



ADULT RESIDENTIAL COMMUNITIES

Compassionate and supportive Recovery Housing Solutions

Help for Today. Hope for Tomorrow.

RESIDENT HANDBOOK

WELCOME TO ADULT RESIDENTIAL COMMUNITIES

The goal of ARC is to provide a safe, supportive, and structured environment for residents focused on improving their behavioral health and overall well-being.

The information contained in this Resident Handbook will serve to introduce you to ARC, its managers, its expectations in terms of rules and responsibilities, and the services that are available to you.

ARC believes in a holistic approach to wellness. This approach combines:

1. A supportive, structured, monitored, and accountable living environment.
2. Attendance at specific meetings within the residence that are necessary to build an effective community where residents can support each other in improving their behavioral health and developing positive behaviors. These meetings include in-house support groups, when available, and weekly house meetings.
3. Attending appropriate support meetings in the community outside of the residence when not available at the recovery residence.
4. Attending outpatient counseling or other forms of support needed for you to:
 - A) Get accurate information about behavioral health, including mental health challenges and problematic behaviors.
 - B) Learn specific coping strategies, emotional regulation skills, and behavioral skills needed to progress in your personal growth and avoid setbacks.
 - C) Develop the life skills that will enable you to lead a fulfilling life, via linkage to outside providers and active involvement in the community.

CRITICAL RULES

ARC has a number of critical rules that result in immediate corrective discipline, up to and including immediate termination from the residence. These critical rules are:

1. ***Unauthorized Substances:*** There will be no possession, sales, or use of alcohol or illicit drugs within the residence.
2. ***Prescription Medications:*** There will be no possession, sales, or use of any prescription drug within the residence that has not been registered with the House Manager for monitored self-administration.
3. ***Disrespectful Behavior:*** There will be no flirting, sexual remarks, sexual harassment, romantic involvement, or inappropriate behavior with another resident or visitor.
4. ***Violence:*** There will be no violence or threat of violence in the residence or by any resident outside of the community grounds. Violence or the threat of violence will result in immediate discharge.
5. ***Unauthorized Substance Use:***
 - a. There will be NO use of mood-altering substances in the residence, nor by any resident in the community—either on or off the grounds.
 - b. Use of alcohol or other unauthorized substances will result in immediate discharge, and the resident may be required to undergo assessment.
 - c. If a resident refuses assessment, the resident must leave the grounds.
 - d. After assessment is completed, the resident must schedule a meeting to discuss readmission.
6. ***Inappropriate Material:***
 - a. **Sexually Explicit Material:** Sexually explicit pictures, magazines, reading materials, or movies are not allowed at ARC.
 - b. **Room Inspections:** Staff will periodically complete room inspections, and sexually explicit materials, if found, will be confiscated and destroyed.
 - c. **Child Exploitation Material:** Any resident found with child pornography (or any sexually explicit material containing images of children or models who look like children) will be subject to corrective discipline, up to and including being asked to leave the residence. The material will be confiscated and may be destroyed or turned over to the police for investigation.
 - d. **Violent or Exploitive Material:** Any resident found with sexually explicit material that depicts graphic acts of violence or exploitation will be subject to corrective discipline, up to and including being asked to leave the residence. The material will be confiscated and may be destroyed or turned over to the police for investigation.

Signature of Resident: _____ Date _____ / _____ / _____

Staff that Reviewed with Resident: _____ Date _____ / _____ / _____

LIVING ARRANGEMENTS

(Routine Rules and Procedures)

1. Laundry

- A. ARC has washers and dryers for resident convenience and use. Residents are expected to wash their own clothing and bed linen. Residents will be issued bed linen and towels when admitted. Residents are to keep these laundered appropriately.
- B. Laundry must be completed by curfew.

2. Dress Code

- A. All residents are expected to dress accordingly and not in a "street" manner.
- B. Residents will not lounge in the residence with short-shorts or t-shirts associated with "using" behavior. Shoes or sandals will be worn at all times.
- C. No ARC bedding is to be taken outdoors.

3. Living Quarters

- A. ARC. has ample apartments/units which can accommodate all the residents.

4. Cleaning Duties

- A. All residents are expected to check the job list posted for their job duties.
- B. Jobs will be completed no later than 10:00am each morning by all residents.
- C. The House Manager will monitor to assure the assigned tasks are properly completed.
(If a resident is on a special pass, the resident is responsible for finding someone to do their job).
- D. Residents will keep all areas of their units clean, including floors, living areas, bedrooms, bathrooms, etc. Dust mops and wet mops are available and are to be put back when the resident is done with them.
- E. All clothes are to be washed on a regular basis, folded and put away.
- F. Personal hygiene is an important part of sober and responsible living. As a result, each resident is required to shower and engage in other appropriate personal hygiene activities each day. The bathroom is to be picked up and cleaned after each resident has finished using it so the next resident will have a clean bathroom to use.

5. TV and Radios

- A. Personal TVs are not allowed.
- B. Radios are allowed. However, they are NOT to be used during group meetings, must be on headphones after 10pm, and may not be played in a fashion to be heard outside of the unit.

6. Support Meetings

- A. All residents must attend a minimum up to three (3) support meetings (that may include AA/NA meetings) per week. 90/90 is highly suggested).
- B. These meetings are mandatory and an important part of the residents' recovery.
- C. In-House meetings must be a minimum of one hour long and the schedule will be announced.

7. Visitors/Visiting Hours

- A. Visiting hours are restricted to Saturday and Sunday:
- B. Saturday: 12:00pm to 6:00pm Sunday: 1:00pm to 6:00pm
- C. Visiting is only in common areas

8. Well-being Concerns

Residents should bring any physical, emotional, or mental well-being concerns to the attention of the House Manager. Residents may utilize any healthcare providers they choose, but "provider shopping" (finding multiple providers for the same concern without proper justification) for medications or diagnoses is prohibited.

9. Medications

- A. If a resident is on medication prescribed by their healthcare provider, the medication will have to be documented with the House Manager.
- B. All medication must be kept out of sight from other residents. Residents are free to obtain a personal lock box to store their own OTC or prescribed medications.
- C. Failure to have medication logged in with the House Manager (this includes refills) is grounds for corrective discipline, up to and including immediate discharge.
- D. Residents must advise prescribing providers that they are in a supportive living environment and may not provider shop.
- E. Managers may be authorized to verify with the prescribing provider the need for such medication, and the resident agrees to sign the appropriate HIPAA release form to verify information with the prescribing provider. Failure to do so may result in discharge from ARC.

