



RESIDENTIAL  
APPLICATION PACKET

Please read all the materials,  
Then complete all forms as indicated and return to:

Amethyst House  
P.O. Box 11  
Bloomington, IN 47402  
Attn: Men's or Women's House (**please specify**)

Administration Office / Outpatient Services  
Phone: 812-336-3570  
Fax: 812-336-9010

Men's Residence  
Phone: 812-336-2812

Women's Residence  
Phone: 812-336-2666

**AMETHYST HOUSE  
RESIDENTIAL APPLICATION PROCESS**

Keep this page for future reference

**I. HOW TO APPLY:**

1. Read the Confidentiality Statement, Community Agreements, and Orientation Policy. (Keep these for future reference – please **do not send** them in with your application)
2. Complete the Admission Requirements Checklist, the Application – for Residency and Release of Information(s) Forms.

**Release of Information (ROI) Instructions:** Complete one ROI per person. Fill out the releases of information with your full legal name, date of birth, and the person or agency you would like Amethyst House to obtain or share information with. Be sure to give us the complete name, address, telephone number, and fax number (if applicable) for each person you sign a release for. Check appropriate boxes and put an expiration date in the box. Finally, sign your full name and date in pen when possible. **Your signature must be witnessed by another person and the witness must sign & date the release as well.** **Please note that we cannot talk with anyone regarding your application without a completed Release of Information.**

3. Mail completed documentation to Amethyst House, P.O. Box 11, Bloomington, IN 47402 (Attn: Men’s House or Women’s House as appropriate) or Fax to Office at 812-336-9010 or drop off to appropriate location as indicated below:

<p><u>Women applicants:</u> 515 S. Madison St., Bloomington, IN 47403 Call for bed availability 812-336-2666</p>
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<p><u>Men applicants:</u> 215 N. Rogers St., Bloomington, IN 47404 Call for bed availability 812-336-2812</p>
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4. **Bed Availability:** Check in with the appropriate house **at least once a week**. Applicants that are incarcerated need to communicate at least monthly with Amethyst House. If Amethyst House has not heard from you within 30 days, your application will be removed from the waiting list. You may appoint someone else to check in for you, but you must sign a ‘Release of Information’ as instructed above.

**II. PROCESS:**

1. When Amethyst receives your application and all necessary requested documentation, an interview appointment will be scheduled.
2. Following the interview, the application will be evaluated by the Treatment Team to determine whether you are appropriate for our program.
3. If accepted into the program, you will need to have a Tuberculosis screen (done within the past 90 days) and physical exam (within the past 6 months). Submit documentation as indicated above.

**III. MEDICATIONS:**

If you are taking prescription medication(s), at least one month's supply is required upon admission. All medication must have a pharmacy label in your name.

**IV. PROGRAM FEES:**

Amethyst House prefers that you have the first month's rent *at the time of admission*.

**AMETHYST HOUSE  
CONFIDENTIALITY STATEMENT**

Keep this page for future reference

***Confidentiality of Records- Alcohol and Drug Abuse Clients***

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by federal and state laws and regulations (Federal confidentiality rule 42 CFR Part 2) which prohibits disclosure of information unless expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rule restricts any use of the information to criminal investigation or to prosecute any alcohol or drug abuse client.

In general, the program may not share client information outside the Amethyst House program except in the event of:

1. The client consents to specific disclosure in writing
2. There is receipt of a subpoena and court order, disclosure allowed by the court
3. Disclosure is made to emergency healthcare providers, qualified personnel for research, audit or program evaluation
4. Violation to the Federal and State laws and regulations is a crime and any suspected violations will be reported to appropriate authorities in accordance with the Federal regulations
5. Federal law and regulations do not protect information about suspected child abuse or neglect from being reported under the State of Indiana law which mandates reporting of any event. Elder abuse may be reported however this will be done in a manner that will protect the client's status as a drug/alcohol addiction patient.
6. Federal law and regulations do not protect information about a crime committed by a client either at Amethyst House or against any person who works for the program, the program itself or about threats to commit such a crime.
7. All threats to harm self or others, or crimes against children must be reported.

*This information is provided in accordance with policies set by the State of Indiana Division of Mental Health and Addiction Services.*

## AMETHYST HOUSE ORIENTATION PHASE RESIDENTIAL

Orientation is the time to learn everyone's name, and learn the community agreements and house chores. It is an opportunity to begin developing support and structure in your life, within the house and in the larger Bloomington recovery community. It is an opportunity to keep it slow, simple, and focus on the primary goals of our program and the basic goals of recovery. The completion of orientation will be approved in residential staffing (held weekly) after you have turned in your completed checklist. **Inability to follow these guidelines, rules, or house chores can lead to an extension of orientation or discharge.** Should you become noncompliant with the employment, sponsor, treatment recommendations, or community agreement requirements at any time, **you will be returned to orientation** and must complete a new case management plan with your case manager.

