

Coral House: Intake Packet Program Manual

Resident Application:

Name of Applicant:

Phone Number:

Date of arrival:

Emergency Contact Name & Phone Number:

“Our real purpose is to fit ourselves to be of maximum service to God and the people about us”

The Coral House will give you the support you need to build a solid foundation for recovery. We will provide years of experience in guiding and supporting men on how to live sober & happy lives. We believe it's about learning to live life on life's terms, and doing it with integrity. It's about becoming independent and learning that life can be rewarding and fun without alcohol and drugs.

In our structured environment, you'll attend meetings then, attend after care along with counseling. All of this can be achieved with the support of peers, expert staff, and a recovery program grounded in 12-step principles and a Power Greater than yourself. We invite you to become one of the men who pass through our doors, to exit to a life that is happy and usefully whole.

House Summary Agreement

I want to thank everyone for the opportunity to be a part of this sober living residency. The purpose of this letter/contract is to encourage and motivate you to focus on what you originally committed to at this house: sobriety.

Listed below are some of the essential rules that cannot be ignored:

1. 5 meetings a week
2. Getting a sponsor
 - a. If you don't have a sponsor, you have till this Friday to get one
3. Working a 12 step program
4. Respecting one another and not making threats
5. Cleaning up after yourself
6. Attending one of the two house meetings:
7. Doing your chore
8. Paying program fee on time (Friday 9pm)

Program Format (Phases, Stages)

Your length of stay is determined by the resident and not by The Coral House. We have built a proven for success program designed to help you achieve your sobriety goals. Your length of stay is determined by the resident and not by The Coral House.

Here are the three phases of The Coral House Sober Living Program:

PHASE I: Sobriety time of 1-30 days: Curfew is set to 10:30 pm everyday (Mon-Sun). No overnights. Residents must secure a sponsor, must start working steps, must be going to a meeting every day (90 & 90 is a must for sobriety success). Residents must start looking for employment or volunteering at a local non profit. Failure of any of the above results in staying in this phase till completed. Residents must attend weekly house meetings, participate in doing his or her community chores and attend outside recovery meetings with the other house members.

PHASE 2: Sobriety time of 30 days- 120 days: Curfew is set to Sunday-Thursday 10:30 pm and Fri & Sat 11:30pm. No overnights unless the resident is overnighting with immediate family. During phase two a resident must have a sponsor, being working on at least step four and has a job or is volunteering during the week. Residents must finish Step 4 in order to proceed to Phase 3. Residents must attend weekly house meetings, participate in doing his or her community chores and attend outside recovery meetings with the other house members.

PHASE 3: Sobriety time of 120 days and beyond: Curfew is set to Sunday-Thursday 10:30 pm and Friday & Saturday 12:30 am. Residents are allowed overnights and/or later curfew if approved by house managers. Residents must continue to work his or her steps and help others as well. Residents must attend weekly house meetings, participate in doing his or her community chores and attend outside recovery meetings with the other house members.

If you do not have a job and are on some kind of government assistance program, you are still required to leave the house between the time frame of 10am-4pm (Monday through Friday).

There will be no sitting around our sober living house watching tv and hanging out. Feel free to spend that time going to a lot of meetings, going to the beach, volunteering and really trying to better your life.

Successful completion of the program requires completion of all 12 steps and sponsoring others.

Resident Consent Signature: _____

Date of Signature: _____

House Rules and Regulations:

All Clients are required to adhere to all policies, procedures, and house rules. All residents are provided fair and equal opportunity to live at The Coral House regardless of age, race, sexual orientation, or religion. All residents must abide by all policies and procedures to remain as residents of The Coral House. Failure to abide by set forth rules and regulations may result in a warning, revocation of privileges and lastly discharge from The Coral House.

These are all the consequences for not following rules and can lead up to the following: verbal/written warnings, early curfew, fines for not doing chores and lastly being discharged.

If you receive two written warnings you will be discharged.

In the event of a "forced" discharge from The Coral House the client will be removed from the facility immediately and provided 3 references dependent on each resident's current situation. The client will be given 24 hours to remove all belongings or the items will be donated.

Listed below are two sets of rule categories:

1. Rules that will lead to immediate discharge
2. Rules that will lead to a formal warning or privileges revoked

***Failure to do the following rules and regulations will lead to a forced discharge:**

Drug Seeking Behavior

- We have a zero tolerance policy for a resident in his or her attempt to try to find drugs/alcohol. If we see or hear you trying to make an attempt to relapse, you will be discharged.

● Random Drug/Alcohol Failed Tests

- Use of alcohol, unauthorized drugs or substances or any legal or illegal "mind altering" drugs/substances ARE STRICTLY PROHIBITED.
- A client is subject to random drug/alcohol screens at any time.
- When a client is asked to give a urine specimen, **CLIENT will have one hour to urinate or it is considered a positive test and will considered a forced/unsuccessful discharge**
- Any clients who attend a treatment center may provide consents to have all urine screenings conducted by their respective Treatment Center and sent to The Coral House.

