



Where recovery grows roots...
...and life sprouts opportunities.

House Guidelines, Client & Fees Agreement

THE RECOVERY PLACE

(REVISED October 30, 2018)

Office Line 416-939-0074/Fax Line 416-221-3760

Info@therecoveryplace.ca

Welcome to The Recovery Place! Our philosophy is simple:

- Help encourage and support all clients and guests in their pursuit of a happier and healthier lifestyle.
- Help encourage and support all clients and guests in their decision to refrain from all mind- and mood-altering substances (unless prescribed by an addiction physician).
- Help encourage and support all clients and guests in their decision to refrain from behaviours deemed unhealthy or inappropriate for the residence, such as gambling, sexual compulsivity, self-injury, substance use, etc.

Housing management will be known as TRP, The Recovery Place, for the balance of this agreement. Those residing will be known as client for the balance of this agreement. Clients are to be substance free other than prescribed and agreed upon medications upon entry. Clients showing positive may be refused entry.

1. Cleanliness

Clients are responsible for the cleanliness of their quarters and of The Recovery Place as a whole. Clients shall take all reasonable steps to ensure cleanliness, including, but not limited to: closing windows when not in use, shutting off all lights and stoves when not in use, cleaning and putting away dishes immediately after use, ensuring that foodstuffs are properly sealed, and ensuring that refuse is properly disposed of.

Common areas are to remain neat and clean this includes common living rooms, bathrooms and kitchens. Snacks and beverages are to be removed from bedrooms and designated eating areas by 10:00 pm. Meals are to be had in dining room area, unless permission granted by staff.

2. Liability

The Recovery Place is not liable for:

- a) Any loss whatsoever associated with personal property, including but not limited to damage to or loss of any property, including vehicles, chattels, or personal effects brought into the house by any Client or visitor of any client.
Client belongings left in residence past discharge will be held for 14 days, if not claimed by that time, client forfeits all rights to possessions and items will be discarded.
- b) any bodily harm, including but not limited to any injuries, accidents or medical conditions in any Client or visitor of a Client as a result of residing in or visiting The Recovery Place.

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3. Loans

In the interest of limiting disputes between Clients, Clients of The Recovery Place are to refrain from making financial loans of money or property to other Clients or their guests. The Recovery Place shall not be liable for any loss incurred in contravention of this section.

4. Tests

Drug/alcohol screens are administered at the discretion of TRP management. Refusal to supply a substance abuse screen can be cause for immediate discharge from residence.

5. Furniture

Bedrooms at The Recovery Place are furnished with a single /double bed, night stand and drawer chest. Bedding will be supplied, nothing is to be nailed, taped or hung on the walls, unless on a corkboard, painting and repairs to rooms will be at client expense.

6. Admission Refusal and Grounds for Discharge

It is understood clients are in stable condition at time of intake and are a minimum of 3 months free suicidal ideation, attempts, self- injury, arson, and eating disorders or other behaviours deemed inappropriate for admission. If clients have been active in these issues this must be disclosed at time of intake. Otherwise deposits or payments may be forfeited.

Immediate Discharge – A client may be immediately discharged and may not be allowed back on the premises until further notice and up to the staffs discretion, in the event that The Recovery Place has reasonable belief that the client has:

- stolen or borrowed without permission property from a Client, guest of a Client, The Recovery Place
- threatened or committed violence against a client, guest of a client, The Recovery Place
- used alcohol, drugs, or any mind- or mood-altering substance unless as prescribed by an addiction physician, possesses drugs, alcohol and/or drug or alcohol paraphernalia or has tampered with urine screens

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- exhibited self-harm, active in eating disorder, or behaviour deemed incongruent with the level of care provided
- Had been given 2 warnings regarding behaviour deemed incongruent with the community or staff or violated the terms of this agreement or the rules of The Recovery Place.
- Non-payment of house fees within twenty four hours of due dates

7. Rules

The Recovery Place reserves the right to set and enforce reasonable rules regarding day-to-day matters, including but not limited to house rules, appropriate behaviour, noise, furniture and appliances and property matters. Violation of these rules shall be treated as a violation of this Agreement and can be grounds for immediate discharge.

