

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/searches may be done at any time by the owner or the house manager.**
2. The owner or peer leaders have the right to request residents to provide a urine sample, mouth swab or breathalyzer at any time. Failure to comply with request may result in discharge from house. Weekly and random screenings will occur. 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. Resident may be put on Behavioral contract. House is put on COLORS through Dominion Lab, you will be assigned color with procedure. It is your responsibility to check for when your color is up and get UA in to lab or peer leader THAT day.
3. There are no visitors allowed in the house without the consent of the owner or house manager, and **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.
7. All residents are responsible for the administration/management/refills of any medications they may have. All medications must be approved through owner/ peer leader. Most Medicines will be kept in locked office. Owner/ peer leaders have the right to do a prescription verification and medication count at any time. Any discrepancies could result in discharge from house or management of said medication.
8. 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.
9. All residents are required to actively work on their recovery and to attend 5 self-help meetings/therapies a week during their stay at Prospect House, LLC. Residents must be actively seeking a sponsor or recovery coach within 30 days of admittance..
10. All residents must be either: working, going to school or volunteering. (or actively seeking those options or be disabled/retired)
11. All residents are encouraged to use the written grievance procedure should they have a disagreement with the owner and/or peer leaders. Grievance procedure is posted in house.
12. All residents must clean up after themselves in all areas of the house: kitchen, bathroom, bedroom, common areas and outside property. One chore will be assigned and needs to be done 2 times/week and as needed.
13. 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.**
14. No sexual relations between any residents in the house including the owner and / peer leaders or any visitors are allowed.
15. **Curfew is 10pm – 5:30am weekdays, 12am-5:30am weekends** UNLESS you have an added time contract.. **Room checks will be nightly at Curfew by manager. YOU MAY NOT LEAVE PREMESIS AFTER CURFEW CHECK WITHOUT APPROVAL.** Overnights allowed, by approval only through owner and/or peer leaders only if all house rules are being followed, and program fees are current.
16. NO vehicles on the premises unless approved (only 2 spaces available) On street parking is not allowed.
17. Residents are not allowed to borrow money from residents, peer leaders /owner of the house. Stealing of anything will result in discharge from house.
18. Please inform owner of any medical conditions.
19. Out of respect for other residents, the house phone has a 15-minute time limit.
20. Any outstanding warrants must be addressed within 30 days of admittance.
21. In case of any emergency, call 911or Keene Dispatch (603) 352-1291 and then notify owner and/or house manager.
22. No nails in walls, or damage of any kind to **Prospect House LLC** property or client will be discharged.
23. Violations to the rules – can result in Discharge or being put on Contract

I _____ agree to follow all rules. I understand that failure to do so may result in being discharged from the **Prospect House LLC**, recovery living home.

Resident

Date

Owner/ 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 staff who provide assistance, guidance, and support as needed
- To receive equitable treatment when behavior is in question
- To a grievance procedure to express concerns

Rental Contract

Prospect House LLC is a Recovery Living Home for males. Our house provides a safe, sober living environment for residents mainstreaming back into society from jail or treatment. Our 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, case management and employment direction and is located close to city services/transportation.

Rent includes furniture, all utilities (heat, water, electric, phone, cable, internet/wifi) supervision and testing.

Rent 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)

Rental fee is \$150.00 per week **if paid on time each Friday**. If paid after Friday, rent is \$170 per week. To move in, first and last week rent is due, \$300. If all rules are followed, no damage is done to **Prospect House LLC**, LLC property and a one week notice given, the \$150.00 will be used for the client's last week. Otherwise, the fee is forfeited. 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 discharge. DOORS may only be locked from outside when leaving for the day. Doors must remain unlocked otherwise.

Applicants Name Printed _____

Signature _____ Date _____

Company signature _____ Date _____

**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