**Plan to remain on the property for the first 24 hours.** You may go to a 12-step meeting, with staff approval, if you are with another resident and you return immediately after the meeting. You may also attend treatment. Use this time to get settled in, meet the residents, and make structured plans for your job search.

**Remember:** Curfew is **9:30pm daily**, including weekends, while on orientation. *\*You may leave the property only if you are:* 1.) looking for work or working 2.) going to 12 step meetings or treatment 3.) attending religious services 4.) attending to medical needs (including working toward obtaining health insurance) or 5.) legal obligations

**\*ANY and ALL other activities must be submitted for staff approval.** It is not ok to go out to eat, go to movies, the mall, tanning sessions, or walk around town, etc. The focus of your attention needs to be on the basics of recovery at this time as well as obtaining employment and health insurance. Your sponsor may come to the house to meet with you. Sponsors are not held to visiting hours and may meet with you at the house at any time, as needed.

**\*The checklist must be completed before you can complete orientation phase.**

(You will remain on orientation for 30 days, or until these goals are completed, *whichever comes last.*)

1. Obtain and maintain employment. – You must obtain employment and complete a minimum of 32 hours per week. You are required to apply to 4 jobs a day during the approved job search hours (see Community Agreements) until you can provide proof of employment and having worked at least 32 hours for a week (typically via your first paystub). You will be required to complete a job search form and review with your case manager each week. Be sure to let your employer know that you are unavailable during hours of treatment sessions, house meetings, and not after curfew. Complete employment information sheet, release of information, and provide staff with your work schedule. If you are receiving disability you will still need to work or volunteer at least 20 hours / week.
2. Pay at least \$100 towards program fees. If less than \$100, pay off outstanding balance. – You are required to complete a budget and payment plan or contract with your case manager. ***Your program fees are your first priority with your paychecks.*** Submit pay stubs to staff to be copied. If your balance is more than \$250, you may not be allowed off of Orientation status until your balance is lower.
3. Obtain and maintain a 12-step program sponsor. – A temporary sponsor is a good way to begin. Many meetings have temporary sponsor lists. (Your sponsor may not be a current Amethyst House employee or client.)
4. Have completed application and submitted all required documents to obtain health insurance. – You must show proof that you have submitted an application and that the process has begun. ***This must be completed within the first 10 days.*** If you already have health insurance, you must provide proof and you will be required to find a primary care physician in place of this goal.
5. Complete a 12-step Meeting Attendance Log Form. – You must submit this form to your case manager weekly. This includes the chairperson's signatures.
6. Read and comply with Community Agreements. Ask staff to clarify anything you do not understand.

**\*Reminder: Removal from Orientation status is up to staff discretion.** Despite completion of checklist, if other issues are present – behavioral or otherwise – you may not be approved for removal from Orientation status.

## AMETHYST HOUSE ADMISSION REQUIREMENTS – RESIDENTIAL PROGRAM

*Please fill out and return to Amethyst*

APPLICANT: Please use the following list as a checklist of eligibility for the residential program. Please note Amethyst House **cannot accept registered sex offenders** due to the participation of children in our program and proximity to nearby schools.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Admission to the program is dependent on the following criteria:

**You must be:**

- \_\_\_\_\_ Age 18 years or older
- \_\_\_\_\_ Presently free from alcohol and all non-prescribed mood-altering or addictive substances for a minimum of five (5) days
- \_\_\_\_\_ Medically stable and able to comply with Amethyst requirements
- \_\_\_\_\_ Voluntarily seeking services with an expressed desire for sobriety.
- \_\_\_\_\_ Free of indications of possible harmful behavior towards self or others
- \_\_\_\_\_ Able to comply with house requirements and manage daily living  
[example: dress self, take care of personal grooming, work etc.]
- \_\_\_\_\_ Mental / emotional state is sufficiently stable for participation in a halfway house setting
- \_\_\_\_\_ Meets criteria for diagnosis of substance abuse or dependence, or pathological gambling
- \_\_\_\_\_ Is unable to maintain abstinence in a less restrictive environment
- \_\_\_\_\_ Make at least a three (3) month commitment to Amethyst House
- \_\_\_\_\_ Comply to the Community Agreements.
- \_\_\_\_\_ Agree to random urine drug screens and breathalyzer testing
- \_\_\_\_\_ Agree to financial responsibility
- \_\_\_\_\_ Respect the confidentiality of all other clients of Amethyst House.

