

Oasis House for Women and Casa Santa Clara for Men Walk-In Client Application Form

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 (1-09)

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. We ask that if you have used in the last 24 hours you enroll in detoxification services before entering.

Admission Requirements:

Willing to obtain employment	No history of sex crimes or arson
Willing to work your recovery program	No methadone
90 day commitment	Minimum 21 years of age
Addict or alcoholic by admission	Willing to follow all house rules, curfew and meeting requirements

Program fees are \$90.00 to \$115.00 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 and, if indigent, have access to food in the house. 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.

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) 546-0122 www.oldpueblocommunityservices.org



The Oasis House for Women Casa Santa Clara for Men

HOUSE POLICIES - LODGING AGREEMENT (1-09)

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 of \$_____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 to be entertained on the outside at common patio areas only from 9am through 8pm Saturday and Sunday. Guests must never be left unattended. No guests allowed in the bedrooms and no overnight guests. If any guests cause dissension within the house, that guest will be asked to leave. Visits with sponsors are encouraged. **NO CHILDREN ON THE PROPERTY AT ANY TIME.**
2. **New Arrival Curfew:** All new residents will return to the house by 6:00 pm every day. **New residents will abide by the Standard Curfew after showing proof of employment.** Attaining employment immediately will directly benefit each resident.
3. **Standard Curfew:** All residents who are working will be expected to return to the house by 10:00 pm Sunday – Thursday or 6pm for meetings or programming on assigned days and 11:00 pm Friday & Saturday. For those late for curfew, you` will be required to drug test for the house manager and pay a \$15 drop fee. A 6pm curfew will be in effect until \$15 is paid. A client needs specific permission to leave for work any earlier than 5:00 am.
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. No burning of candles or incense.
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 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. 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. In addition, guests of a resident who are under the influence of any type of mind altering substances are not permitted, at any time on the grounds.

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.
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 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 your expense.
3. **Weapons:** No weapons of any kind are allowed on premises.

Financial Accountability

1. **Probation/Parole Requirements:** If you are on probation/parole or supervision of any kind, you must continue to abide by all rules set down by your supervising agency.
2. **Program Fees:** All program fees are due on the day determined by you and your case manager. If an emergency or hardship occurs, please inform your case manager so you can agree on options for repayment of the program fees that are past due. I understand that if I leave the program prior to successful 90 day completion, I forfeit all program fees for that week. Prepaid Program Fees for any further weeks will be refunded to the payer of those fees. If I successfully complete the 90 day program, my prepaid Program Fees will be pro-rated on a daily basis and refunded to the payer of those fees.
3. **Payment Plans:** Payment plans will be written for residents that are \$200.00 or more in behind in program fees. 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 8:00 am and cannot return until 4:00 pm, during the week. Daily schedules for program residents will be followed. The curfew for unemployed residents is 6:00 pm. Residents having trouble acquiring employment are to ask staff for help. See employment opportunity sheet in your introduction package.
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 week's 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 8:00 am on week days. Residents are requested to sleep in 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 weekly housekeeping duties.
6. **Twelve Step/SMART Meeting Attendance:** All residents are required to attend ___ outside 12step/SMART meetings per week. Meeting attendance slips will be turned in to the house manager at 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 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. There are no locks on the interior doors. 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.

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 (1-09)

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: _____

Gender: (**Circle**) Male Female Ethnicity _____ Are you pregnant **YES NO** Veteran **YES NO**

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: _____

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 (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 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? _____
 List ALL Medications Prescribed: _____
 _____ Will your doctor prepare a work release letter? **YES NO**
 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 SACASA Rep 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**
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:

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

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

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