- If a test comes back positive, the resident can re-test and if the results are still disputed the client can request for the results to be sent to the lab for final verification.
 - If the client disputes a failed test, he or she has to stay outside our facility until the lab results come back. Hotel, family house or wherever is a safe environment for the client until we receive the results.
 - The owner will reimburse the test cost if the test comes back negative and differentiates from our testing
 - **Stealing**
 - The Coral House has a no tolerance policy for items being stolen
 - If you have stolen anything from anyone in the house, you will be discharged.
 - **Destruction of property**
 - The Coral House has a no tolerance policy in the event that a client has purposely destroyed property
 - ○ Some examples include: punching holes in the walls, breaking a window, throwing household items against the walls & etc.
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- **Fraternizing/Male only facility**
 - There is to be no sexual interaction between same sex house members
Male on Male & Female on Female sexual interaction is prohibited and will not be discharged immediately
 - **Search Procedures**
 - Every client property and vehicle are subject to a search upon initial intake and to unannounced inspections at any time
 - All contraband found will be seized and will result in a forced discharge
Refusal to cooperate with any inspection is grounds for immediate discharge
 - **Financial Obligations**
 - Program fees are due Friday of every week
 - If you are having issues paying your program fee please communicate this to a house manager
 - Failure to pay program fee will lead to discharge
 - **Sexual Harassment/Race Discrimination**
 - We have a zero tolerance policy for any discrimination pertaining to race or sexual identity
 - We take pride in accepting/loving everyone for who they are
 - Lewd/offensive language will not be tolerated as well
 - **Acts of Violence/Threats**
 - If you physically touch or hit anyone in any type of way you will be discharged
 - If you threaten to hurt someone or threaten to damage the house you will be discharged
 - **Staying out overnight without approval**
 - You will be discharged if you stay out overnight and it is not approved by a house

manager.

***Failure to do the following rules and regulations will lead to a written warning and early curfew/other privileges revoked. If you receive three written warnings for the following you will be discharged.**

- **Secure a Sponsor:** ALL clients must secure a sponsor within the first week of living at one of our houses.
- **Curew:** All clients must follow the curfew rules and regulations listed in the program format
 - Phase one: Curfew is set to 10:30 pm everyday (Mon-S June).
 - Phase two: Curfew is set to Sunday-Thursday 10:30 pm and Fri & Sat 11:30pm.
 - Phase three: Sunday-Thursday 10:30 pm and (Fri & Sat 12:30 am)
- **Have a home group:** All clients must secure a home group within the first week of living at one of our houses. Listed below is a meeting a list of vicinity Club Houses:
 - **Sober today Club:** <https://www.sobertodayclub.com/friday>
 - **West Dixie Cub:** <https://aamiamidade.org/locations/west-dixie-club> ○
 - **Boulevard Club:** <https://aamiamidade.org/locations/boulevard-club> ●
- **Employment/Volunteer work:** All Clients must immediately seek employment ○ Be off property & seeking employment between (9:30 am-4:30 pm) everyday until a job is found.
 - Working at a bar, club & strip club is prohibited.
 - Provide a proof of ten (10) places a client has visited
 - If you have another source of income (retirement or disability) you are required to volunteer at the minimum of ten hours a week at a local non profit or church.
- **Guests**
 - No guests are allowed to be on property without approval
 - No guests are allowed in the bedrooms. Strictly living areas.
- **Meeting attendance**
 - 90 meetings in your first 90 days is mandatory
 - 5 meetings a week is mandatory afterwards
- **Dress Code**
 - Clothing with offensive or inappropriate designs or stamps are not allowed.
 - All residents must have on a shirt and pants/shorts while in common areas (outside included)
- **Smoking in designated in smoking sections**
- **Room Cleanliness**
 - Beds are to be properly made every morning
 - No food is allowed in the bed rooms
 - Eating is prohibited in the rooms
 - All clothes are to be properly hung in closets and neatly place in dressers ○ All bikes and other large items needs to be stored in storage areas or outside of the residency

- Please respect all of your roommates items with love and care
- **Overnights and Extended Stay Passes**
 - Overnights may only be requested after you are in phase two.
 - Request is to be made to residential Manager at a minimum of 24 hours in advance
 - All details as to who, where and why must be provided
 - Before leaving overnight, client must check with Residential Manager if overnight was approved
 - All extended stay passes are to also be communicated with management

Resident Consent Signature: _____

Date of Signature: _____

Good Neighbor Policy, Procedure & Consent:

- **The Coral House takes pride in being extremely respectful to all of our neighbors Listed below are some bullet points in regards to this policy:**
 - Residents will be mindful of noise levels, designated smoking areas that will not affect the neighbors
 - Remain professional and respectful to everyone around you.
 - Lewd/offensive language will not be tolerated
 - Ensure the outside property is regularly maintained such as: grass being cut and that there is no trash laying around the outside of the premise.
 - If a resident/client receives a complaint from a neighbor, please provide the neighbor with the phone number of the owner or house manager.
- All complaints are to be handled by upper management and not the residents
 - The house manager will provide you with an orientation on how to interact with the local neighborhood as a representative of The Coral House.

Resident Consent Signature: _____

Date of Signature: _____

Hazardous Items Search Policy & Consent (Search Procedure)

We have a zero tolerance policy for any drugs/contraband that is found on our property. The Coral House searches vehicles, rooms, new clients upon admission and has the ability to search anyone at any given time. We will be conducting random searches at any given time including using drug detecting dogs. If any prohibited items are found you will be asked to leave our program immediately.