\*Priority Admission is given to anyone that is an IV drug user and/or homeless and Women who are pregnant.

\_\_\_\_\_ **I have read and agree to the above requirements.**

Applicant's Signature: \_\_\_\_\_

## AMETHYST HOUSE APPLICATION - FOR RESIDENCY

*Please fill out and return to Amethyst*

**We do not discriminate on the basis of age, race, creed, ethnicity, religion, marital status, or sexual orientation. Please answer all questions. If a question or area does not apply to you, please indicate by writing "N/A."**

DATE OF APPLICATION:			
NAME:		DATE OF BIRTH:	
MAILING ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP:
PHONE:			
GENDER: _____ Male _____ Female Do you prefer to be contacted by mail or phone?			
<b>Why do you want to live at Amethyst?</b>			

DRUG(S) of CHOICE:	Age at First use:	Date of Last use:	How did you begin using?
1.			
2.			
3.			
4.			
- Have you ever used needles?		Have you ever shared needles?	

<b>Gambling:</b>
Do you have a history of betting or gambling? Y / N If yes, what type of gambling?
Do you think you have a problem with betting or gambling? Y / N Why?
Have you ever tried to stop gambling or betting before?
Do you owe money to anyone due to your gambling?
Are you interested in treatment for gambling?

<b>Current Legal Status:</b>
Are you incarcerated? Y / N Name of Facility:
Potential Release Date: Pending Charges:
Previous Charges:
Legal Status: (circle all that apply) Probation / Parole / House Arrest / Drug Court / Felony Charges
Other:
Corrections Officer: County:
Is there anyone else in the legal system you would like us to contact?

*\*Please note you will need to complete a **Release of Health Information** form for the facility where you are incarcerated (if applicable), any corrections officers that have been assigned to you, and anyone else you would like Amethyst House to contact regarding your application.*

<b>Financial Status:</b>
Are you employed? Y / N Employer: Length of employment:
Other income:
Do you have any health insurance? Y / N Private Carrier:
Medicaid: Medicare:
Would you be able to pay upon admission to the program?

<b>Medical / Physical Status:</b>
Current medical problems or needs:
<b>Allergies:</b>
<b>Current Medications / Reason for Prescription:</b>
<b>Health Care Provider:</b>

<b>Prior Substance Abuse Treatment:</b> (Please list name of provider, date, type of treatment)

- List any other <b>mental health treatment or counseling</b> (include where and dates):
Are you taking any medications for <b>mental health</b> reasons? Y / N
Name / Dose:
Mental Healthcare Provider:

Have you attended <b>12-Step Meetings</b> (AA/NA) before? Y / N
Describe your experience with the 12-Step program:
Are you attending meetings now? Y / N Why?
How many per week? Do you have a sponsor? Y / N
Why or why not?

<b>Support &amp; Concerns:</b>
- Who supports you in your recovery efforts now? Relationship to you:
<b>Please describe any other problems or concerns in your life right now.</b>

Dependent Children's Name:	Age:	Where are they living?
<b>Are you involved with DCS?</b> Y / N Case Worker: County:		
- <b>Women Only:</b> Do you plan to make an application to Amethyst for your child(ren)? Y/N		
<b>Explain:</b>		
- <b>Do you pay child support?</b> County: Amount:		
How much back child support do you owe?		

<b>FOR WOMEN:</b>	
Are you currently pregnant? Y / N	How many weeks?
Healthcare Provider:	Date of last appointment:

<b>Vehicle Information:</b>	
- Do you have a valid driver's license?	Do you own a vehicle?
Do you plan to have the vehicle at Amethyst?	Make & year:
Can you provide proof of vehicle insurance?	

I have completed this application honestly and to the best of my ability. I understand that if I am admitted to the Amethyst House, I need to have one month's supply of any prescription medications that I am taking, as well as a pharmacy label on each prescription container.

\_\_\_\_\_ I have read and understand the community agreements.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mail, completed application to: Amethyst Administrative Office, P.O. Box 11, Bloomington, IN 47402  
Attn: Men's or Women's House (please specify)*

*Fax applications to: Amethyst Administrative Office (812) 336-9010*

*Please help us conserve paper. If you are faxing this packet, please only fax the 3 page Application, Admission Requirements Checklist, and any Releases of Health Information Forms. Please keep the cover sheet, Application Process, Confidentiality Statement, Community Agreements, and Orientation Phase for your own records.*



**AMETHYST HOUSE**  
**COMMUNITY AGREEMENTS**

*We do not discriminate on the basis of age, race, handicap, creed, ethnicity, national origin, religion, or sexual orientation.*

**1. ALCOHOL, MOOD ALTERING DRUGS AND CHEMICALS ARE PROHIBITED**

- a. Use (or suspicion) of alcohol, mood altering drugs or chemicals by residents can result in immediate discharge.
- b. Referral sources (e.g. court, probation, treatment providers, DCS, etc.) will be notified of the violation.
- c. Visitors who bring in alcohol, mood altering drugs or chemicals to Amethyst House will be banned.
- d. Drug and/or alcohol screens may be administered at any time, at the expense of the resident.
- e. Random house searches will be done to confiscate prohibited/inappropriate items. Residents are not always present for the searches.

