

Safe Haven

Recovery Homes

Fort Smith, AR 72904

safehavenhomes.info

Resident Application

Please print and give an approximate move in date.

Referred By _____ Facility.

Name

Current Address.

Date of Birth _____ (please circle) Male or Female Female

Home Phone _____

Cell Phone

Race: Native Amer. _____ African Amer. _____ Asian _____ White _____
Hispanic _____ Non Hispanic _____

Expected Move In Date _____

Amount Down _____ \$150 is the minimum

Have you ever been arrested for a “sex crime”? _____ year _____

Marital Status: _____ Name of Spouse (if current) _____

Person to contact in case of emergency _____

Relationship _____ Phone

Do you have children, under 18? _____ How Many _____ Ages _____

Do you have an open DHS case? _____

Do you have any criminal charges pending? _____ PO's name and Ph#

Are you in Drug Court? _____ If yes, when did you start? _____

Can you pass a drug and/or an alcohol test? YES or No YES

When was the last time you used or drank _____

What medications are you currently taking and what is it for?

Have you ever completed Drug/Alcohol treatment center? YES or No

Where? What year? _____

Have you ever lived in any other "Chemical-Free Living" program? _____

What is your source of income?

Name of Employer _____ Phone number _____

Are you currently on Disability/ Social Security /SSI? _____

Are you interested in continuing your education? YES or No What area _____

Do you have health insurance? YES or No

Signature _____ Printed Name _____

Date _____

Dan Williams
Owner
479-208-2138
dan@midlandh.com

Amy Jo Williams
Care Coordinator
870-648-6732
amy@midlandh.com
(email completed applications)

Linda Bracco
Care Coordinator
479-461-2513
linda.midlandh@gmail.com

**Safe Haven Homes
Fort Smith, Arkansas**

Name: _____
Intake Date: _____ Completed By: _____
Address _____

Welcome Packet

We want to welcome you to the Safe Haven Home. We want to make your stay here as comfortable and safe as possible.

Our program has been set up with the following rights and responsibilities to clarify expectations and roles. These are meant to help keep peace in the home where multiple individuals reside together and share common spaces. We hope you will keep common good, other's safety and comfort in mind while living at Safe Haven.

You have the right to self determination.

- ❖ We are here to support you in making your own decisions. We can help by:
 - Clarify your goals while at the home and help you reach them.
 - Give you information about community resources and other programs.

You have the right to be heard.

- ❖ We encourage everyone to deal with problems directly with the individual(s) involved whenever possible. If you need help to resolve a conflict, we are available to facilitate a meeting. We are available 24 hours a day to help you with problem solving, referrals, information and support.

You have the right to be respected.

- ❖ You have the right to be treated with respect and without discrimination on the basis of national origin, race, color, religion, or sexual orientation by everyone who lives here or is associated with this home.

You have the right to reside in a program that works for you. (Initials _____ Intake _____)

- ❖ All residents are to attend the weekly house meeting, this is to maintain an atmosphere of Recovery and open lines of communication. Meeting time is Tuesday 6p.
- ❖ Each person/family has the right to safety, privacy and to establish schedules that allow each person adequate rest, peaceful time, time to complete Step work, etc. **Everyone is expected to respect the comfort and peace of other residents. "Quiet time" is from 9:00 pm to 7:00 am.**
- ❖ Sunday through Thursday curfew is 10:00 pm. Friday and Saturday is 12 am. Some holidays have extended curfew as well. If you anticipate you will be late for some reason, contact us via text or call.
- ❖ Two weekend passes (48 hours) are allowed a month, after your first 30 days. These will be documented.
- ❖ Residents are allowed to have visitors, this is your home. However, for the safety and consideration of other residents visitors are allowed in the main living areas only, not in bedrooms and only between the hours of 9 am to 10 pm. No inappropriate affectionate behavior is permitted (kissing/groping) on Safe Haven property.
- ❖ No ladies in the house on 6th Street- ladies are permitted to visit on the porch.
- ❖ If our home does not work for you, we can help you find alternative housing that will better suit your needs.