If any of the following items are found there will be consequences and or a forced discharge will be implemented:

1. No weapons of any kind, on your person or in your vehicle. Any devices, tools, blades or other items used for personal protection are not allowed.
 - a. **If any weapons are found you will be discharged.**
- 2. All illegal drug
 - Schedule 1: marijuana, heroin, LSD, ecstasy, and magic mushrooms. b. Schedule 2: cocaine, meth, oxycodone, Adderall, Ritalin, and Vicodin. c. Schedule 3: Tylenol with codeine, ketamine, anabolic steroids, testosterone. d. Schedule 4: Xanax, Soma, Darvocet, Valium, and Ambien.
 - e. Kratom, Bath Salts, Spice, K2 and other synthetic substances
 - **i. If any of the above are found you will be discharge**
 - **YOU CANNOT DO STEROIDS AT THE FACILITIES**
 - **Any signs of steroid use will lead to forceful discharge**
- Mouthwash is not allowed, unless it is alcohol free (examples of allowable mouthwash: SmartMouth Alcohol-Free Mouthwash & Listerine Alcohol Free Mouthwash).
 - **You will be given a written warning if found and will be discharged if found for the second time.**
- Aerosol cans; hair spray in a pump container is allowed.
- a. **You will be given a written warning if found and will be discharged if found for the second time.**
- Computer cleaner
 - a. **If found you will be discharged immediately.**
- Products with alcohol listed in the first 5 ingredients are not permitted. Allowable forms are cetyl alcohol, cetearyl alcohol and denatured alcohol which cannot be consumed and are typically found in conditioners, deodorants, and lotions.
 - a. **You will be given a written warning if found and will be discharged if found for the second time.**

Any items that do not show proof of content on the label are not permitted.

You will be given a written warning if found and will be discharged if found for the second time.

Sexual devices or enhancement medications are not permitted

a. **You will be given a written warning if found and will be discharged if found for the second time.**

Inappropriate pictures or pornography are not permitted

a. **You will be given a written warning if found and will be discharged if found for the second time.**

Drug or alcohol paraphernalia

a. **If found you will be discharged immediately.**

If you have any other following prior to admission, please give it to the house manager and he or she will properly dispose of the items. Failure to do so will lead to immediate discharge or a written warning depending on the situation.

Resident Consent Signature: _____

Date of Signature: _____

Medication Storage & Use Policy & Procedure & Consent

Upon arrival all residents must report their current prescriptions including all information pertaining including, but not limited to dosage and use. The Coral House reserves the right to decline any medication that fails to have a prescription upon intake.

Clients agree to random audits by staff to ensure medications are being used per the prescription and have not been abused, or provided to other clients. Any client caught providing medication to another resident will be immediately removed from the facilities. All clients agree to keep medication stored away and not left in plain sight. Prior to admission, each prescription and dosage will be evaluated prior to admission in order to identify if it meets our standards for treatment at our facility. If the medications do not meet our requirements the resident cannot be admitted.

● Medications

- Client is responsible to keep his/her own medications in a safe place
 - Leaving medication out in the open is prohibited
- Client is responsible to let the manager know when prescribed new medications.
- Client will provide a complete list of all medications including prescriptions ○ Clients cannot take any medications not prescribed to him or her
- No sharing of medication with any other resident.
- We are not responsible for any loss or stolen medications

Banned medications include, but are not limited to any addictive or mind altering substances.

Listed below is a list of banned prescribed and over the counter medications:

1. Amobarbital (Amytal)
2. All opiates
3. All benzodiazepines
4. All amphetamines
5. Medical Marijuana

6. Mephobarbital (Mebaral)
7. Pentobarbital (Nembutal)
8. Phenobarbital (Luminal)
9. Secobarbital (Seconal)
10. Dextroamphetamine (Dexedrine)
11. Dextroamphetamine/amphetamine (Adderall)
12. Methylphenidate (Concerta and Ritalin)
13. Lisdexamfetamine (Vyvanse)
14. Zolpidem (Ambien)
15. Zaleplon (Sonata)
16. Eszopiclone (Lunesta)
17. Dextromethorphan (DXM)
18. Loperamide

Any additional prescribed medications during your stay at The Coral House must be approved and logged by a member of the staff. Failure to do so will lead to disciplinary action not limited to being discharged

In the case of a relapse or a client leaving without his or her medication, all medication will be properly locked and stored for up to seven days. After the seven days, the medication will be given to a local CVS to be properly disposed of.

Resident Consent Signature: _____

Date of Signature: _____

Drug Testing and/or Toxicology Policy & Consent

The Coral House has a zero-tolerance policy for drug and alcohol abuse and reserves the right to conduct random urine screenings and/or alcohol 'breathalyzer' tests. The (in house) urine screenings are included in your program fee. Listed below are some of the guidelines:

1. Upon admission, residents will perform an initial urine screening to determine if there are any existing drugs in their system.
 - a. Observed testing will be conducted.
2. Any clients who attend treatment may provide consents to have all urine screenings conducted by their respective Treatment Center and sent to The Coral House. If a test comes back positive, the resident can re-test and if the results are still disputed the client can request for the results to be sent to the lab for final verification.
3. In the event that you failed an in house drug screen and you are requesting a lab test, upper management will arrange for the test to be completed at a local Quest office.
 - a. This test results usually take 24-48 hour to come
 - b. All lab testing is required to be paid for by the client \$79.00.
 - c. A client has to be medically cleared in order to come back to the residency d. **If**

medically cleared, the client can stay at the sober living facility until the test results come back.