**2. CHILDREN:** Review *Child Safety Policy* with case manager for specific details.

- a. Children under 6 years of age are permitted to live with the parent at the Women's facility with prior staff approval.
- b. Children are allowed to visit residents at both houses during visiting hours. Children may spend the night with staff approval, following an initial observed visit during daytime hours.

**3. COMMUNICATION / COMMUNITY**

- a. Residents are expected to communicate directly with one another.
- b. Complaints, inability to resolve conflict, or grievances with other residents should first be addressed with the parties directly involved. If residents are unable to solve conflict, please refer to staff for assistance and/or mediation.
- c. All residents are expected to attend weekly **House Meetings**. These meetings are a forum to discuss house issues, provide health education, review safety information, and have all residents take time to share highlights from their week, both positive and negative, in order to receive support and feedback from others.
- d. Unresolved issues affecting the community of the house (e.g. chores, general housekeeping, negativity, etc.) need to be brought up at the House Meeting.
- e. If a resident wishes to file a formal complaint, the Grievance Policy and forms are available in the staff office.
- f. Residents are expected to participate in creating a positive, recovery-focused atmosphere, while fostering a sense of community within the program.
- g. Residents do not enable negative behavior. If a resident believes another resident is under the influence of mood altering substances, a staff person must be contacted immediately. **It is everyone's responsibility to keep the house safe. Failure to notify staff of another resident's use of substances can result in immediate discharge.**
- h. Residents' ideas and suggestions are valued. Amethyst encourages residents to make suggestions in writing in order to communicate feedback.

**4. CONFIDENTIALITY**

- a. Residents must observe confidentiality of names or stories related to other residents and/or outpatient clients.
- b. It is the residents' responsibility to inform their visitors about confidentiality.
- c. All employees and volunteers shall abide by Federal Rule 42 CFR, part 2. Title rule is printed in the Federal Register, Volume 52 – Number 110. A copy is on file in the staff office.

**5. CONSIDERATION OF SELF AND OTHERS**

- a. Rooms should be kept organized, neat, clean, dusted, and vacuumed at all times.
- b. Food and beverages are prohibited in residents' rooms (consuming and/or storing). Only water is permitted, provided that residents clean up after themselves (i.e. return containers to the kitchen to be cleaned or recycled, and clean any spills). If spills cause any damage to property, residents will be responsible for the cost of cleaning or repair.
- c. Dress appropriately. Provocative/revealing clothing, or clothing with violent, sexual, or using/gambling themes are not permitted.
- d. Residents are expected to shower daily, wear clean clothes, and exercise basic hygiene.
- e. Feelings should be expressed appropriately; fighting, wrestling, throwing objects, yelling, slamming doors, etc. will not be tolerated.
- f. Verbal and physical aggression will not be tolerated, and can result **in immediate discharge**.
- g. Be respectful of others and limit profanity. Prejudicial language or jokes will not be tolerated.
- h. Sexually provocative magazines/pornography, videos, posters etc. are prohibited.
- i. Be respectful of all Amethyst House neighbors and their property.

**6. CURFEW**

- a. All residents are required to be in the house by curfew and remain in the house until 5:00am.
- b. Residents are required to be out of bed with bed made by wake-up time: Mon.-Fri. 8:00am.
- c. Curfew hours are: 10:30 PM Sunday through Thursday and 12:00 midnight Friday and Saturday. While on Orientation or Therapeutic Restriction, curfew hours are: 9:30pm daily, including weekends.
- d. **Smoking is not allowed after curfew hours (see *Smoking/Tobacco* section).**
- e. Exceptions to curfew for special events, holidays, etc. require staff approval.