10. Respectful Conduct

There is not to be any unnecessary horseplay, yelling, roughhousing or running on the property or in the units. There will be no yelling to let someone know they have a phone call. (You must try to find them or take a message.)

11. Borrowing

ARC does not allow the lending of money between residents, nor do we allow the buying or selling of personal items between residents.

12. Gambling

No gambling is allowed in the house or on the property.

13. Smoking

Smoking is not allowed in any of the units. Please step outside to smoke in designated areas only. Utilization of the butt cans provided is kindly requested.

14. **Lights Out** is at 12:00am for all residents.

15. **Curfew** is at 10:30pm for all residents.

16. Wake-Up

1. Saturday and Sunday

A. Wake-up at 10:00am

B. Complete house chores by 12:00pm

2. **Weekdays**

A. All residents are required to be up by 7:00 AM and attend Morning Meditation at 7:30 AM

B. Beds must be made by 10:00 AM, and bedside areas should be cleaned

17. Passes

Passes may be given out upon approval by the house manager.

Signature of Resident: _____ Date ____ / ____ / ____

Staff that Reviewed with Resident: _____ Date ____ / ____ / ____

FAILURE TO FOLLOW ARC MANAGER INSTRUCTIONS

1. The managers of ARC are there to:
 - A. Assist you to become oriented to life in the recovery residence.
 - B. Guide you in the use of sober and responsible behavior.
 - C. Inform you when you are lapsing into the use of addictive or antisocial behavior and request that you return to the use of sober and responsible behavior.
 - D. Enforce the rules necessary to protect the safe and sober environment of the community.
 - E. You are expected to follow the instructions of the ARC managers as long as they are consistent with the goals of protecting the safe and drug free environment, encouraging progress in personal recovery, maintain order and stability within the residence, and stopping behavior that is disruptive, harmful to self or others, or presents a negative image of ARC to the surrounding community.
2. If a manager or volunteer gives you instruction and you do not agree with it, it is important that you immediately obtain a grievance form, fill it out to present your concerns to the House Manager in writing. If the manager insists that you follow the instructions, you must do so. It is an important responsibility for you as an active resident to bring these situations to the attention of managers by filing a grievance as soon as possible after the incident.

Signature of Resident: _____ Date _____ / _____ / _____

Staff that Reviewed with Resident: _____ Date _____ / _____ / _____

CORRECTIVE DISCIPLINE

A. Rule Infractions:

All rule infractions will result in a consequence. The consequences will be issued by the House Manager (or Upper Level Manager or Owner). If a resident is consistently violating rules in a 30-day period, the resident will be re-evaluated by an ARC manager for continued residency.

B. Grievances:

1. If a resident feels that he has been treated unfairly or is requesting a change in policy, the resident is to fill out a grievance and place it in the official grievance box.
2. Only a House Manager or Upper-Level Manager has access to the grievance box and no person who is grieved will be advised of the grievants' name until the grievance is investigated.
3. All grievances will be investigated, and an upper-level manager will interview the residents within 48 hours of the grievance submission date.

C. In House Restriction:

1. Restricted to the unit
2. Residents on house restrictions must attend the scheduled house activities
3. Residents on house restrictions may attend 12-step or other approved self-help groups outside of the house but only if accompanied by another resident in good standing

D. Grievances and Policy Change Requests:

To change an existing policy or rule, the following procedure must be followed:

1. You must fill out a ***Grievance Slip*** and place it in the grievance box prior to every Thursday.
2. An upper-level manager will review policy change requests and obtain approval from the owner of ARC. This will ensure that the recommended change is both a sound behavioral practice that will not endanger the sober and responsible environment of the residence and that it will not adversely affect the finances of the recovery residence or violate any laws, codes, or ordinances.
3. The upper management may modify any aspect of the recommended rule or policy change or veto it. Upper management will communicate their reason for the modifications or veto in writing to the residents.

Signature of Resident: _____ Date _____ / _____ / _____

Staff that Reviewed with Resident: _____ Date _____ / _____ / _____

COMPLAINTS/GRIEVANCES

ARC is committed to meeting the needs and expectations of our residents. We will work with you to try to resolve any conflict and try to provide a satisfactory outcome for all parties involved within forty-eight (48) hours, whenever possible.

If you have a complaint and/or grievance or wish to participate or convey your feelings regarding any ethical issue during your stay at ARC, please follow the procedures outlined herein.

A **GRIEVANCE SLIP** form follows this page. This form is also available in the Office. The form is to be completed, signed and placed in a sealed envelope. The envelope is to be placed in the grievance box prior to each Thursday.

If you are making a verbal complaint to a manager, the manager must complete the Grievance Slip. The form is to be signed by both you and the manager.

The House Manager will meet with you to discuss your grievance/complaint within twenty-four (24) hours. During the initial interview, the House Manager will discuss the nature of the complaint/grievance, the impact on your stay (if applicable) and possible resolutions. You will be provided with a written response to your complaint/grievance with resolutions within seventy-two hours of receipt. The House Manager will sign this response.

Signature of Resident: _____ Date _____ / _____ / _____

Staff that Reviewed with Resident: _____ Date _____ / _____ / _____

ADULT RESIDENTIAL COMMUNITIES' GRIEVANCE SLIP

RESIDENT NAME	DATE OF INCIDENT
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Verbal/Date Filed: ____/____/____

Written/Date Filed: ____/____/____

Complaint/Grievance Received By:

RESIDENT COMPLETES

COMPLAINT/GRIEVANCE:

RESOLUTION:

I have reviewed the complaint/grievance with the complainant and filed all pertinent information, which has been agreed upon with the complainant.

