER/EAP PROGRAM<br><input type="checkbox"/> ENABLE JUDGES, ATTORNEYS, PROBATION/PAROLE TO SUPPORT MY TREATMENT GOALS OR MAKE LEGAL DECISIONS ON MY BEHALF<br><br><input type="checkbox"/> OTHER: _____ |
|--|--|

THE DURATION OF THIS AUTHORIZATION IS UNTIL:  SIX(6) MONTHS FROM THE DATE OF MY DISCHARGE  
 RESOLUTION OF BILLING FOR FACILITY SERVICES

I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy or fax of this authorization is to be considered as valid as the original document.

\_\_\_\_\_  
 Patient/Legal Guardian (if required) Signature      Date

\_\_\_\_\_  
 Witness Signature      Date

**NOTICE TO RECIPIENT OF INFORMATION:** This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part2). 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 Part2. A general authorization for this release of medical or other information is not sufficient for this purpose. This information is also protected by Florida State Statute. As per Florida State Statute, this information shall be confidential and may not be further disclosed without informed consent of the person to who it pertains.