

# Client Application

## Oasis House for Women and Casa Santa Clara for Men

Business Office: Old Pueblo Community Services  
4501 E. Fifth Street, Tucson Arizona 85711  
Telephone (520) 546-0122 – Fax (520) 546-0098

### General Information Letter – PLEASE READ CAREFULLY (6-13)

Old Pueblo Community Services is a community venture providing transitional housing & reentry services in Tucson, Arizona. Our mission is to provide a clean and sober environment for men and women in recovery from drug or alcohol addiction. We want to help those individuals who have a desire to remain clean and sober and achieve self-sufficiency. We request that residents attend 12-step meetings and/or SMART Recovery and work with a sponsor. It is important to become involved in a positive social network. Residents need to be drug and alcohol free upon intake.

#### Admission Requirements:

Willing to obtain employment unless on SSI or SSD (before SSI or SSD approval one must pay fees)	No history of sex crimes or arson
Willing to work your recovery program	Willing to follow all house rules, curfew and meeting requirements
90 day commitment	Minimum 21 years of age
Addict or alcoholic by admission	

Program fees are \$45.00 to \$100.00 a week (subject to change). This is a home environment, not an institution. Residents of The Oasis House and Casa Santa Clara cook for themselves. We provide bedding, telephone, and laundry facilities. Bus stops are convenient and close. We offer a referral base for job assistance, discount bus passes and food stamps. Contracted addictions counseling and life skills classes are available.

Enclosed with this letter you will find a copy of our House Policies and Lodging Agreement and our Resident Application form. **TO APPLY YOU MUST:**

- 1. Complete these forms in their entirety and write a letter of introduction (Bio-letter) telling us about yourself on the last 2 pages.**
- 2. You must answer every question. If the question does NOT pertain to you, please insert “N/A” for not applicable to you. Remember that your application will be held up without the completion of the Bio-letter. Fill out the application completely.**
- 3. You must include the name and fax number of your caseworker if applicable. Mail application to 4501 E. Fifth Street, Tucson Arizona 85711 or fax to 777-4512.**

If you are in the Arizona Department of Corrections, we are approved to house parole releases. We will approve county jail inmates also. **Case Managers will work individually for those on SSI and SSD.**

**Veterans:** If you are veteran, mark it clearly on the application. We currently offer many programs for veterans that will help you move forward. The VA offers more services today than ever before, even with a negative discharge. **If you are on SSI or SSD you may be required to paid one week programs fees in advance of acceptance into the program. Discuss with intake coordinator.**

If you have any questions or if we can be of assistance to you, please call. **Don't forget to complete the last 2 pages!**

Intake Coordinator

Casa Santa Clara for Men and Oasis House for Women

(520) 445-7063 (520) 546-0122 Download applications at <http://www.helptucson.org/>



# The Oasis House for Women Casa Santa Clara for Men

## HOUSE POLICIES - LODGING AGREEMENT (08/13)

The undersigned understands and acknowledges that our program is an alcohol and drug free shared housing property managed by Old Pueblo Community Services. 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 agrees to pay program fees per week.

The undersigned lodger agrees to participate in and abide by the policies and rules. The undersigned agrees to vacate the shared accommodation when the rules are violated. The following house policies are to be observed by all residents. These policies have been set forth to maintain a clean, safe, and healthy living environment for those in recovery. Our goals are to help each resident attain their goals of self-sufficiency by staying clean and sober and finding and maintaining employment.

**For Women** - The Oasis House for Women is a "silent" address and will never be published in any documentation for the safety of all residents. Personal mail should be addressed to: Old Pueblo Community Services, 4501 E. Fifth Street, Tucson Arizona 85711. Inform all family and friends to put "Oasis House" in the bottom left corner of the envelope. No resident is to give out the address of the facility. Due to this being a silent address **no men are allowed on or around the property**. To arrange for someone to pick you up, it is necessary to walk out to a common main intersection.