Signature of Person Making Complaint

____/____/____
Grievance Date

Signature of Person Taking Complaint

____/____/____
Grievance Date

Distribution: Original – Resident
 Copy – Resident File

THE PHASE STRUCTURE

1. **Phase 1: (minimum 90 days)**

- A. Attend a minimum of 3 support meetings per week for 90 days. Consistent attendance is encouraged.
- B. Seek employment or vocational counseling or attend school or obtaining volunteer work
- C. Attend all house meetings
- D. Obtain a mentor or support person
- E. Follow all rules and regulations
- F. Regular random drug screenings

2. **Phase 2:**

- A. Consistent support meeting attendance
- B. Working full time, going to school or performing volunteer work
- C. Begin working on personal goals with your mentor
- D. Therapeutic classes and treatment with community providers outside of the residence if needed, required, or ordered by the court.
- E. Continuous attendance at all House meetings
- F. Displaying role-model behavior
- G. Regular random drug screenings

3. **Phase 3:**

- A. Begin making outside living arrangements
- B. Can communicate a transition to the community plan
- C. Consistent meeting attendance, working on personal goals with your mentor and displaying leadership behavior

1. Progressing from Phase 1 to Phase 2:

To progress from Phase 1 to Phase 2, the resident must have accomplished the following:

- A. Has attended at least 3 support meetings per week for 90 days
- B. Obtained employment or schooling or volunteer work
- C. Responsibly paid bed cost and has a zero-credit balance
- D. Has regularly attended and responsibly participated in all house meetings.
- E. Be free from any rule violations or disciplinary actions for a minimum of two weeks
- F. All drug tests have been negative

Progressing from Phase 2 to Phase 3:

To progress from Phase 2 to Phase 3, the resident must have accomplished the following:

- A. Has maintained employment or has been actively participating in volunteer work or a training/educational program.
- B. Responsibly paid bed cost and has a zero credit balance.
- C. Has continuously attended support meetings.
- D. Be free from any rule violations or disciplinary action for a minimum of 30 days.
- E. All drug tests have been negative.
- F. Has regularly attended and responsibly participated in all house meetings.
- G. Has demonstrated leadership behaviors in the program.

CRITERIA FOR RESPONSIBLY LEAVING ADULT RESIDENTIAL COMMUNITIES

In order to responsibly leave the recovery residence with full approval of the House Manager, a resident must have:

1. Completed Phases 1 and 2 at ARC
2. Maintained uninterrupted abstinence from alcohol, drugs, antisocial and criminal behavior for a minimum of 6 months
3. Obtained full-time employment, entered school, or been working as a volunteer in an approved program for a period of four months
4. Scheduled a discharge session with a manager at least 3 weeks prior to discharge and been able to demonstrate progress and a concrete recovery plan for the future

Administrative Discharge:

Should a resident not be in compliance with program rules and expectations and is posing as a threat to the physical and emotional well-being of the program's residents, he will be administratively discharged from ARC and has 1 hour to leave the property. The resident is directed to leave the premises and will have 10 days to retrieve his personal belongings before they are discarded. If the resident has left behind medications, the house manager will either add water (if pills) or dirt (if a liquid) until the medication can be dropped off at a drug disposal location (For Fort Lauderdale residences: drop off at CVS 1150 NE 26th St, Wilton Manors and for Pompano Beach residence, drop off at Benzer Pharmacy 1960 N Federal Highway, Pompano Beach.)

Residents Who do Not Return:

Should a resident leave Adult Residential Communities and do not return without any notification, ARC will store their personal belongings for 10 days. Medications will be disposed of as noted under Administrative Discharge procedures. The house manager will call area hospitals and local jails to see if the resident is there. The house manager will contact the next of kin and their case manager, including Probation and Parole (if applicable) to advise them of the resident's absence. Note: ARC has an open door policy should relapse occur.

Signature of Resident: _____ Date ____ / ____ / ____

Staff that Reviewed with Resident: _____ Date ____ / ____ / ____

EXAMPLES OF RESPONSIBLE BEHAVIORS

1. Refusing to resort to lying, cheating, stealing, manipulating, threatening, or using violence to cope with concerns.
2. Making a genuine effort to become productively involved in the Adult Residential Community.
3. Living according to the rules of the residence and if a resident does break a rule, promptly admits to the appropriate manager and assigned senior resident and is willing to accept the consequences as a learning experience.
4. Maintaining effective acts of daily living such as maintaining personal hygiene, keeping room neat and orderly, participating in mandatory house activities.
5. Seeking and finding employment.
6. Meeting all financial obligations to the recovery residence and other persons and organizations,
7. Seeking to avoid conflicts with others by settling appropriate boundaries and respecting the boundaries of others.
8. Being willing to resolve conflicts, should they occur, through open and honest communication, using problem solving and conflict resolution procedures, and honestly seeking to find a solution that allows both people to feel satisfied with the outcome (seeking a “win-win” solution).
9. Consistently working to complete the requirements of the current phase of recovery and being willing to ask for help should problems develop in completing any tasks.
10. Responsibly attending all medical and counseling appointments and following the recommendations of the caregivers.
11. Being willing to register all prescribed medications with the house manager, reporting in a timely fashion for monitored self-administration of medications, taking medications as prescribed, and promptly reporting any adverse side effects of medications to appropriate manager and the doctor prescribing the medication.

CONFIDENTIALITY OF RESIDENT INFORMATION

Federal law and regulations protect the confidentiality of resident records maintained by ARC. Generally, managers may not say to a person outside the program that a resident attends the program or disclose any information identifying a resident as having an alcohol or drug abuse problem unless:

1. The resident consents in writing: OR
2. The disclosure is allowed by a court order: OR
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation: OR
4. The resident commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. Records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient 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 written consent unless otherwise provided for in the regulations. The Federal rules prohibit any further disclosure of this information unless written consent is obtained from the person to whom it pertains. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

Signature of Resident: _____ Date _____ / _____ / _____

Staff that Reviewed with Resident: _____ Date _____ / _____ / _____

HIPAA DISCLOSURE

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information:

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. & 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C & 290dd-2, 42 C.F.R. Part 2. Under these laws, Adult Residential Communities may not say to a person outside Adult Residential Communities that you are a resident, nor may Adult Residential Communities disclose any information except as permitted by federal law. Adult Residential Communities must obtain your written consent on separate consent forms before it can disclose information about you. Generally, you must also sign a written consent before Adult Residential Communities can share information for treatment purposes or for health care operations. Specific information to be released is restricted to:

1. Whether or not the resident is in treatment
2. Resident diagnosis
3. The nature of the project
4. A brief description
5. A statement as to whether the client has relapsed into drug and alcohol abuse and the frequency of such relapse

Federal law permits Adult Residential Communities to disclose information without your written permission:

1. Pursuant to a Letter of Agreement;
2. For research, audit or evaluations;
3. To report a crime committed on Adult Residential Communities' premises or against ARC personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. For a good cause court order.

For example, ARC can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a Letter of Agreement. Before ARC can use or disclose any information about your health in a manner which is not described above, it must obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights:

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. ARC is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location.

ARC will accommodate such requests that are reasonable and will not request an explanation from you.

Under HIPAA you also have the right to inspect and copy your own health information maintained by ARC, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in ARC's records, and to request and receive an accounting of disclosures of your health related information made by ARC during the six years prior to your request. You also have the right to receive a paper copy of this notice.

