

Drug and Alcohol Testing

I, _____ agree to give random drug and alcohol screens to Catalpa House Sober Living. I understand and agree to the following:

I understand that I am responsible for paying for any test that is not clean or is diluted. The cost is \$30.00 per test.

I understand that all urine samples and saliva samples must be monitored.

I understand that 3 (three) diluted tests will be considered dirty. I understand that I can be asked to leave Catalpa House Sober Living for having a diluted test.

I understand that if a test is dirty, I will be asked to leave Haines House Sober Living for 72 (seventy two) hours. During this time Catalpa House Sober Living will evaluate the situation and make a determination if I will be discharged from the program.

I understand that drug test results can be posted in the community. I understand that all drug screens can become common knowledge of Catalpa House Sober Living.

Guest's Signature

Date

Staff Signature

Date

Consent To Search

I, _____ agree to the following search policy.

I agree to let the Catalpa House Sober Living house manager or assistant house manager or a Law Enforcement Agency including a K-9 Law Enforcement Agency search my room and my personal belongings while a resident at Catalpa House Sober Living.

I understand that if for any reason I am not present and the house manager or the assistant house manager is under any suspicion that drugs or alcohol could be on the premises, or theft is under suspicion, the entire house, outside grounds and my own personal living area and personal belongings can be searched by the above named agencies. I further understand that random searches will be done from time to time to ensure a clean, sober and safe environment.

Guest's Signature

Date

Staff Signature

Date

Guest Housing Consent Form

I, _____ give my authorization and consent to be housed at Catalpa House Sober Living. This authorization and consent is given with my understanding that there could be potential risks associated with counseling and treatment for addictions at my treatment provider, such as uncomfortable thoughts and feelings that may arise. I also understand that the staff at Catalpa House Sober Living by law, must report suspected or ongoing child abuse or neglect, elderly abuse or neglect, and harm to myself or others (plans of suicide or homicide).

I have read and understand this authorization and consent form

Guest's Signature

Date

Staff Signature

Date

Guest Rights and Grievance Procedure

All individuals who reside at Catalpa House Sober Living, regardless of sex, race, religion, age, sexual orientation, ethnicity, and/or disability, are assured that their lawful rights as Guests will be guaranteed and protected. While being served, the Guest is assured and guaranteed the right...

- To be treated with respect and personal dignity.
- To receive timely treatment by qualified professionals
- To adequate and humane services regardless of the source(s) of financial support
- To the least restrictive, most appropriate treatment available, based on Guest need, based on the evaluation of the Guest.
- To the opportunity to participate in activities designed to enhance self-image.
- To an individualized treatment plan which will be developed for each Guest in accordance with the provisions established for each program component.
- To receive full information regarding the rental process, including program rules.
- To receive quality treatment that is best suited to his needs, which will included appropriate referrals to other services as needed, such as medical, vocational, social, etc.
- To express an informed consent and right to communication.
- To designate a surrogate decision maker if the individual served is incapable of understanding a proposed treatment, care, or service or is unable to communicate his wishes regarding treatment, care, and services.
- To privacy for interview/sessions.
- To confidentiality, except where notes in the Federal Law of Confidentiality.
- To participate in investigational studies or clinical trials, if the opportunity presents itself while in treatment with Catalpa House Sober Living
- To refuse any treatments, and all other constitutional and legal rights, including the right to respect of personal values and beliefs, and to receive personal clothing and effects.
- To register a grievance in the following:

Guest is encouraged to discuss any problems with the housing staff. The Guest and the housing manager will try to find a resolution.

Guest Copy Given at Time of Admission to Catalpa House Sober Living.

Guest's Signature

Date

Staff Signature

Date

Liability Release Form

THIS DOCUMENT IS A WAIVER OF YOUR LEGAL RIGHTS, READ IT BEFORE YOU SIGN IT.

The undersigned Guest has requested that Catalpa House Sober Living along with its staff, volunteers, sponsors, officers, directors, faculty, therapist, agents, and other representatives (hereinafter known as "Catalpa House Sober Living"), allow the Guest to participate in outside therapy.

The Guest understands that participation in outside therapy and living in Catalpa House Sober Living may involve risk or injury, harm, damage or loss of/to personal property, or death to the Guest, and agrees that such risk shall be fully assumed by the Guest. In addition, and in consideration of allowing the Guest to participate in the program and live in the house, the Guest hereby releases and agrees to hold Catalpa House Sober Living harmless for, from and against any and all liability, damages and/or loss, and claims of any kind, known or unknown, which may be connected with, result from, or arise out of participation in the program and living in the house, including, without limitation, any and all claims resulting from transportation provided by Catalpa House Sober Living to and from the program and the house.

The Guest further understands, agrees, and promises that he or she shall not take any action or fail to take any action which would cause harm to the Guest (i.e., self-mutilation, drug or alcohol overdose, suicide attempts through any means) or to others. The Guest agrees that any minor children are the Guest's responsibility and that the foregoing release extends to all such minor children.

The undersigned Guest acknowledges reading and understanding this LIABILITY RELEASE FORM prior to signing it. The Guest agrees that no modification of this release has been made orally or in writing and that this LIABILITY RELEASE accurately and fully expresses the understanding of the Guest.

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT.

Guest's Signature

Date

Staff Signature

Date

Medical Care Policy

If a Guest becomes physically ill while at Catalpa House Sober Living, they must report this to the house manager immediately, who in turn will report it to the appropriate staff at Catalpa House Sober Living. In the event that an urgent medical problem arises, the appropriate staff will be contacted and the Guest will be taken to a medical care facility for care. The identified emergency medical care contact, as noted in the Admissions and Initial Evaluation Form, will be notified as soon as possible.

The Guest is responsible for any medical costs for services rendered by an outside medical facility.

No medications or prescriptions may be given without permission of Catalpa House Sober Living.

I understand and agree to the above medical policy. I hereby authorize medical care for myself at a medical care facility when deemed necessary by Catalpa House Sober Living staff.

Guest's Signature

Date

Staff Signature

Date

Personal Belongings

I understand that while I am a Guest at Catalpa House Sober Living I am responsible for all of the items I brought with me for my stay. Any items that are not allowed in the housing will promptly be returned via Priority Mail. If the item is too large to send in the mail we will call to have a loved one come pick up your things.

I understand that while I am a Guest at Catalpa House Sober Living, that Catalpa House Sober Living is not responsible for lost or stolen personal items

I understand that while I am a Guest at Catalpa House Sober Living it is my sole responsibility to make sure that my personal items and valuables are put away before I leave the house.

I understand that if I leave against staff advice or against medical advice that whatever belongings I leave in housing will be disposed of or donated within 24 hours.

Guest's Signature

Date

Staff Signature

Date

Schedule for Coaching in Self Administration of Medication Nights and Weekends

Please be responsible and on time for meds. This schedule is based upon Guests meetings, house meetings and deep cleaning schedules.

All medications are put together by you and the medication staff during the week. If you have any questions, you must wait to talk to the medication staff about it during business hours Monday through Friday. Medication staff will not come to the office to make any changes to your meds.

Please do not call to make changes in the schedule. If the medication staff has an emergency and must change the schedule, your house manager will be notified.

Schedule _____

Assistance in self-administration will not be done if you show up at any other times.

Guest's Signature

Date

Staff Signature

Date

If Guest is asked to leave or leaves without notice

If guests display any behavior contrary to the guidelines laid out in this document or any other behavior deemed belligerent or inappropriate, he will forfeit all funds transferred to Catalpa House. Also, if the guest leaves without notice he will forfeit all funds transferred to Catalpa House.

Guest Signature

Date

Staff Signature

Date