



333 N. Main Street
South Bend, Indiana 46601
Phone: (574) 904-4957
info@upperroomrecovery.org

Application for Acceptance

Date: _____

First Name: _____ Middle: _____ Last: _____

Female Male Date of Birth: _____ Age: _____

State ID Driver's License Number: _____

Homeless OR Current Address: _____

Telephone Number: _____

Email Address: _____

Marital Status: Married Single Divorced Separated Widowed Relationship Significant

Other Name: _____ Length of Relationship: _____

Names of People in Previous Residence: _____

Relationships to Those in the Home: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____ Phone Number: _____

Referring Agency: _____

Referring Agency Contact Name: _____ Phone Number: _____

Reason for Request to be Accepted: _____

Primary Physician: _____ Phone Number: _____

Medical Diagnosis: _____

Prescriptions

Name:

Prescriber:

Have You Ever Been Convicted of an Offense: Yes No

Have You Ever Been Convicted of a Violence or Sex Offense: Yes No

Offense:

County/State:

Substance(s) of Abuse (check all that apply)

Alcohol Cocaine Heroin Inhalants Marijuana Methamphetamine

Nicotine Prescription Amphetamines Prescription Benzodiazepines Prescription Opiates

Synthetic Substances Other: _____

Last Use Date: _____ Substance(s): _____

Current or Past Treatment History: Yes No

Where: _____

When: _____

Where: _____

When: _____

Where: _____

When: _____

History of Gambling: Yes No Treatment History: Yes No Location: _____



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Date: _____

Client Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

Phone Number: _____ Email Address: _____

Diagnosis/Impression: _____

Reason for Residential Housing Stay at the Upper Room: _____

Prescriptions

Name: _____

Prescriber: _____

History of Trauma or Abuse: Yes No Details: _____

Physical Health Conditions: Yes No Details: _____

Substance Use History:

Substance	Age of First Use	Last Use	Recent Frequency of Use	Recent Quantity of Substance	Longest Length of Absence	Tolerance, Loss of Control, Black Outs, Withdrawal, DT's
Alcohol						
Cocaine						
Heroin						
Inhalants						
Marijuana						
Meth						
Nicotine						
Rx Amph						
Rx Benzo						
Rx Opiates						
Synthetic						
Other:						

History/Symptom	Yes	No	History/Symptom	Yes	No
Use to Manage Withdrawal			History of Withdrawal Seizures		
Recent Use of Sedative Drugs			History of Delirium Tremens (DT's)		
Resident in Past Six Months			Unable to Safely Evacuate Building		
Employed in Past Six Months			Learning/Developmental Disabilities		
Arrested in Past Six Months			Depression/Anger/Sleep Problems		
Sexuality/Aggression Issues			IV Drug Use		

Allergies: Yes No Details: _____

History of Gambling: Yes No Details: _____

Currently in Treatment: Yes No Details: _____

Past History of Treatment: Yes No Details: _____

Describe Relationship with Family: Community Support(s): AA NA Church Other

Details: _____

History of Victimization: Yes No Details: _____

Strengths: _____

Weaknesses: _____

Ability/Reasons to Remain Abstinent: _____

Other Comments: _____



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Release of Information - Emergency Contact

Client First Name: _____ Middle: _____ Last: _____ Date: _____

Client Date of Birth: _____ Age: _____ Emergency Contact: _____

Contact Phone Number: _____ Relationship: _____

Contact Street Address: _____

City, State & Zip Code: _____

The above-named client authorizes the Upper Room Recovery Community to release the following information either verbally, in writing, digitally, and/or electronically to each other regarding my evaluation and/or treatment, including diagnosis or treatment of use disorder.