ARC's Duties:

ARC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. ARC is

required by law to abide by the terms of this notice. ARC reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains.

Complaints and Reporting Violations:

You may file a complaint to ARC and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Resident Acknowledgement:

I hereby acknowledge receiving a copy of this notice.

Signature of Resident: _____ **Date** ____ / ____ / ____

Staff that Reviewed with Resident: _____ **Date** ____ / ____ / ____

Adult Residential Communities House Rules

Every resident will:

1. Remain clean and sober at all times.
2. Follow the house schedule.
3. Perform chores as volunteered or assigned.
4. Be subject to random alcohol and drug screening.
5. Attend support meetings as required by current phase in program.
6. See a physician or psychiatrist if recommended by staff.
7. Attend all in house meetings.
8. Locate employment or regular volunteer commitment.
9. Clean sleeping area and bathroom daily.
10. Refrain from having any sexual relations while on the premises of ARC
11. Smoke only outside and only in designated smoking area.
12. Report maintenance issues or areas in need of repair to a house manager.

Signature of Resident: _____ **Date** ____ / ____ / ____

Staff that Reviewed with Resident: _____ **Date** ____ / ____ / ____

SEX OFFENDER REGISTRATION AND COMPLIANCE PROCEDURE

1. Within 48 hours of admission to ARC, Sexual offenders/predators must update their driver's license or identification card within 48 hours. Compliance with this will be monitored by the Adult Residential Communities person conducting the intake.
2. Sexual offenders must complete a registration form at the Broward County Sheriff's Office four times a year (birth month and every 3rd month thereafter). This will be monitored by the House Manager for each house that is housing a Sex Offender.
3. A sexual offender planning to travel to other states within the U.S. must report in person to the Broward County sheriff within 48 hours before the date he intends to leave Florida; **OR** If the intended destination is outside of the U.S., he must report in person to the Broward County sheriff at least 21 days before the date he or she intends to travel; **AND** Must provide to the sheriff the address, municipality, county, state, and country of the intended residence, and for international travel, a sexual offender must also provide travel information, including expected departure and return dates, flight number, airport of departure, cruise port of departure, or any other means of intended travel.
4. Any travel that is not known (unexpected) by the sexual offender within 48 hours (within the U.S.) or 21 days before departure (international travel), **MUST** be reported to the sheriff's office as soon as possible before departure.
5. Sexual offenders/predators **MUST** maintain registration for the duration of their stay at ARC.
6. Should a house manager suspect that a Sexual Offender has committed a sex crime, it must be immediately reported to the Broward County Sheriff's Office.

ADULT RESIDENTIAL COMMUNITIES RESIDENT BILL OF RIGHTS

ADMISSION INTO ADULT RESIDENTIAL COMMUNITIES, LLC DOES NOT CONSTITUTE THE SURRENDER OF YOUR RIGHTS AS A HUMAN BEING. ARC SUPPORTS AND PROTECTS THE FUNDAMENTAL HUMAN, CIVIL, CONSTITUTIONAL AND STATUTORY RIGHTS OF EACH RESIDENT. WE WANT YOU TO BE INVOLVED IN YOUR CARE, AND AS SUCH, YOU, AS THE RESIDENT, AND/OR YOUR FAMILY HAVE THE RIGHT TO:

1. Reasonable access to adequate and humane services regardless of your race, religion, sex, sexual orientation, ethnicity, age, handicap, political views, or financial status. ARC does not discriminate against residents on the basis of color, national origin or marital status.
2. Communication and information regarding your stay at ARC
3. Attention that is considerate and respects your personal value/belief system, by an adequate number of competent staff.
4. Freedom from censorship of mail or phone calls, unless therapeutically contraindicated.
5. Assurance of your health and safety. Emergency medical care will be accessed by using 9-1-1, ARC is not responsible for resident's medical bills if they are hurt or require medical attention while at ARC
6. Freedom from requirement to perform tasks that may cause injury or emotional trauma. A part of your stay is personal care, which includes making your bed, dusting your area, and clearing your plates from the dining room.
7. Request the opinion of a consultant, at your own expense.
8. Visits from family and significant others, regardless of age, unless contraindicated.
9. Obtain the fee for residency at ARC in writing.
10. Rules and regulations of ARC that govern your conduct during your stay with us.
11. Confidentiality and privacy.
12. To express your personal values, belief systems, and cultural practices. You are encouraged to discuss it with a manager. However, these beliefs and practices may not harm others or interfere with the planned course of action.
13. Discharge from ARC at your own responsibility. If at any time you desire to discharge, please discuss this decision with a manager so that appropriate procedures can be followed.
14. If during your stay, a manager makes a judgment that you pose as a threat to yourself or others, it is our responsibility to seek appropriate legal action. This will include the involvement of the police or orders for involuntary transfer to another facility.
15. A resident has the right to inspect his own records:
 - a. The house manager may temporarily remove portions of the records prior to the inspection by the resident if the manager determines that the information may be detrimental if presented to the resident. Reasons for removing sections shall be documented and kept on file.
 - b. The resident has the right to appeal a decision limiting access to his records to the house manager.
 - c. The resident has the right to request the correction of inaccurate, irrelevant, outdated or incomplete information from his records.
 - d. The resident has the right to submit a rebuttal data or memoranda to his own records.
16. To file a complaint or grievance either orally, written or through established ARC procedure.
17. Be treated with dignity and not be subjected to unusual punishment, humiliation, mental abuse, or punitive interference with the daily functions of living, such as eating and sleeping.

