

**House of Hope Recovery House / Family Life Counseling and Psychiatric Services
151 Marion Ave., Mansfield, Ohio 44907 Phone: 419-774-9969, Fax 419-756-5642
Participant Handbook and Agreement for Program Requirements, Rules and Rights**

This document describes the requirements for applying, and the requirements, rules and participant rights for living at House of Hope.

Applicant refers to a person who is considering or being considered for program participation at House of Hope recovery house, Willard, Huron County, Ohio. Participant refers to a person who has been accepted into the program and who has agreed to abide by the rules and regulations and who has signed this and other required documents prior to admission.

The application process consists of a written application and interview. The participant intake process will include a review of all documents pertaining to sober living and recovery, meeting with appropriate personnel, tour of the house and meeting current program participants and background check.

House of Hope Applicant Requirements

1. Huron County residents are given preference. Applicants from other locations will be considered on a space available basis.
2. Applicants must be in need of a safe and sober living environment to qualify for House of Hope recovery house program services.
3. Applicants are encouraged to obtain financial sponsors, such as churches or individuals, who will help support the program cost.
4. The recovery house is for males, eighteen years of age or older, who have a demonstrated commitment to sobriety and who have a minimum of thirty days of sobriety.
5. Applicants may be referred to House of Hope by an agency or self-referral.
6. Applicants are required to disclose all convictions and outstanding warrants. The recovery house reserves the right to select applicants based on suitability for the program including demonstrated commitment to a sober lifestyle and ability to live with others in a sober residential setting.
7. Applicants cannot be convicted of an offense, or have a pending case, that poses a risk to the safety and security of the community, participants, or staff of House of Hope recovery house. This includes, but is not limited to arson, sexual offenses and violent crimes. House of Hope may require all pending cases be adjudicated before considering the applicant for participation.
8. Applicants are required to disclose all illnesses. Applicants cannot have any medical or mental condition that would hamper their ability to reside in a sober living community setting with other persons.
9. Applicants acknowledge that they have an addiction to drugs and/or alcohol and must have begun the recovery process.
10. The term of residence is thirty days and automatically renews unless notification of termination is given. Maximum length of stay at House of Hope is one year. Length of stay may be extended upon request to and approval by the advisory board.
11. All fees are for program participation which includes services stated in this document. Residential services fall under program services.

**House of Hope Recovery House / Family Life Counseling and Psychiatric Services
151 Marion Ave., Mansfield, Ohio 44907 Phone: 419-774-9969, Fax 419-756-5642
Participant Handbook and Agreement for Program Requirements, Rules and Rights**

12. Payment of the first month program fee is required prior to admission. Thereafter, monthly payments are required at the beginning of each month. Alternative payment options can be considered.
13. Applicants will complete an application form, participate in an interview. Upon acceptance into the program, participants will undergo a background check, sign a HIPAA release form, review procedures and policies. Participants have the right to voluntarily terminate participation at any time. Participation is provisional pending results of the background check.

Recovery House Rules

The Simple Rules

- **Take responsibility for your recovery and support the recovery of others in the residence. Romans 12: 9, 10**
- **Take responsibility for your assigned jobs and follow the rules. Colossians 3:23, 24**
- **Behave toward others as you want them to behave toward you. Luke 6:31**
- **You are part of a group that has committed to sober living and improving their lives. Don't do anything that will negatively affect the recovery of persons in the residence. Romans 16: 17-19**