Every resident has the right to a clean and physically safe environment. (*Initials _____ Intake _____*)

- ❖ Residents are asked to maintain their rooms organized/sanitary and considerate of future residents. (Beds are always to be made unless you are in it).
- ❖ Household responsibilities are to be shared and if necessary in-house meeting can assign a chore list.
- ❖ Residents are required to clean up after themselves in the kitchen and bathrooms.
- ❖ Sharing a bathroom requires each person to have a bathroom caddy. No personal items left in bathroom.
- ❖ Medication **must be** locked up in locked box to ensure that no one else has access to medication.
- ❖ Pets are not allowed.
- ❖ Smoking is not allowed in the home. Smoking is allowed outside in the designated area; cigarette butts are to be in placed in proper canister (a responsible smoker, does NOT throw butts in yard).
- ❖ Please inform us of any suspicious cars/people around the property that you notice. Please call 911 if you see any prowlers or otherwise you feel in danger. Non-Emergency police 709-5100.

Every resident, including children that are visiting, has the right to live without the threat of violence.

(*Initials _____ Intake _____*)

- ❖ Physical and verbal violence will **NOT** be accepted in this home.
- ❖ We want all children to be safe while they are here. Parent must keep the children within earshot and smaller children within their vision and be aware of what they are doing.
- ❖ If you are having trouble parenting without using physical force or threats, please talk to one of us.
- ❖ No weapons are allowed on the property.
- ❖ Alcohol and illegal drugs are not permitted on the property by anyone.
- ❖ Any illegal activity on the property will jeopardize your ability to stay here at Safe Haven.

Every resident has the right to a healthy, sober and drug free environment. (*Initials _____ Intake _____*)

- ❖ Please do not break anyone's confidentiality by revealing who is staying in the home.
- ❖ Residents are responsible for working with a sponsor. Safe Haven and fellow roommates will support recovering residents in a non-judgmental, respectful manner.
- ❖ Residents agree to regular meeting attendance; at least 3 a week.
- ❖ Residents agree to and will be subject to random drug/alcohol test, refusing to test will result in a departure.
- ❖ Residents that are not employed will complete volunteer hours as agreed upon (at least 10)
- ❖ Sign in/sign out sheet is for safety and accountability and is **REQUIRED**.

The Safe Haven Home may ask you to leave if any of the following occur.

Note: there could be other unforeseen circumstances that could lead to an unscheduled exit. (*Initials _____ Intake _____*)

- ❖ Violence, threats or signs of aggression or violence toward staff or other residents.
- ❖ Bringing alcohol or illegal drugs into the home. (Bars & Casinos are NOT acceptable places to hang out).
- ❖ Bringing weapons or firearms into the home.
- ❖ Stealing or theft of property **will not be** tolerated.

We have a system in place for other infractions: (*Initials _____ Intake _____*)

First Violation: A verbal warning will be given and we will review the house rules with you to insure you understand them.

Second Violation: A written warning will be given and documented

Third Violation: A second written warning will be given to you and the Advisory Committee will be notified. If the problem isn't resolved and another violation occurs, you could be asked to leave the home immediately.

By signing this agreement you agree to abide by the rules and procedures of Safe Haven. The length of stay is not limited. The rent is \$300-\$400 depending on room availability, by the 5th of the month unless a prior arrangement is made with Safe Haven. You are agreeing to give a one month notice before leaving therefore rent will not be returned for early departures.

Resident signature

Safe Haven Homes

Date

Safe Haven Intake Checklist

Items you will need

- Birth certificate/ Social Security card/ Identification (DL or State issued ID)
- Lock box for any/all medications
- Personal Hygiene items (Razor, shaving cream, bath soap, shampoo, toothbrush, toothpaste, comb/hairbrush, deodorant)
- Laundry items (Detergent, fabric softener, stain remover)
- Towels, wash cloths/ bedding, pillow (twin mattress)
- List of medication you take daily- do you have refills available?

Do you know or have?

- Cell phone
- Bus Route information
- Automobile (insurance/tags)
- Dental clinic/ Good Samaritan/ Mental Health
- Food stamps
- Health Care/Insurance
- Employment
- List of food pantries
- Clothes closet voucher