MY RIGHTS AND RESPONSIBILITIES AS A RESIDENT OF ARC WERE OUTLINED AND EXPLAINED TO MY SATISFACTION, AND, AS APPROPRIATE, TO MY FAMILY, IN A LANGUAGE THAT I/WE UNDERSTOOD:

Signature of Resident: _____ **Date** ____/____/____

Staff that Reviewed with Resident: _____ **Date** ____/____/____

Distribution: Copy to Resident

Adult Residential Communities LIST OF RESTRICTED MEDICATIONS

- Morphine
 - Methadone
- Amphetamines (Methamphetamine, Dextroamphetamine, Lisdexamphetamine, Adderall XR, Adderall, Dexedrine, ProCentra, Dextrostat, Ritalin, Concerta, Vyvanse, Focalin, Strattera)
 - Not prescribed to the resident
- Narcotic pain medications and/or benzodiazepines (Xanax, Ativan, Klonopin)
 - Cough medicines (Dextromethorphan, or DXM)
 - Cold medicines (Pseudoephedrine)
 - Motion sickness pills (Dimenhydrinate)

**ALL MEDICATIONS, INCLUDING OVER THE COUNTER MEDICATION MUST BE STORED
OUT OF SIGHT FROM OTHER RESIDENTS**

Signature of Resident: _____ **Date** ____/____/____

Staff that Reviewed with Resident: _____ **Date** ____/____/____

ADULT RESIDENTIAL COMMUNITIES' UNUSUAL INCIDENT REPORT

PART I – Reporting:

Person First Reporting Incident: _____ Title/Position: _____
 Date/Time Reported: Month _____ Day _____ Year: _____ Time _____: _____ am/pm
 Person Reporting Incident to ARC Administrator: _____
 Title/Position: _____ Phone#: _____
 Date/Time Reported: Month _____ Day _____ Year: _____ Time _____: _____

PART II - Type of Incident:

Type of Incident: _____
 Date/Time of Incident: Month _____ Day _____ Year: _____ Time _____: _____
 Location/Place of Incident: _____
 Person(s) Involved: _____

PART III - Details of Incident:

(What, How, When, Why):

PART IV - Action (s) Taken & By Whom: (please be specific)

PART V – Review:

Administrator Review of Report: _____
 Date: ____/____/____

PLEASE USE REVERSE SIDE FOR ADDITIONAL COMMENTS

**ADULT RESIDENTIAL COMMUNITIES'
RESIDENT APPLICATION FORM**
(This form is to be completed online at www.arcnetwork.org)

Personal Data

Name: _____ Social Security #: _____

Resident Date of Birth: _____

Driver's License/ID Number (optional) _____ State: _____

Resident Current Address:

Street Address

City State Zip Code

Resident E-Mail (optional) _____

Resident Cell Phone (optional) _____

Emergency Contact Name: First _____ Last _____

Emergency Contact Phone: _____

Emergency Contact Relationship: _____

Emergency Contact Email: _____

Are you a prior ARC or Project SOAR resident? ☐ Yes ☐ No

Are you a veteran? ☐ Yes ☐ No

Are you a registered Sex Offender? ☐ Yes ☐ No

Are you on probation or parole? ☐ Yes ☐ No

Do you have a substance abuse disorder (alcohol or drugs)? ☐ Yes ☐ No

How did you hear about us? _____

Who is completing this application? _____

Eligibility

Our primary admissions requirement is a desire to live a life free from drug and alcohol abuse. You must be at least 18 years of age or older, employed, seeking employment, collecting benefits, enrolled in or awaiting enrollment in an educational or job training program, possess a desire to transition into permanent housing, be able to participate in and contribute to communal living and demonstrate a strong commitment to ongoing personal recovery.

We accept any substance abuser who asks for help, with a few exceptions. ARC admissions material states that the program does not discriminate or deny admission on the basis of ethnic group identification, national origin, religion, age, gender, race, color or any type of disability. ARC also prohibits discrimination on the basis of sexual orientation, gender identity, and gender expression. We are committed to fostering a diverse community that provides a safe and secure environment for all.

Do you meet our eligibility requirements? ☐ Yes ☐ No

Program Requirements

At a minimum:

- *Cohabiting with others
- *Regularly attend support meetings
- *Submit to a drug and/or alcohol screen upon demand

Do you agree to abide by the above listed requirements and the Resident Handbook?

☐ Yes ☐ No

Program Fee Disclosure/FINANCIAL AGREEMENT

Rent is based on a sliding scale and is dependent on which community you are placed at. We offer semi-private and private units that range in price from \$100.00 to \$150.00 per week. Fees include housing and utilities, all scheduled programming, and program administration. Additional charges for excessive or additional utility cost may apply and will be prorated among residents.

In addition to rent, there is a one-time processing fee of \$125.00 which is due upon move-in for all residents. ARC has partnered with PayNearMe which allows residents to pay their rent with cash at participating CVS, 7-Eleven and other convenient merchants in Fort Lauderdale! In addition, residents and their family/loved ones may also pay their rent via:

- 1) Checking/Savings Account via Resident Portal (FREE!) **Must have E-Mail Address**
- 2) Credit/Debit Card via Resident Portal (2.95% Fee) **Must have E-Mail Address**
- 3) Cash via PayNearMe System (\$3.99 Fee)

Residents must submit their email address to ARC in order for us to activate their resident portal account. Once we receive your email address, an invitation will be sent via email to set up their account and create a password. If the resident does not have an email

address, they will be required to pay their rent via cash with the PayNearMe system. If a residents family member/loved one has an email address, the resident may, with the permission of that person, use their email address to create their account.

Prospective residents, family and/or referral sources are expected to arrange funding prior to admission.

1 ARC requires that the resident's first weeks rent and processing fee payment be made with a money order at the time of admission. Are you able to obtain a money order for your first rent payment and processing fee? ☐ Yes ☐ No

2 Do you have the ability to pay at least 2 weeks rent and processing fee at the time of admission? ☐ Yes ☐ No

3 Are you able to pay your rent via one of the three (3) available payment methods as described above? ☐ Yes ☐ No

4 ARC maintains a NO REFUND POLICY on all application processing fees and rent payments. except for extenuating circumstances (i.e., death in family, family paid, etc.). Do you understand and agree to this policy? ☐ Yes ☐ No

Zero Tolerance Drug/Alcohol Use Policy

Adult Residential Communities maintains a strict, zero tolerance policy for drug and/or alcohol use. Should you be selected for placement at one of our residential communities, all residents are required to submit to a drug and/or alcohol screening upon demand. This keeps the living environment safe and substance free for all of our residents. Failure to provide a drug or alcohol screening upon demand is grounds for immediate discharge.

Do you agree to submit to a drug and/or alcohol screening upon being admitted into our program? ☐ Yes ☐ No

Do you agree to random alcohol and drug screening while you are a resident with ARC? ☐ Yes ☐ No

Do you agree to immediately leave ARC should you test positive or refuse to provide a drug/alcohol sample? ☐ Yes ☐ No

Employment History

Please provide your most recent/current employer below.