Recovery

1. House of Hope does not provide treatment or counseling services but will work with existing community partners to assist in any ongoing treatment and counseling needed, as well as utilizing 12-step recovery programs in the community.
2. Participant must have a sober sponsor while in the program and have an active relationship with the sponsor and be engaged in a twelve step or other peer supported recovery program.
3. Church and Bible study attendance is encouraged. Participants are required to read a daily devotional and other recovery literature that is provided by House of Hope.
4. Required participation:
 - a. Participate in regularly scheduled counseling and develop a personal recovery plan through a licensed counseling service that will document recovery progress. The counseling service will determine the scope, frequency and length of counseling.
 - b. Participate in a twelve-step program, have a sponsor and attend a minimum of five group meetings per week. Meeting attendance must be documented with the meeting leaders' signature and submitted at weekly house meetings.
 - c. Attend house meetings. Attendance is mandatory unless pre-approved excused.
5. Participants must be willing to be confined to the house for the first fourteen days, leaving only for pre-approved reasons such as employment, recovery meetings or if accompanied by a support person or escort approved by the Advisory Board/Senior Resident. Participant will be accountable to the Senior Resident for all comings and goings during this time.
6. Cell phone usage may be curtailed during this fourteen day period.
7. Participant will complete a HIPAA release form to enable the exchange of information between House of Hope/ Family Life Counseling and Psychiatric Services and the participant's counseling and other licensed care practitioners. Confidentiality of information will be maintained in accordance with HIPAA guidelines.

**House of Hope Recovery House / Family Life Counseling and Psychiatric Services
151 Marion Ave., Mansfield, Ohio 44907 Phone: 419-774-9969, Fax 419-756-5642
Participant Handbook and Agreement for Program Requirements, Rules and Rights**

8. House of Hope accepts persons who are participating in Medically Assisted Treatment (MAT) using Naltrexone (Vivitrol) and who are engaged in other supervised cognitive and behavioral therapies in conjunction with this form of MAT. House of Hope does not accept persons who will be actively engaged in treatments involving the use of forms of Buprenorphine (i.e. Suboxone) or Methadone while participating in House of Hope.

Drug Screen and Relapse Policy

Participants agree to undergo random drug screening as part of their House of Hope recovery program. There is no charge for drug screens conducted by HOH staff for persons participating in House of Hope.

Each individual participant is responsible for their sobriety. As House of Hope does not provide any clinical services we offer no guarantee that our efforts at identifying or addressing the various dimensions of relapse will be effective. Addressing relapse is not only for the benefit of the person who is at risk, it is also for the sobriety of others at the recovery house.

Relapse begins before drug use/abuse and runs counter to recovery efforts. The stages of relapse include:

1. Emotional Relapse – Behaviors include, but are not limited to, demonstrations of anger, anxiety, mood swings, not attending house or recovery meetings, antisocial behaviors that upset the rhythm of the house, not contacting your sober sponsor or working on your recovery plan.
2. Mental Relapse – Thinking about the people, places and things associated with substance use/abuse.
3. Physical Relapse – Actual use/abuse of a prohibited substance.¹
4. Overdose – A potential deadly consequence of relapse.

The House of Hope Senior Resident or management reserves the right to intervene at the first apparent sign of any stage of relapse. This may include informal guidance or written instruction on inappropriate behavior and steps to correct behavior. Participants are expected to receive any guidance in a positive manner, intended for their best interests. This may include more frequent drug screens.

Using an illegal substance within the house is grounds for immediate dismissal. Failure to comply with a specimen request for screening will result in immediate dismissal. If the participant cannot produce a specimen upon request the person must remain within sight of the staff person conducting the screen until the specimen can be obtained. Persons who demonstrate a danger to themselves or others will be immediately dismissed and law enforcement notified.

Drug screen failures will result in a second screening within twenty-four hours. The participant will be given an opportunity to explain the reason for failure. If a second screen produces the same result the participant will be dismissed from the house. Positive screens for documented prescribed medications are not considered failures, however the

¹ Stages one through three were first described by Terence Gorski. Terence Gorski, Merlene Miller, et al, *Staying Sober: A Guide for Relapse Prevention* (Independence, MO: Independence Press, 1986).

House of Hope Recovery House / Family Life Counseling and Psychiatric Services
151 Marion Ave., Mansfield, Ohio 44907 Phone: 419-774-9969, Fax 419-756-5642
Participant Handbook and Agreement for Program Requirements, Rules and Rights

attempt to procure prescription medications of abuse from multiple sources is considered drug seeking behavior and is subject to relapse protocol and intervention, and may result in dismissal.