Upper Room will release:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol/Drug/Gambling Information | <input type="checkbox"/> Attendance & Progress | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Drug Screens | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Weekly/Monthly Report | <input type="checkbox"/> Assessment | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Other: _____ | | |

Requested from the Above Referral Agency and Case Manager:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol/Drug/Gambling Information | <input type="checkbox"/> Attendance & Progress | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Drug Screens | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Weekly/Monthly Report | <input type="checkbox"/> Assessment | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Other: _____ | | |

Purpose of Disclosure(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> Aid in Treatment | <input type="checkbox"/> Comply with Court Order | <input type="checkbox"/> Follow-Up Care |
| <input type="checkbox"/> To Keep the Following Involved and Informed: | | |
| <input type="checkbox"/> Gatekeeper | <input type="checkbox"/> Family | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Referral | <input type="checkbox"/> Legal Authorities |
| <input type="checkbox"/> Other: _____ | | |

I understand that my records are protected under the Federal and specific State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g., the provision of treatment upon consent to disclosure to third-party payers) and that in any event this consent automatically as described below. It is understood that this consent expires within one (1) year from the date signed unless otherwise specified here:

Expiration Date (beyond one year from date signed): _____

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Notice to Recipient of the Upper Room Recovery Community Information

The information that has been disclosed to you from records is protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent from the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.



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Release of Information - General

Client First Name: _____ Middle: _____ Last: _____ Date: _____

Client Date of Birth: _____ Age: _____ Release to: _____

Phone Number: _____ Relationship: _____

Street Address: _____

City, State & Zip Code: _____

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Upper Room will release:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol/Drug/Gambling Information | <input type="checkbox"/> Attendance & Progress | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Drug Screens | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Weekly/Monthly Report | <input type="checkbox"/> Assessment | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Other: _____ | | |

Requested from the Above Referral Agency and Case Manager:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol/Drug/Gambling Information | <input type="checkbox"/> Attendance & Progress | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Drug Screens | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Weekly/Monthly Report | <input type="checkbox"/> Assessment | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Other: _____ | | |

Purpose of Disclosure(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> Aid in Treatment | <input type="checkbox"/> Comply with Court Order | <input type="checkbox"/> Follow-Up Care |
| <input type="checkbox"/> To Keep the Following Involved and Informed: | | |
| <input type="checkbox"/> Gatekeeper | <input type="checkbox"/> Family | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Referral | <input type="checkbox"/> Legal Authorities |
| <input type="checkbox"/> Employer | | |
| <input type="checkbox"/> Other: _____ | | |

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Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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 Rev. 9/27/21



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Release of Information - Oaklawn

Client First Name: _____ Middle: _____ Last: _____ Date: _____

Client Date of Birth: _____ Age: _____ Referral Source: Oaklawn

Referral Phone Number: _____ Referral Case Manager: _____

Referral Street Address: _____

City, State & Zip Code: _____

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Upper Room will release:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol/Drug/Gambling Information | <input type="checkbox"/> Attendance & Progress | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Drug Screens | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Weekly/Monthly Report | <input type="checkbox"/> Assessment | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Other: _____ | | |

Requested from the Above Referral Agency and Case Manager:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol/Drug/Gambling Information | <input type="checkbox"/> Attendance & Progress | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Drug Screens | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Weekly/Monthly Report | <input type="checkbox"/> Assessment | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Other: _____ | | |

Purpose of Disclosure(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> Aid in Treatment | <input type="checkbox"/> Comply with Court Order | <input type="checkbox"/> Follow-Up Care |
| <input type="checkbox"/> To Keep the Following Involved and Informed: | | |
| <input type="checkbox"/> Gatekeeper | <input type="checkbox"/> Family | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Referral | <input type="checkbox"/> Legal Authorities |
| <input type="checkbox"/> Other: _____ | | |

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Expiration Date (beyond one year from date signed): _____

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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 Rev. 9/27/21



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Release of Information - Referral Source

Client First Name: _____ Middle: _____ Last: _____ Date: _____

Client Date of Birth: _____ Age: _____ Referral Agency: _____

Referral Phone Number: _____ Referral Case Manager: _____

Referral Street Address: _____

City, State & Zip Code: _____

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Upper Room will release:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol/Drug/Gambling Information | <input type="checkbox"/> Attendance & Progress | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Drug Screens | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Weekly/Monthly Report | <input type="checkbox"/> Assessment | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Other: _____ | | |