**For Men** - No women are allowed on property.

THIS AGREEMENT, entered on this day of \_\_\_\_\_ between The Oasis House or Casa Santa Clara and \_\_\_\_\_

\_\_\_\_\_, regarding clean living residency at The Oasis House or Casa Santa Clara, includes the following conditions:

### RESIDENT RIGHTS

**Violence Free Environment:** Maintaining a violence free environment is critical to establishing a sense of safety. For this reason, violating the rights of others to receive services in a violence free environment may be grounds for terminating some or all services. Intimidation or violence towards residents or staff is prohibited. Please respect your peers and housing staff. No weapons of any kind are allowed on property.

1. **Spiritual Customs:** Residents have a right to practice any cultural, religious or spiritual customs. For the safety and respect of all, please do not impose any of your beliefs, try to recruit anyone to practice your religion, and do not practice any customs that involve fire or smoke inside the house.
2. **Privacy:** Residents may not enter another person's room without permission. OPCS staff will not discuss resident information, including billing agreements or program concerns, with other residents.
3. **Complaints and Grievances:** Residents may file a complaint or grievance with OPCS staff. Complaints and/or grievances will not adversely impact resident services.

### RESIDENT RESPONSIBILITIES

#### Respect for Residents and Staff

1. **Visitors:** Guests are not permitted. Clients can be picked up and dropped off. Anyone coming to property must sign the visitors log book. **NO CHILDREN ON THE PROPERTY AT ANY TIME.**
2. **New Arrival Curfew:** All new residents will return to the house by 6:00pm every day. **New residents will abide by the Standard Curfew after employment has been verified.**
3. **Standard Curfew:** All residents who are working will be expected to return to the house by 10:00pm Sunday – Thursday and 11:00pm Friday and Saturday, or as required for meetings or programming on assigned days. Those late for curfew will be required to drug test for the house manager and pay a \$15 drop fee. A 6:00pm curfew will be in effect until \$15 is paid. A client needs specific permission to leave for work earlier than 5:00am.
4. **Noise Levels:** We ask that you respect your fellow residents and play radios and televisions at reasonable volume levels.
5. **Smoking:** *Absolutely no* smoking in the house due to insurance liabilities, this includes e-cigarettes. No burning of candles or incense. Smoking is allowed in designated smoking areas only. Absolutely no smoking on the 2<sup>nd</sup> floor, balconies, or stairwells at any time.
6. **Pets:** Residents are not permitted to have any pets.
7. **Sanitation:** Program participants have the right to live in a clean and welcoming environment. Resident will keep the premises clean at all times, and upon discharge will leave the premises in as good a condition as when this agreement was entered. Each resident is requested to eat food in common areas and wash their own dishes immediately after eating. Residents are responsible for cleaning of all community living areas, such as, kitchen, bathroom, living room, den, patios, backyard & grounds, and laundry room. All residents are assigned weekly house chores.

#### Respect for Self

1. **Sexual Activity:** No sexual activity in the house or on the grounds at any time.
2. **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. Alcohol and illegal drugs are not allowed on program premises nor is K-2, Spice, or any synthetic marijuana products or bath salts. Medically prescribed marijuana patients will not be allowed entry into the program. If you have questions regarding your recovery, please don't hesitate to ask your case/house manager. Please be aware of other resident's recovery needs. **ALL CLIENTS WILL BE REQUIRED TO SUBMIT TO RANDOM URINE TESTING WHEN REQUESTED BY STAFF.**

3. **Medication:** The program does not dispense medication. Our policy prohibits abusing mind-altering medications. The case manager, in conjunction with advice from medical professionals, will determine the necessity for prescribed medications. 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 with full explanation to any supervisory agencies. All medications need to be entered in medication log. (See house manager). **NO NARCOTIC MEDICATIONS ARE ALLOWED WHILE LIVING IN THE PROGRAM.** You must secure your medications. No sharing of any resident's prescribed medications.
4. **Dress Code:** All residents must be properly attired in the common areas. i.e. - No tank tops, No bare midriff, No short shorts, No attire should have drug or alcohol references, No gang attire.
5. **Pornography:** No pornography is allowed in the house.