House of Hope will provide the participant with referrals to detox facilities and recovery residences and will notify the participant's current counseling service of a screening failure or dismissal, observing appropriate confidentiality. Because choices in residential living and behavioral services are self-directed, it will be the responsibility of the participant to pursue any referrals. If the participant is homeless, and behavior is not unruly, House of Hope will provide a voucher for two nights stay at a local motel upon dismissal. The participant may apply for readmission when the sobriety requirements are met, based on space available in the house. The participant's emergency contact will be notified in the event of overdose or dismissal.

Prohibited Substances

1. Alcohol or mood altering substances, illegal substances or illegal or inappropriate use of legal substance.
2. Steroids, mouthwash, cologne, energy drinks, anything containing alcohol, aerosol cans.
3. Prescription opioid based drugs.
4. Legalized marijuana is not permitted.
5. Syringes
6. The recovery house may identify other banned substances that represent the potential for abuse or inhibit sober living and recovery.
7. Participant will disclose all prescription drugs upon intake and is required to disclose any drug prescribed during participation.
8. Law enforcement will be notified of illegal drug use by participants or visitors. This will result in immediate discharge of the participant from the program.

Prohibited Items

1. Weapons, including but not limited to guns, knives, pepper spray, mace, brass knuckles, tasers.
2. Pornographic materials.
3. Clothing advertising alcohol, drugs, paraphernalia or establishments (bars, shops). Gang attire, exposed muscle shirts without sleeves.
4. Pets are not permitted; service animals are exempt. Admission of service animals cannot affect the health or recovery of existing participants.
5. Sunglasses inside the residence.
6. Candles, incense burners and continuous heating/burning devices.

Prohibited Behavior

1. Possession, selling or sharing prohibited substances.
2. Fighting, bullying, cursing, lewd or offensive language
3. Stealing, borrowing money from staff or other participants,
4. Threatened or actual acts of violence, inappropriate physical contact, dishonesty, unauthorized persons.
5. Gambling of any sort is prohibited.

Physical and Mental Health, Cleanliness

1. Participants cannot have any medical or mental condition that would hamper their ability to reside in a sober living home and participate in activities offered by House of Hope recovery house.
2. Participants must notify the Advisory Board/Senior Resident of all medicine and medical conditions.
3. All medications are subject to approval and will be documented at intake. Failure to disclose medications is grounds for immediate termination.
4. Participants are responsible for the safety and administration of their medications.
5. All prescription medications must be kept in a secure environment. House of Hope will provide a lock box to secure medications and other valuables.
6. Participants will report any injury immediately to the Advisory Board/Senior Resident and take appropriate steps for first aid and appropriate precautions.
7. Frequent bathing is required, daily if necessary.
8. Participants are expected to maintain personal health, cleanliness and appropriate dress. Footwear is required in all areas of the house. Shower shoes are recommended.
9. Participants whose hygienic practices, physical or mental illness represent a risk to the health, wellbeing and recovery of other participants, beyond common seasonal illnesses, may be required to vacate the premises, at their own expense, for the duration of their illness or hygienic practice or may be subject to termination of their participation.

Communicable Disease Policy

1. Because House of Hope does not provide any diagnostic or clinical services House of Hope reserves the right to determine applicant suitability for beginning or continuing participation based on pre-existing illness or illness acquired during participation.
2. House of Hope has a Body Fluid and General Hygiene procedure which describes the process to follow to reduce the spread of infectious diseases and how to respond in the event of blood or body fluid discharge. We supply appropriate materials and instructions for managing these situations.
3. Participants are encouraged to obtain an annual influenza vaccination and use appropriate personal hygiene to reduce the spread of common household germs.

**House of Hope Recovery House / Family Life Counseling and Psychiatric Services
151 Marion Ave., Mansfield, Ohio 44907 Phone: 419-774-9969, Fax 419-756-5642
Participant Handbook and Agreement for Program Requirements, Rules and Rights**