Requested from the Above Referral Agency and Case Manager:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol/Drug/Gambling Information | <input type="checkbox"/> Attendance & Progress | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Drug Screens | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Weekly/Monthly Report | <input type="checkbox"/> Assessment | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Other: _____ | | |

Purpose of Disclosure(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> Aid in Treatment | <input type="checkbox"/> Comply with Court Order | <input type="checkbox"/> Follow-Up Care |
| <input type="checkbox"/> To Keep the Following Involved and Informed: | | |
| <input type="checkbox"/> Gatekeeper | <input type="checkbox"/> Family | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Referral | <input type="checkbox"/> Legal Authorities |
| <input type="checkbox"/> Other: _____ | | |

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Expiration Date (beyond one year from date signed): _____

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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 Rev. 9/27/21

Resident Name: _____

Housing Guidelines

The Housing Guidelines for Upper Room residents must be read and signed by all admitted to the Upper Room Recovery Community.

I understand I do not agree

Signature: _____

Staff Witness: _____ Date: _____

Media Policy

I hereby authorize the Upper Room Recovery Community to publish photographs taken of me, and my name, for use in the Upper Room's printed publications, social media, and website.

I acknowledge that since my participation in publications and websites produced by the Upper Room is voluntary. I will not receive any financial compensation.

I further agree that my participation in any publication and website produced by the Upper Room confers upon me no rights of ownership whatsoever. I release the Upper Room, its contractors and its employees from liability for any claim by me or any third party in connection with my participation.

I agree to participate I choose to not give permission

Signature: _____ Date: _____

--- Applicant to Keep ---

Intake Guidelines

Application

1. Any criminal record, which may include a sexual or violent offense (battery, intimidation, robbery, assault, domestic battery, etc.), may exclude applicant from acceptance.
2. Other disqualification determinations may be explained to the applicant.

Clean Time

1. Applicants should have at least 30 days of clean time. Clean time requirements may be negotiable under certain circumstances.

Treatment

1. Applicants must agree to be assessed at Oaklawn, or other provider if approved, and to participate in any programming or treatment that is recommended.
2. All residents are required to attend 90 social support meetings in 90 days, and three per week thereafter.

Rent

1. Applicants must be able to begin paying rent (\$100 per week) within 30 days of admittance, but weekly rent will still be billed at admittance.
2. Accrual of three (3) months of past due rent may result in Upper Room discharge.
3. Recovery Works is accepted for approved clients. Approval will be determined between criminal justice provider, the Upper Room, and Recovery Works. Documentation is due to the case manager weekly for billing of Recovery Works, and if this is incomplete, payment may be required.

Goals

1. Applicants must be working toward the goal of independent living and must meet with the case manager at least every week to establish and work on other goals.
2. Client must remain substance free.

Intake Paperwork

1. The Upper Room intake procedure will be completed within 24 hours of admittance, excluding weekends.

Resident Housing Guidelines

Admission

1. Upon admission, there is a probationary period of 14 days. Any violation during this time will result in completing additional probationary time, and/or other reprimand. During this time, only recovery related activities such as treatment appointments, AA/NA meetings, and drug screens are permitted to be attended, in addition to legal system appointments and other appointments permitted by the case manager.
2. Curfew and overnight passes are not permitted in the first 30 days of admittance.
3. The requirement of a verification form of daily to weekly schedule daily to weekly schedule of social support meetings, which may include worship services, will be determined by the case manager.
4. Anonymity is always respected.

Substance Use

1. Residents must remain free from possession or use of any substance of abuse and submit to any substance testing upon request.

Gambling

1. Gambling within or outside the facility is prohibited.

Smoking

1. Smoking and/or vaping is prohibited anywhere in the house, church buildings or on church property. Any violation of this policy will result in completion of a warning, write-up, or discharge from the facility. Areas in which smoking/vaping are permitted are labeled at the facility.