**Respect for Property**

1. **Alterations to Property:** Residents may not make any alterations to the property due to OPCS lease agreement with the property owners. This includes alteration of cable or internet connections, installation of paneling, flooring, built in decorations, partitions or railings, shades, blinds, window guards, in or outside of the premises, or drilling or attaching anything to the floors, walls or ceiling. In addition, residents may not bring in any dish washing, clothes washing, heating, ventilating, or air conditioning units, and may not have any water filled furniture, refrigerator or coffee pot in the bedroom.
2. **Vehicles:** To operate and/or park a motor vehicle while residing at the facility, a valid driver's license, proof of insurance and registration are required and copies need to be on file at the office. Non-running vehicles are not allowed to be parked on any of the residential facilities. They will be towed at resident's expense.
3. **Weapons:** No weapons of any kind are allowed on premises.

**Financial Accountability**

1. **Parole Requirements:** If you are on parole or supervision of any kind, you must continue to abide by all rules set down by your supervising agency.
2. **Occupancy Charges:** Residents in HUD supported housing (OP, MIT, NC) will be charged 10% of their gross income after becoming employed.
3. **Program Fees:** Residents not in HUD supported housing will be required to pay program fees at the rate of \$100 per week, unless enrolled in CPR. Residents enrolled in CPR will be charged \$50.00 per week after the initial week and until graduation from the program. The program fees for CPR will be waived for the first week.
4. **Payment Plans:** Payment plans will be written for residents that are in arrears of \$200.00 or more. They will be written by the case manager and the client together. Once resident agrees to the Payment Plan the document will be signed and enforced.

**Basic Resident Information**

1. **Activity/Work Plan:** We require all residents to participate in an assigned case plan, which could involve day programs, employment, or volunteer work. All residents that are required to work will be dressed and out of the house by 8:00am and cannot return until 4:00pm, during the week. Daily schedules for program residents will be followed. Case Managers will work individually for those on SSI and SSD.
2. **Community Service:** Residents can participate in community service at each property if approved by parole/probation officer. House manager will supervise and sign off on all work.
3. **Passes:** Pass request forms must be completed with a minimum of two weeks' notice. A minimum of thirty days in the house is required before a pass will be considered. The Case Manager along with the supervisory agency will approve all passes based on performance in the house. All program fees must be current for the pass to be approved. You must have completed a 24 hour pass before being given a 48 hour pass.
4. **Sleeping:** All residents must be awake, dressed and areas cleaned by 8:00am on weekdays. Residents are required to sleep in their bed, not in the living room. Day sleeping is not allowed unless specifically approved.
5. **House Activities:** All residents are asked to participate in all house activities including weekly house meetings, group sessions, and daily housekeeping duties.
6. **Twelve Step/SMART Meeting Attendance:** All residents are required to attend \_\_\_\_\_ outside 12step/SMART meetings per week or as indicated on treatment plan. Meeting attendance slips will be turned in to the house manager prior to weekly house meetings.
7. **Sponsors/Mentors:** If you are attending any 12 step/SMART Recovery meetings, it is imperative that you to get a 12-step sponsor and/or SMART mentor immediately. All sponsors/mentors should sign the sponsorship/mentorship log book. Read the Narcotics Anonymous "Sponsorship" pamphlet in your intake package for more clarification.
8. **House Liability:** Casa Santa Clara and Oasis House for Women are not liable for any personal property *during or after* the resident's discharge from the house. Please limit what you bring. Old Pueblo Community Services will dispose of all personal property 30 days from discharge date. A written notice must be submitted to the case/house manager upon departure for anyone else to pick up personal property.

