

**PLEASE FILL OUT AND FAX PAGES 3 THRU 7 TO 828-483-6425.
PLEASE INITIAL ALL OF THE HOUSE RULES AND REGULATIONS ON PAGE 5 & 6**

Safe SHaven FOR MEN

SAFE HAVEN FOR MEN is a 12 step structured recovery program for men wanting to continue their recovery. No treatment is provided at SHFM but daily involvement in an approved self help group is mandatory. We ask applicants to committ to 6 months to 1 year stay at SHFM. If you will committ to 6 months to 1 year stay at SHFM we can help you to get your life back and in order.

Application to SHFM requires a face to face interview with a member of the staff of SHFM. You will be evaluated and be advised of the rules and regulations and asked to initial each one of the rules to be sure you understand what is required of you while you are a client of SHFM at that time.

All clients at SHFM are required to seek employment and begin working immediately and have a full time job within two weeks of arrival at SHFM. Labor Ready and Labor Finders are acceptable means of finding employment. If you are disabled and unable to work, you must be drawing SSI or some form of disability. If on SSI or disability you are required to pay monthly .If not on SSI or disability you must be off of the premises by 9:00 AM and do not return until 4:00 PM until you have found employment.

SHFM requires the first two weeks fees in advance (\$300.00) which covers your first 2 weeks. All fees must be paid one week in advance after that. Fees are \$150.00 weekly or you may pay \$600.00 monthly if desired. We understand that those coming from treatment may not have the up-front money necessary, so weekly fees will be prorated until they are paid in full. If you are dismissed from SHFM there will be no reimbursement of fees paid.

All members of SHFM are considered clients and the monies paid are for service fees and not rent. Any client that does not follow the rules of SHFM will be asked to leave immediately and those that refuse to do so will result in criminal charges of trespassing and be removed from SHFM by the police.

Clients must be willing to submit to random room and vehicle inspections and drug and alcohol screenings. Any client that refuses or fails the inspections or drug and alcohol screenings will be asked to leave immediately **FALSIFYING A DRUG SCREENING TEST IS A FELONY.**

The staff of SHFM must be advised of any prescribed medications that you are on and proof of how the medication are to be taken. SHFM furnishes a lock box for storing medications. Any client found abusing medications will be asked to leave SHFM immediately.

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CHAMPION HOUSE, INC. d/b/a Safe Haven For Men

P.O. BOX 845

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e-mail: DWsafehaven@aol.com

SAFE HAVEN FOR MEN

REQUIREMENTS FOR ADMISSION

SAFE HAVEN ACCEPTS CLIENTS FROM TREATMENT CENTERS - VA - DETOX - DETENTION - OR REFERRALS FROM CHURCHES OR OTHER INSTITUTIONS.

- 1. All clients are required to attend 5 AA/NA meetings per week.
(Meetings are required daily. May not accumulate more than one daily.)**
- 2. (A) The first 30 days as a resident of SHFM curfew is 10:00 PM - 7 days a week.
(B) After 30 days, curfew is 10:00 PM Sunday thru Thursday and 12:00 AM Friday and Saturday. No client will be permitted to be out after curfew unless cleared with the staff before hand.
(C) There are to be no female visitors for the first thirty (30) days with the exception of immediate family. If not employed after thirty (30) days No female visitors will be allowed until you are employed. All female visitors are to be confined to the common area of the houses.**
- 3. All clients are required to perform chores in the house and the grounds.
Chores may change week to week.**
- 4. No possession of drugs or alcoholic beverages will be allowed.**
- 5. No weapons are to be on any client at any time.**
- 6. All medications prescribed by a doctor must be registered with the House Manager or the Director and only taken as prescribed.**
- 7. All applicants must be free of all alcohol and non-prescribed drugs.**
- 8. All applicants must agree and be willing to abide by all the rules of the program.**
- 9. All applicants must be at least 21 years of age and of mature nature.**
- 10. All applicants must have an income and be able to be responsible for all program fees.**
- 11. All applicants must be employable if not on a fixed income. If not on a fixed income all clients must be gone from the premises by 9:00 AM and do not return until 4:00 PM until you have found employment.**
- 12. An applicant will be denied admission if in the judgement of the management he will not benefit from the program.**

SAFE HAVEN FOR MEN

CLIENT INFORMATION:

Date of Birth _____

DL # _____

NAME:

LAST _____ FIRST _____ MIDDLE _____

FORMER ADDRESS _____

CITY _____ STATE _____ ZIP _____

REFERRED BY _____ CHURCH _____

TREATMENT CENTER _____ OTHER _____

HAVE YOU BEEN IN SHFM BEFORE _____ IF YES, PLEASE LIST DATES _____

ARE YOU CURRENTLY INCARCERATED? _____

NAME OF INSTITUTION _____

CRIMINAL HISTORY: YES _____ NO _____

IF YES, PLEASE LIST ALL CHARGES, CONVICTIONS AND DATES: _____

DO YOU HAVE ANY OUTSTANDING CRIMINAL CHARGES? YES _____ NO _____

IF YES EXPLAIN:

12 STEP INVOLVEMENT: AA ____ NA ____ ALANON ____ NARANON ____ OTHER _____

IF OTHER, PLEASE EXPLAIN:

ARE YOU UNDER A DOCTORS CARE? YES _____ NO _____

DO YOU TAKE ANY MEDICATIONS? YES _____ NO _____

IF YES PLEASE LIST ALL MEDICATIONS AND DOSAGE:

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____

PHONE NUMBER () _____

DO YOU OWN A CAR? _____ MAKE _____ MODEL _____

TAG NO. _____ STATE _____

SOURCE OF INCOME _____ AMOUNT _____

ARE YOU EMPLOYED? _____ WHERE _____

WHAT TYPE OF WORK DO YOU DO? _____

DO YOU ATTEND 12 STEP MEETINGS? _____

DO YOU HAVE A SPONSOR _____

SAFE HAVEN FOR MEN

HOUSE RULES AND REGULATIONS

EMPLOYMENT

1. AN IMPORTANT COMPONENT OF REHABILITATION IS STEADY EMPLOYMENT. ALL RESIDENTS SHALL SEEK FULLTIME EMPLOYMENT. EMPLOYMENT MUST BE SECURED WITHIN 2 WEEKS OF ADMITTANCE. YOU MUST BE GONE FROM THE PREMISES BY 9:00 AM AND DO NOT RETURN UNTIL 4:00 PM UNTIL YOU HAVE FOUND EMPLOYMENT. IF AT ANY TIME YOU QUIT YOUR JOB WITHOUT NOT HAVING ANOTHER JOB TO GO TO AND YOU ARE IN REARS WITH SHFM YOU MAY BE ASKED TO LEAVE.

ROOM

2. YOUR ROOM IS INCLUDED IN YOUR PROGRAM FEE THAT YOU PAY EVERY WEEK. EACH CLIENT IS RESPONSIBLE FOR KEEPING HIS LIVING AREA CLEAN AT ALL TIMES. (ROOM INSPECTIONS ARE CONDUCTED DAILY AND MONETARY FINES WILL BE ASSESTED FOR INFRACTIONS.)

CURFEW

3. (A) THE FIRST 30 DAYS AS A RESIDENT OF SHFM CURFEW IS 10:00 PM 7 DAYS A WEEK.
(B) AFTER 30 DAYS CURFEW IS 10:00 PM SUNDAY THRU THURSDAY AND 12:00 AM FRIDAY AND SATURDAY. NO CLIENT WILL BE PERMITTED TO BE OUT AFTER CURFEW UNLESS CLEARED WITH THE STAFF BEFORE HAND.

SMOKING

4. AT NO TIME WILL SMOKING BE PERMITTED IN BEDROOMS. IF YOU ARE CAUGHT SMOKING IN A BEDROOM YOU WILL BE FINED \$50.00 FOR THE FIRST OFFENSE AND WILL BE ASK TO LEAVE SAFE HAVEN FOR THE SECOND OFFENSE.

CONDUCT

5. DISRUPTIVE BEHAVIOR, PROFANITY, SWEARING, AND FIGHTING WILL NOT BE TOLERATED. ALL CLIENTS OF THE PROGRAM ARE EXPECTED TO CONDUCT THEMSELVES IN AN APPROPRIATE MANNER AT ALL TIMES. PORNOGRAPHIC MATERIAL SUCH AS MOVIES, TAPES, BOOKS, MAGAZINES, POSTERS ETC. ARE NOT ALLOWED. THESE ITEMS ARE NOT IN KEEPING WITH SAFE HAVEN FOR MEN STANDARDS.

MEALS

6. CLIENTS ARE RESPONSIBLE FOR PREPARING THEIR OWN MEALS AND CLEANING UP AFTER THEMSELVES.

RELAPSE PENALTIES

7. THE POSSESSION OR CONSUMPTION OF ANY ALCOHOL BEVERAGE OR THE USE OF ANY ILLICIT DRUGS ON OR OFF THE PREMISES WILL RESULT IN IMMEDIATE DISCHARGE FROM THE PROGRAM.

