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

Revised 3/2014
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, Homeless Status Verification (women only), 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:

   Women applicants:
   515 S. Madison St., Bloomington, IN 47403
   Call for bed availability 812-336-2666

   Men applicants:
   215 N. Rogers St., Bloomington, IN 47404
   Call for bed availability 812-336-2812

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 at least 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.
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 and within the house. It is an opportunity to keep it slow and not rush your program. The completion of orientation will be approved by two staff 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 agreements 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:
- looking for work or working
- going to meetings or treatment
- your sponsor can meet with you at the house - 1st weekend is reserved for 12-step meetings only

*ANY and ALL other activities must be submitted for staff approval. It is not ok to eat out, 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.

*The checklist must be completed before you can complete orientation phase.
(You will remain on orientation for 10 days, or until these goals are completed, whichever comes last.)

1. Obtain and maintain employment. – You must obtain and complete a minimum of 32 hours / week. You are required to apply to 3 jobs a day during the approved job search hours (see Community Agreements) until you can provide proof of employment. 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 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. – You are required to complete a budget and payment plan with your case manager. Your program fees are your first priority with your paychecks. Submit pay stubs to staff to be copied.

3. Obtain and maintain a 12-step program sponsor. - A temporary sponsor is a good way to begin. Many meetings have temp sponsor lists. (It is suggested that the sponsor have at least 2 years sobriety and is not currently an A.H. client.)

4. Have completed an application to the Volunteers in Medicine (VIM) Program. – This will allow you to use the clinic when you need medical attention. If you have insurance or Medicaid, you will be required to find a primary care physician.

5. Complete a 12-step Meeting Attendance Log Form. - and bring to your case management meetings. This includes the chairperson’s signatures.

6. Read and comply with Community Agreements. Ask staff to clarify anything you do not understand.
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 two weeks
- 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 six 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.
- **Documented homeless – women’s residential program only**

*Priority Admission is given to Women who are pregnant & Male or Female IV drug users

- I have read and agree to the above requirements.

Applicant’s Signature:______________________________________________________________
AMETHYST HOUSE
Homeless Status Verification
Women’s Residential Program Only
*Please fill out and return to Amethyst.*

Name: ________________________________ Date: ________________

Social Security Number: ________________________________

Check the circumstances applicable:

_____ *person sleeping in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings

_____ *person sleeping in emergency shelters

_____ *person leaving transition or supportive housing for homeless persons who originally came from streets or emergency shelters

*This includes persons who ordinarily sleep in one of the above places but are spending a short time (30 consecutive days or less) in a hospital or other institution

_____ person being evicted within the week from private dwelling units and no subsequent residences have been identified and she/he lacks the resources and support networks needed to obtain access to housing

_____ person being discharged within the week from an institution in which she/he has been a resident for more than 30 consecutive days and no subsequent residences have been identified, and she/he lacks the resources and support networks needed to obtain access to housing

HOMELESSNESS STATUS IS BASED ON HUD GUIDELINES

Comments / Other Pertinent Information:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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?

<table>
<thead>
<tr>
<th>DRUG(S) of CHOICE:</th>
<th>Age at First use:</th>
<th>Date of Last use:</th>
<th>How did you begin using?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Have you ever used needles? Have you ever shared needles?

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
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?

Page 1
### 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? Why or why not?
- Do you have a sponsor? Y / N

### 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?
**APPLICATION PACKET**

**FOR WOMEN:**

<table>
<thead>
<tr>
<th>Are you currently pregnant?</th>
<th>Y / N</th>
<th>How many weeks?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Provider:</td>
<td></td>
<td>Date of last appointment:</td>
</tr>
</tbody>
</table>

**Vehicle Information:**

<table>
<thead>
<tr>
<th>- Do you have a valid driver’s license?</th>
<th>Do you own a vehicle?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Do you plan to have the vehicle at Amethyst?</td>
<td>Make &amp; year:</td>
</tr>
<tr>
<td>Can you provide proof of vehicle insurance?</td>
<td></td>
</tr>
</tbody>
</table>

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, Homeless Status Verification (for Women’s Program only) 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
(Keep for future reference)

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. The court, probation, treatment providers, will be notified of the violation as needed.
   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 taken at any time. Cost for test is the resident’s responsibility.
   e. Random house searches will be done to eliminate contraband. 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 a parent after 30 days of residency with staff approval.