## 7. EMPLOYMENT

All residents are required to

- have structured time during their week (of at least 20 hours total)
- learn how to organize their time and budget their money; be accountable and responsible
- pay off their treatment fees and other bills
- save money in order to afford independent living upon discharge
- have legal and recovery-supporting employment

For these reasons,

- a. Residents are required to make a consistent effort to find and maintain employment, showing proof of applying to a minimum of 4 jobs a day. Residents can sign out for job searching between the times of 8am and 6pm, and for no more than 4 hours at a time (while on orientation).
  - b. Residents will decide with their case manager on an employment goal by their 2<sup>nd</sup> week of admission. Residents may be discharged if they do not meet this employment goal, or if their bill is above \$200.
  - c. Residents are required to have **enough employment** (usually 32 to 40 hours but no more than 50 hours a week) to allow for all treatment fees to be paid in full, as well as saving for the time of discharge.
  - d. Residents are expected to submit copies of all paystubs as proof of employment and income. Residents who are employed through contract work are expected to show weekly proof of hours and income, verified by their employer's signature; a Work Record form will be provided to them.
  - e. Residents may not quit a job until they have obtained another one.
  - f. Until a resident is employed (or if they cannot be employed for whatever reason) she/he is expected to obtain volunteer work or comparable rehabilitation activity of at least 20 hours/week. Any combination of work and volunteering is acceptable as long as it is for at least 20 hours a week.
  - g. Residents will remain on Orientation until 1) they completed their employment goal, or the aforementioned 20hours/week have been arranged, and 2) a budget and a payment plan has been completed with their case manager. (See Orientation Agreement).
  - h. **Employment schedules must coordinate with scheduled treatment sessions, required Amethyst House activities, and curfew hours.** Residents are responsible for informing employers of their availability.
  - i. Employment at bars/taverns, alcohol retail stores, head shops, or gambling establishments is not permitted. Furthermore, staff reserves the right to disallow any other type of employment that is counter-therapeutic, or does not support a resident's recovery program. Income earned through any means of illegal activity could result in termination from the program.
  - j. Residents are prohibited from selling blood or plasma.
- 8. GAMBLING is prohibited** (this includes any form of lottery, scratch-off tickets, bingo, betting, wagering, etc.)
- a. Residents need to discuss any gambling activity with staff; if there is any difficulty with ceasing this activity, this can be addressed as part of the treatment plan. Amethyst receives state funding for gambling treatment and there are program fee discounts available to residents who agree to address this issue.
  - b. Any gambling activity that has not been shared with staff is considered as dishonest behavior and is reason for **immediate discharge**.
  - c. Any questions regarding gambling should be addressed with staff for clarification.
- 9. GENERAL SAFETY**
- a. Weapons of any kind are prohibited. This includes knives, guns, bows, martial arts equipment, etc.
  - b. Extension cords, space heaters, hot plates, toaster ovens, etc. are strictly prohibited.
  - c. **Any use of open flame is strictly prohibited.** This is held to the same zero-tolerance standard as the smoking policy. Violations of this will result in **immediate discharge**. The possession of candles and/or incense is also not allowed.
  - d. **Physical violence, verbal aggression, and intimidation are not permitted.** Residents who engage in such behaviors threaten the safety of the community and will be terminated immediately.
  - e. All residents are required to adhere to safety/evacuation drills or procedures.
- 10. HOUSE KEEPING**
- a. Residents and visitors must be respectful of Amethyst property, including furniture, appliances, etc. They may not rearrange furniture, remove items, or bring new items in without staff permission.
  - b. Residents are not permitted to change beds or rooms without staff permission.
  - c. If Amethyst property is damaged by a resident or their visitor, they will be held financially responsible for damages and/or repairs.
  - d. Each resident is responsible for cleaning up after themselves, both in personal and common areas (including cups, eating utensils, etc).
  - e. Toiletries, towels, or personal items are not to be left in the bathrooms or general living area, and will be confiscated by staff.
  - f. Residents should not leave personal electrical appliances turned on or plugged in.
  - g. Beds should be made daily and bedding changed once a week.

- h. Chores are assigned weekly and are completed **daily**. Each resident is expected to rotate through all chore assignments. (See *Chore List* for thorough descriptions of each chore, as well as designated completion times.)
- i. Residents are assigned to cook the evening meal for the entire house Monday through Thursday, on a rotating basis, as a part of learning independent living skills.
- j. The kitchen is closed from 12-5 am Sunday through Thursday and from 1-5 am Friday through Saturday. Use of kitchen appliances and any food preparation is prohibited during these times.
- k. Residents must clean their bedroom area and take all personal possessions upon leaving the program; items left in the house for more than **48 hours** may be disposed of. Residents who leave unsuccessfully must make arrangements with staff to pick up any remaining belongings.