DRUGS AND ALCOHOL

8. EACH CLIENT WILL SUBMIT TO RANDOM DRUG AND ALCOHOL TESTING AT THE DISCRETION OF THE STAFF. REFUSAL TO SUBMIT TO OR FAILING TESTING WILL RESULT IN IMMEDIATE DISCHARGE FROM THE PROGRAM. THE STAFF OF SAFE HAVEN FOR MEN MAY INSPECT AND/OR SEARCH EACH CLIENTS LIVING QUARTERS, PERSONAL BELONGINGS AND AUTOMOBILES AS DEEMED NECESSARY BY ANY STAFF MEMBER. **FALSIFYING A DRUG SCREENING TEST IS A FELONY.**

CLEANLINESS

9. EACH CLIENT IS EXPECTED TO KEEP THE HOME IN FIRST CLASS CONDITION AND CLEAN AT ALL TIMES. EACH CLIENT IS ASSIGNED WEEKLY CHORES AND MUST PARTICIPATE IN GENERAL CLEANING OF THE HOUSE AND GROUNDS WHEN REQUESTED TO DO SO BY THE STAFF.

PERSONAL HYGIENE

10. PERSONAL CLEANLINESS IS EXPECTED OF ALL CLIENTS AT ALL TIMES. SHOES AND SHIRTS ARE TO BE WORN AT ALL TIMES WHILE IN COMMON AREAS OF THE HOUSE.

THEFT

11. THEFT FROM OTHER CLIENTS IS GROUNDS FOR IMMEDIATE DISMISSAL. NEVER BORROW ANOTHER CLIENTS BELONGINGS WITHOUT PRIOR PERMISSION. **STEALING WILL RESULT IN IMMEDIATE DISCHARGE.**

FINES:

12. MONETARY FINES MAY BE ASSESSED BY THE HOUSE MANAGER OR DIRECTOR FOR ANY INFRACTIONS OF THE PRECEEDING RULES. FAILURE TO PAY ASSESSED FINES COULD RESULT IN EJECTION FROM THE PROGRAM.

VISITORS:

13. THERE ARE TO BE NO FEMALE VISITORS FOR THE FIRST THIRTY (30) DAYS WITH THE EXCEPTION OF MOTHER, SISTER, OR AUNT. IF NOT EMPLOYED AFTER THIRTY (30) DAYS NO FEMALE VISITORS WILL BE ALLOWED UNTIL YOU ARE EMPLOYED. ALL VISITORS ARE CONFINED TO THE COMMON AREAS OF THE HOUSES. NO VISITORS ALLOWED IN THE BEDROOMS WITH THE EXCEPTION OF IMMEDIATE FAMILY.

As a client of SAFE HAVEN FOR MEN it is made clear and you understand that you are in a self help living arrangement. You do not pay rent. You pay a program fee. If for any reason you are asked to leave the program you have no grace period. You are to leave the property at once and take your belongings with you at that time.

By signing these rules you understand that you have no landlord tenant relationship. If you choose not to leave, trespass charges will be filed against you. Any fees paid to the program prior to ejection will not be refunded for any reason.

I _____ understand and accept these rules as part of my being accepted in the SAFE HAVEN FOR MEN transitional program.

CLIENT _____

DATE _____

DIRECTOR _____

DATE _____



Resident Emergency Relapse Plan

Name: _____

Date: _____

1. Who should we notify? Include name, number, and relationship.

2. Who should we **NOT** notify? Include name and relationship.

3. I would like Safe Haven For Men to do the following if I should relapse:
(Check all that apply)

- Call a cab
- Drive me to a hotel
- Call a relative
- Take me to Detox
- Take me to the hospital
- Leave on my own accord
- Other (Explain:) _____

I understand that I cannot continue to stay on Safe Haven For Men’s property after a relapse. Upon leaving I will collect my medication and come back within 3 days to collect the rest of my belongings. By signing this document, I agree to the following:

- 1. I will not hurt myself or anyone else.
- 2. Call the numbers provided below after leaving the property.
- 3. If a vehicle is involved, I will leave the vehicle at Safe Haven For Men’s property until I am not under the influence or have a responsible driver to take the car.

Western Carolina Rescue Mission 254-1529 Mission St. Joseph Hospital 213-8770
National Suicide Prevention 1-800-273-8255 Patton Counseling Service 387-8904
ARP/Phoenix 254-2700 - Swain Recovery Center 669-4161 - Neil Dobbins 253-6306
Salvation Army 258-2883 October Road 350-1000

Signature: _____ Date: _____

Witness: _____ Date: _____

HOUSE MEETINGS

TUESDAY & FRIDAY: 4:30 PM & 6:00 FEELINGS MEETING

4:30 Pm @ 5 Warren Ave (Biltmore)

6:00 Pm @ 89 Wood Ave (Oakley)

Feelings meetings are mandatory and are subject to the following if you are not in attendance:

- (A) First offense: \$20.00 Fine
- (B) Second offense: \$25.00 Fine
- (C) Third offense: Dismissal from the Safe Haven for Men program.