8. Provisions

TRP will provide, lodging, which will include, single or double bed, television and access to high speed internet, food and beverage will be available and will be based on Canada Health Guidelines and will endeavour to meet clients nutritional requirements. Weekly counselling in the form on structured or unstructured/individual or group sessions is also provided. Clients will be required to supply spending money, transportation allowance, toiletries and medications as required. Rooms are open door concept, please valuables with staff. Bedding and towels are supplied but clients are free to bring their own.

9. Expectations

Prior to entry client/clients will present an intake outlining goals for stay. Clients will be required to have 24 hours per week of outside-of-the house activities, this can be any combination of meetings, job search, work, school, day treatment, volunteer etc.. Clients will participate in 9:00 am groups Monday to Friday, noon groups on weekends, clients should plan activities out of the house between 11:00 – 3:00 unless they are employed or attending school. It is the expectation that clients are involved in three recovery activities, suggested recovery meetings, aftercare, counselling. Visitors will be approved by staff.



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10. House Payments and Admissions

A non-refundable deposit of \$1000.00 is required to hold rooms and will be held for one week past an agreed upon entry date, then deposits are forfeited. If entry has been postponed, a weekly deposit equal to one week rent is required to continue to keep a room on hold and date of entry will commence on the end of the second week. First and last month's housing fund is due upon entry.

One month fees are based on calendar dates. Per-diem rates may apply to bring client housing fund schedule to the last day of the month.

All deposits are forfeited for the following but not limited to, the client decide to make alternative living arrangements or circumstances such as substance abuse, incarceration, behaviors deemed inappropriate, life changes not disclosed prior or during admission process, e.g. acquisition of pets/guide animals, service animals with the expectation that pets will be overnight with client. Should a client not abide by the housing rules and is asked to leave during their residency, clients will forfeit any housing fund payment made for the period of time remaining in the month. For multiple months prepaid, additional remaining months will be refunded, minus a \$500.00 service fee per month paid. Additionally clients are required to pay two months the day prior to moving in and give fourteen days-notice upon moving out. Fees as follows:

The amount paid of non- refundable deposit \$1,000.00 for first month. Recovery Place residents agree to a two month stay. The balance of first and last month rent is \$7,000.00 upon entry, unless alternate arrangements have been made with management. A two week notice is required prior to clients moving out.

Please type your name in signature box for electronic submissions. For fax, please sign.

_____ Client Name	_____ Signature	_____ Date
_____ Print Guarantor Name	_____ Signature	_____ Date
_____ Print TRP Name	_____ Signature	_____ Date
_____ Print Witness Name	_____ Signature	_____ Date

For further inquiries please contact Jay Pasternack at the following:

Jp.anewlife@gmail.com or cell 416-939-0074



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NAME:

DATE:

DATE OF BIRTH:

AGE:

MAILING ADDRESS:

HOME PHONE#

CELL PHONE#

EMAIL:

OHIP #

REFERRAL SOURCE:

PRIMARY SPONSOR/GUARANTOR/PARENT/SELF/EMERGENCY CONTACT

FATHER (if applicable)

FATHER EMAIL

ADDRESS

PHONE#

MOTHER (if applicable)

MOTHER EMAIL

ADDRESS

PHONE#

CURRENT CLINICAL TREATMENT or SOCIAL WORKER:

PHONE#

EMAIL:

TREATMENT HISTORY		
RESIDENTIAL/OUT-PATIENT	DATES	
1)		
2)		
COUNSELLING/THERAPY NAME	START DATE	END DATE

PREVIOUS LIVING ARRANGEMENTS		
CHILDREN LIVING WITH		
RELATIONSHIP STATUS		
DRUG/ALCOHOL HISTORY PAST YEAR		
SUBSTANCE(S)	USE PER MONTH	QUANTITY
1)		
2)		
3)		
<u>OTHER PROBLEMATIC BEHAVIOURS, I.E. SELF HARM, EATING ISSUES, ETC.</u>		
1)		
2)		
3)		