3. COMMUNICATION
   a. Communicate directly with others.
   b. Unresolved issues in the house need to be brought up at the House Meeting.
   c. 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.
   d. If a resident wishes to file a formal complaint, the Grievance policy and forms are available from the staff office as needed.
   e. Check-ins during House Meeting is a time to share highlights of the week, both positive and negative, and to get feedback and support.
   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.
   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. No food or drinks are allowed in the bedrooms.
   b. Dress appropriately. Clothing with violent, sexual, or using themes are not permitted.
   c. Residents are expected to shower daily and wear clean clothes.
   d. Feelings should be expressed appropriately; fighting, wrestling, throwing objects, yelling, slamming doors, etc. will not be tolerated.
   e. Verbal and physical aggression will not be tolerated, and can result in immediate discharge.
   f. Be respectful of others and limit profanity. Prejudicial language or jokes will not be tolerated.
   g. Sexually provocative magazines, videos, posters etc. are prohibited.
   h. 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 on the property 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, curfew hours are: 9:30pm daily including weekends.
   d. **Smoking is not allowed after curfew hours.**
   e. Exceptions to curfew for special events, holidays, etc. need Treatment Team approval.

7. EMPLOYMENT
   a. All residents are required to make a consistent effort to find and maintain employment, showing proof of
      applying to a minimum of 3 jobs a day.
   b. 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).
   c. Residents are expected to have a goal of being employed within two weeks of admission. Residents may be
      discharged if they are not employed following 30 days of admission.
   d. Employment at taverns or alcohol retail stores is not permitted.
   e. Residents are prohibited from selling blood or plasma.
   f. Residents will remain on Orientation until having completed a 32 hour-week of employment and a payment
      plan. (See Orientation Agreement).
   g. Residents may not quit a job until they have obtained another one.
   h. If a resident is on disability, she/he is expected to obtain volunteer work of at least 20 hours/week or
      comparable rehabilitation activity. Resident will remain on Orientation until this is arranged.
   i. Employment schedules must coordinate with scheduled treatment sessions and required Amethyst
      House activities, and curfew hours.
   j. Residents are required to have full time employment 32 to 50 hours a week.

8. GAMBLING is prohibited (this includes any form of lottery, bingo, betting, or wagering, etc.)
   a. Residents need to discuss any gambling activity with staff; if there is any difficulty with seizing 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 for residents that 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. Space heaters, hot plates, toaster ovens, etc. are strictly prohibited.
   c. The burning of candles or incense is strictly prohibited. This is held to the same zero-tolerance standard as
      the smoking policy. Violations of this can result in immediate dismissal.
   d. Physical violence, verbal aggression, and intimidation is 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. Each resident is responsible for cleaning up after themselves (including cups, eating utensils, etc).
    b. Beds should be made daily and bedding changed once a week.
    c. Residents should not leave personal electrical appliances turned on or plugged in.
    d. Toiletries, towels, or personal items are not to be left in the bathrooms or general living area, and will be
       confiscated by staff.
    e. Chores are assigned weekly and are done **daily**. Each resident is expected to rotate through all chore
       assignments.
    f. 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.
    g. 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.
11. MAIL
   a. Resident’s 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 is not responsible for forwarding mail.

12. MEDICATION
   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. All medications must be kept in the individual 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, including over the counter, anywhere else (including bedrooms, cars, purses, jackets, etc).
   c. All medications, including over the counter, must be reported to staff and medications must be turned into staff for approval and documentation.
   d. Residents are prohibited from sharing medication, including over the counter medication and health supplements.
   e. Keeping prescriptions up to date and obtaining refills is the resident’s responsibility.
   f. 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 use of 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 LIABILITY
   a. All personal property is the responsibility of the residents. Items such as computers, mp3 players, etc. are permitted. However, Amethyst is not liable for any items that are lost, stolen, or damaged.

15. PHYSICAL BOUNDARIES
   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 are not permitted to change beds or rooms without staff permission.
   c. Residents must always use the sign-out / sign-in sheet when leaving/returning to the property.
   d. Be respectful of Amethyst property including furniture, appliances, etc.
   e. Residents are prohibited from entering another resident’s room without him/her present.
   f. Bars, taverns, lounges, and nightclubs are off limits for any reason.
   g. Smoking is not allowed on the property (see Smoking section).

16. PROGRAM PARTICIPATION FEES / TREATMENT FEES
   a. Residents are expected to maintain financial responsibility; residents will prioritize program fees above personal expenses.
   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 can result in discharge.
   c. When a payment is made toward residential fees, any credit amount will be applied toward the outpatient fees.
   d. Residents are required to give 24 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.
   e. Residents are expected to have a ZERO balance when discharged from Amethyst.
   f. Checks for savings plan, overpayments, or ¾ house damage deposit must be requested in writing, and a mailing address must be identified. Checks that are not picked up in 5 business days will be mailed to the specified location.
17. PROGRAM / TREATMENT PARTICIPATION
   a. Residents are required to complete Outpatient Treatment.
   b. Residents are required to attend House Meetings weekly on Thursday.
   c. Residents are required to attend an AA and/or NA meeting daily while unemployed, and 4 meetings each week after employment has started; a completed Meeting Log should be turned in at the weekly Case Management session.
   d. All residents are required to obtain a sponsor within two weeks of admission and maintain a relationship with a sponsor during residency at Amethyst House. The sponsor must have minimum of two years continuous sobriety.
   e. Resident and a member of the treatment team will develop an individualized Treatment Plan.
   f. The Treatment Plan consists of: A Problem List, Goals, Interventions, and Outcomes with target dates.
   g. Residents will meet weekly with a case manager to review the activity log and progress toward treatment goals.

