



HARBOR RECOVERY HOUSE

INTAKE APPLICATION

GENERAL INFORMATION

First Name _____ Last Name _____ Gender _____

Date of Birth (mm/dd/yyyy) _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Main Phone _____ Cell Phone _____

DISCHARGE/RELEASE DATE

EMERGENCY CONTACT

First Name _____ Last Name _____

Phone _____ Relationship _____

REFERRAL INFORMATION

Name _____ Phone/Contact _____

Reason for Referral _____

INSURANCE INFORMATION

Insurance Company _____ Policy Number _____ Group Number _____

Policy Holder D.O.B (mm/dd/yyyy) _____ Relationship _____

Policy Holder Address _____

City _____ State _____ Zip Code _____

Harbor Counseling
7095 PA-287 Wellsboro, Pennsylvania 16901
Phone (570) 724-5272 Fax (570) 724-4512



GENERAL QUESTIONS

1. Why would you like to live at Harbor Recovery House?

2. What would you like to accomplish while living at the Harbor Recovery House?

3. Briefly describe your history with recovery:

4. Are there any problems or barriers that may affect your living at the Harbor Recovery House?

5. Please list any medications you are currently taking:

Medication Name	Side Effects/Benefits



GENERAL MEDICAL HISTORY

Do you have any allergies we should know about? Yes ☐ No ☐

If yes, what are they? _____

Have you ever been hospitalized because of mental health or substance abuse issues? Yes ☐ No ☐

If yes, when and where? _____

Please list any medical limitations or concerns that could affect your stay:

SOCIAL HISTORY

Birth place _____ Where did you grow up? _____

Did your parents get divorced as a child?? Yes ☐ No ☐

If so, how old were you when they separated? _____

Father's occupation growing up: _____

Mother's occupation growing up: _____

How many siblings do you have? _____

Highest level of education: _____

Current employment: _____

Have you ever been convicted of any crimes, served time or been on probation? Yes ☐ No ☐

Details: _____



Are you currently in a romantic relationship? Yes ☐ No ☐ Duration: _____

Describe this relationship: _____

Do you have any children? Yes ☐ No ☐ How many? _____

What are your children's names and ages?

Please list any additional notes that you think would be helpful for treatment below:

Signature: _____ Date: _____

Please complete and return signed application by fax mail or person to Harbor Counseling.



HARBOR RECOVERY HOUSE

HOUSING AGREEMENT

The undersigned understands and acknowledges that Harbor Recovery House is a mental health and/or alcohol and drug free shared housing property managed by Harbor Counseling. The undersigned resides in the capacity of a lodger sharing a housing unit and not as a tenant with rights or possession of space exclusively.

The undersigned lodger agrees to participate in and abide by the policies and rules set by Harbor Recovery House staff. The undersigned agrees to vacate the shared accommodation when cardinal rules are violated or by a vote of Harbor Recovery House staff. The following house policies are to be observed by all residents. These policies have been set forth by Harbor Recovery House to maintain a clean, safe, and healthy living environment for those who are willing and ready to change lives and transition back into society. Any infraction of these house policies could result in disciplinary action and possible termination from the program. The decision to stay at Harbor Recovery House is based on each resident's behavior, and our goals are to help each resident attain their goal of self-sufficiency by maintaining their mental health and/or staying clean and sober and finding employment.

THIS AGREEMENT, entered on this day of _____ between HARBOR COUNSELING and _____, regarding healthy living residency at Harbor Recovery House, includes the following conditions:

1. Responsibilities:
 - Residents will share assigned weekly chores including, but not limited to dusting, vacuuming, mopping and garbage
 - Each resident is responsible for keeping their bedroom, refrigerator and microwave clean.
2. Program Fees: All program fees are due on Friday's at 4pm, unless other arrangements are made.
3. Standard Curfew: All residents will be expected to return to the house by 10:00 pm Sunday - Thursday and 11pm Friday & Saturday unless it they are holding a night position. One needs specific permission to leave any earlier than 6:00 am and stay out later than curfew.
4. Overnight Passes: Must be submitted at least 48 hours from the requested leave.
5. Medication: Residents are responsible for their own medications, which means filling them, maintaining all appointments as well as keeping the safe in the provided lock box. If we feel that a prescribed medication for a resident is detrimental to other residents we will ask that resident to go without, or resident will have the option to move out. All medications will need to be taken as prescribed. NO NARCOTIC MEDICATIONS ARE ALLOWED WHILE LIVING IN HOUSE. DO NOT FILL PRESCRIPTIONS.
6. Drug and Alcohol Use: Occupancy is made available on the strict understanding that the house is to be, at all times, drug and alcohol free. Should a resident use any illicit drug, consume alcohol, or take drugs

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not prescribed by a physician, the resident may be discharged immediately from the house. In addition, guests of visitors of a resident who are under the influence of any type of mind altering substances are not permitted, at any times, in the house or on the grounds. Protecting and/or knowing a fellow resident is drinking or using may cause immediate dismissal. Reporting all suspicions to your counselor or other Harbor staff will benefit every resident.

7. Drug Testing: Drug testing will be done randomly.
8. Inspections: Staff will perform daily or weekly inspections as needed.
9. House Liability: Harbor Recovery House is not liable for any personal property during or after discharge from the house. Residents have 24 hours to pick up their belongings once discharged. Harbor Counseling is not responsible for any items left behind or for which arrangements have not been made.
10. Money: No lending or borrowing of money from other residents, clients or staff.
11. Without written permission no resident will:
 - Have any open flames
 - Drill or attach anything to the floors, walls or ceiling of the house
 - Permit the accumulation of trash in the house
 - Tamper with any equipment, furniture or property. Including but not limited to: fire alarms, security systems or exit signs
12. No loud music. Only personal headphones are allowed. Loud and excessive noise disturbs other residents and will not be tolerated. The TV's will only be played at reasonable volume levels and violation of these rules will be considered disruptive behavior. Have respect for your neighbor.
13. Visitation all visitors must be approved by staff.
14. Intimidation and/or violence. Any open or subtle hints of intimidation or violence towards residents or staff are grounds for immediate termination. No exceptions.
15. No smoking in the building. No exceptions.
16. No sexual activity in the building or on property. No exceptions.
17. Pets are not allowed.
18. Housekeeping: Each resident is responsible for washing dishes immediately after eating. Sleeping areas are to be clean at all times. Residents are responsible for cleaning of all community living areas, such as, kitchen, bathroom, living room, lounge, yard & grounds, and laundry area. Resident will keep the premises clean at all times, and upon termination will leave the premises in as good condition as when this agreement was entered. All residents are assigned weekly house chores.



19. **Excessive Utilities:** Be aware of abusing free utilities. Washers and dryers are available for your use. Harbor Counseling will pay all water, gas, heat, light, local telephone services, and power to the building. The last person out of the facility each should turn off all appliances and lights.
20. **Out of Bounds:** Residents may not enter another person's room without permission.
21. **Food:** Food will be eaten in the dining and living area only. No food in bedrooms. Food should be labeled and kept in the designated areas only.
22. **Meal Planning:** Residents are responsible for keeping their own SNAP card, planning their own meals, grocery shopping and cooking. Staff will assist with facilitating transportation and getting set up with SNAP benefits.
23. **Day Passes:** Need to fill out pass request form with a minimum of one week's notice. A minimum of thirty days in the house is required. All passes are based on performance in the house. All program fees have to be current to be approved.
24. **Work:** We require all residents to work forty hours a week. All unemployed residents will be required to seek employment. The curfew for unemployed residents is 6:00 pm. Residents having trouble with acquiring employment are to notify staff and/or social worker.
25. **Sleeping:** All residents must be awoken, dressed, and have areas cleaned by 8:00 am on week days. Residents will not sleep in the living room. Lights should be out by 11:00 p.m. on weeknights.
26. **House Activities:** All residents will participate in all house activities including business meetings, group sessions, and weekly housekeeping duties. Mandatory work days for all residents maybe assigned for duties each month if the building conditions are not acceptable.
27. **Mandatory House Meeting Attendance:** All phases must attend house meetings. No exceptions.
28. **Twelve Step Meeting Attendance:** All residents with substance abuse issues must attend meetings according to the Phase of the program.
29. **Sponsorship:** All residents with substance abuse issues will be required to get a 12-step sponsor within the first 90 days of move in. We will verify with your sponsor. Experience tells us that we can't recover alone. We strongly encourage work with a spiritual sponsor on a regular basis.
30. **Outpatient Treatment Programs:** All residents must attend and follow all treatment programming.
31. **Dress Code:** All residents must be properly attired in the community areas.
32. **Pornography:** No pornography in the house. Harbor Recovery House hopes to offer spiritual living in a spiritual environment.



