TRAPPING BROOK HOUSE SUPPORTIVE LIVING PROGRAM

Rules and Regulations Governing Resident Behavior and Participation

These rules and regulations describe the minimum standards of acceptable conduct. They are to serve as general guidelines.

1. **SOBER SUPPORT SYSTEM:**

Each resident must maintain an active recovery support system program that will be specified in his individual recovery plan. Residents must remain active with the support system they identify as their recovery support.

2. **PARTICIPATION IN OUTPATIENT COUNSELING:**

Each resident must participate in/or successfully complete addiction counseling at an addictions outpatient treatment program.

3. **EMPLOYMENT:**

All supportive living residents must have a viable program towards employability. Residents must be involved in a planned, purposeful educational activity, volunteer work, or full or part time employment. Resident is responsible to notify the appropriate source if absent or late. All income must be appropriately documented to the Internal Revenue Service and the Department of Social Services.

4. **TRUST**

Issues which occur between residents within the Supportive Living program are to be addressed within the program. These issues are not to be generally discussed throughout the community, but are to be resolved in cooperation with appropriate staff and residents. Confidences shared through group meetings of supportive living clients are to be kept within the group. Violations of such confidences are grounds for immediate dismissal from the supportive living program.

5. **DRINKING**

No drinking is permitted. Residents who drink must leave the supportive living facility immediately. Re-entry after detoxification or inpatient alcoholism treatment is at the discretion of the Supportive Living Coordinator and/or treatment team.

6. **ILLEGAL DRUG USE:**

No resident may possess or use any illegal drug at any time either on site or off site.

7. **PRESCRIPTION DRUGS:**
All residents must inform the Supportive Living Coordinator of any prescription drug he is taking. No abuse of prescription drugs is permitted.

8. **OVER-THE-COUNTER DRUGS:**

No abuse or misuse of any over-the-counter drug is permitted. Because of some drugs do show up in urinalysis, the Supportive Living Coordinator should be notified when such medications are used.

9. **DRINKING/DRUGGING GUESTS:**

No person who has been drinking any alcoholic beverage or who is under the influence of any illegal or mood-altering chemicals may visit the supportive living apartments.

10. **BREATHALYZER, URINE TESTING:**

All residents requested by staff to take a breathalyzer or urine test at any time, night or day, must do so. Refusal may be grounds for immediate discharge.

11. **BURNING OF INCENSE:**

Burning of incense is prohibited.

12. **HOURS:**

Supportive living residents are generally expected to be home no later than 11 pm weekdays and 12 midnight on Fridays and Saturdays. Changes in these hours must be approved prior to the day in question by the Supportive Living Coordinator.

13. **VISITORS:**

Overnight guests will only be approved to support treatment goals. Supportive Living staff must be notified. There should be absolutely no guests in resident’s bedrooms for any reason. Guests must leave the Supportive Living facility by 10 pm on weekdays and 11 pm on Friday and Saturday. No guests may come to the apartment earlier than 8 am.

14. **PERSONAL CHORES AND HYGIENE:**

Each resident is expected to make his bed and clean his room no later than 9:00am on weekdays and noon on weekends. Each resident must maintain himself, his room and personal living space in a clean, tidy, presentable condition at all times.

15. **CHORES:**

Residents must work cooperatively to maintain the common areas of the home in a neat and orderly fashion. Residents are individually responsible for maintaining the refrigerator, cooking, dishwashing, and washer, and dryer areas in a neat and clean condition. **IF YOU USE IT, YOU CLEAN IT.**

16. **DRESS:**
Resident dress within the Supportive Living facility and in the nearby neighborhood must be suitable for the hour of the day, weather conditions, and the company present. Apparel must not contain drinking or drugging messages or sexual connotations.

17. **SMOKING:**

Supportive Living is a tobacco free facility. You are not to use or possess any tobacco related paraphernalia while a resident in Supportive Living.

18. **VALUABLES:**

Residents are individually responsible for the safe keeping of their personal property and valuables. The Supportive Living program accepts no responsibility for the safety of resident’s money or valuables.

19. **SUPPORTIVE LIVING PROPERTY:**

Residents are responsible for the proper use, safety and security of all Supportive Living property. No Supportive Living property can be borrowed or removed from the apartment without the explicit approval of the Supportive Living Coordinator.

20. **GAMBLING:**

Gambling in any form is prohibited.

21. **WEAPONS:**

There are to be no weapons of any kind on Supportive Living property at any time.

22. **PHYSICAL OR VERBAL ATTACKS:**

Physical attacks, or verbal threats of violence directed towards other residents, staff, or members of the community are not permitted. Untoward incident report will be filed. This may result in immediate discharge from Supportive Living.

23. **BEHAVIOR IN THE COMMUNITY:**

Residents are expected to behave appropriately in the outside community and must respect the rights of all neighbors and all visitors to the neighborhood. There should be no harassment of any community member, including inappropriate flirtation specifically including minors less than 21 years of age. Any harassment of the Supportive Living program or its residents by members of the community is to be reported to the Supportive Living Coordinator or the staff at Trapping Brook House immediately. Residents are expected to stay away from non recovery people, places, and things. Support Living Coordinator may intervene to determine if people, places or things are conducive to the resident’s recovery.

24. **PRIVACY:**

Residents are expected to respect each other’s privacy. Confidentiality will be maintained with no exceptions.

25. **OVERNIGHT ABSENCES:**
Residents are expected to notify the Supportive Living Coordinator of any overnight absences at least eight hours in advance of absence. In the event of an emergency, resident should contact Trapping Brook House staff. The necessity for the unplanned absence, the time of departure, the destination of the resident, and a telephone number where he can be reached must be given to the Supportive Living Coordinator or the Trapping Brook House staff on duty. It is the resident’s responsibility to notify outpatient counselors of any groups or one-on-one sessions that are to be missed.

26. **HOUSEMATES ABSENCES:**

Residents must report any housemates unplanned overnight absence to the Supportive Living Coordinator or the Trapping Brook House staff on duty immediately.

27. **KEYS:**

Keys furnished to residents by the Supportive Living Coordinator are not to be duplicated for any reason. Replacement keys will be duplicated by staff. Keys are not to be loaned to any person.

28. **MINORS:**

There are to be no minors at the residency. Requests concerning a family member’s visitation must be approved by the Supportive Living Coordinator.

Violation of these rules and boundaries will be noted by the Supportive Living Coordinator. Staff will take appropriate action, including discharge from the Supportive Living Facility, in response to violation of these rules.
STATEMENT: I have read and fully reviewed the rules of the Supportive Living Program. I fully understand the intent of the Supportive Living Program and intend to abide by its rules and make positive use of the program. I will make every effort to maintain and develop my sobriety. When I have difficulty following these rules or maintaining my sobriety I will turn to the Supportive Living staff, fellow residents, and/or AA/NA members for support and assistance. I will be honest and aboveboard in all matters regarding residence in the Supportive Living Facility.

_________________________________________                                __________
Signature of Resident                                                                    Date

_________________________________________                                __________
Witnessing Staff Person                                                                  Date