Employer Name (Optional): _____

Employer Address (Optional): _____

Employer Phone Number (Optional): _____

Employer Email (Optional): _____

Position Held (Optional): _____

Employment dates (Optional) _____ to _____

Monthly gross salary (Optional) _____

Supervisor Name (Optional): First _____ Last _____

Supervisor Title (Optional): _____

Medical History

Adult Residential Communities will never disclose, give, sell or transfer any personal information about our residents or prospective residents, unless specifically required for law enforcement or statute reasons. We have a responsibility to strictly adhere to protecting the security and confidentiality of our resident's personal and health information. For additional information, please visit our website at www.arcnetwork.org/legal-and-privacy

Are you presently hospitalized? ☐ Yes ☐ No

If hospitalized, what was the reason for you being admitted? (Optional)

Do you have a history of mental health issues? If yes, please explain.

If you have a mental health diagnosis, explain what a bad day is like? (Optional)

Do you have a history of alcohol and/or substance abuse? If yes, please explain.

When is the last time you used either alcohol or drugs?

If you used alcohol or drugs within the last 90 days, what did you use? (Optional)

Do you have any physical impairments/disabilities or special needs that we should be made aware of? If so, please explain.

Are you currently prescribed any medications? ☐ Yes ☐ No

If yes, please list all medications here: (Optional) _____

Do you manager your medications as prescribed? ☐ Yes ☐ No

Do you have health insurance? ☐ Yes ☐ No

Health Insurance Provider Name (Optional) _____

Are you currently involved with an Outpatient Program? ☐ Yes ☐ No

If not, would you benefit from an Outpatient Program? (Optional) ☐ Yes ☐ No

Finances

Adult Residential Communities will never disclose, give, sell or transfer any personal information about our residents or prospective residents, unless specifically required for law enforcement or statute reasons. We have a responsibility to strictly adhere to protecting the security and confidentiality of our resident's personal and health information.

For additional information, please visit our website at www.arcnetwork.org/legal-and-privacy

Do you have family support? ☐ Yes ☐ No

How often do you have contact with your family? _____

Case Manager/Payee Information

If you currently have a Case Manager or Payee please provide their information below. If not, please skip this section.

Name (Optional)

First _____ Last _____

Relationship (Optional) _____

Phone Number (Optional) _____

Email (Optional) _____

Resources

Please help us understand a bit more about your current situation.

Do you have enough clothing? ☐ Yes ☐ No

Do you have a cell phone? ☐ Yes ☐ No

Do you currently smoke tobacco? ☐ Yes ☐ No

Do you currently have a food card? ☐ Yes ☐ No

If you have a food card, how much do you receive each month and how much is left for the remainder of the month? (Optional) \$ _____

Do you currently have a bus pass? ☐ Yes ☐ No

Move-In

Our flagship recovery community is located at 1231-1235 NE 15th Ave in Fort Lauderdale, Florida is an ideal location. It is a close walk to meetings, employment opportunities and shopping. In addition, we have other location throughout Broward County, Florida that have been providing a safe, clean and sober living environment to our residents for over five years.

Please select 2 communities that you have a preference of being placed at and notate them below. For a complete list of our communities please visit www.arcnetwork.org/locations

Desired move-in date: _____

#1 Preferred Community Address: _____

#2 Preferred Community Address: _____

Terms and Conditions

Once your application is received a member of our Admissions team will review your information and partner with our Operations Manager in an effort to determine if you'd be a good fit for our recovery program. This process typically takes 1 business day or less (we strive to respond within a few hours if your application is submitted during office hours). For an update please give us a call at 954-900-9012 extension 0 or LiveChat with a representative 24/7 via our website at www.arcnetwork.org

IMPORTANT NOTICE: By submitting this application, I declare that the all statements above are true and correct and to the best of my knowledge. Further, I consent and give permission for Adult residential Communities LLC and its representatives to contact my previous AND/OR current employer/case manager/family for verification purposes of information provided in this application. I agree that Adult Residential Communities LLC may terminate my agreement entered into in reliance on any misstatement made above and further agree that should any mis-representation on my application be discovered after I am accepted into the program, my removal from the program will not be disputed and I agree to leave voluntarily.

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____ do hereby consent and authorize Adult Residential Communities to:

☐ Release to

or

☐ Obtain from

Name of Person/Title/Organization: _____

Address/City/State/Zip/Telephone: _____

THE INFORMATION WHICH MAY BE DISCLOSED IS (check all that may be released)

- | | |
|--|--|
| ☐ PRESENCE IN TREATMENT (ADMIT DISCHARGE DATE)
☐ COMPLETE MEDICAL RECORD
☐ DIAGNOSIS, BRIEF DESCRIPTION OF PROGRESS
☐ MEDICATION HISTORY
☐ NURSING ASSESSMENT
☐ INITIAL PSYCHIATRIC EVALUATION
☐ PSYCHIATRIC PROGRESS NOTES
☐ INFORMATION NECESSARY FOR PROCESSING/PAYMENT
☐ TO PROVIDE EDUCATIONAL SERVICES
☐ COORDINATE TREATMENT W/FAMILY/SIGNIFICANT OTHER
☐ COORDINATE W/VOCATIONAL TRAINING PROGRAM

☐ ALLOW INSURERS TO RESOLVE PAYMENT OF CLAIMS FOR BILLED SERVICES | ☐ BIOPSYCHOSOCIAL/DIAGNOSTIC SUMMARY
☐ MEDICAL HISTORY AND PHYSICAL EXAMINATION
☐ MULTI DISCIPLINARY TREATMENT PLAN
☐ PSYCHOLOGICAL EVALUATION IF AVAILABLE
☐ PHYSICIAN ATTESTATION STATEMENT
☐ MULTI DISCIPLINARY TREATMENT TEAM
☐ ADMISSION PROFILE
☐ TO PROVIDE ONGOING CONTINUING TREATMENT
☐ COORDINATE SERVICES WITH AUTHORIZED SCHOOL STAFF
☐ COORDINATE TREATMENT W/EMPLOYER/EAP PROGRAM
☐ ENABLE JUDGES, ATTORNEYS, PROBATION/PAROLE TO SUPPORT MY TREATMENT GOALS OR MAKE LEGAL DECISIONS ON MY BEHALF

☐ OTHER: _____ |
|--|--|

- THE DURATION OF THIS AUTHORIZATION IS UNTIL: ☐ SIX (6) MONTHS FROM THE DATE OF MY DISCHARGE
- ☐ RESOLUTION OF BILLING FOR FACILITY SERVICES

I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy or fax of this authorization is to be considered as valid as the original document.

Patient/Legal Guardian (if required) Signature Date

Witness Signature Date

SEARCH PROCEDURE

All clients and property are subject to be searched when entering or leaving the program. Unannounced searches of living quarters and automobiles will also be conducted periodically by facility managers. Any contraband found in your possession or quarters is subject to seizure and will result in immediate house restriction until disciplinary action can be taken. Refusal to cooperate with managers will result in further disciplinary action.

