

Things you should know before applying to Alice's House

Alice's House, Inc. is more than a group home or shelter. It is a post-treatment/recovery program that concentrates on helping you regain an independent, substance-free lifestyle. During your participation in the 180 to 2-year program, you will be required to become as self-sufficient as possible and to actively cooperate with the Alice's House program in all ways, including:

Failure to keep your appointment will result in the loss of your fee. You will be removed from the waiting list and will not be eligible to re-apply for thirty (30) day. This fee is non-refundable and non-transferable, regardless of the screening determination.

Rent is a minimum of \$120.00 per week and is due on Saturday, by 10:00 A.M. Two weeks rent is due at intake.

You will be required to review and accept the rules and regulations of the house.

Substance abuse of any kind will not be tolerated while you are a resident of Alice's House.

You must sign legal consent to the release of information, about you, between Alice's House and other agencies, doctors, and therapists, with which you are involved.

Your personal living area will be subject to inspection and searched at staff's discretion.

You will be subject to random drug screenings at staff's discretion.

You will stay on your prescribed medication.

You will deal responsibly with your legal, financial, family and health issues.

You will be expected to find a job, hold a job, or if legally disabled, volunteer your time in some way. You will be expected to be employed or have a volunteer position within 30 days of intake.

You will be required to show proof of insurance, registration and a valid driver's license for any vehicle you use while a resident, all in the residents name.

You will attend mandatory AA and/or NA meetings and recovery groups, and may be asked to see a therapist, depending on needs.

You will share household chores, including some meal preparation.

Your progress toward your program goals will be evaluated weekly by the house staff.

We operate on a demerit system. If rules are not followed termination of residency can result.

Alice's House is not religiously affiliated, if you choose, you may attend the services of your choice.

We take recovery and responsibility very serious here; you will be required to do the same. Alice's House, Inc. is serious about recovery. When you are given assignments, homework, etc., do them on time. Be ready for all groups. You get out of Alice's House what you put into it. Money and employment are not signs of recovery and sometimes spell relapse, if not properly managed!

Alice's, Inc.

Alice's House

606 Brown St.

VALPARAISO, IN. 46383

OFFICE: 219-462-7600 FAX 219-462-7600

alicesvalpo.org

QUESTIONNAIRE

Date: _____

Name: _____ Age: _____

Street Address (Pre-treatment): _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Referred By: _____

Counselor: _____ Phone: _____

DOB: _____ Soc. Sec. # _____

I, _____, agree to allow the House Committee of Alice's to discuss my background and treatment with other professionals and agencies. I understand for my protection and others there may be a need for the House Committee and the staff of Alice's to check on my legal standing. I also understand that I am giving permission for the House Committee and the staff of Alice's to contact any and/or all names and facilities on this application. I also agree to waive, release, and not to sue Alice's Inc. of Valparaiso, IN, its officers, or staff for any and all damages of any kind whatsoever suffered as a result of living at Alice's Inc. Alice's isn't responsible for any or all losses, thefts, damages, or injuries incurred while living at Alice's

Printed Name _____

Signature _____ Date: _____

A. Present Status

What was happening that prompted you to seek treatment?

Whose idea was it for you to apply to Alice’s House, Inc.?

Describe you emotional state and feelings about being here.

What problems do you want to work on while here?

Describe any long-term goals.

Where and with whom were you living before treatment or coming here?

Where would you live now if not accepted here?

Do you have any health problems that require special care on your part? If yes, please explain.

Are you to your knowledge medically stable at the time? If no, please explain.

Are you able to take care of yourself and able to respond to life threatening conditions? If no, please explain.

Have you been chemically free for 10 days? _____

Sober Date: _____

Do you think of yourself as an alcoholic, addict, or both? What makes you think that? (Give your own definition)

B. Treatment History

1. Medical/Psychiatric Hospitalization

Facility	Date	Diagnosis

Have you tried to commit suicide? _____ If so, when? _____

2. Chemical Dependency Treatment (detox, inpatient, residential)

Facility	Date	Diagnosis

3. Outpatient Counseling (Social Worker-psychologist-clergy)

Facility/Counselor	Date	Diagnosis

Please describe the effects of drinking or drug use on your job:

D. Legal (use separate sheet of paper if necessary)

Arrest/Lawsuit/DUI

Date Status

Arrest/Lawsuit/DUI	Date	Status

Were any of these legal issues alcohol/drug related? _____

Any court cases pending? _____ Explain either/both _____

E. Chemical History

ALCOHOL:

How old were you when you had your first drink? _____

How old were you when you were first intoxicated? _____

How old were you when you first thought you might have a problem? _____

Drink of preference? _____

Quantity? _____ How often? _____

Where and when did you usually drink?