- i. If the lab tested urine sample comes back positive for drugs/alcohol, the resident will be discharged immediately.
 - If a test comes back positive, the resident can re-test and if the results are still disputed the client can request for the results to be sent to the lab for final verification.
 - If the client disputes a failed test, he or she has to stay outside our facility until the lab results come back. Hotel, family house or wherever is a safe environment for the client until we receive the results.
 - The owner will reimburse the test cost if the test comes back negative and differentiates from our testing
4. Failure to comply with testing requirements will lead to automatic discharge.
5. Clients who meet certain criteria may be eligible for re-entry into our sober living facility if they have followed the proper steps deemed necessary for successful recovery including, but not limited to:
- a. Admittance to a higher level of care (Detox, PHP or IOP treatment program)
 - b. Coming back after 30 days of continuous sobriety

Resident Consent Signature: _____

Date of Signature: _____

Discharge Policy, Procedures & Consent

1. All residents are provided fair and equal opportunity to live at The Coral House Inc regardless of age, race, sexual orientation, or religion. All residents must abide by all policies and procedures to remain as residents of The Coral House.

2. There are 3 types of discharges: Successful, Voluntary & Unsuccessful/Forced.

3. Successful Discharge:

- a. You have completed the program and are now ready to stay sober on your own
- b. You will be inducted into our alumni program
- c. Once your room is inspected and cleared by a house manager, you will have the ability to use your deposit towards your last weeks rent
- d. Once your last day is up, you will have 72 hours to obtain and remove all of your belongings from the facility.
- e. To be considered a successful discharge you have worked all 12 steps and are sponsoring others.

4. Voluntary Discharge:

- a. The client will be given 48 hours to remove all belongings or the items will be donated.
- b. The client can apply his or her deposit towards the last week of rent
- c. Your emergency contact person or probation/parole officer will be notified that you have left.

5. Unsuccessful/Forced Discharge

- a. In an event of a forced discharge you will be asked to leave with all of your belongings immediately.
- b. If you leave without your belongings or don't come home/relapse outside of the house, you will have 24 hours to retrieve your belongings or they will be donated/disposed of.
- c. In the event of a forced/unsuccessful discharge, the client will be removed from the facility immediately and provided 3 references dependent on each resident's current situation.
- d. If the client appears to be aggressive or appears extremely intoxicated 911 will be called immediately.
- e. Client has to come pick up his or her belongings when a house manager is present. (Between the hours of 9 am-7pm)
- f. The client will not be refunded any applicable deposit.
- g. Emergency Contact/Parole officer/probation officer will be contacted immediately after discharge is completed

6. Alumni Program- We have three alumni meetings every year. Once you fully complete our program, you are welcome to join us. Listed below are the three different events:

- a. July 4th Cookout at Reynolds Park
- b. Thanksgiving Dinner at Fulford UMC
- c. Christmas Eve Dinner at Fulford UMC

Resident Consent Signature: _____

Date of Signature: _____

Emergency Policy & Procedure

In the event or any emergency please dial 911 or the local police or fire department prior to a house manager. Your safety is our number one concern.

Fire Safety Instructions:

Large Fires: According to OSHA, the most common emergency small businesses must plan for is a fire. Fire extinguishers can be invaluable tools to help fight smaller fires in the workplace or to protect evacuation routes in the event of a larger one.

A simple fire extinguisher training technique to use with employees is the PASS method:

- Pull the pin on the extinguisher.
- Aim the hose nozzle low toward the base of the fire.
- Squeeze the handle to release the extinguishing agent.
- Sweep the nozzle from side to side at the base of the flames until extinguished.

Smaller Fires:

1. How to Put Out Kitchen Fires. When a fire starts in the kitchen, you need to act fast to keep the fire from getting out of control. But how you act depends on what kind of fire you have and where it is. Follow these instructions for putting out kitchen fires:
2. If you have a fire in the oven or the microwave, close the door or keep it closed, and turn off the oven. Don't open the door! The lack of oxygen will suffocate the flames.
3. If your oven continues to smoke like a fire is still going on in there, call the fire department.
4. If you have a fire in a cooking pan, use an oven mitt to clap on the lid, then move the pan off the burner, and turn off the stove. The lack of oxygen will stop the flames in a pot.
5. If you can't safely put the lid on a flaming pan or you don't have a lid for the pan, use your fire extinguisher. Aim at the base of the fire — not the flames.
6. Never use water to put out grease fires! Water repels grease and can spread the fire by splattering the grease. Instead, try one of these methods:
 - a. If the fire is small, cover the pan with a lid and turn off the burner.
 - b. Throw lots of baking soda or salt on it. Never use flour, which can explode or make the fire worse.
 - c. Smother the fire with a wet towel or other large wet cloth.
 - d. Use a fire extinguisher.
 - e. Don't swat at a fire with a towel, apron, or other clothing. You're likely to fan the flames and spread the fire.
 - f. If the fire is spreading and you can't control it, get everyone out of the house and call 911! Make sure everybody in your family knows how to get out of the house safely in case of a fire. Practice your fire escape route.