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Please print the following on the line above: **I HAVE READ AND UNDERSTAND HOUSE POLICIES AND LODGING AGREEMENT**

**Residential Information Concerning Applicant/Resident May Be Shared With Appropriate Agencies (Sign Here)** \_\_\_\_\_

Signature of Lodger: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name of Lodger: \_\_\_\_\_ Dated: \_\_\_\_\_

Signature of Staff Manager: \_\_\_\_\_ Dated: \_\_\_\_\_



# Casa Santa Clara for Men and Oasis House for Women

## Resident Application (6-13)

You are required to write a brief bio letter at the end of this application. We want to know who you are, where you came from, and where you want to go in life. This section is required to process application. If you have trouble writing, get help, or let us know.

Name: \_\_\_\_\_ Case/DOC#: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_ SS#: \_\_\_\_\_ **Circle One:** Single Married Divorced Separated Widowed

Identification: (**Circle**) Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: \_\_\_\_\_ Ethnicity \_\_\_\_\_

Gender: \_\_\_\_\_ Are you pregnant? **YES NO** Have you ever served in the Military/Armed Forces? **YES NO** If Yes, Type of Discharge \_\_\_\_\_

Current Contact Phone \_\_\_\_\_ How did you hear about our program? \_\_\_\_\_

Are you receiving county, state, or federal benefits? **YES NO** What? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever received county, state, or federal benefits? **YES NO** What? \_\_\_\_\_ Why? \_\_\_\_\_

Current Living Situation (**Circle One**) Streets Shelter Detox Jail/Prison Rental Housing Transitional Living Hospital DV Shelter

Family Other \_\_\_\_\_ Name of current contact: \_\_\_\_\_ Current address: \_\_\_\_\_

Are you in the process of family reunification? **YES NO** Explain: \_\_\_\_\_

Do you have children? **YES NO** Ages: \_\_\_\_\_ Sex: \_\_\_\_\_ Are you paying child support? **YES NO** How much? \_\_\_\_\_

Where did you grow up? \_\_\_\_\_ Do you have financial support for fees? **YES NO**

In case of emergency notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

When I leave the program forward my mail to: \_\_\_\_\_

**Would you be interested in participating in the Community Pathways to Recovery Program which includes pick up from the gate to OPCS housing, Intensive Outpatient Counseling, Employment Workshops, Resume building and much more?** Yes \_\_\_\_\_ No \_\_\_\_\_

Have you enrolled in any services while incarcerated that will continue after your are released? Yes \_\_\_\_\_ No \_\_\_\_\_

What service/program? \_\_\_\_\_ What Agency? \_\_\_\_\_ Begin Date \_\_\_\_\_

Are you willing (**YES NO**) and capable (**YES NO**) of working 40 hours a week of gainful employment?

### ALCOHOL AND DRUG USE (if any)

Substance	Frequency of Use	Age First Used	Date Last Used	Route (oral, smoke, inhaled, injected, other)	Other Drugs Used
Alcohol					
Marijuana					
Methamphetamine					
Heroin					
Cocaine					

Drug of Choice: \_\_\_\_\_

List names and dates of all treatment programs, outpatient programs, shelters, domestic violence shelters, and halfway houses attended. (Be specific) \_\_\_\_\_

Are you willing to detox if needed? **YES NO** Have you ever attended addiction support groups? **YES NO** How long? \_\_\_\_\_

Are you willing to attend three 12 step or SMART Recovery meetings a week? **YES NO**

If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? **YES NO**

How many attempts have you made to get clean and sober in the past? \_\_\_\_\_ Most clean/sober time attained? \_\_\_\_\_

### EMPLOYMENT HISTORY (List Most Recent Employer First - Do NOT List DOC Employment)

Employer Name	Phone	Date Started	Date Ended	Position	Supervisor Name	Hourly Pay Rate

### EDUCATION HISTORY

Highest Grade Completed \_\_\_\_\_ Education Completed (**Circle all that apply**) High School GED Vocational School Junior College University Other \_\_\_\_\_

School or other formal training from age 14 (e.g. high school, technical school, apprenticeships, on-the-job training, computer, etc)