Did you drink alone? _____ How often? _____

When and how long was your longest dry period?

Why/how did you return to drinking?

Do you think you can control your drinking consistency?

When was your last drink? _____

When was your first contact with A.A.? _____

Describe your present A.A. involvement (meetings, sponsor, home group, etc.)

Have you taken the 4th & 5th Steps? _____ Any others? _____

DRUGS:

List all drugs used.

Age of first drug use: _____ Age when you first had problems: _____

Quantity: _____ Frequency: _____

Have you experienced any accidental or intentional overdoses? If so, when:

Usual place or places of use:

Longest clean period: _____ Date of last use: _____

Have you ever gone to N.A.? If so, when: _____

F. Nutritional Assessment

Do you have hypoglycemia, anorexia, bulimia, sickle-cell anemia? Please list:

Are you an over eater? If so, how long has this been going on?

List your binge foods:

G. Leisure Activities – Special Interests

List your favorite hobbies or forms of recreation:

How do you spend your free time?

Do you exercise? If yes, how?

Do you have any limitation or physical handicaps? If yes, please explain.

H. Financial Status

Sources and amount of income:

Are you in debt? How much?

To whom?

Problem areas: (Behind in payments, bankruptcy, other)

Please estimate the amount of money spent on alcohol and drugs:

Alcohol:

Drugs:

Estimate the amount spent on the consequences of alcohol and drug use in the past two years:

I. Cultural Background

Where were you born?

Raised?

Who raised you?

Religious preference:

Do you attend services?

Describe family attitudes toward drinking and drug use:

J. Family of Origin – Assessment

	NAME	AGE	If deceased, age at death	Your age when parent passed	OCCUPATION
Mother					
Father					

Please describe your parents and their relationship. If divorced, when?

Describe your relationship with your parents

List sister, brothers (Including deceased, step or foster)

Name	Age	Sex	Relationship/feelings toward each other

Did/do any of the above family members use alcohol or drugs? When and with what effect?

Do you feel accepted, loved, and cared for by your family?

Who in particular were/are you close to?

Was there respect for family member's privacy at home?

What recreation or leisure activities did your family share? (Describe in full)

Have you lost love or support due to your drinking or drug use at any time? (Describe)

K. Marital Status

Married _____ Divorced _____ Never Married _____

How long have you been in this marital status? _____

Are you satisfied with this situation? Yes _____ No _____

If no, explain:

Do you have any children? Yes _____ No _____

If yes, please list below:

Name of Child	Age	Where living	With Whom
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How would you describe your relationship with your spouse and children?

L. General Social Data

Any family deaths that affected you?

Were you a victim of sexual abuse? Describe

Were you a victim of any other abuse? (Physical, Emotional, or Neglect) Describe

Any other life crisis or losses? (Witnessed violence/tragedy, death of a pet)

Did you get help, use chemicals, or just survive these crises?

Please make any other statements or comments you would like to add to help us get to know you better.

OFFENSES RESULTING IN AUTOMATIC TERMINATION

Automatic termination offenses are immediate

Unauthorized overnight: Residents are not allowed to stay out overnight without proper authorization from the house director.

Fighting: Any fighting of a physical nature is prohibited.

Weapons: Knives and/or any other weapons of a threatening nature are prohibited.

Theft: Any theft of Alice's property or another resident's property.

Gambling: Gambling on Alice's property is prohibited.

Falsification: Falsification of any Alice's document or any statement to Alice's staff/officers. Any resident caught signing the log for another resident will result in the termination of both residents.

Smoking: All residents are to observe the state fire marshals regulation of not smoking in bed, smoking in any undesignated area, or smoking in any bathroom.

Warrants/arrest or incarceration: Failure to provide at intake knowledge of any outstanding warrants, or arrest for any reason and any amount of time while a resident.

Drinking/Drugging: The use or possession of alcohol or any other mind or mood altering substance at any time is prohibited.

Urine Samples: Failure to provide a urinalysis sample and/or breathalyzer test upon request by staff members.

Results of urinalysis: Positive results from any urinalysis and or breath testing by a staff member.