#### 11. MAIL

- a. Residents' mail will be distributed to their respective mailboxes. Important communication from staff is delivered to individual mailboxes; all residents are expected to check their mailboxes **daily**.
- b. When a resident moves out, the mail will be returned to sender. Residents who move out are responsible for updating their mailing address for all commercial and personal correspondence. Amethyst House **cannot** forward mail due to confidentiality.

#### 12. MEDICATION (see *Medication Policy*)

- a. Residents are required to have a 30-day supply of medications and /or proof of a refill order at time of admission; if not, admission may be rescheduled.
- b. Upon admission to the Amethyst program, residents agree to take medications properly, as prescribed by their doctor. Failure to do so may result in dismissal from the program.
- c. Medication policies apply to prescribed medications, over the counter medications, and any nutritional supplements.
- d. **Prior to consumption, all medications must be reported to staff for approval**, and medications must be turned into staff for documentation.
- e. All medications must be kept in a resident's assigned med locker; combinations for lockers are given to individuals by staff and they are not to be shared with other residents. Residents are prohibited from storing medications in any other areas, such as bedrooms, cars, purses, jackets, etc.
- f. Residents are prohibited from sharing medications with one another.
- g. Keeping prescriptions up to date and obtaining refills the resident's responsibility.
- h. Residents may contact staff if they would like assistance making medical appointments or accessing health care services, including medication.

#### 13. NOISE

- a. Please keep TV, music, radio, video games, cell phone ring tones, and voices at reasonable volumes.
- b. Residents should respect roommates who are sleeping. Quiet Hours are from 10 pm to 7 am daily. Music, radio, and talking on cell phones are not permitted in bedrooms during quiet hours.
- c. Residents are not allowed to prepare a meal, watch TV, or listen to music after 12:00am on weekdays (Sunday through Thursday) and 1:00am on weekends (Friday and Saturday).

#### 14. PERSONAL PROPERTY AND LIABILITY

- a. Residents are assigned a limited space in the Houses. All personal items need to fit inside the provided 3-drawer dressers, armoires and/or closet. One tub for additional items can be stored under the bed; no loose belongings will be allowed in the residents' rooms.
- b. All resident decorations need to be limited to the provided cork boards. No nails, thumb tags, tacks, command strips, or adhesive of any kind is allowed on the walls.
- c. All personal property is the responsibility of the residents and Amethyst is not liable for any property that is lost, stolen, or damaged.
- a. Residents are prohibited from entering another resident's room without him/her present.
- d. Items such as cell phones, tablets, etc. are permitted; however, staff reserves the right to confiscate a resident's personal electronic devices if they are deemed to be a negative influence on that individual's recovery program and/or participation in the community of the house.

#### 15. LEAVING THE PROPERTY

- a. New residents remain on Amethyst House property for the first twenty-four (24) hours, and following that they abide by Orientation Phase restrictions (see *Orientation Policy*).
- b. Residents must always use the sign-out / sign-in sheet when leaving / returning to the property.
- c. Residents are not allowed to leave Monroe County for any reason without staff permission.
- d. Bars, taverns, lounges, nightclubs, casinos, and head shops are off limits for any reason.

#### 16. PROGRAM PARTICIPATION FEES / TREATMENT FEES

- a. Financial planning and management are essential for long-term independent living, and are an important part of rebuilding one's life and maintaining a healthy recovery program. Residents are expected to prioritize program fees above personal expenses, and will be assisted by their case manager in all financial planning and budgeting.
- b. Residents will complete a budget and payment plan upon Orientation. Failure to comply with the payment plan will result in a payment contract. Failure to comply with the payment contract will result in **discharge**.

- c. Residents are required to give minimum 3 hours' notice if they must cancel a treatment session; there will be a \$25 charge for any absence without prior approval. Participation is not allowed in a treatment session if a resident arrives later than 10 minutes.
- d. Residents are expected to zero out their balance at the end of each month. Furthermore, they must have a \$0 balance at the time they are discharged from Amethyst, in order to be considered a successful completion.
- e. Checks for savings plans or overpayments must be requested in writing, and a mailing address must be identified. Checks that are not claimed by the client within 5 business days will be mailed to the specified location.