18. RELATIONSHIPS
   a. While at Amethyst House, residents are expected to focus on their recovery; therefore they are discouraged from engaging in intimate relationships. Residents that are dishonest about their relationships are subject to discharge. Staff will be addressing
   b. Family case management and family therapy is available for residents to promote healthy relationships.
   c. Intimate, physical and/or sexual behavior is not permitted on the Amethyst House premises; this applies to both Amethyst residents and their visitors.
   d. Romantic or sexual involvement with other residents of Amethyst House is not permitted.

19. SMOKING *Violations of the smoking policy is grounds for immediate termination*
   a. Smoking, including smokeless tobacco and electronic cigarettes, is not permitted within any Amethyst House facility.
   b. Smoking is not permitted on the property of any Amethyst House location, this includes any vehicles parked on the property.
   c. Persons caught smoking on the property will be subject to consequences and/or fines. A copy of the smoking policy is available in the staff office.
   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).

20. TELEPHONE
   a. Residents’ pay phone numbers: Women - (812) 334-3849 and Men - (812) 339-1398
   b. Please keep phone calls to a maximum of 20 minutes.
   c. The resident’s phone should be answered with “Hello”. Do not say, “Amethyst”.
   d. A minimum of information is given to callers so that all residents’ confidentiality is protected.
   e. Cell phone use is a privilege; staff reserves the right to restrict cell phone.
   f. Cell phones are not allowed during case management, treatment sessions, and the house meeting.

21. TELEVISION
   a. TV, DCD, VCR, and video games operate by majority rule of residents present.
   b. TV and VCR/DVD remain off from: 8:00AM to 4PM Monday –Friday. They are also to remain switched off after 12:00am Sunday through Thursday and 1:00am on Friday and Saturday.
   c. Residents are encouraged to socialize and spend time in the common areas; therefore the aforementioned devices are not permitted in the residents’ bedrooms.
   d. X-rated movies are not permitted. All videos and TV programming are subject to staff approval.
   e. Bootleg or illegally downloaded material is not permitted.
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’ rooms must be clean and housekeeping chores completed before leaving on pass.  
   e. Residents must be employed and maintain a residential balance under $100 and an outpatient balance under $75 before overnight passes will be considered.

23. VEHICLE  
   a. Residents must have prior staff approval before having a vehicle at Amethyst House.  
   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 can be terminated immediately from the program.  
   e. Vehicles are subject to random searches by staff.

24. VISITORS  
   a. Visiting hours: For the women’s house, visiting hours are: Sunday–Thursday: 10AM to 9PM, Fridays and Saturdays: 10AM to 10PM.  
   b. Visiting hours: For the men’s house, visiting hours are: Sunday-Thursday 7AM to 9 PM, Friday and Saturday 7 AM to 11 PM.  
   c. Visitors must sign in and out.  
   d. Visitors (including children) are not permitted in the 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 stay with their visitor and are responsible for them.  
   h. Clients are prohibited from sharing the keypad door code with their visitors.  
   i. Amethyst House staff reserve the right to ask any visitor to leave, as well as prohibit visitors from returning.  
   j. Amethyst House staff reserve the right to screen visitors for drugs or alcohol at visitor’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 Amethyst weekly AA and house meetings. This provides the opportunity for them to share their experience, strength and hope with the people following in their footsteps.  
   c. **Amethyst alumni are one of the best resources Amethyst has for carrying the recovery message to others. Check for dates of the Alumni monthly meeting.**  
   d. Amethyst House includes a 3-month, 6-month, and one-year follow-up that consists of a questionnaire, mailed periodically. Former residents are encouraged to take the time to complete and return them; feedback helps Amethyst continue to improve services.  
   e. 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.*
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.
Release of Health Information

Client Name: ____________________________   Date of Birth: ______________     SSN#: ____________________________

I, ____________________________________, authorize Amethyst House, Inc. to release to obtain

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

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Signature _________________________________________________________________ Date ______________

Witness __________________________________________________________________ Date: ______________

To Recipient of Client Records/ Information

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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

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