



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**)

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

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 at 645 N. Walnut St., Bloomington IN
4. **Bed Availability:** Check in with our Admissions Coordinator **at least once a week** at 812-336-3570 ext 227. 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. Amethyst House has a non-discrimination policy and acceptance is based without regard to age (must be over 18), race, color, sex, religion, disability, national origin, citizenship, or gender identity, sexual orientation or preference, housing status or veteran status.
4. Priority is given to those with history of IV drug use, pregnant and women with dependent children.
5. 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:

Medicaid pays an average of thirty days. After Medicaid is exhausted other grant funding may be available. After grant funding is exhausted clients will be responsible for treatment fees.

**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 Residential Program
Welcome & Program Introduction**

Keep this as a guide for your first 30 days

Covid-19 version

WELCOME to Amethyst House. We are here to provide support as you become acquainted with our program and services. Please let us know how we can assist you.

OUR MISSION is to provide a foundation of recovery for you by offering high quality residential treatment and guidance for healthy living.

THIS INTRODUCTORY PHASE aims to be a time for stillness and refocusing so that your recovery can be your priority. Within your first 30 days with us you will get to know your peers and other members of our recovery community. This will also be a time to become familiar with the residential program and the Community Agreements. You will attend recovery groups, case management sessions, 12-step meetings, and meetings with your sponsor – please utilize these opportunities to learn about recovery and build your support network. You will also begin to fine-tune your life skills during this phase to increase your chances for successful self-sufficiency when you are ready to move on.

YOUR TREATMENT TEAM consists of your case manager, counselor, clinical director and may also include your sponsor or other community support. The role of your treatment team is to work collaboratively with you to accomplish shared goals.

THE FOLLOWING LIST outlines the goals to focus on during this introductory phase. Please let your case manager know if you have any questions!

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. Use this time to get settled in, meet the residents, make plans for your job search, familiarize yourself with volunteer opportunities, and read the community agreements. Write down any questions to ask your case manager on Day 2.

Curfew is 9:30pm daily, including weekends, while on orientation.

**You may leave the property if you are:*

- job searching (4 hrs maximum)
- working
- volunteering
- going to 12 step meetings
- treatment groups
- attending religious services (with confirmed vaccination)
- attending to medical needs (including obtaining health insurance) or
- legal obligations

**Only go where you sign out for, straight there - straight back.*

Passes. Should you need to go anywhere else, please submit a pass. Passes are due Thursday Night at the house meeting and will be reviewed by staff on Friday. Passes that are not recovery focused or treatment related will be reviewed by the treatment team. 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.

Welcome & Program Introduction (cont.)

Getting Started Checklist

Please bring your checklist to case management each week. Your case manager will help you with resources and answer any questions you may have.

1. Employment– If you are employable, please plan to have full time employment within the first 30 days of the program. Please speak to your case manager if you wish to pursue educational goals. You are required to apply for 3 jobs per day, Monday through Friday. Please complete a job search form indicating which jobs you have applied or interviewed for each day. Turn this in during your weekly case management. Once you obtain employment, your work hours cannot conflict with treatment sessions, house meetings, and curfew. You may be asked to complete a release of information form for your employer if we have difficulty verifying your employment. If you are unable to obtain employment, please discuss with your case manager.
2. Financial Status – You are required to complete a fee contract, budget, and payment plan (if applicable) with your case manager. Please refer to your residential fee contract for payment information.
3. Sponsor. – Please obtain a sponsor within your first 2 weeks. A temporary sponsor is a good way to begin. Many 12-step meetings have temporary sponsor lists. Your sponsor may not be a current Amethyst House employee or client.
4. Health Insurance –Your case manager will assist you with obtaining health insurance. Please submit all applications and documents necessary and attend all insurance appointments.
5. 12-Step Meetings – Please have the chairperson sign your Meeting Log at each 12-step meeting you attend. Turn in this completed form each week to your case manager. You are required to attend daily meetings. Once you obtain employment, your case manager will change your requirement to 4 meetings a week.
6. Community Agreements - Please familiarize yourself with the components of the community agreements. Ask staff any questions you have about rules & requirements.
7. Transition Plan. - Please start thinking about your transition from the program back into the community. Talk with your case manager about housing options.
8. Next Steps for Success - At the end of your first 30 days, your case manager will discuss your completion of the Welcome and Introduction Period at Clinical Staffing. You may be asked to meet with your treatment team to map out your next steps in the program. Your case manager will set up this meeting.

We are glad that you are here! Please let us know how we can support you as you adjust to the program and take steps to meet your recovery goals.

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?			
Why do you want to live at Amethyst?			

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? Yes		No	Have you ever shared needles? Yes	
			No	

Gambling:
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?

Current Legal Status:
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.*

Financial Status:
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?