Living in the House

1. Participants are responsible for observing rules and not endangering the recovery of the persons with whom they share the house.
2. Violations of security and rules will result in a review of suitability for continuing in the program. Serious or harmful violations will result in immediate termination from the program.
3. Participant agrees to vacate the premises and remove all personal property and auto from the premises upon termination.
4. Participants are responsible for their personal safety and the safety of others.
5. House of Hope will inform participants of local self-help and support groups such as Alcoholics and Narcotics Anonymous meetings.
6. Participants are encouraged to work through issues informally among themselves. A formal grievance policy and procedure has been established to ensure concerns are properly and fully heard.
7. All current policies and procedures will be reviewed with the participant at the beginning of participation.
8. Each participant will be given a copy of their signed agreement listing rights, rules, requirements, contact information, emergency procedures and staff contact information.
9. The House of Hope Advisory Board/Senior Resident will conduct periodic training and reviews of progress.
10. The recovery house is required by Ohio Recovery Housing and Huron County Mental Health and Addiction Services standards to provide a non-smoking internal living environment.
11. Family members and/or children are not allowed to reside in the home.
12. The Advisory Board/Senior Resident or person(s) designated by the recovery house advisory board will conduct periodic inspections of the property, including personal property.
13. Participants will purchase and prepare their own food. Food preparation and cleanup will be a shared responsibility.
14. Participants will secure their own transportation at their expense. Parking is permitted in approved areas or on the street.
15. Loitering or congregating on the grounds is not permitted. Keep the grounds clean and free of trash. Respect the neighbors.
16. Smoking, smokeless tobacco, vaping and e-cigarettes are permitted only in outside designated smoking areas.
17. Quiet time is 11 PM to 7 AM. Quiet time will also be observed when participants are sleeping as required by work schedules.

House of Hope Recovery House / Family Life Counseling and Psychiatric Services
151 Marion Ave., Mansfield, Ohio 44907 Phone: 419-774-9969, Fax 419-756-5642
Participant Handbook and Agreement for Program Requirements, Rules and Rights

18. Participants will be out of bed by 7:30 AM, devotions complete and beds made by 9 AM, Monday – Friday. Nighttime work schedules may allow for different hours, but beds must be made and devotions completed within ninety minutes of waking.
19. Curfew, for participants who are permitted to leave the house, is 11 PM, unless permission is obtained from the Advisory Board/Senior Resident.
20. Sign in and out when entering and leaving the house.
21. Participants are responsible for assigned housekeeping duties. This includes regular weekly chores, major house cleaning and seasonal exterior cleaning. Beds are to be made every day, dishes done, everything picked up around the house.
22. Participants may use their social media accounts but are expected to respect the privacy of other participants and concern for the neighborhood and not draw undue attention to their stay at the House of Hope. Do not post pictures of yourself, other participants or House of Hope property while on the premises. Information about House of Hope should be limited to direct personal testimony to other persons. Do not advertise House of Hope in any media outlet.
23. Cell phone and personal electronic device usage – Do not “facetime” in common areas of the house. Do not use the speaker when in conversation or listening to videos or music. Avoid long phone conversations in living and dining room when others are present.
24. Participants may not loan money or valuable property to one another. There shall be no indebtedness between persons residing in the house.
25. Overnight absences are not permitted without prior permission from the Advisory Board/Senior Resident. No absences are permitted within the first thirty days. Length of absence is not to exceed three days.
26. Any motor vehicle on the property must be registered to the participant, insured and in proper working condition. Participants owning a vehicle must provide a valid driver’s license and proof of insurance. Family Life Counseling and Psychiatric Services is not responsible for theft or damage involving participant vehicles.
27. Upon intake at the residence all participant clothes will be dried at high heat for up to forty-five (45) minutes.
28. The Advisory Board may permit exceptions to rules based on length of sobriety insofar as the exceptions support or enhance the participant’s recovery or relational needs.
29. Personal belongings
 - a. Personal belongings are limited to seven to ten days of clothing, personal grooming items, a limited number of books and reading material, laptop or tablet computer and cell phone. Personal furniture is not permitted. Small appliances, such as personal TV and refrigerator, are permitted upon prior review and approval. House of Hope does not guarantee sufficient internet or electrical bandwidth to operate personal appliances. Participants are

**House of Hope Recovery House / Family Life Counseling and Psychiatric Services
151 Marion Ave., Mansfield, Ohio 44907 Phone: 419-774-9969, Fax 419-756-5642
Participant Handbook and Agreement for Program Requirements, Rules and Rights**

responsible for any damage and agree to hold House of Hope harmless in the event of damage or theft.