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MEDICAL/MENTAL HEALTH HISTORY*

DIAGNOSIS/CONDITION:

PRESCRIBING DOCTOR:

DOCTOR CONTACT INFO:

PRESCRIPTION	DOSAGE	STILL TAKING BEGIN-END DATES

NOTES/COMMENTS ON MEDICAL/MENTAL HEALTH CONDITION(S)

GOALS FOR TRANSITIONAL LIVING

COUNSELLING / SOCIAL WORKER / PSYCHIATRIST:
STRUCTURED OUTPATIENT PROGRAM OR AFTERCARE:

LIST IF PREVIOUSLY INVOLVED IN 12-STEP MEETINGS OR PLANS
TO ATTEND SELF HELP Y/N:



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WORK AND/OR SCHOOL GOALS

SUPPORTIVE FAMILY AND FRIENDS/ARE YOU IN A DEPENDENT
RELATIONSHIP? PLEASE LIST?

POST-TRANSITIONAL HOUSING GOALS

ARE THERE ANY OUTSTANDING LEGAL INVOLVEMENT/CRIMINAL CHARGES?

WHAT SIGNS WOULD YOU EXHIBIT LEADING UP TO A RELAPSE?

IF YOU WERE INVOLVED IN A SITUATION OF CONFLICT OR TIMES OF
INTENSE STRESS, HOW WOULD YOU LIKE TO BE SUPPORTED? DO YOU
PRACTICE ANY CALMING TECHNIQUES?



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ADDITIONAL QUESTIONS:

DO YOU HAVE A VEHICLE?

IF YOU ARE NOT SEEING AN OUTSIDE THERAPIST AND STAFF THOUGHT IT APPROPRIATE, WOULD YOU BE OPEN TO SEEING SOMEONE OUTSIDE THE HOUSE? THIS MAY BE AT AN ADDITIONAL COST WHICH WOULD BE DISCUSSED WITH YOU. CHECK ONE: YES NO

DO YOU HAVE ANY ALLERGIES OR DIETARY RESTRICTIONS?

HOW LONG ARE YOU ANTICIPATING STAYING AT THE RECOVERY PLACE?

WHAT DATE WOULD YOU LIKE TO COME TO RECOVERY PLACE?

IF A SPACE IS NOT AVAILABLE WOULD YOU LIKE TO GO ON WAIT LIST (DEPOSIT IS REQUIRED TO HOLD A SPACE).

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RELEASE OF INFORMATION

RE: _____ DOB: _____

ADDRESS _____

I _____ (CLIENTS NAME), GIVE PERMISSION TO
JAY PASTERNAK AND THE STAFF OF RECOVERY PLACE INC. TO SPEAK WITH:

_____ of _____
_____ of _____
_____ of _____

REGARDING MY TREATMENT PLAN AND PROGRESS

AND I _____ (CLIENTS NAME) AGREE TO HAVE:

_____ of _____
_____ of _____
_____ of _____

RELEASE MY INFORMATION/MEDICAL RECORDS TO THE STAFF OF RECOVERY PLACE INC :

I UNDERSTAND THAT THIS PERMISSION IS GIVEN FOR THE ENHANCEMENT OF MY
TREATMENT PLAN AND THAT I CAN REVOKE THIS CONSENT AT ANY TIME BY
TELLING EITHER PARTY THAT THE PERMISSION IS REVOKED.

Please type your name in signature box for electronic submissions. For fax, please sign.

CLIENT, PARENT or GUARDIAN

PRINT _____ SIGNATURE _____ DATED _____

WITNESS

PRINT _____ SIGNATURE _____ DATED _____