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

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

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

Have you attended 12-Step Meetings (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?

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

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

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

Vehicle Information:	
- 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.

Print the 3 page application, sign before sending submitting according to the instructions on the cover page of the packet

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, gender identity, ability, ethnicity, national origin, religion, marital status, or sexual orientation.

1. ALL DRUGS, INCLUDING ALCOHOL, ARE PROHIBITED

- a. Possession of drugs/alcohol, intoxication, and positive drug screens may result in discharge.
- b. For the safety of the community and your recovery, please notify staff if you suspect a resident is using drugs/alcohol.
- c. Referral sources (court, probation, DCS, etc.) will be notified of possession, intoxication, or positive drug screens.
- d. Visitors who bring drugs/alcohol to Amethyst House or appear intoxicated will be banned.
- e. Drug/alcohol screens may be administered at any time by staff.
- f. Drug/alcohol screens are considered positive when diluted, tampered with, negative for prescribed MAT, or if unable to provide a screen within 2 hours of being notified.

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

- a. Children are allowed to visit residents at both houses during visiting hours. Overnights with children may be staffed with the Treatment Team following the first 30 days of the program.
- b. Requests for temporary residency for children under 6 will be staffed on a case by case basis.

3. COMMUNICATION / COMMUNITY

- a. We encourage residents to resolve conflicts with each other first. If residents are unable to solve conflicts, please refer to staff for assistance/mediation.
- b. All residents are required to attend weekly **House Meetings**.
- c. As a resident of the house, it is important to maintain a positive, recovery-focused atmosphere. Please participate in fostering a community that is safe, inclusive, and supportive. Staff is available to help facilitate a healthy recovery environment.
- d. **It is everyone's responsibility to keep the house safe.**
- e. 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. Residents cannot share information about other residents while they are at Amethyst House. Please maintain confidentiality when answering the house phone, answering the door, and out in the community. This includes anything shared in recovery groups, at the house, or in 12-step meetings.
- c. It is the residents' responsibility to inform their visitors about confidentiality.
- d. Visitors are held to the same policy of confidentiality. Please inform your visitors of the policy before they visit.

5. CONSIDERATION OF SELF AND OTHERS

- a. Please keep your room organized and clean.
- b. You may have water in your room. Other beverages and food (like candy) are not allowed in bedrooms and must be kept in the appropriate areas in the kitchen or pantry.
- c. Dress appropriately. Clothing with violent, sexual, or using/gambling themes are not permitted. Nudity in common spaces is not permitted. Proper coverage of private body parts is required.
- d. Residents are expected to shower daily, wear clean clothes, and exercise basic hygiene.
- e. Fighting, wrestling, throwing objects, yelling, slamming doors, etc. will not be tolerated. Staff is available to help you process overwhelming emotions.
- 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 and pornographic materials, including online content, are prohibited. Sexual behavior, including pornographic content creation, is prohibited on Amethyst House property.
- 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. During your first 30 days 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.
- f. Please submit requests to case managers ahead of time for exceptions to curfew (special events, holidays, etc.). Case managers will staff curfew exceptions with the treatment team.

7. EMPLOYMENT

- a. Residents are required to obtain and maintain full-time employment (32-50 hours). If you are unable to work full-time, please discuss your circumstances with your case manager. Your treatment team will work with you to support the activities that will best move you toward self-sufficiency.
- b. Residents will apply to a minimum of 3 jobs per day, Monday through Friday. (4 hr. limit during Welcome Period)
- c. Residents may be asked to provide proof of employment, income, and/or schedule.
- d. Residents will discuss all potential changes in employment with their case manager.
- e. Employment schedules must coordinate with scheduled treatment sessions, required Amethyst House activities, and curfew hours. Residents are responsible for informing employers of their availability.
- f. Employment at bars/taverns, alcohol retail stores, head shops, or gambling establishments is not permitted. Employment must be approved by your case manager before an offer is accepted.

8. GAMBLING IS PROHIBITED

- a. Gambling includes any form of lottery, scratch-off tickets, bingo, betting, wagering, stock-trading, etc.
- b. Possession of gambling materials may result in discharge.
- c. For the safety of the community and your recovery, please notify staff if you suspect a resident is gambling.
- d. Referral sources (court, probation, DCS, etc.) will be notified of gambling.
- e. Visitors who gamble at Amethyst House will be banned.

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. Residents should not leave personal electrical appliances turned on or plugged in.
- d. **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.
- e. **Physical violence, verbal aggression, and intimidation are not permitted.** Residents who engage in such behaviors threaten the safety of the community and are at risk for immediate discharge.
- f. All residents are required to adhere to safety/evacuation drills or procedures.
- g. At the Men's House, there are keys outside of single occupancy bathrooms for safety purposes. Inappropriate use of these keys, including but not limited to, unlocking bathroom doors to play jokes on others, or hiding the key, will result in being staffed for immediate discharge.