Rent: Unwillingness to assume financial responsibility for rent and/or fees.

Probation: Failure to provide staff with information and conditions of probation during intake or if placed on it while a resident.

Destruction of property: Willful destruction of Alice's property or any other residents' property.

GENERAL CONDUCT

Rules and regulations are the view of the Alice's committee and are enforced by the director and assistant director on duty. Rules and regulations may be amended or updated as needed. It is the responsibility of the resident to adhere to and understand the rules and regulations. It is also the responsibility of each resident to inform staff of any situation beyond the residents' control that could cause an infraction of these rules.

The Alice's staff will not beg or plead with any resident to follow the rules and regulations. We will only ask one time that a task be done, or a rule followed. Insubordination will not be tolerated. If this appears to be too much to ask, we will assist any resident in making other living arrangements. Repetitive rule violations will not be tolerated and are grounds for immediate dismissal. There are no exceptions.

LENGTH OF STAY AND PARTICIPATION REQUIREMENTS

The recommended length of stay is from 180 days to two years and will be determined on a case-by-case basis. For the first seventy-two (72) hours in the house there are no visitors allowed with the exception of an approved sponsor. Within the first seven days of participation, an essay, consisting of at least 100 words will be written and handed into the house director; "How I feel my experience of entering Alice's has affected my personal growth". The 12 step tapes will be viewed within 21 days of entry.

RENT AND FEES

Provisions for the payment of program fees must be made for the resident's length of stay. The weekly fee of \$120 is due no later than 10:00 am on Saturday for the next week. Rent will be prorated at intake only if entering the house once the week has begun. A non-refundable, non-transferable screening fee is due prior to the screening appointment for admission into Alice's. The fee is \$35.00; and may be paid by cash, local check or money order, payable to "Alice's Inc.". Residents are responsible for all program fees associated with their stay at Alice's. Refunds will not be issued at the time of discharge. Any refund due will be submitted to the treasurer and the treasurer will issue a check. Termination for any reason once the week has begun will result in the forfeiture of all fees paid for that week. Refunds of fees will only be made for any weeks paid in advance.

EVALUATION

Each resident will meet weekly with the director or assigned staff for evaluation concerning her progress at Alice's. A tally is kept concerning any demerits given. Any four (4) demerits given in a thirty-day period is cause for termination of the resident within twenty-four (24) hours upon approval of the house committee. Automatic termination offenses are immediate. The director or assistants can issue demerits. An infraction of any rule must be reported to the staff. If the resident feels the demerit was issued unfairly and without merit he can present her case to the house committee.

SPONSOR/MEETINGS

All residents are required to have a house approved, local, active AA or NA sponsor within four weeks, or termination of stay will be affected. All conversations with your sponsor are confidential. Staff will not be concerned with what you talked about, only in the fact that you talked. If you cannot get along with your sponsor, and need to change, you may do so. You must provide staff with your sponsor's name. Residents are required to attend the minimum of 4 AA/NA meetings. Residents must attend the Relapse Prevention, 2 IOP groups. There are no exceptions. Residents are required to attend one educational or life skills class for every 60 days.

WEEKEND PASSES / WEEKEND PROGRAMS-

All passes will begin on Saturday at noon, after the weekend chore has been completed and inspected. Passes will end at 9:00 p.m. on Sunday. Written requests for a weekend pass must be presented to staff for approval on Thursdays by 2pm. Eligibility for pass is based on the resident's behavior in the prior

week and the plans for the pass. Residents working on any shift on a Saturday must return from work before signing out on pass. Residents who have been granted passes are encouraged to use them, however residents who choose to remain at Alice's are welcome to do so and will adhere to all house rules and regulations including curfew and chores.

DATING

If you are in a relationship upon entry to Alice's, it may continue, as long as it does not interfere with your recovery. If you are not in a relationship at the time of admission you may not enter into a relationship.

PROGRAM CONDUCT

Program participants are not to make any twelve step calls. Residents are not to fraternize or socialize where alcohol and/or drugs are being served or used (this includes the homes of family and friends). Residents are not to enter bars or liquor stores at anytime, for any reason.

TRANSPORTATION/PARKING

Residents who have a car at Alice's must have a valid drivers license, valid license plates, current registration, plate number, and provide proof of insurance all in the residents name. Residents will park in specified area only. Residents are not permitted to allow other residents to drive their vehicle. Staff cannot give rides to residents. When transporting / traveling to meetings or social events, residents are not to receive rides from males other than fathers, sons, brothers, husbands or those approved by staff.