Overdose Prevention:

Please watch this instructional video on youtube by typing in the title listed below:

NARCAN training video - Instructions for administration of NARCAN® Nasal Spray 4mg.

Listed below are the steps to following in case of an overdose:

- 1) Call 911 immediately.
- 2) Administer naloxone, if available.
 - a) Lie receipt down,with head tilted back
 - b) Insert nozzle into nostril and press plunger firmly.
- 3) Try to keep the person awake and breathing.
- 4) Lay the person on their side to prevent choking.
- 5) Stay with him or her until emergency workers arrive.

Hurricane Emergency:

In the event of a hurricane, we ask all clients to listen to the local authorities and news as far as needing to evacuate or not. Listed below is a plan of action if a hurricane is on the horizon: 1. Plan on supplies including food and water that will sustain you for three to five days. 2. A two-week supply of medicines.

3. If Evacuating Out of the Area, Leave Early – Plan to leave as early as 48 hours in advance, and no later than the issuance of a Hurricane Watch.

4. After the hurricane is over, the owner of the house will do a thorough inspection to determine if the house is safe to come back to.
 - a. If the house is safe to come back to all residents will be allowed back on the property.

Emergency Phone Numbers:

1. 911 for all emergencies (Should always be the first call)
2. Text HOME to 741741 to connect with a Crisis Counselor (Suicide Prevention Text)
3. National Suicide Hotline: 1-(800)-273-8255
4. North Miami Beach Fire Rescue: (786)-331-4800
5. North Miami Beach Police Non Emergency: (305)-949-5500
6. Hallandale Beach Fire Rescue: (954)-457-1470
7. Hallandale Beach Police Non Emergency: (954)-457-1400
8. Aventura Hospital (305) 682-7000
9. Jackson Memorial Hospital (305) 585-1111
10. Urgent Care North Miami Beach (305) 379-4442
11. Urgent Care Hallandale Beach (954) 457-4333

Hospital Name/Addresses:

Jackson Memorial Hospital: 1611 NW 12th Ave, Miami, FL 33136 - (305) 585-1111

Mount Sinai Medical Center: 323 Sunny Isles Blvd Ste 602, Sunny Isles Beach, FL 33160

MD Now Urgent Care: 1250 S Miami Ave, Miami, FL 33130 - (305) 379-4442

Staff Management Phone Number:

Operations Manager-Stephen C: (570)-460-9509
Coral House house manager: Garrett L (954)-817-7143

Resident Consent Signature: _____

Date of Signature: _____

Formal Grievance Procedure:

Grievance forms are located on the bulletin at each house. Once you have filled out a grievance form please hand it to the house manager or owner. If you feel like your grievance has not been satisfied you are suggested to file your grievance with FARR. FARR's contact information is (561) 299-0405 and email is info@farronline.org. Residences will not face any type of retribution for filing a complaint against the provider. Grievances will be resolved within 48 hours.

Here is a direct link to Farr Grievance online form:

<https://farronline.org/grievance-form-test/>

farronline.info/grievance is Farr's online grievance web address.

Listed below is a step by step guide of how the process happens:

Step 1: Fill out a form located on the bulletin

Step 2: Submission

Once the form is completed to fullest extent, please submit this to your specific house manager to be reviewed.

Step 3: Notification of Receipt

Once a manager receives a completed grievance form you will be handed a receipt that you submitted a formal grievance form.

Step 4: Investigation

We will look into this situation and communicate with the owner to see if this request needs to be communicated to Farr or not.

Step 5: Presentation to the Owner

The presentation shall include the complaint / grievance; investigation summary including an objective account of everything that transpired to result in the grievance and as well as anything that have occurred as a result of the grievance, and the recommended action to be taken.

Step 6: Owner Decision/Recommendations

Resident Consent Signature: _____

Date of Signature: _____

Maintenance Repair Request Forms:

On the community board there are maintenance repair forms that can be filled out and provided to the housing team. All requests will be responded to within 48 hours. The Coral House is committed to ensuring any safety related repairs will be fixed as fast as possible. Other repairs that are non safety or convenience related will be replied to no later than 48 hours or sooner. We will verbally let you know how we resolved each maintenance repair request.

