



Human Services, Inc.
Rebuilding Families, Restoring Communities

Rogerson House
Transitional Housing Program

2022

River Region Human Services, Inc.
Halfway House
Application for Admission

Please complete this form

It will be reviewed by the team and we will respond to you within 7 days

Today's Date _____ Requested Move In: _____
House Preference: Sunflower (male only) or Fresh Start (female only)

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____ DOB: _____ Sex: _____
Cell Phone#: _____ Email address: _____

MEDICAL INFORMATION:

Are you in recovery: _____, If yes, How long have you been sober? _____
Drug of Choice: _____
Have you ever been in substance abuse treatment? _____, If yes, what is the name of the treatment facility: _____
Do you attend recovery meetings? (NA, AA, etc..) _____
Do you have a home group? _____, If answered yes, what is the name of your home group: _____
Sponsor: _____ Phone: _____
Do you have a disability? _____, If yes, what is your disability _____
Have you ever been diagnosed with a mental illness? _____, If so, what was the diagnoses? _____
Are you taking any medications? _____
List of medical conditions: _____
List of medication: _____
Health Insurance: _____

LEGAL INFORMATION

Are you involved in any court service programs? (drug court, mental health court, veteran court, etc.), _____
Are you a veteran? _____
Are you a convicted felon? _____, If so, what are the charges? _____
Are you a registered sex offender? _____
Are you on probation or parole? _____, If so name of:
Probation Officer: _____ Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Thank you for considering RRHS Sober Living Program!

INCOME INFORMATION:

Are you employed: _____, If so, please provided a copy of pay check
Length of employment: _____ Monthly income: _____
Employer Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Are you on disability: _____
Source of Income: (disability, social security, etc.,) _____
Do you own your own vehicle: _____, If so, license number # _____

AGREEMENT

By signing below, I understand and agree to meet the following expectations, if accepted for residency into Transitional Housing:

- I agree to remain clean and sober at all times _____(Initial)
- I agree to pay 1 weeks' rent at admission _____(Initial)
- I agree to pay \$150 rent weekly _____(Initial)
- I agree to follow all rules of the program _____(Initial)

Personal Statement of readiness to move into Sober Living: _____

Signature

Date

River Region Human Services, Inc.
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Program Description

Welcome! The goal of the Sober Living Program is to provide transitional housing for men and women newly in recovery from substance dependence and to assist the individual with developing stable housing, income, access to medical care and a strong recovery-oriented social support network. We hope that your stay here will be a safe, healthy and productive one. We want you to know as staff that we support you in your Recovery journey!

Services available:

- Random Drug Screens (\$ 25.00/ month)
- 24 hr on site management
- T.V.
- Microwave/refrigerator
- On site Washer/Dryer
- Computer Access
- 2 Meals daily

Minimum Program Expectations:

- Maintain abstinence from alcohol and drugs.
- Group activities including:
 - Monthly House meeting
 - At least 5 Recovery-oriented meetings per week
- Maintain employment appropriate to working a recovery program
- Weekly rent to be paid to the Lead Monitor by Friday each week
- Submit to random UAs
- Documentation of weekly work schedule to your Case Manager
- Must keep room clean and complete all assigned chores
- Maintain all medications in a locked box in your room

Program Rules:

- do not bring anything of value onto the property
- no sexual activity of any kind
- no sexually suggestive language or behavior
- no romantic relationships
- no smoking inside the buildings
- no drugs or alcohol
- no violence or threats of violence
- no weapons
- no sexual harassment
- no roughhousing, horseplay or pranks
- smoke in designated areas only (porches only, not in the back of the trailers)

- Sign in and out when you leave and return to the facility
- No cooking Appliances (hot plate, crock pots, oven toasters)
- no stealing
- no lending or borrowing
- no buying or selling
- no cameras
- River Region maintains the right to search your belongings at any time
- no extension cords
- no lit flame inside the building
- do not attempt to do any maintenance or repairs to the facility
- no pornography
- do not participate in any behavior that is significantly disruptive that it causes a danger to the staff or other clients
- no participation in Car Wash and/or other residential activities
- no interaction with residential clients
- no visitors beyond the gate
- Sign in and out every time you leave the house
- No males or Females are permitted to be in each other's trailers at any time.
- The designated area for fellowship is outside the male half way house
- The males are not permitted to go to the female halfway house due to the female residents in the residential facility.

Program Privileges:

- Outside employment
- Use of JTA bus system
- 11pm curfew on Monday through Thursday (unless you are able to provide verification of working)
- 12:00pm curfew on Friday and Saturday
- 2 meals a day (lunch and dinner); must sign up for meals
- Must eat meals 15 minutes prior to the community meals or in the trailer
- Bring outside food into your trailer
- Cell phone
- Saved meals if working
- Weekend passes up to 48 hours once completed 30 days in the program, if eligible and all program requirements are met