FRONT OFFICE

If the Director is busy with someone in the office do not disturb him unless it is an emergency.

VISITORS

Visiting hours are from 12:00 pm to 10:00 pm Monday through Friday. Saturday and Sunday visiting hours are 1:00pm to 10:00pm. Guests are allowed in by resident's invitation only and remain on ground floor only. All guests must sign a confidentiality agreement and be logged and approved by staff for entry. Guests will be asked to leave during meal times, house functions and groups. No visiting of a romantic nature is allowed on the premises.

RESIDENTS/STAFF ROOMS

Residents are permitted in other resident's rooms when the occupant is present and they have permission of that resident. Residents are not permitted in staff rooms. Residents are not to close any bedrooms doors. No burning of anything is allowed at Alice's (i.e. candles, incense, simmering pots, etc.).

MEDICATIONS

Any medication in your possession, prescription or otherwise, must be turned over to the house director.

APPOINTMENTS

All appointments must be listed on the appointment form in the daily logbook. Missing appointments without notification is not allowed.

CURFEW

Curfew hours are 10:45 pm Sunday through Thursday and 11:45 pm Friday and Saturday. Lights out will be 1/2 hour after curfew; lights out includes radios and all electrical supplies. Residents are required to be in bed at this time, not preparing for bed. Residents are not to leave the house after curfew and before morning meditation except to go to work. Residents on pass may return after curfew for explainable emergency circumstances only. Call the office first if at all possible.

HOUSEHOLD DUTIES

A resident will be assigned household duties, and will be expected to do them each and every day. When more than one resident is assigned to a chore, all residents are liable for the completion of the chore.

PERSONAL APPEARANCE and DRESS CODE

A resident is to keep her personal appearance neat and be dressed in normal street attire throughout the waking hours. Clothing with drug, alcohol, or bar advertising or any demeaning slogans is not permitted. No crop tops or revealing clothing may be worn in or out of the house. Shoes, slippers or sandals must be worn at all times. Personal hygiene is expected, and if necessary, will be addressed by staff.

ELECTRICITY and TELEVISION

Residents are to turn off all lights, fans, radios, water and appliances when finished using them or when leaving a room for an extended period of time. Watching television is only allowed between 6:00pm and curfew Monday through Friday and 7:15am through curfew Saturday and Sunday. Recovery and step tapes may be viewed during the day with permission from the house director. Residents are not permitted personal televisions in their rooms.

MEALS

Residents are to prepare their own breakfast and lunch from house items. Donated or house groceries are provided for all residents and are not to be set aside for individual residents. A family style sit down dinner will be served; all residents are required to be at dinner unless the director has approved other arrangements. Food and/or snacks are not permitted in resident's rooms. Each resident is responsible for her own breakfast and lunch preparation and clean up. Residents will take turns cooking the family meal.

WAKE-UP/SLEEPING

Residents are to be awake and downstairs by 7:30am for morning meditation Monday through Saturday. Sunday meditation is at 8:30am. Residents must be dressed in normal street attire, not in the clothes you slept in. On weekdays, from 9am-5pm, residents may only be in their rooms if they are getting ready for their day. All reading, journaling and so forth must be done on the 1st floor ground level.

ROOM and COMMON AREA INSPECTIONS

Residents must make their bed by 9:30am. They must keep their rooms neat and clean. The staff at their discretion will make daily inspections. If it is deemed that there is an infraction of the rules as a whole, or the house is found to be dirty, all weekend passes will be suspended.

PHONE CALLS, BEEPERS AND CELL PHONES

Residents are not allowed to have or use beepers or cell phones, unless it is required for your job. A written and verified statement from your employer will be required. The resident unlisted telephone number is available from staff. Only residents are allowed to give out this number, staff does not give out this number to non-residents for any reason. Do not post the resident phone number in the meeting room area. No phone calls will be allowed after curfew and before morning meditation, except in regards to work. Tell those who would be calling for you, the times not to call. Length of each phone call is a maximum of 10 minutes. The resident phone is always answered with "Hello". Only residents may answer and use the phone. Residents are not allowed to give any information about another resident over the phone. If a resident is not able to come to the phone, you may only say "May I take a message?" or "I can only take a message." Residents must get resident receiving call and/or take a message and put it on the telephone bulletin board. Residents may use the office phone for calls with staff permission.