Examples of hazardous materials includes (but is not limited to):

- weapons
- drugs
- alcohol
- drug/alcohol paraphernalia
- illegal items
- legal mind altering substances
- flammable or poisonous materials

Signature of Resident: _____ Date ____/____/____

Staff that Reviewed with Resident: _____ Date ____/____/____

ARC Code of Ethics*

All managers and residents agree to abide by the following Code of Ethics:

1. They will be dedicated to recognizing the dignity and worth of all those we serve. At all times managers shall treat each resident with respect and dignity.
2. They will maintain an alcohol and drug free environment.
3. They will maintain housing that is conducive to providing for safety and ones wellbeing.
4. Managers who are alcoholic and/or chemically dependent must remain abstinent. Managers who are not alcoholics or chemically dependent must remain alcohol free during performance hours and be free from chemical use problems.
5. No physical violence or threats of violence is ever tolerated at ARC
6. Managers shall never become romantically or sexually involved with a resident or anyone that the recovery residence is assisting.
7. Managers — Respect the privacy and personal rights of all residents.
8. Assure that no weapons are allowed on recovery residence premises.

Signature of Resident: _____ **Date** ____/____/____

Staff that Reviewed with Resident: _____ **Date** ____/____/____

*This document is to be provided to all residents upon admission and to all managers.

GOOD NEIGHBOR POLICY AND PROCEDURE

Adult Residential Communities, LLC. will strive to provide effective services for all residents. Additionally, Adult Residential Communities, LLC. will strive to obtain neighborhood support for its program in order to enhance ARC's ability to meet that goal. It is essential that Adult Residential Communities, LLC. residences support a "good neighbor" policy in order to increase the likelihood that residents of the program are able to be integrated into the community with an improved quality of life.

All managers, volunteers and residents must adhere to the following:

- no loitering/congregating/smoking in front of our homes
- demonstrate respect and consideration for all neighbors
- complete all assigned chores around the home to ensure they are neat both inside and out
- preserve the environment by making sure that trash and recyclables are disposed of correctly
- use only the parking that is available at the home. Do not park in front of or on neighbors' property. Additionally, "hanging out" in cars in front of and around Adult Residential Communities, LLC. properties are not allowed

House managers, residents and senior management always address concerns that neighbors may have as soon as possible. If a neighbor raises an issue, Adult Residential Communities, LLC. will work with them towards a mutually beneficial solution.

Adult Residential Communities, LLC. is in a better position if given the first opportunity to respond to concerns. Each residence shall ensure that the neighboring residents are advised about whom to contact at the facility if they have complaints or questions, and how to get in contact with that person via a posting at the front of the home. If a complaint is received by a neighbor, it shall be handled by the house manager and reported to the owner of Adult Residential Communities, LLC. If the house manager is unable to resolve the matter, then it will be the responsibility of the owner of Adult Residential Communities, LLC. to resolve the matter.

Signature of Resident: _____ **Date** ____/____/____

Staff that Reviewed with Resident: _____ **Date** ____/____/____

DRUG TESTING POLICY AND PROCEDURE

It is the policy of Adult Residential Communities, LLC. to provide for a drug-free environment for all occupants. Adult Residential Communities, LLC. has a zero-tolerance policy for drug/alcohol use on all properties.

Procedure:

1. All residents are urine tested upon admission to Adult Residential Communities under ARC manager observation.
2. The house manager conducts and observes random urine tests on all residents monthly.
3. Results of all urine tests are forwarded to a higher-level manager as designated by the owner of Adult Residential Communities, LLC.
4. Should the urine test results be returned positive for drug use, the resident will be given the option of detox or treatment, unless there is a medical reason for the positive test result. Should the resident refuse either option, they will be asked to leave Adult Residential Communities, LLC.
5. Should a house manager have reasonable suspicion that a resident is under the influence of drugs of alcohol, a urine test will be administered, following the same procedures as outlined above.

REOCCURRENCE OF USE POLICY AND PROCEDURE

It is the policy of Adult Residential Communities, LLC. to have a zero tolerance policy for the use of drugs and or alcohol at all residences.

Procedure:

There will be NO use of mood-altering drugs at Adult Residential communities, LLC., nor by any resident in the community—either on or off the grounds.

Using alcohol or other drugs will result in immediate discharge and the resident will be required to go to detoxification.

If a resident refuses to enter detoxification, the resident must leave the grounds within one hour. After detoxification is completed, the resident must schedule an assessment for readmission.

Signature of Resident: _____ **Date** ____/____/____

Staff that Reviewed with Resident: _____ **Date** ____/____/____

EMERGENCY POLICY AND PROCEDURE

The goal for ARC's emergency response plan is to ensure that all residents, managers and volunteers are kept safe and secure at all time. Procedures are put in place so that everyone is clear on what to do in the event of an emergency.

Evacuation Plan

Evacuation may be required if there is a fire in the building or other hazard. The house manager will direct the evacuation of the building and account for all persons outside at a safe location.

All home occupants will be warned to evacuate the building by going to each occupant and informing them of same.
Occupants should assemble at the closest corner from the property for accounting by the house manager.

Severe Weather/Hurricane Sheltering Plan

If a hurricane warning is issued, broadcast a warning throughout the residence instructing everyone to move to shelter. The house manager will monitor weather sources (TV or radio broadcast) for updated emergency instructions and share any warnings with house residents if issued by weather services.

Medical Emergencies:

- In the case of a medical emergency where a person requires first aid assistance by a trained person, 9-1-1 is to be called. Once 911 is called, must call a manager as noted on the Emergency Contact List.
- Do not move the victim unless the victim's location is unsafe.
- Control access to the scene.
- Take "universal precautions" to prevent contact with body fluids and exposure to bloodborne pathogens.
- Meet the ambulance at the nearest entrance and direct them to victim(s).

When 9-1-1 is called, provide the following information:

- Number and location of victim(s)
- Nature of injury or illness
- Hazards involved
- Nearest entrance

Overdose:**Step 1: Identify the overdose.**

Opioids suppress the body's urge to breathe. If someone is not breathing or is struggling to breathe, try calling the person's name and rubbing your knuckles on his chest. If there's still no response, he could be experiencing an overdose.

Other signs of overdose are blue or pale skin color, small pupils, low blood pressure, slow heartbeat, slow or shallow breathing, snoring sound, and gasping for breath.