10. HOUSEKEEPING

- 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, the resident 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. Items left out will be put in the lost and found. A shower caddy is recommended.
- f. Beds should be made daily and bedding cleaned once a week.
- g. Chores are assigned weekly and are completed **daily**. Each resident will rotate through all chore assignments. (See *Chore List* for descriptions of each chore.)
- h. 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. Ordering food for the house is not an acceptable meal plan. The evening meal needs to be ready by 5pm.
- i. 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.
- j. 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. All Amethyst House materials (towels, bedding, pillows, etc) must be returned to staff.

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. Amethyst House **cannot** forward mail due to confidentiality.
- c. Please keep incoming packages to a minimum. All packages, including online shopping orders, must be approved by staff and opened in front of a case manager upon arrival.

12. MEDICATION (see Medication Policy)

- a. Residents are required to have at least one refill of all prescription medications upon admission.
- b. Upon admission to the Amethyst program, residents will take medications as prescribed by their doctor. Medication policies apply to prescribed medications, over the counter medications, and any nutritional supplements.
- c. **All medications must be checked-in with staff** before taking the medication.
- d. 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.
- e. Residents are prohibited from sharing medications with one another.
- f. Keeping prescriptions up to date and obtaining refills is the resident's responsibility.
- g. Residents may contact staff if they would like assistance making medical appointments or accessing health care services, including medication.

13. MEDICATION-ASSISTED TREATMENT

- a. Clients are required to obtain approval from the treatment team prior to initiating MAT.
- b. Clients are required to notify their case manager each time they refill their medication, any changes to their dosage, or if they want to discontinue medication.
- c. Clients may not have MAT medications on their person unless approved by staff.
- d. Clients may be asked to provide documentation of MAT appointments.
- e. MAT clients will sign releases of information for prescribing physician. Communication with prescribing physicians will be on an as needed basis.
- f. Staff will count medications up to twice per week to monitor medication compliance.

14. QUIET TIME

- a. Please keep TV, music, radio, video games, cell phones, and voices at reasonable volumes. If necessary to video chat, residents are required to do so while using earbuds in private, confidential spaces.
- b. Please respect roommates who are sleeping. Quiet Hours are from 10 pm to 7 am daily. Music, radio, talking on cell phones, etc are not permitted in bedrooms during quiet hours.

15. PERSONAL PROPERTY AND LIABILITY

- a. Residents are assigned limited space in the House. Residents are expected to keep personal spaces organized and be mindful of other residents personal space. **Please reference the Move-In Checklist before moving in.** Staff may ask residents to downsize or limit online shopping if personal items exceed a resident's personal space.
- b. All resident decorations need to be limited to the provided cork boards. No nails, thumb 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 House is not liable for any property that is lost, stolen, or damaged.
- d. Residents are prohibited from entering another resident's room without him/her present.
- e. House searches may be conducted at any time by staff. Searches include personal items such as purses, pockets, backpacks, cars, etc. Residents do not need to be present for the searches. See Prohibited Item List for details.
- f. Staff may confiscate a resident's personal electronic device if the treatment team determines it is interfering with resident's ability to engage in treatment.
- g. 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. All Amethyst House materials (towels, bedding, pillows, etc) must be returned to staff.

16. LEAVING THE PROPERTY

- a. New residents may not leave Amethyst House property for the first twenty-four (24) hours without staff approval.
- b. Residents must always use the sign-out / sign-in sheet when leaving / returning to the property.
- c. After 30 days of residency, residents who are unemployed may sign out for up to six hours per day. Residents who are employed for eight hours per day may sign out for an additional four hours so that they can be signed out for a total of 12 hours in one day.
- d. Signing in and out is imperative for safety and accountability of residents. In case of emergency, staff needs to know who is in the house and who is not. Not signing in and out may result in loss of privileges.
- e. Residents within their first 30 days may sign out for a 4 hour pass. Please communicate with your case manager if you need to make other appointments.
- f. Residents are not allowed to leave Monroe County for any reason without staff permission.
- g. Bars, taverns, lounges, nightclubs, casinos, and head shops are off limits for any reason.

17. PROGRAM FEES

- a. Residents will follow the fee contract they sign upon move-in.
- b. Residents are expected to prioritize program fees and will be assisted by their case manager in all financial planning and budgeting.
- c. Residents will complete a budget within their first 30 days.

- d. Residents must maintain good financial standing with Amethyst House in order to remain in the program. Inability to follow the fee contract may result in discharge.
- e. Residents must have a \$0 balance at the time they move out of the residential program.
- f. If new residents do not have health insurance, they will need to work with their case manager to obtain health insurance within the first 24 hours of admission.