- b. All personal belongings will be inspected and cleaned upon arrival.
- c. Participant agrees to accept full responsibility for loss or damage to personal property.
- d. Upon leaving the house for any reason whatsoever, participant will immediately remove all personal belongings. All personal belongings left behind after three (3) days will be donated without compensation.

Guests and Visitors

- a. Are permitted only after the participant has lived in the residence for thirty days.
- b. Require prior approval of the Advisory Board/Senior Resident and be on an approved visitor list.
- c. Must sign in and out.
- d. May not stay overnight.
- e. Are allowed only in the common living areas of the house: living room, dining room, kitchen, bathroom. Are not permitted in bedrooms or basement.
- f. May not bring baked goods or fast food. All food must be in factory sealed packaging.
- g. Persons who represent former or current romantic relationships are not permitted in the house or on the premises at any time. Female family members are permitted upon prior approval during visiting hours. Other females are not permitted.
- h. Former participants are permitted to visit only upon prior approval of the Advisory Board/Senior Resident.
- i. Visitation is daily from 1 to 5 PM. Exceptions must be pre-approved by the Advisory Board/Senior Resident and agreed upon by all participants.

Safety and Security

- 1. Each participant will be issued a personal key code for obtaining entrance into the recovery house. Participants may not share their code with any other person.
- 2. Each participant will be provided with a storage space in their bedroom or other accessible area. Neither the recovery house nor its management assumes responsibility for missing or stolen items.
- 3. The recovery house will conduct periodic inspection of smoke detectors and fire extinguishers and maintain records of inspections.
- 4. The recovery house will post a disaster plan covering tornado, fire and evacuation emergencies.
- 5. The recovery house will post the telephone numbers of emergency responders in the residence, plus the telephone number of another affiliated emergency contact(s).

House of Hope Recovery House / Family Life Counseling and Psychiatric Services
151 Marion Ave., Mansfield, Ohio 44907 Phone: 419-774-9969, Fax 419-756-5642
Participant Handbook and Agreement for Program Requirements, Rules and Rights

Recovery House Participant Rights

1. Our staff and advisory board understand the principles of recovery and are respectful of your recovery.
2. Right to be treated with consideration and respect for personal dignity, autonomy and privacy. Personal testimonies will only be published with participant's consent.
3. The right to be informed of available services. Our staff will help participants complete benefit or entitlement applications.
4. Participants have the right to end residency in the house at any time in accordance with policies and procedures described in this participation agreement.
5. Participants have the right to be informed of the reason(s) for terminating participation in housing.
6. The right to fair housing in accordance with applicable laws, including the right not to be discriminated against in the provision of housing on the basis of race, ethnicity, age, color, religion, sex, national origin, disability, HIV infection whether asymptomatic or symptomatic, AIDS.
7. The right to be informed of all rights and exercise any and all rights without reprisal.
8. The right to file a grievance in accordance with policies and procedures.
9. The right to have oral and written instructions concerning the procedure for filing a grievance.
10. The right to privacy of communications and personally identifying information within the limitations and requirements for disclosure of participant information under state and federal laws and regulations.
11. The right to full explanation regarding the loss or restriction of housing privileges, and methods to reinstate the privileges.
12. The right to request and receive in a timely manner a written receipt for any payments made or statement of account that details any expenses, charges and payments made.
13. Right to reasonable access to one's own participant records.
14. Right to consult and/or retain services of an independent treatment, health or legal services provider at your expense.
15. Right to know the cost of the program prior to enrollment; to be informed in writing of the fees charged by the facility as well as additional charges; and to receive a thirty-day notice in writing of any change in fees.
16. Right to access self-help and advocacy services.
17. Participants are encouraged to suggest constructive changes to this document.
18. Participants will have input concerning acceptance of new participants and in cooperation with the advisory board will seek to ensure a functional and supportive environment for all participants.

