



Roots to Recovery

HOUSE GUIDELINES

Mission Statement:

Our mission is to provide all recovering individuals, age 18 and older, a structured, supervised, peer-supported environment, free from alcohol and drugs, while rebuilding family relationships.

Vision Statement:

Our vision is to offer a level of structure and support in which residents are self-determined to improve life-skills and sustain their quality of life from alcohol and other drugs.

Program Core:

The program core of *Roots to Recovery* is to provide policies for structure, tools for relapse prevention, community involvement, and holistic balance for residents to feel safe in rebuilding and maintaining sobriety.

“Today’s Structure is Tomorrow’s Balance”



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HOUSE GUIDELINES:

The following are Roots to Recovery mandatory, House Guidelines.

- Abstain from the use of alcohol and drugs on and off premises.
- If you decline cessation tools for smoking, only smoke in designated smoking areas. This includes vaping.
- Personal storage of prescription and non-prescription drugs are prohibited. Policies for personal lock box are required to be followed.
- Medication Manager* must approve any new or modified medications, including OTC medications and supplements. Items are documented and contained in lock box for the safety of residents and staff.
- Drug and breathalyzer screening:
Residents pay fee for screening upon admission and mandatory screenings. Failure to submit will be considered a positive test. Random urinalysis is administered at no expense to the resident. **However, if results are positive, it is a violation and the resident is responsible for the cost of the screening.**
- Residents are provided 24-hour safety and surveillance.
- Roots to Recovery* does not provide the everyday care pregnant females are in need of however, we do not discriminate if our home is appropriate for her sobriety. It is mandatory pregnant females maintain medical insurance during the time she resides at *Roots to Recovery*.
- Couples are welcome at *Roots to Recovery* however, couples are to follow the same guidelines as the rest of the residents.
- Maintain daily treatment plans with physician(s), counselor(s), relapse prevention (ACRPS), behavior therapy, and any additional treatment organizations.
- Maintain mandatory holistic therapy, alternative support group within local community (such as AA/NA/CA), and community service activities. *Support groups and activities need a signed attendance sheet.*
- Gambling is not tolerated on or off property and is cause for a violation.
- Lying, stealing, cheating is not tolerated and is grounds for dismissal.
- Absolutely no weapons or items that may be mistaken as a threat allowed on property.
- Respect and follow *Roots to Recovery* curfew policy.
- Park only in *Roots to Recovery* designated parking spots.
- Maintain up-to-date fees, responsibilities, and chores.
- Respect staff accommodation for transportation procedure and fee.



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- Uphold modified behavior guideline.
- If pregnant, health insurance is mandatory.
- Residents are responsible for their own damage to the property.
- It is mandatory each resident clean up after themselves, Not doing so may cause a violation and fee.
- Residents remain responsible for personal hygiene and laundry.
- House cleanliness:**
All clothing must be folded or hung up and beds made daily. Bedrooms, bathrooms, and common areas remain clean at all times. Food is not allowed in bedrooms. Beds are to be made upon awakening.
- Residents are not to remove any of *Roots to Recovery* property from the house.
- Absolutely no burning of candles, incense, vaping, or smoking inside the house.
- Residents are not to enter the house thru a window for any reason.
- Bicycles are not allowed inside the house.
- For the health and physical safety of residents and staff, animals of any kind are not allowed in the house or on the property.
- Overnight passes are not allowed during the first 90 days of the residents stay.** After 90 days, follow procedure request for overnight pass.
- All residents at *Roots to Recovery* are required to sign in and out with the staff. This is so the staff is aware of your whereabouts if you are off premises. An estimated time for absence is requested,
- Remain employed or if receiving financial assistance or enrolled in school, complete 25 hours a week volunteer services other than mandatory community service.
- No job shall start prior to 5 A.M. or end after curfew. Maintaining job schedule and submitting a copy to *Roots to Recovery* is the residents' responsibility.
- Residents are required to attend *counseling, AA/NA/CA, house meetings, complete and follow Relapse Prevention therapy, holistic therapy, group activities, and once a week dinner.* Any alternate plans must be approved by a manager and documented.
- Residents are required to attend weekly *House Meetings.* They are held *Sunday 5:00 P.M.-6:00 P.M.* During this time, residents can share how they are doing, level of participation is assessed, chores are delegated, and any concerns or grievances are addressed.



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- Residents are required to attend weekly house dinners. They are held *Sunday 6:30 P.M.-7:30 P.M.*
- Be courteous to the neighborhood and neighbors.

- Being disrespectful to residents, staff, or neighbors is not tolerated and may result in dismissal.
- Sexual relations and financial assistance is not tolerated and grounds for discharge of resident and dismissal of staff member.
- Roots to Recovery and staff are not responsible for resident's lost, damaged, or stolen belongings, nor can be held liable for injuries or damages caused by resident's carelessness.
- Personal property left by any resident will be kept by *Roots to Recovery* for 48 hours then donated to a non-profit organization.
- The rules and agreement contract are subject to change at the discretion of Roots to Recovery.

By signing below, I, the resident, agree to respect the house rules at all times.

SIGNATURE OF RECIPIENT: _____

NAME OF RECIPIENT: _____ **DATE:** _____

MANAGER SIGNATURE: _____

MANAGER PRINT: _____ **DATE:** _____

OWNER SIGNATURE: _____

OWNER PRINT: _____ **DATE:** _____