

**Prospect House, LLC**  
**Residents Rights and Responsibilities**

Please sign the document to indicate a full understanding and agreement to follow these house rules.

1. Absolutely no alcohol or drug use by any resident, staff or visitor of the house on or off the premises. Law enforcement officials will be notified if there is illegal drug use in the house by any resident or visitor. **Room checks may be done at any time by the owner/manager or designated peer leader.**
2. The owner/manager or a designated peer leader has the right to request residents to provide a urine sample or breathalyzer at any time. Failure to comply with request may result in discharge from house. Weekly and random screenings will occur. House is put on COLORS through Dominion Lab, you will be assigned a color with procedure. It is your responsibility to check and if your color comes up, you **MUST get a UA done by curfew THAT DAY**. A missed UA is a dodge and may result in discharge. If at anytime a resident has been found to have positive alcohol and/or test, the resident may be asked to leave premises as to not jeopardize other residents. We will make every effort to help resident seek detoxification services and facilitate re-entry to house if appropriate. Residents may be put on Behavioral contract in hopes of steering back into committed recovery.
3. Visitors **only in common areas. No guests on premises after 10pm. No overnight guests are allowed.**
4. Smoking in designated areas only.
5. Violence or the threat of violence will result in immediate discharge from house and may result in legal action. No THREATENING.
6. All residents are required to attend a weekly house meeting. MONDAY 7PM
7. All residents are responsible for the administration/management/refills of any medications they may have. All medications must be disclosed to owner/manager or designated peer leader. Most Medicines will be kept in locked office. owner/manager or a designated peer leader has the right to do a prescription verification and medication count at any time. Any discrepancies could result in discharge from house or further management plan of said medication. **Residents agree to take medication as prescribed. Residents are prohibited from sharing prescription medications.** An individual found taking medication that is not prescribed to him/her may be subject to discharge. Medications will be locked in secure area.
8. All residents are required to actively evolve and dedicate at least 5 Recovery based activities a week during their stay at Prospect House, LLC. Residents should be actively seeking a sponsor/recovery coach
9. All residents must be either: working, going to school or volunteering. (or actively seeking those options) if not disabled or retired.
10. All residents are encouraged to use the written grievance procedure should they have a disagreement with the owner/manager or a peer leader. Grievance procedure is posted in house.
11. All residents must clean up after themselves in all areas of the house: kitchen, bathroom, bedroom, common areas and outside property. One House duty contribution will be assigned and needs to be done 2 times/week and as needed.
12. A one week notice is required for planned vacancy in which the sober deposit will be used for the last week. No monies are returned. **An eviction process will be set forth after 2 weeks of a late weekly rent.**
13. No sexual relations on property.
14. **Curfew is 10pm UNLESS** arranged and planned ahead for. **YOU MAY NOT LEAVE PREMESIS AFTER CURFEW CHECK WITHOUT APPROVAL.** Overnights allowed, by approval only through owner/manager or a designated peer leader and only if all house rules are being followed, and rent is current. Sign out sheet in office.
15. NO vehicles on the premises **unless FIRST approved** (limited parking) On street parking is not allowed.
16. Residents are not allowed to borrow money from each other (this causes resentments and issues). Stealing of anything will result in discharge from house. **IF IT ISN'T YOURS, DO NOT TOUCH WITHOUT ASKING (especially food)**
17. Please inform owner of any medical conditions.
18. Any outstanding warrants must be addressed within 30 days of admittance.
19. In case of any emergency, call 911or Keene Dispatch (603) 352-1291 and then notify owner/manager or a designated peer leader. See emergency procedures
20. No nails in walls, or damage of any kind to **Prospect House LLC** property or client will be discharged.
21. Violations to the rules – can result in Discharge or being put on Contract
22. I agree to a background check preformed by Prospect House LLC
23. I wish/do not wish my image to be used on social media (Circle one)
24. I have been oriented on the Emergency procedures of the house  
**I agree to follow all rules. I understand that failure to do so may result in being discharged from the Prospect House**

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/House manager/peer leader

\_\_\_\_\_  
Date

**Residents have the right...**

- To enjoy individual freedoms regardless of race, ethnicity, sex national origin, disability, age, religion, sexual orientation, or political affiliation
- To be completely involved in his/her own recovery
- To have a safe, sober living environment
- To be treated with dignity and respect
- To express themselves freely within established guidelines
- To expect enforcement of housing agreement/contract
- To have direct access to those who provide assistance, guidance, and support as needed
- To receive equitable treatment when behavior is in question
- To a grievance procedure to express concerns

**Housing Contract**

**Prospect House LLC** is a Men’s Level II Recovery Residence. The intention of our house is to provide a safe, sober living environment for men to recover from Substance Use. The house is furnished, contains double bedrooms, shared bathrooms, laundry room, common dining room, fully applianced and equipped kitchen, telephone service, television with cable, wifi internet service, and is located close to city services/transportation.

Includes furniture, all utilities (heat, water, electric, phone, cable, internet/wifi)

Includes use of Laundry room (you supply detergent)

You must supply your own toiletries and food.

You may install a 115v air conditioner (5000BTU) in your room (you supply)

Weekly housing is \$170.00 per week. **If paid on time each Friday it’s \$160 per week or \$690 a month.** First and last week is due upon move in. If all rules are followed, no damage is done to **Prospect House** and a one week notice given, the \$160.00 will be used for the last week. otherwise, it is forfeited and no monies will be refunded. When an individual moves out for any reason, all personal property must be removed from the premises within 72 hours of their departure. Individual authorizes **Prospect House LLC** to dispose of any personal property not removed for any reason after 72 hours of the individual moving out. In no event is **Prospect House LLC** responsible for the individual’s personal property and individuals are encouraged to secure their own renter’s insurance. All Keys must be turned in upon exit.

Applicants Name Printed \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Company signature \_\_\_\_\_ Date \_\_\_\_\_

Prospect House LLC

**CONSENT TO RELEASE RECORDS  
CONTAINING SUBSTANCE ABUSE INFORMATION  
42 CFR Part 2 and HIPAA**

I, \_\_\_\_\_,  
*[Resident's name]*

Prospect House LLC 26 Water St Keene, NH 03431, and their assigns  
authorize \_\_\_\_\_  
to disclose the following:

1. This information will include the following:

Progress and information – Prospect House behavior

Progress and information – Prospect House Urine/breath/saliva Drug/Alcohol Testing

to \_\_\_\_\_  
*[name of recipient]* for the purpose of

INFORMATION ON ADHERENCE, TESTING RESULTS, BEHAVIOR AT PROSPECT HOUSE  
\_\_\_\_\_.

I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient/Client Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire automatically as follows:

ONE WEEK AFTER DISCHARGE DATE  
\_\_\_\_\_

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

\_\_\_\_\_  
*Signature of resident*