Elevator

1. The facility elevator is prohibited unless otherwise authorized by the case manager. Written medical documentation of necessity of the use of the elevator use may be requested by staff.

Personal Relationships

1. Residents who are in a close, intimate, and/or sexual relationship with any Upper Room residents may receive a reprimand, if relationship takes place on property.
2. Sexual activities are strictly prohibited.

Personal Belongings

1. Candles and items with an open flame are not permitted.
2. Borrowing money or personal services without permission between clients and/or staff is prohibited.
3. Residents are restricted from touching or looking through any property that is not their own.
4. Residents are restricted from theft of any item or belonging of another client and/or staff.
5. Residents should not store valuable items in the facility. The Upper Room is not responsible for any lost or stolen property.

6. Residents have 10 days after leaving the facility to remove all property. It will be discarded after that deadline and the Upper Room is not responsible for items.

Employment

1. Residents are required to attend devotions at 8:00am unless the resident has documented employment past midnight the night prior, or when employment is during devotion time. Assigned chores will be required regardless of attendance at devotions.
2. Obtain employment within 30 days of admission, or as determined appropriate by the case manager.
3. Residents who are not working are required to complete job search activities weekly, and/or will be required to complete community service hours.
4. Residents are prohibited from working in a gentleman's club, casino, or an establishment where the resident would be required to serve alcohol.

Treatment

1. Residents must register for treatment assessments within three (3) days of admission or sooner.
2. Residents must agree to participate in the recommended treatment of the provider.
3. Treatment is the priority and employment is not an appropriate excused absence.

Case Management

1. Residents are expected to schedule regular meetings with their case manager which is determined on a case-by-case basis.
2. Mandatory make-up of the house meeting does not necessarily count as a regular meeting.

Curfew

1. Curfew is 10:30pm Sunday through Thursday and 11:30pm Friday and Saturday.
2. Sign-in and out on the provided form near the door when leaving and returning.

Medications/Prescriptions

1. Residents are permitted to take approved medications as prescribed by a medical professional and may be accepted by staff.
2. All non-controlled prescriptions and over-the-counter drugs may be kept in a locked storage space. Residents are responsible for the safety and administration of any medications they may have. Any new controlled prescriptions must be documented by staff.
3. All controlled prescriptions must be locked in a secure area and prescribed doses picked up from a staff member as scheduled.
4. Naloxone/Narcan is available on site and training will be made available to any resident.
5. All medication will only be dispensed on weekdays during normal business hours the case manager and/or Executive Director has announced to be available.

Respect

1. Residents must clean up after themselves and be respectful of the property of others, including the facility.
2. Participate in rotating household and church chores each day to week.

3. Residents must be respectful of neighbors regarding loitering, noise and smoking.
4. Headphones will be worn when any form of electronics are used, with the exception to the communal TV in the living area. Any exception of this will be approved by the resident's roommates on a case-by-case basis.
5. Full clothing, including a top, bottoms and shoes will be always worn, with the exception being in the resident's own dorm and bathroom.

Rent

1. Rent is billed at \$100 per week.
2. Any third-party payors will be billed weekly, with \$0 rent owed from the residents that qualify.
3. Deposits of rent funds to the case manager or Executive Director will result in a receipt given to the resident and funds will be deposited in the appropriate fiduciary.
4. Refunds of rent will be made when appropriate, as deemed by the Executive Director, when a mistake has been made with billing, such as charges made after separation of residence.
5. Accrual of three (3) months of past due rent may result in Upper Room discharge.

Vehicles

1. All motor vehicles owned and/or used by residents must be properly licensed and insured. A valid driver's license is required. A copy of these documents will be kept in the resident file.
2. Parking restrictions must be followed. Resident parking is restricted to the rear of the main parking lot or street.