Name and Place	From (Year)	To (Year)	Certificates, Diplomas Obtained	Type or Main Subject

**HOUSING HISTORY**

Prior Living Situation	Pay Rent	Where	When (Start – End Date)	How Long
	Y N			
	Y N			
	Y N			
	Y N			
	Y N			

**REASONS FOR LEAVING PRIOR HOUSING BEFORE INCARCERATION (Circle all that apply)**

Substance Abuse Discharged Parole/Probation Violation  
 Marital Separation Non-payment of rent/occupancy charge Destruction of property  
 Loss of Employment Non-compliance with housing authority Arrested  
 Completed Program Criminal activity/ violence Other: \_\_\_\_\_  
 Explain: \_\_\_\_\_

**BRIEF MEDICAL HISTORY**

Are you under physician's care? **YES NO** If yes, why? \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Agency: \_\_\_\_\_  
 List ALL Medications Prescribed: \_\_\_\_\_  
 \_\_\_\_\_ Will your doctor prepare a work release letter? **YES NO**  
 List all past and current physical medical issues: \_\_\_\_\_  
 \_\_\_\_\_  
 List all past and current psychiatric encounters: \_\_\_\_\_  
 \_\_\_\_\_  
 Are you under the care of a behavior health facility? **YES NO** Agency Name \_\_\_\_\_ How long? \_\_\_\_\_  
 Have you ever attempted suicide? **YES NO** If yes, explain: Date: \_\_\_\_\_ Where: \_\_\_\_\_  
 Circumstances: \_\_\_\_\_  
 Are you a survivor of sexual assault, domestic violence, or stalking? **YES NO** Explain: \_\_\_\_\_  
 Caseworker/Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**LEGAL HISTORY (if any)**

Do you have current charges? **YES NO** If yes, what? \_\_\_\_\_ If yes, next court date: \_\_\_\_\_  
 Are you a parole violator? **YES NO** Reason for Violation: \_\_\_\_\_ Anticipated Release Date: \_\_\_\_\_  
 Are you on supervision? (Circle One) IPS Direct Regular Parole Fed Probation No Supervision Agency: \_\_\_\_\_  
 PO Name \_\_\_\_\_ Phone: \_\_\_\_\_ Office Location \_\_\_\_\_  
 Do you have court fines? **YES NO** How much? \_\_\_\_\_ Do you have community service? **YES NO** How Many Hours? \_\_\_\_\_  
 Have you ever been arrested for any sex crimes? **YES NO** If yes, Explain: \_\_\_\_\_  
 List all arrests, convictions, sentences, prior prison or jail commitments, and probation history. (list places and dates – use blank paper if needed)  
 \_\_\_\_\_  
 \_\_\_\_\_

**VERIFICATION**

**Application forms require this information to process. Who can we call to verify this application? (Circle One) Parole/Probation Public Defender Attorney Case Manager COIII Pretrial Vet Rep Other \_\_\_\_\_**

Name \_\_\_\_\_ Fax (Required) ( ) Phone # ( ) \_\_\_\_\_

Did you read the lodging agreement and house policies? **YES NO** Are you clear on what is expected of you? **YES NO**  
**HOUSING DEPOSIT:** All residents are **required** to pay a housing deposit of \$200.00 that will be credited to your housing fees. If you are unable to pay the deposit, please let us know in writing with copies of your inmate banking/retention account statement.

**By signing below I provide OPCS authorization to share information included in this application with referring agencies:**

(Sign here) \_\_\_\_\_ Date \_\_\_\_\_

All information on this application is true to the best of my ability:

Client Name (Print) \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_



Please tell us why you desire to live at Casa Santa Clara or Oasis Housing:

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What abilities do you think you possess that will help you be successful at Casa Santa Clara or Oasis House?

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What are your reasons for applying to live at Casa Santa Clara or Oasis House?

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What actions do you think you will need to take in order to accomplish the goal of independent living?

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