

**10.10 Recovery House Rules**  
**Park County Resident Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

SS#: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Contact #: \_\_\_\_\_

Race: White \_\_\_ African American \_\_\_ Native American \_\_\_ Hispanic \_\_\_ Other \_\_\_

Male \_\_\_ Female \_\_\_ Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_

Referred By: \_\_\_\_\_

Have you completed an alcohol/drug evaluation? \_\_\_\_\_ If so, when? \_\_\_\_\_  
Where? \_\_\_\_\_

Date of last alcohol/drug use: \_\_\_\_\_ Are you currently in treatment? \_\_\_\_\_

If currently in treatment, complete the attached Release of Information for that facility.

If you are not currently in treatment, have you completed treatment in the past year? \_\_\_\_\_  
If yes, where? \_\_\_\_\_

If yes, please complete the attached Release of Information for that facility.

Are you currently employed? \_\_\_\_\_ If so, where? Please list name and address:  
\_\_\_\_\_

If unemployed, are you willing to secure employment? \_\_\_\_\_

Are you currently on probation/parole? \_\_\_\_\_ if yes which county? \_\_\_\_\_

Probation/Parole officer name? \_\_\_\_\_

Have you been convicted of any violent or sexual offenses? \_\_\_\_\_  
If so, please explain: \_\_\_\_\_

**RETURN APPLICATION TO:** Southwest Chemical Dependency Program  
PO Box 1587, 430 East Park St.  
Livingston, MT 59047  
(406) 222-2812; fax (406) 222-4764

Please make a check all that apply to you:

<b>Critical Populations</b>	<b>Check if Yes</b>	<b>Critical Populations</b>	<b>Check if Yes</b>
DUI Offender		On Pre-release	
Receiving Food Stamps		Other Incarcerated Person	
Receiving Medicaid		Pregnant Woman	
Receiving AFDC		Woman w/dependents	
Receiving SSI		Homeless	
IV Drug User		Mandatory Monitoring	
Protective Services Case		Receiving SSDI	
On Probation		Infected AIDS	
On Parole		Infected Hepatitis	

If accepted into the Park County Recovery House, I agree to the terms including the waiver of any landlord/tenant rights. I understand that I fully subject myself to the rules of the house as set forth in the Resident Contract.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**RETURN APPLICATION TO:** Southwest Chemical Dependency Program  
 PO Box 1587, 430 East Park St.  
 Livingston, MT 59047  
 (406) 222-2812; fax (406) 222-4764

**Park County Recovery House**  
**Application Attachment**

*This attachment is to be completed in its entirety by an appropriate professional if the applicant is seeking acceptance to the Park County Recovery House from another treatment setting.*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Client's substance use and mental health diagnoses:

---

---

---

---

---

2. Medication currently prescribed to the client:

<u>Medication</u>	<u>Dosage</u>	<u>Reason for this medication</u>	<u>Start Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Does the client already have appointments scheduled or contact with other treatment professionals (i.e. psychiatrist, psychologist, physician, therapist, etc.)? If so, please list names and what role they will play in the client's continuing care.

---

---

---

---

**RETURN APPLICATION TO:** Southwest Chemical Dependency Program  
PO Box 1587, 430 East Park St.  
Livingston, MT 59047  
(406) 222-2812; fax (406) 222-4764

4. What do you see as the client's assets which will assist his/her success in a recovery house environment?

---

---

---

---

---

---

5. What do you see as the client's liabilities that may hinder or serve as barriers to his/her success in a recovery house environment?

---

---

---

---

---

---

6. Any additional comments?

---

---

---

---

---

---

AUTHORIZATION TO RELEASE INFORMATION AND  
RELEASE FROM LIABILITY

To Whom It May Concern:

I, \_\_\_\_\_, authorize you, **Montana Department of Justice Criminal History Online Public Record Search**, to release and furnish any and all information that you have concerning me, including confidential or privileged information pertaining to my **criminal history**, to the **Southwest Chemical Dependency Program**.

The information requested would assist the **Southwest Chemical Dependency Program** in evaluating my background and personal history.

I hereby release you, your company or organization, and those who supplied you with information of any kind from any liability or damages which may result from furnishing the requested information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Expiration Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN APPLICATION TO:** Southwest Chemical Dependency Program  
PO Box 1587, 430 East Park St.  
Livingston, MT 59047  
(406) 222-2812; fax (406) 222-4764

# Covid-19 Policy

1. Southwest Chemical Dependency program shall provide residents of the Park County Recovery Houses with reasonable protection against the spread of disease and infection within the Recovery House system, this includes measures put in place to protect residents from contracting and spreading the Covid-19 virus, S.W.C.D.P will provide all residents with face masks, hand sanitizer, antibacterial soaps, and disinfecting cleaning supplies for the Recovery Houses.
2. Any perspective residents into the Park County Recovery Houses, shall either be vaccinated or willing to become vaccinated for the Covid-19 virus as soon as possible upon acceptance into the program.
3. While a resident of the Park County Recovery house you shall submit to testing for Covid-19 as per request of SWCDP staff.
4. Residents Of the Recovery houses will quarantine whenever necessary and requested to do so by S.W.C.D.P staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**RETURN APPLICATION TO:** Southwest Chemical Dependency Program  
PO Box 1587, 430 East Park St.  
Livingston, MT 59047  
(406) 222-2812; fax (406) 222-4764