Searches

1. Privacy will be provided but searches of property will be conducted by staff when reasonable suspicion arises. Reasonable suspicion is when a hazardous item or illegal substance or alcohol is suspected and either a warning, write-up or discharge summary will be made upon search completion when an item was found.
2. Upper Room staff will assist in any searches completed by a local police department.

Grievances

1. Any grievances that arise between residents, or between residents and staff, will be handled through the grievance procedure, which is provided by the case manager and documented in the Resident Handbook.

Rights

1. All residents will receive a copy of the Resident's Rights and INARR Code of Ethics and an acknowledgement will be signed.

Emergencies

1. A staff member is always on call for emergencies.
2. Resident assistants live in the house to assist residents with evening and overnight minor and routine issues.

Exposure of Bodily Fluids

1. Staff shall refer any resident experiencing symptoms of a communicable disease to a local healthcare facility.
2. If the resident is positive, the resident will be isolated as recommended by local health officials.
3. Any required announcement of the communicable disease will be made when appropriate.
4. Before returning to the facility, staff must receive release of care from the healthcare official.
5. If a resident or staff member handled and/or was exposed to any bodily fluid, the resident or staff member will seek medical attention and any appropriate recommended measures by a medical professional will be taken inside the facility or a discharge summary will be completed for the safety and security of the residents and/or staff.

Social Media

1. Residents and staff are permitted to consent to participate in interviews, the use of quotes and the taking of photographs, movies or video tapes of the resident or staff members by signing a consent.
2. The consent, which is available from staff, grants the Upper Room to edit, use, and reuse interviews for non-profit purposes including use in print, on the internet, and posting and/or sharing to any and/or all forms of social media.
3. By signing the consent, the resident or staff member understands protection from unauthorized posting or sharing of residence on social media.
4. The consent allows for release by the Upper Room Recovery Community and its agents and employees from all claims, demands, and liabilities in connection with the above.
5. The consent requires a signature, and if the signature is not obtained, consent is not made.

Drug Screening

1. The Upper Room may drug screen residents or staff members at time of suspicion and/or on a random basis for consistency and to maintain a safe and sober living environment.
2. Drug screens are initially presumptive, and the resident may be required to test at an approved site when either positive for any substance or alcohol, or when requested.
3. Results may be shared with any requesting agency, when a release of information has been obtained, and to the resident or staff member.
4. When a resident is suspected of substance or alcohol use, the resident is given the option to make a statement about the allegation and a drug screen will be completed. Results of a confirmed drug screen and/or toxicology will be presented to any requesting agency, when a release of information has been obtained, and to the resident.
5. When the resident admits to returning to substance or alcohol use and/or the drug screen is positive for a prohibited substance or alcohol, the resident will be presented with either a warning, write-up, or discharge summary.
6. If a resident is positive on a presumptive drug screen, a confirmation result must be obtained by the case manager to determine cause of action, which may include being placed on restriction, and will also result in a recommendation for inpatient services, write-up, and/or discharge.

Chores

1. Completion of Upper Room and church chores are mandatory for all residents.
2. Chores will be assigned by staff and/or panel of Resident Assistants and approved by the case manager.

Social Sunday

1. Social Sunday will be conducted on property once monthly and the date/time will be determined by the Executive Director.

Visitors

1. Social time on property, including the alley, gardens, and/or outside areas of church and streets, is limited to five minutes per day per visitor.

House Meeting

1. Weekly house meetings are mandatory.
2. If a resident feels that missing a house meeting is necessary, the case manager and/or Executive Director will approve the miss and a make-up meeting with the case manager is required within 48 hours of the original house meeting.
3. At minimum, attendance at one house meeting per month is required in person.

Non-Compliance

1. Any non-compliance which is observed by an RA or case manager may result in a write-up, which is then forwarded to the case manager and/or Executive Director. The RA does not impose consequences.
2. The case manager and/or Executive Director will decide the outcome of the write-up, either being without a reprimand, a warning, or discharge.
3. Any three write-ups within three months may result in discharge.
4. Residents may be discharged without being given prior notice.