Maintenance repair request form:

Date: _____

Repair request: _____

Location of repair: _____

Resolution of Maintenance request (To be filled out by manager): _____

Name: _____

Signature: _____

Resident Consent Signature: _____

Date of Signature: _____

CONFIDENTIALITY PRIVACY & CONSENT

It's the policy of The Coral House Inc to accept the responsibility to serve the healthy and sober needs of people. In order for The Coral House Inc to accomplish this purpose, it must attempt to provide effective policies and procedures to anyone who may seek residence. A prerequisite for the continued provision of effective housing is the ability of The Coral House and its individual staff members, to win the confidence and trust of the clients and the public at large. It is important to emphasize that although the stigma that may exist in our society towards receipts of substance abuse services is gradually diminishing, The Coral House staff will be sensitive to the feelings of clients who may themselves be sensitive regarding this issue. **In the case of a discharge due to a relapse, overdose, or medical emergency, your emergency contact will be notified immediately. In the event of ROI Court Order, Medical Emergency, Child or Elderly Abuse your information is required to be released.**

Confidentiality, in respect to The Coral House, means the discussions, records, and support of, by or about any resident, shall guarantee, as far as possible, the right of the client to privacy. In the event of being forcefully discharged your emergency contact person will be notified immediately. Otherwise, upon the intake of a resident they can opt to revoke disclosure to anyone outside of The Coral House unless it is written consent. We ask all client's to respect all of the other clients' information. What you hear and see at the houses stays within the community and FARR. If you have any questions in regards to confidentiality please reach out to a house manager for further instructions. In the event that you would like your information passed on to a third party (family member, caregiver, close friend, etc) a recovery residence permission to contact form must be filled out. Listed below is the form and they are also located on the bulletin in each house.

Resident Consent Signature: _____

Date of Signature: _____

Sample Resident Weekly Schedule

Listed below is a normal schedule of what to expect when becoming a resident of The Coral House:

Monday

Time:	Name:
7:00-10:00 Am	Morning Routine: Chores are to be completed
10:00-6:00 PM	Working/ Volunteering
6:00-8:00 PM	Attending Night meeting
10:30 PM	Curfew: (All phases 1-3)

Tuesday

Time:	Name:
7:00-10:00 Am	Morning Routine: Chores are to be completed
10:00AM -6:00 PM	Working/ Volunteering
6:00-8:00 PM	Attending Night meeting
10:30 PM	Curfew: (All phases 1-3)

Wednesday

Time:	Name:
7:00-10:00 Am	Morning Routine: Chores are to be completed
10:00-6:00 PM	Working/ Volunteering
7:30:00 PM	Mandatory house meeting
10:30 PM	Curfew: (All phases 1-3)

Thursday

Time:	Name:
7:00-10:00 Am	Morning Routine: Chores are to be completed
10:00-6:00 PM	Working/ Volunteering

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6:00-8:00 PM	Attending Night meeting
10:30 PM	Curfew: (All phases 1-3)
Friday	
Time:	Name:
7:00-10:00 Am	Morning Routine: Chores are to be completed
10:00-6:00 PM	Working/ Volunteering
6:00-8:00 PM	Attending Night meeting
10:30 PM	Curfew: Phase 1
11:30 PM	Curfew: Phase 2
12:30 PM	Curfew: Phase 3
Saturday	
Time: Name:	
7:00-9:00 Am Morning Routine: Chores are to be completed	
9:30:00-10:30 Am Mandatory Outside Meeting: Breakfast Club	
12:30-2:00 pm	Outside House Activity: Beach, Bowling &
6:00-8:00 PM	ETC Attending Night meeting
10:30 PM	Curfew: Phase 1
11:30 PM	Curfew: Phase 2
12:30 PM	Curfew: Phase 3

Sunday	
Time:	Name:
7:00-10:00 Am	Morning Routine: Chores are to be completed
4:30-5:30 pm	Weekly House Meeting (All houses required)
6:00-8:00 PM	Attending Night meeting
10:30 PM	Curfew: (All phases 1-3)

Resident Consent Signature: _____

Date of Signature: _____

Recurrence of Use Policy & Procedure & Consent

In the event of a relapse, you will be asked to leave immediately. Listed below are some of the guidelines in regards to if this were to occur:

1. In the event of a relapse you will be asked to leave with all of your belongings within the hour of a failed drug test.
2. If you are discharged and leave without your belongings or don't come home/relapse outside of the house, you will have 72 hours to retrieve your belongings or they will be donated/disposed of.
 - a. Belongings will be held on property for 72 hours. Once the 72 hour time frame is over, all items will be donated to a local non profit such as goodwill.
3. In the event of a relapse, the client will be removed from the facility immediately and provided 3 references dependent on each resident's current situation.
4. If the client appears to be aggressive or appears extremely intoxicated 911 will be called immediately.
5. Client has to come pick up his or her belongings when a house manager is present.
- 6. *The client will not be refunded any applicable deposit or any financial refund***
7. Emergency Contact/Parole officer/probation officer will be contacted immediately after discharge is completed.
8. In the case of a relapse or a client leaves without his or her medication, all medication will be properly locked and stored for up to seven days. After the seven days, the medication will be given to a local CVS to be properly disposed of.

In order to come back into our program, after a relapse, you will need to complete some sort of

treatment program (Detox, PHP or IOP program) and have zero drugs in your system. You will be given three chances to come back. After you are forcefully discharged due to a relapse 3 times, you will be ineligible to return to our program.