18. PROGRAM PARTICIPATION

- a. Residents must participate in all treatment services (recovery groups, case management, drug screens, continuing care).
- b. Residents are required to attend House Meetings every Thursday.
- c. Residents are required to attend 12-step meetings 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 local 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 an effective recovery program, and residents are *strongly* encouraged to work the Steps with their Sponsor.
- e. Residents will meet weekly with their case manager to outline goals for developing their recovery program, enhancing independent living skills, and/or utilizing community resources.

19. 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 staff.
- b. Staff expects residents to be honest and to communicate openly about any/all relationships.
- c. Family/couples sessions are available for residents, to promote healthy relationships.
- d. Intimate behavior is not permitted on the Amethyst House premises and may result in dismissal from the program.

20. SMOKING/TOBACCO

- a. Electronic cigarettes and vapes are not allowed on any Amethyst House property including in residents' cars, purses, backpacks, etc. Possession of these devices will result in a \$75 fine and may result in discharge.
- b. Smoking is **not permitted on any Amethyst House property**, including all vehicles. Smoking on the property will result in a \$10 fine. ***Smoking or vaping inside Amethyst facilities will result in immediate discharge.***
- c. Chewing tobacco is not permitted on any Amethyst House property, including all vehicles. Any evidence of the use of chewing tobacco on the property will result in a \$10 fine.
- d. Cigarette butts should be disposed of in designated containers, please do not dispose of in yards, streets, or sidewalks.
- e. Smoking is not permitted after curfew hours (*see Curfew section*).

21. TELEPHONE

- a. Residents are allowed to have cell phones at all residential facilities. (*see Screen Time section*).
- b. Cell phones are not allowed during case management, treatment sessions, and house meetings.
- c. House phones (landline) are provided at both residential facilities 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 confirm 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.

22. SCREEN TIME

- a. TV and video games operate by majority rule of residents present.
- b. Sexually provocative and pornographic materials, including online content, are prohibited.
- c. Illegally downloaded material is not permitted.
- d. In order to encourage productivity, socialization, focus on recovery activities, and enough rest/self-care: Televisions can only be used Monday - Thursday 4pm-midnight, Friday 4pm-1am, and Saturday-Sunday all day until 1am.
- e. Be mindful of your screen time with phones, tvs, and tablets. Residents are encouraged to socialize and spend time in the common areas. Community connection is a key part of building recovery support networks.
- f. Staff may confiscate a resident's personal electronic device if the treatment team determines it is interfering with resident's ability to engage in treatment.

23. PASSES- *Visitors (excluding sponsors) are not allowed currently due to the COVID-19 Pandemic.*

- a. All pass requests (including child visitation) are subject to Staff approval and should be turned in by Thursday night after the house meeting.
- b. Residents must submit a pass in order to leave Monroe County for any reason.
- c. Please return from pass on time. If a resident is consistently late, they may not be approved for future passes.
- d. In special circumstances Overnight Passes may be approved at the treatment team's discretion, such as preparing to transition to independent housing.

24. VEHICLE

- a. Residents must have staff approval before having a vehicle at Amethyst House. Vehicles are not allowed during the Welcome and Introduction Period.
- 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 drive 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. Driving privileges may be removed if residents are not following their treatment program goals.

25. 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 they are visiting.
- c. Residents must complete a Visitor Request for staff approval prior to hosting visitors. A Visitor Request form is not required for sponsors and alumni. 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.
- d. Visitors (including children) are not permitted in residents' bedrooms or upstairs.
- e. Sponsors may visit Amethyst House any time (as long as Quiet Hours are observed). Please respect the privacy of other residents.
- f. Residents who are administratively discharged or who opt out are not permitted to return to visit without prior staff approval.
- g. 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. Visitors may be asked to leave and may not be able to return if staff observe they interfere with the client's program.
- j. Staff reserves the right to screen visitors for drugs, including alcohol at the resident's expense.

* * *

26. FOLLOW UP

- a. After moving out of the residential program, you will continue as an outpatient client while attending continuing care group. Upon completion of continuing care group, you will receive a certificate of completion of Amethyst House services.
- b. Residents who remain in the Bloomington area are encouraged to continue participating in weekly AA/NA meetings, Amethyst social events. This provides the opportunity for them to share their experience, strength, and hope with the people following in their footsteps.

Following these community agreements will ensure your successful completion of the residential program.

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 (check all appropriate items):

- 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 all appropriate items):

- Substance Abuse Treatment Information** Full and Complete Record Evaluation Results/ Diagnosis Treatment Recommendations
 Progress Notes Lab Results/ Reports Urine Drug Screen/ Breathalyzer results Discharge plans/ Discharge Summary
 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 on the following date: (Please insert expiration date) _____

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

Signature _____ 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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