LAUNDRY

Residents are responsible for their own laundry. The washer and dryer are not to be used before 9:00am or after curfew. Laundry is not to be left unattended, and machines are to be cleaned out after every use. The last load may start at 9:00pm Sunday through Thursday and 10:00pm Friday and Saturday. House issue sheets and towels must be washed weekly. Quarters are available from staff.

HOUSE ENTRANCES

The front door is to remain locked at all times. When door is open, screen door is to be locked. The front door is only used as a fire exit. Residents are not permitted to answer the front door for any reason. Residents are to use the back door, to enter and exit the house.

SMOKING

Alice's is a smoke free facility. Residents can smoke cigarettes on the patio and the front porch (only three residents at a time). Residents are allowed to smoke outside on the patio between the hours of 6am and curfew and on the front porch between the hours of 9am to 9pm. Each resident is required to clean up after themselves throughout the day: ashtrays, cigarette butts, coffee cups, etc.; failure to maintain these areas will result in discipline.

PROGRESS REPORTS

Residents are to make themselves available to the Director or appointed staff during the weekly schedule times to do their progress reports. Residents are to bring their meeting verification sheets, AA/NA meeting sheet, completed budget, and their signed sponsor sheets to turn in at the time of the review.

CHILDREN

The Director will review requests on an individual case-by-case request.

CLIENT WEEKLY SCHEDULE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8:30 AM MORNING MEDITATION	7:30 AM MORNING MEDITATION	7:30 AM MORNING MEDITATION	7:30 AM MORNING MEDITATION	7:30 AM MORNING MEDITATION	7:30 AM MORNING MEDITATION	7:30 AM MORNING MEDITATION
9:00-10:00 AM BREAKFAST	8:00-9:00 AM BREAKFAST	8:00-9:00 AM BREAKFAST	8:00-9:00 AM BREAKFAST	8:00-9:00 AM BREAKFAST	8:00-9:00 AM BREAKFAST	8:00-9:00 AM BREAKFAST
ALL CHORES DONE BY 12:00 PM	ALL CHORES DONE BY 9:30AM	ALL CHORES DONE BY 9:30AM	ALL CHORES DONE BY 9:30AM	ALL CHORES DONE BY 9:30AM	ALL CHORES DONE BY 9:30AM	Deep Clean Chore Done by 10:00 AM
	PROGRESS REPORTS Rooms 5 & 6	PROGRESS REPORTS Rooms 7 & 2	PROGRESS REPORTS Rooms 8			Women Step Up 10:00 AM
				REQUEST FOR PASS BY 2:00PM		Rent must be paid by 10:00 AM
11:30 AM-12:30 PM LUNCH	11:30 AM-12:30 PM LUNCH	11:30 AM-12:30 PM LUNCH	11:30 AM-12:30 PM LUNCH	11:30 AM-12:30 PM LUNCH	11:30 AM-12:30 PM LUNCH	11:30 AM-12:30 PM LUNCH
5:00 PM DINNER	5:00 PM DINNER	5:00 PM DINNER	5:00 PM DINNER	5:00 PM DINNER	5:00 PM DINNER	5:00 PM DINNER
	5:45 client mtg. 6:00-7:00 p.m. Relapse Prevention	5:45-7:15 p.m. IOP	6:15 PM WOMEN Only AA GROUP	5:45-7:15 p.m. IOP		
		8:00 PM AA MEETING	8:00 PM NA MEETING			
9:00 PM DEADLINE FOR RETURN FROM PASS						
10:30 PM OFFICE CLOSED FOR BUSINESS	10:30 PM OFFICE CLOSED FOR BUSINESS	10:30 PM OFFICE CLOSED FOR BUSINESS	10:30 PM OFFICE CLOSED FOR BUSINESS	10:30 PM OFFICE CLOSED FOR BUSINESS	11:30 PM OFFICE CLOSED FOR BUSINESS	11:30 PM OFFICE CLOSED FOR BUSINESS
10:45 PM CURFEW 11:15 PM LIGHTS OUT	10:45 PM CURFEW 11:15 PM LIGHTS OUT	10:45 PM CURFEW 11:15 PM LIGHTS OUT	10:45 PM CURFEW 11:15 PM LIGHTS OUT	10:45 PM CURFEW 11:15 PM LIGHTS OUT	11:45 PM CURFEW 12:15 PM LIGHTS OUT	11:45 PM CURFEW 12:15 PM LIGHTS OUT