Resident Consent Signature: _____

Date of Signature: _____

Resident Rights & Requirements

1. To receive and review a Resident Welcome Packet prior to any request for an application fee, deposit and/or rent or to execute legally enforceable documents. At a minimum, the Resident Welcome Packet must include:
2. Residents receive an orientation on agreements, policies and procedures prior to committing to terms.
3. Written residents rights and requirements (e.g. House Rules and grievance process) posted in common areas.
4. Written resident agreement that includes:
 - i. Services provided
 - ii. Recovery plan including a move-in (i.e. goals and objectives) and move-out (i.e. contingency) plan
5. Financial terms
 - i. Resident documents should fully disclose policies regarding possessions left in a residence.
6. To reside in a home that is alcohol and drug-free. Residents have a right to hold Residence Management accountable to effectively monitor abstinence and uniformly implement the consequence for a return to active use as published in “House Rules & Consequences”.
7. To expect that, in the event the resident were to return to active alcohol and/or drug use, management will follow their protocol(s) as published in the Residence Welcome Packet. **8.** To be treated fairly, respectfully and with dignity by fellow residents, management, staff and neighbors at all times and under all circumstances.
9. To expect fellow residents to honor their commitment to maintain a clean, orderly and safe residence for all inhabitants to share equally.
10. To be provided a clear, safe and accessible path for communication of concerns regarding the resident’s own well-being, the well-being of fellow residents and/or the wellness and safety of the entire household.
11. To expect that, should an assessment be made that the resident has need of a higher level of care, management will counsel the resident regarding this assessment and make reasonable effort to transition the resident to a more appropriate provider.
12. To self-determine and direct their personal recovery plan and to rely on fellow residents for honest appraisal, encouragement and **continued support of their** positive actions

towards building recovery capital.

13. To receive, upon request and within a reasonable response time, copies of all documents executed by the resident, receipts for all payments made directly by and/or on behalf of the resident by any third party, transcripts of any entries made by staff to the resident file, any drug urinalysis report(s) conducted through a confirmatory laboratory specific to the resident, and, when applicable, all billing statements submitted by the residence to the resident's healthcare insurance provider.
14. You have the right to file a grievance against our program without any retributions.
15. To be provided a clearly defined protocol for filing a grievance with FARR.

Resident Responsibilities:

1. To treat each fellow resident and staff member with dignity and respect.
2. To remain abstinent from use of alcohol and/or drugs, including those that may be prescribed by a licensed physician, but that are not permissible by the residence, as defined in the Resident Welcome Packet.
3. To promptly report any fellow resident's use of alcohol and/or non-permissible drugs to the designated residence staff in order to ensure the continued safety and wellness of all residents within the community.
4. To encourage fellow residents' active engagement in their own personal recovery **plan**; respecting boundaries, while providing honest, peer supportive perspectives and suggestions based on experience.
5. To welcome new residents, assist in their orientation to the community culture and encourage new residents to participate in residence activities. To make reasonable effort to include new residents in attendance of mutual aid meetings, community chores, communal food shopping, meal preparation and dining as well as inclusion in social and/or sporting activities.
6. To voluntarily abide by House Rules at all times for the safety and well-being of the resident community.
7. To hold peers accountable to adhere to house rules for the safety and wellness of the community and to openly raise concerns regarding a resident's continued failure to adhere to house rules at a scheduled house meeting where the entire community might be made aware of and have an opportunity to provide constructive input to their peers.
8. To be mindful for the rights of neighboring families; refraining from use of lewd or vulgar language, elevated noise levels, over-crowded parking, loitering, littering or other actions that

might be considered as impinging on the safety and well-being of neighborhood persons, family members and property.

9. To maintain personal space and all common areas in a clean, orderly fashion and to voluntarily contribute to the maintenance of both the interior and exterior of the residence as established in the residence's "House Rules & Consequences" and/or orientation documentation provided in the Resident Welcome Packet.

10. To be mindful of physical, mental and dental needs and take necessary action(s) to address those needs. If so doing requires external support, it is the resident's responsibility to make their need for assistance known to peers and/or staff with advance notice so as to provide them an opportunity to support the resident.

11. To pay rent and any other fees as agreed and maintain a record of such payments; including retention of each receipt provided by the owner, manager or staff at the time of their payment.

Resident Consent Signature: _____

Date of Signature: _____

Resident Lease and/or Guest Agreement (Financial Obligation Agreement)

We want to thank you for considering being a part of our sobriety family. Your program fee helps keep this great community going. The program fee for The Coral House is on a case by case basis. Depending on your situation and the type of bedroom you reside in, you will be charged accordingly.

Coral house 1 & 2 has a variety of different room options.

Coral House I

Weekly Program Fee: \$195.00 per week + last week \$195. Total move in cost - \$390.00.

Coral House II

Weekly Program Fee: \$215.00 per week + last week \$215.00 Total move in cost - \$430.00.

The program fee is due at the end of each week via cash, paypal, check and other cash apps. A prorated fee will be due upfront upon arrival then Friday thereafter.

In the event that you need a lab tested drug test, the resident will have to cover all of the costs associated with the test. A \$79.00 fee will be paid by the client to cover all expenses associated with a failed drug test.

A weekly payment of \$195.00 or \$215.00 (depending on your room) will be required upon arrival. A non-refundable deposit is due and required upon admission to The Coral House and is applicable towards your last week's rent pending House Managers Inspection of Premises.

Please communicate with management if you are planning on leaving. **YOUR DEPOSIT WILL BE APPLIED TO YOUR LAST WEEK'S PROGRAM FEE.** Please let a manager know, no later than one week, if you will be leaving one of our houses.