House of Hope Recovery House / Family Life Counseling and Psychiatric Services
151 Marion Ave., Mansfield, Ohio 44907 Phone: 419-774-9969, Fax 419-756-5642
Participant Handbook and Agreement for Program Requirements, Rules and Rights

Employment and Service

1. Participants must be employed, be actively seeking employment, which will be documented, or be enrolled in an employment training program while participating in the House of Hope recovery program. Persons not employed within 90 to 120 days of participation will be subject to termination from the program.
2. Participants who are disabled must perform either ten hours of work, ten hours of community service or be engaged in ten hours of educational work per week.
3. Participants who are employed are encouraged to perform some amount of community service each month.
4. Participants applying for employment or community service will provide full disclosure of employment history and criminal record to the prospective employer.
5. Opportunities to have paid work for House of Hope or Family Life Counseling and Psychiatric Services are infrequent. Daily and weekly chores are an expected part of participation in House of Hope and are not compensated. Infrequent work, such as clean up around the exterior, minor landscaping, etc. should comprise a minimum number of hours and may be counted toward community service. Any paid work is optional, must not interfere with recovery, can be refused without fear of reprisal, and is subject to appropriate employment taxes. Selection of participants for paid work will follow fair employment practices.

Readmission Guidelines

1. Participants who leave House of Hope may apply for readmission upon meeting the sobriety requirements and upon successful completion of the admission and interview process, based on available space in the house.

Resident Participation and Financial Agreement

1. House of Hope does not require a deposit to begin participation.
2. All fees are self-pay. Participants may obtain a financial sponsor to assist with fees.
3. Payment of the monthly participation fee of \$300.00 (prorated at \$10.00 per day) is required prior to beginning the program unless arrangements are made due to hardship. A payment schedule will be established upon beginning participation.
4. Participation fees must be paid at the beginning of each month. Fees may be paid at more frequent intervals upon agreement with House of Hope administration.
5. Cash is accepted. Make checks or money order payable to Family Life Counseling and Psychiatric Services and remit to Family Life Counseling and Psychiatric Services 117 Blossom Centre Blvd, Willard, OH 44890. Credit card payments may be made. Contact us for details.
6. Participants will receive a financial statement at the beginning of participation and following each financial transaction showing payments made and any balance due. Receipts will be provided for all fee payments.
7. Changes in fee schedules will be made in writing to the participant thirty days in advance.

**House of Hope Recovery House / Family Life Counseling and Psychiatric Services
151 Marion Ave., Mansfield, Ohio 44907 Phone: 419-774-9969, Fax 419-756-5642
Participant Handbook and Agreement for Program Requirements, Rules and Rights**

8. Participant agrees to abide by all rules and regulations for House of Hope.
9. Participation fee refunds will be prorated for the month and issued within ten days of program termination. Refunds will be made to the party or person who made the fee payment, if other than the participant.

Term of Residency Agreement

The term of the residency agreement is for thirty (30) days and shall commence on the ____ day of _____, 20__ and end on the ____ day of _____, 20____, and automatically renew monthly unless either party shall notify the other in writing that the party elects to have the agreement terminated and provides ten (10) days written notice. Within the first year of participation, House of Hope will terminate the contract only for violations of this agreement for program requirements, rules and rights. Participants may apply for an extension of residence after a year based on need and available space. Participants have the right to terminate their contract, with proper notice, at any time. Any participation fees owed will be due at the time of termination.

Family Life Counseling and Psychiatric Services, operating the House of Hope recovery house, reserves the right to amend these program requirements, rules and rights, which will be applicable to all current participants.

I, _____ (Printed Name), the undersigned, has read and agrees to follow the requirements, rules and rights as stated or amended in this document in order to participate in House of Hope sober living residence. I further agree to hold the House of Hope staff, administration and governing body harmless from any and all theft, injury, illness, accident, altercation or losses I and any of my visitors may have. I understand that myself and my belongings are not insured unless I obtain my own insurance at my cost. I waive any right to monetary compensation from volunteer service within the residence or within the community.

The participant may voluntarily terminate this agreement at any time without penalty. House of Hope may terminate this agreement upon failure of the participant to follow the rules and responsibilities as stated or amended in this document. A copy of this document will be given to the participant and will be maintained on file at Family Life Counseling and Psychiatric Services.

Participant Signature

Date

Family Life Counseling and Psychiatric Services

Date