**RECOVERY HOUSE  
LIVINGSTON  
HOUSE RULES**

1. Residents have to be appropriate for placement with Outpatient or Intensive Outpatient treatment. Resident must attend every scheduled appointment determined by primary counselor and be motivate to gain sobriety and recovery skills. Each resident will complete all homework assignments be courteous of people trying to complete homework.
2. There are AA/NA meetings everyday of the week. Residents are expected to attend at least five (5) of these meetings weekly. A minimum of one (1) meeting must be attended on the weekend.
3. Curfew for all residents is 10pm on week nights and 11pm Friday and Saturday. If a resident will be late for any reason, they must notify the Program Director.
4. No smoking in the Recovery House residence. Residents may smoke out back of the houses. Residents may not stand in front of the houses or apartments and smoke.
5. No Candles are allowed in the Recovery House; this includes candle warmers and incense.
6. No alcohol, illegal drugs or unprescribed prescription medication. All medication prescribed must be declared to the Director or Case Manager upon admission. Any detox medication will be prescribed by a doctor and handled by the staff of the recovery house as determined by Program Director. Upon admission, Program Director will be notified of all medications that Recovery House residents take.
7. No weapons of any kind, i.e. Guns, knives, bows, etc. This includes ammunition.
8. Each resident will participate in cleaning, cooking, yard work, sidewalk care. Every resident will clean up after themselves in their recovery house residence, keep common areas free of personal effects and maintain cleanliness in personal space.

**RETURN APPLICATION TO:** Southwest Chemical Dependency Program  
PO Box 1587, 430 East Park St.  
Livingston, MT 59047  
(406) 222-2812; fax (406) 222-4764

9. Each resident will practice family values and treat each other with respect and courtesy. Bickering, arguing and fighting will **ABSOLUTELY NOT** be tolerated.
10. Residents are **NOT ALLOWED IN OTHER RESIDENTS ROOMS** for any reason.
11. Immediate expulsion will take place for theft. If theft occurs, every resident will be checked.
12. A resident may be asked to leave the home for abuse of reasons listed above.
13. Resident may not frequent establishments that serve **ALCOHOL**, this includes **CASINOS** and any other **GAMBLING** venues. Nor are residents allowed to enter or shop at any store that sells paraphernalia, herbal substitutes, and other substances that can be tested in urine analysis testing. If a resident wishes to dine at an establishment with alcohol, *it must be discussed with the Program Director beforehand.*
14. Residents are discouraged from forming new interpersonal/romantic relationships. *Non-residents are not allowed in the recovery house.*
15. A resident will not be allowed overnight stays out of the house. A Resident may discuss a situation with the Program Director i.e. an AA/NA campout, visitation with a child, etc. Each circumstance will be viewed individually. Residents must request permission to have family come to visit *beforehand*. Each situation will be addressed on an individual basis.
16. Residents are expected to account for their whereabouts by calling the Program Director or Case Manager each time they leave for longer than 2 ½ hours and call again upon returning to the house. Residents may not leave the Livingston area for any reason without permission.
17. Physical, verbal, sexual or violent acts of aggression *will not be tolerated*. The police will be called the resident will be asked to leave immediately.
18. Personal effects left at the recovery house will be disposed of if not claimed within 30 days of the client's last day in the recovery house.

**RETURN APPLICATION TO:** Southwest Chemical Dependency Program  
PO Box 1587, 430 East Park St.  
Livingston, MT 59047  
(406) 222-2812; fax (406) 222-4764



19. Residents will allow SWCDP to check personal cell phones at random.
20. Residents will allow SWCDP to conduct inspections/searches at the houses, including personal belongings, at random or as needed.
21. Residents will submit to random urinalysis & breathalyzer tests at any time.
22. Residents must consult with SWCDP via phone or in person *prior* to doctor visits.
23. Residents must follow all state and local laws & be in compliance with any governing authority pertaining to their treatment.
24. If you, as a resident, know that another Recovery House resident is using alcohol or drugs and do not bring it to SWCDP staff attention, you may be removed from the Recovery House program.
25. Residents must find employment after the first month of admission. Work hours must fit within the program schedule. All residents are expected to continue attending groups and appointments while they are working.
26. Residents must pay rent when they start working. Rent is \$100 the first month they are working, and \$200 per month thereafter. Weekly or bi-weekly incremental payments are easy and acceptable.

---

**RESIDENT**

---

**DATE**

---

**SWCDP STAFF**

---

**DATE**

**RETURN APPLICATION TO:** Southwest Chemical Dependency Program  
PO Box 1587, 430 East Park St.  
Livingston, MT 59047  
(406) 222-2812; fax (406) 222-4764