If a resident receives rent coverage from an outside source and wants to leave the facility, no refund will be provided to either party. **For example, if the treatment center provides rent coverage of 2 months and you decide to leave or relapse within the first two weeks, neither party will receive a refund.**

In the event of a forced discharge, all of your rent/deposit will be forfeited.

I have read, understand and agree with all of the rules and regulations provided above. If not, please have a manager explain all of the above in further detail.

Resident Consent Signature: _____

Date of Signature: _____

COMMUNITY RESOURCE GUIDE:

1. Local group meeting lists:

- a. Sober today Club: <https://www.sobertodayclub.com/friday>
- b. West Dixie Cub: <https://aamiamidade.org/locations/west-dixie-club>
- c. Boulevard Club: <https://aamiamidade.org/locations/boulevard-club>

You can find each of the clubhouse meetings lists by typing in the website above. All meetings lists are also located on the bulletin.

2. Houses of worship:

- a. Fulford United Methodist Church: 1900 NE 164th st, NMB, FL 33162
- b. First Church of North Miami Beach: 1200 NE 135th St, North Miami, FL 33161
- c. Aventura Jewish Center: 20400 NE 30th Ave, Miami, FL 33180

3. Public Transportation

- a. North Miami Beach: <https://www.citynmb.com/683/Public-Transportation>
- b. Broward: <https://www.broward.org/BCT/Pages/default.aspx>

By typing in the link about you will find public transportation maps. One is also located on the bulletin.

4. Recovery Community Centers

- a. Principles Recovery Center: 4343 FL-7 #109, Davie, FL 33314
- b. Transitions recovery center: 1928 NE 154th St, North Miami Beach, FL 33162
- c. Recovery Unplugged: 915 Middle River Dr Suite 114, Fort Lauderdale, FL 33304

5. Recovery Friendly Employers

- a. Summer House Detox: 13550 Memorial Hwy, Miami, FL 33161
- b. Publix Supermarket: 13001 SW 112th St, Miami, FL 33186
- c. Wingstop: 645 Hallandale Beach Blvd, Hallandale Beach, FL 33009

6. Local Doctors

- a. Fast Care Urgent Care: 20601 E Dixie Hwy Suite #340, Aventura, FL 33180
- B. Neil Furman, DO: 16991 NE 20th Ave, North Miami Beach, FL 33162
- c. Glades Medical Centers: NE 167th St, North Miami Beach, FL 33162

Local Dentists

- a. Nova Dental: 2040 NE 163rd St, North Miami Beach, FL 33162
- b. Biscayne Dental Center: 14550 Biscayne Blvd, North Miami Beach, FL 33181
- c. Aventura Dental Excellence: 21355 E Dixie Hwy Suite 105, Aventura, FL 33180

8. Local Parks

- a. Greynolds Park: 17530 W Dixie Hwy, North Miami Beach, FL 33160
- b. North Miami Beach: 17530 W Dixie Hwy, North Miami Beach, FL 33160
- c. Founders Park: 3105 NE 190th St #3158, Aventura, FL 33180

9. Gyms

- a. LA Fitness Aventura: NE 207th St, Aventura, FL 33180
- b. Olympia Gym: 20335 Biscayne Blvd L-201, Aventura, FL 33180
- c. Planet Fitness: 900 NE 125th St, Miami, FL 33161

10. Grocery Food Market

- a. Publix: 12855 NE 6th Ave, North Miami, FL 33161
- b. Whole Foods: 21105 Biscayne Blvd, Aventura, FL 33180-
- c. The Fresh Market: 18299 Biscayne Blvd, Aventura, FL 33160

11. Non Profit's Seeking Volunteers

- a. Fulford UMC: 1900 NE 164th St, NMB, FL 33162
- b. Humane Society: 16101 W Dixie Hwy, North Miami Beach, FL 33160
- c. Humane Society: 2070 Griffin Rd, Fort Lauderdale, FL 33312

12. Local Recovery Residences

- a. JC's Recovery House-1835 Sherman St, Hollywood, FL 33020-(844) 524-6873
- b. Sober living by Tiffanys-15340 NE 8th Ave, Miami, FL 33162- (954) 344-0550'

Little River Recovery House, Inc- 237 NE 80th Terrace, Miami, FL 33138-(305)
773-9541

13. Higher level of care (Detox/Treatment Providers)

- a. Summer House Detox-13550 Memorial Hwy, Miami, FL 33161- (888) 338-6908 b.
Transitions Recovery Program-1928 NE 154th St, North Miami Beach, FL 33162-(866)
577-6449
- c. Principles recovery center- 4343 FL-7 #109, Davie, FL 33314- (954) 368-1344

14. Community Resources

- a. DCF- 945 Pennsylvania Ave, Miami Beach, FL 33139- (888) 356-3281
- b. Bus passes- 111 NW 1st St #1, Miami, FL 33128-(786) 469-5028
- c. Public Assistance-Food Stamps- 11241 SW 184th St, Miami, FL 33157-

15. Farr Information

- a. Phone: (561) 299-0405
- b. Email: info@farronline.org
- c. 326 W Lantana Rd., Suite 1 Lantana, FL 33462

Resident Consent Signature: _____j