#### **17. PROGRAM / TREATMENT PARTICIPATION**

- a. Residents are required to complete an outpatient assessment and are expected to actively participate in and successfully complete any and all treatment recommendations (e.g. Intensive Outpatient Treatment and Continuing Care).
- b. Residents are required to attend House Meetings every Thursday.
- c. Residents are required to attend an AA and/or NA meeting daily while unemployed, and four (4) meetings each week after employment has started. All meeting attendance is reported on a weekly Activity Log.
- d. All residents are required to obtain a sponsor within two weeks of admission and maintain an active relationship with a sponsor during residency at Amethyst House. The sponsor must have a minimum of two years' continuous sobriety. Amethyst House endorses 12-Step work as a means to a successful recovery program, and residents are *strongly* encouraged to work the Steps with their Sponsor.
- e. Residents will develop an individualized Treatment Plan with their case manager to outline goals for developing their recovery program, enhancing independent living skills, and/or utilizing community resources.
- f. Residents will meet weekly with a case manager to review their Activity Log, as well as their progress toward individual treatment goals.
- g. Graduation "stone ceremonies" are offered to eligible residents who successfully complete the program. Staff determines eligibility based on progress toward treatment plan goals, motivation for sobriety, and overall compliance with the Community Agreements.

#### **18. RELATIONSHIPS**

- a. While at Amethyst House, residents are expected to focus on their recovery, therefore they are discouraged from engaging in intimate relationships, especially with other AH clients. If two AH clients are in a relationship, they cannot attend treatment in the same group and are expected to disclose the relationship to AH staff.
- b. Staff expects residents to be honest and to communicate openly about any/all relationships. Failure to do so may result in dismissal from AH services, as this is an indication of not working an honest recovery program. Staff will address any concerns with a resident directly, if there is any perceived negative impact on their progress in hopes of safeguarding clients' recovery.
- c. Family/couples sessions are available for residents, to promote healthy relationships.
- d. Intimate, physical, and/or sexual behavior is not permitted on the Amethyst House premises (this applies to both Amethyst residents and their visitors) and WILL result to dismissal from the program.

#### **19. SMOKING/TOBACCO**

- a. Electronic cigarettes/ Vapes: any component of E-cigs/ vapes are considered paraphernalia and they are not permitted on any Amethyst House property, including all vehicles located on Amethyst property. Possession of any of these items on the property will result in a \$75 fine and may result in termination.
- b. Smoking (including cigarettes, cigars, E-cigs etc.): Smoking is **not permitted on any Amethyst House property**, including all vehicles located on Amethyst property. Smoking on the property will result in a fine. ***Smoking or vaping inside Amethyst facilities will result in immediate termination.***
- c. Chewing tobacco: Chewing tobacco is not permitted on any Amethyst House property, including all vehicles located on Amethyst property. Any evidence of the use of chewing tobacco on the property will result in a fine.
- d. A copy of the Tobacco policy is available in the staff office.
- e. Cigarette butts should be disposed of in designated containers, please do not dispose of in yards, streets, or sidewalks.
- f. Smoking is not permitted after curfew hours (*see Curfew section*).

#### **20. TELEPHONE**

- a. Residents are allowed to have cell phones at all residential facilities. Cell phone use is a privilege; staff reserves the right to restrict cell phone usage.
- b. Cell phones are not allowed during case management, treatment sessions, and the house meetings.
- c. House phones (landline) are provided at both halfway houses for residents' use. Please keep phone calls to a maximum of 20 minutes and respect other residents' need to use the house-phone.
- d. The house phone should be answered with "Hello." **Do not say, "Amethyst House."** Residents should not admit or deny the program participation of another resident, or if they are in the House or not. Please, refer to Conditions of Admission for details on Client to Client Confidentiality.

#### **21. TELEVISION/ ELECTRONIC DEVICES**

- a. TV, DVD, VCR, and video games operate by majority rule of residents present.
- b. X-rated movies are not permitted. All videos and TV programming are subject to staff approval.

- c. Bootleg or illegally downloaded material is not permitted.
- d. In order to encourage productivity, socialization, focus on recovery activities, and enough rest/self-care: TV, VCR/DVD, and personal electronic devices (for shows or social media) cannot be used from 8:00am to 4:00pm Monday – Friday, as well as after 12:00am Sunday - Thursday and 1:00am on Friday and Saturday.
- e. Residents are encouraged to socialize and spend time in the common areas. Residents are not permitted to have TVs or watch personal electronic devices in their room; if they are regularly streaming videos on phones or other electronic devices and this causes a resident to isolate from others, staff reserves the right to confiscate a resident’s personal electronic device.

**22. THERAPEUTIC PASS**

- a. **All pass (including child visitation) requests are subject to Treatment Team approval and should be turned in by the night before the weekly staff meeting. Passes turned in after staffing will not be considered.**
- b. Residents must request a pass in order to leave Monroe County for any reason.
- c. 24-hour passes may be requested after 30 days of residency. 48-hour passes may be requested after 60 days of residency.
- d. Residents are allowed up to two 24 or 48-hour passes per month.
- e. Residents’ rooms must be clean and housekeeping chores completed before leaving on pass.
- f. To be eligible for an Overnight Pass, residents must **abide by all Community Agreements**, must be off Orientation, and must have their balance paid under \$175.