33. Weapons: No weapons of any kind are allowed on property.
34. Notice to vacate: A thirty (30) day notice of intention to move and vacate is requested from all residents.
35. Grievances: If a resident feels that another resident is not doing their share of the chores, or has any other grievances towards another resident, he may call a meeting with Staff and residents to discuss the grievance. If a resident's action or behavior is found unsatisfactory by a majority of the residents at such meeting, the resident will be given the opportunity and reasonable time to change their behavior. If after two meetings the offending resident fails to make the necessary changes the director will be advised, and, subject to his discretion, may terminate the residential agreement.
36. Sign In/Sign Out: All residents are required to sign in and out when leaving premises.
37. Restrictions: Staff reserves the right to enforce consequences for infractions of any, or all, of the above house policies. The consequences may include extra chores, restriction to the house, no passes, loss of Phase, or termination from the program.
38. Vehicles: To operate and/or park a motor vehicle while residing at the house, a valid driver's license, proof of insurance and registration are required. Copies need to be in file at the office. No non-running vehicles are allowed to be parked at the house. They will be towed at your expense. If you own a vehicle and can't legally drive it will need to be parked elsewhere.

Please print the following: I HAVE READ AND UNDERSTAND HOUSE POLICIES AND LODGING AGREEMENT AND AGREE TO ALL ABOVE TERMS AND CONDITIONS OF THIS AGREEMENT.

Signature of Resident: _____

Date: _____

Printed Name of Resident: _____

Date: _____

Staff Signature: _____

Date: _____



HARBOR RECOVERY HOUSE PHASES

PHASE ONE:

Residents will be expected to attend 5 meetings per week, 8 group sessions, and one individual session weekly with counselor. Please use attendance slip provided.

Resident will obtain a sponsor during this period.

No overnight or weekend passes during the first 30 days of Phase One.

Residents may only go to approved sites: meetings, treatment, etc.

Residents will not be responsible for rent during this phase.

Residents will meet with staff weekly to monitor goals and progress.

Residents will follow the Phase One Daily Schedule

PHASE TWO:

Residents will obtain employment.

Residents will continue to use sign in/out book.

Residents will be responsible for paying \$50 weekly rent.

Residents will develop an individual based schedule to include group therapy sessions, individual sessions and meetings.

Residents will continue to meet with staff bi-weekly to monitor goals.

Residents will be eligible for overnight passes.

PHASE THREE:

Residents will be working with staff to find independent housing.

Residents will be responsible for paying \$50 weekly rent.

Residents will be utilizing independent transportation.

Residents will be independently purchasing groceries.

Residents will develop a self-motivated program including treatment, meetings and employment.



DAILY SCHEDULE

8:00am-9:00am	Morning Meditation/Check-in
8:45am-11:00am	Group
11:00am-5:15pm	Meet with staff, Noon Meeting, Job Search, Self-Care, Grocery Shopping, Exercise, Clean, Laundry, Counseling
5:15pm-7:30pm	Group
8:00pm-9:00pm	12 Step Meeting
10:00pm	10 th Step Group & Last 24 Hours review



WEEKLY GROUP & MEETING ATTENDANCE

Name: _____

Date	Meeting	Signature



DRUG TEST MONITORING

Name: _____

Date of Test	Results	Staff Signature



Helping you live life to the fullest

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