Step 2: Call 9-1-1.

After identifying an overdose, get help as quickly as possible. Call 9-1-1. Make sure to say the person is unresponsive and not breathing or struggling to breathe. Give a clear address and location.

Step 3: Give rescue breaths.

Giving oxygen can save someone from experiencing a fatal overdose. Perform basic CPR:

- Make sure nothing is in the person's mouth that is blocking breathing.
- Place one hand on the person's chin and tilt head back. Pinch his nose closed with the other hand.
- Administer 2 slow breaths and look for the person's chest to rise.
- Continue administering 1 breath every 5 seconds until the person starts breathing on his own.
- If the person is still unresponsive after repeating for 30 seconds, you can give naloxone.

Step 4: Give naloxone.

Follow the instructions for naloxone (nasal spray). Don't forget to give rescue breaths while you get ready.

After giving naloxone, continue giving rescue breaths, 1 breath every 5 seconds. If the person is still unresponsive in 2 to 3 minutes, you can give a second dose of naloxone. Continue breaths until emergency responders arrive.

Step 5: Stay until help arrives.

Stay to make sure the person:

- Doesn't go into withdrawal

- Doesn't take more opioids, which could send him back into overdose
- Doesn't go back into overdose and need additional doses of naloxone
- Doesn't experience rapid or irregular heartbeat, chest pain, seizures, sudden stopping of the heart, hallucinations or loss of consciousness, all of which require immediate medical attention

Step 6: Notify ARC management as soon as EMTs arrive.

Fire Emergency Plan

If a fire is reported, Dial 9-1-1 to alert the Fire Department. Provide the following information:

- Business name and street address
- Nature of fire
- Fire location (be specific) – example: 1st floor rear – kitchen
- Name of person reporting fire
- Telephone number for return call

Procedures

- Evacuate building occupants along evacuation routes to primary assembly area outside.
- Redirect building occupants to stairs and exits away from the fire.
- House manager to account for all occupants at the assembly area.
- Meet Fire Department upon their arrival. Inform Fire Department if everyone has been accounted for and if there are any injuries. Provide an update on the nature of the emergency and actions taken. Provide keys and other assistance as requested.

Signature of Resident: _____ **Date** ____/____/____

Staff that Reviewed with Resident: _____ **Date** ____/____/____



ADULT RESIDENTIAL COMMUNITIES

Emergency Telephone Numbers

AGENCY	CONTACT INFORMATION
All Emergencies (Including EMS)	Dial 911
Local Police Departments	Fort Lauderdale 954-828-5700 Lauderhill 954-497-4700 Broward Sheriffs 954-640-4240
Suicide Prevention Hotline	211 or 1-800-273-8255
Poison Control	1-800-222-1222

AGENCY	CONTACT INFORMATION
Local Hospitals	Broward Health 954-355-4400 1600 S. Andrews Ave Ft. Lauderdale Broward Health North (Pompano) 954-941-8300 201 East Sample Rd, Pompano Broward Health (Imperial Point) 954-776-8500 6401 N Federal Hwy, Ft Lauderdale

Program Staff Telephone Numbers

Michael Aulbach	954-900-9980 Extension 700
Lonnie Bryant	954-900-9980 Extension 701
ARC Resident Accounts & Billing	954-900-9012 Extension 3
ARC Main Office	954-900-9012 Extension 0



MONTHLY PROGRESS REPORT

Report Date: ____/____/____	House Manager: _____
House Address: _____	
Resident's Name: _____	

1. Programs that resident currently participates in: (✓) check all that apply
- | | | |
|---------------------|-------------------------|---------------------------|
| ____ AA/NA Meetings | ____ Morning Meditation | ____ Weekly house meeting |
| ____ IOP | ____ Employment | ____ Training |
| ____ Volunteer Work | ____ Other: _____ | |
2. Please rate the resident's observed behavior in the following: (place an "X" in one column)

	Very Negative	Negative	Neutral	Positive	Very Positive
Attending Required Programs					
Household Chores					
Interaction with House Mates					
Interaction with House Manager					
Job Seeking/Employment					

3. What does the resident need to improve upon? (✓) check all that apply
- | | | | |
|----------------------|------------------------|----------------------------------|-------------------------|
| ____ Following rules | ____ Completing chores | ____ Peer Relationships | ____ Attending meetings |
| ____ Hygiene | ____ Money management | ____ Relationships with managers | |
| ____ Other: _____ | | | |
4. Resident has made progress in (✓) check all that apply
- | | | |
|---------------------------|-------------------------|--------------------------------|
| ____ Responsibility | ____ Adherence to Rules | ____ Relationships with others |
| ____ Maintaining sobriety | ____ Leadership Skills | ____ Self-Care |
5. Any violation of rules within the last 30 days: ☐ Yes ☐ No
If yes, describe: _____
6. Resident Comments: _____

Resident Signature: _____

Manager Signature : _____ **Date:** ____/____/____

Monthly Progress Reports must be turned in to the Main Office by the 22nd of each month

PEER TO PEER ANONYMITY POLICY

It is the policy of Adult Residential Communities, LLC. to maintain the confidentiality of all of its residents. To that end, it is expected that all residents of Adult Residential Communities maintain anonymity of each other.

Expectations:

1. Residents are not to share information about other residents with any ARC resident.
2. Residents are not to share information about other residents with any ARC house manager, upper level manager or volunteer unless it is to report an issue that can impact the safety and security of the program (i.e., sexual misconduct, commission of a crime, etc.)
3. Residents are not to share information about other residents to anyone in the community, including family members, loved ones, co-workers and friends.

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____, do hereby consent and authorize ARC staff

To release information to:

Name of Person/Title/Organization: _____

Address/City/State/Zip/Telephone: _____

THE INFORMATION WHICH MAY BE DISCLOSED IS (Check all that apply):

- ☐ Presence in Program (Admission/Discharge Date)
- ☐ General Progress in Program
- ☐ Participation in Program Activities
- ☐ Relevant Behavioral Observations
- ☐ Medication Information (If Applicable)
- ☐ Financial Information (Regarding Account)
- ☐ Communication with Support Network
- ☐ Discharge Plan
- ☐ Other: _____

THE DURATION OF THIS AUTHORIZATION IS UNTIL:

☐ Six (6) Months from the Date of My Discharge OR ☐ Until (Date) _____

I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy or fax of this authorization is to be considered as valid as the original document.

Print Name (ARC Resident)

Date _____

Witness Signature

Date _____