**23. VEHICLE**

- a. **Residents must have prior staff approval before having a vehicle at Amethyst House. Vehicles are not allowed for the first 30 days of residency, at minimum.**
- b. Residents must provide a valid driver’s license, vehicle registration, and proof of insurance.
- c. Non-operational cars must be removed from the premises within 72 hours. Any vehicles left on the property will be towed at the owner’s expense.
- d. Residents who are found driving a vehicle without a valid driver’s license, registration, or insurance are subject to immediate termination from the program.
- e. Vehicles are subject to random searches by staff.
- f. Staff reserves the right to rescind driving privileges if there is any perceived negative impact on a resident’s recovery program, or because of any abuse/misuse of that privilege.

**24. VISITORS**

- a. Visiting hours are: **Sunday–Thursday: 10:00am-9:00pm, Fridays and Saturdays: 10:00am–10:00pm.**
- b. Visitors (including sponsors) must sign in and out and must indicate the specific resident whom they are visiting.
- c. Residents must complete a Visitor Request for staff approval prior to hosting visitors of the opposite sex or intimate partners. Men’s House residents are not permitted to visit the Women’s House facility. Women’s House residents are not permitted to visit the Men’s House facility, unless attending scheduled 12-step meetings hosted by this facility.
- d. Visitors (including children) are not permitted in residents’ bedrooms or upstairs.
- e. Sponsors may visit at Amethyst House any time (as long as Quiet Hours are observed). Please respect the privacy of other residents.
- f. Residents who leave unsuccessfully or who are discharged due to rule violations are not permitted to return to visit without prior staff approval.
- g. Hosting residents must remain with their visitor at all times and are responsible for them.
- h. Clients are prohibited from sharing the keypad door code with their visitors or anyone else, including alumni.
- i. Staff reserves the right to ask any visitor to leave, as well as prohibit visitors from returning.
- j. Staff reserves the right to screen visitors for drugs or alcohol at the hosting resident’s expense.

\* \* \*

**25. FOLLOW UP**

- a. Following successful program completion, Amethyst House offers continued case management services, and other outpatient services as needed.
- b. Residents who remain in the Bloomington area are encouraged to continue participating in weekly AA/NA meetings, house meetings, Amethyst social events, and the Amethyst Alumni Association. This provides the opportunity for them to share their experience, strength, and hope with the people following in their footsteps.
- c. ***The Amethyst Alumni Association is one of the best resources Amethyst has for carrying the recovery message to others. Case managers can provide contact information to become involved with Alumni.***
- d. Any personal belongings from former residents left on the property for more than 48 hours will be disposed.

**Failure to adhere to any of these guidelines is grounds for dismissal from the program.**  
**Residents may also be given consequences for violations of Community Agreements.**

**Amethyst House, Inc**

**P.O. Box 11  
Bloomington, IN 47402  
(812) 336-3570  
Fax #: (812) 336-9010**

**Release of Health Information**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

I, \_\_\_\_\_, authorize **Amethyst House, Inc.**  to release  to obtain  
 to exchange information with:

Name of Person/Agency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

For the purpose of:  Coordinating Care  Monitoring Treatment Compliance  Referral Planning  Billing  Scheduling

Leave messages or facilitate communication between the client and Amethyst House  Obtaining Bio-Psycho-Social Information

Treatment Planning  Discharge Planning  Other: \_\_\_\_\_

Records/information to be released (check appropriate items):  Evaluation Results/ Diagnosis  Treatment Recommendations  
 Progress Notes  Lab Results/ Reports  Urine Drug Screen/ Breathalyzer results  Discharge plans/ Discharge Summary  
 Full and Complete Record  Monthly Status Reports  Alert Forms  Interpretative Summary  
 Other (specify) \_\_\_\_\_

I understand that this authorization includes release of records/ information concerning psychiatric or psychological conditions, drug and alcohol abuse, HIV testing or treatment, or related conditions that may be contained in my record. I further understand that this authorization is not required as a condition for treatment and that it may be revoked by me at any time except to the extent that action has already been taken. I understand that my records are protected under Federal confidentiality rules and that this consent will expire:

(Please insert expiration date): \_\_\_\_\_

*I have read and understand the above and acknowledge that it was properly completed prior to my signature.*

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

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

**To Recipient of Client Records/ Information**

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The federal rule prohibits you from making any further disclosure of this information unless expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information for criminal investigation or to prosecute any alcohol or drug abuse client.

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Treatment Planning  Discharge Planning  Other: \_\_\_\_\_

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