

# Admission Checklist

## Before Patient Arrives:

Patient Name: \_\_\_\_\_  
First
Middle
Last

**Collect the following information from the most recent residential episode or the pre-admit PHP/IOP chart in the EMR.  
 Reach out to your supervisor with questions.**

### Substance Use Diagnoses

| Code (Example: F11.20) | Description (Example: opioid dependence, uncomplicated) |
|------------------------|---|
| _____                  | _____   |
| _____                  | _____   |
| _____                  | _____   |
| _____                  | _____   |
| _____                  | _____   |
| _____                  | _____   |

### Prep

- Print the **Sober Living Admission Packet** from Stepworks University.
- Complete the **Important Information** sheet with upcoming appointments and first rent payment information. (You will scan and upload this sheet into the patient’s chart with their admission documents.)
- If one of the above diagnoses is for **opioids**, the patient will likely participate in the UNITE grant. Please mark them as “UNITE” on all appropriate spreadsheets.
  - N/A
- Get linens and key.

## Admission Details - Complete with Patient

Date of Arrival: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of Arrival: \_\_\_\_\_ : \_\_\_\_\_  A. M.  P. M.  
 Best phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 How did the patient get here? \_\_\_\_\_  
 Date of Last Use: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Substances Used: \_\_\_\_\_  
 \_\_\_\_\_

Amount of Last Use: \_\_\_\_\_ Method of Last Use: \_\_\_\_\_

BAL: \_\_\_\_\_

Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Payment and Admission Confirmation

- admission packet completed
- discuss UNITE grant with the patient (*if the patient has an opioid diagnosis listed above*)
  - N/A
- discuss True Link credit card with the patient (*residents attending PHP or on the UNITE grant*)
- patient understands confidentiality and "release of information" to relatives/loved ones
- patient understands rent schedule
- received payment and gave receipt (*Applies to IOP admissions not eligible for UNITE. Payment should be at least \$280. If they do not have this amount, consult your supervisor.*)
  - N/A
- photo taken

## Search and Urine Screens

- searched the patient's person (*If the patient is coming directly from a Stepworks facility, a personal search is not required.*)
  - N/A
- searched the patient's belongings/clothing/bags according to Stepworks policies
- UDS

UDS Results: \_\_\_\_\_

Temperature: \_\_\_\_\_

## Medication Count

*Count all of the patient's medications with the patient present.*

- medication count uploaded to Stepworks University

## Contraband Destroyed

If the patient requests that any personal items or contraband be destroyed, have the patient complete the "Authorization to Destroy Property" form. Once this form is signed, team members can destroy the property. **If one of these items is a medication, we must consult with the provider before destroying it.**

- N/A

Form completed

Property destroyed by this method: \_\_\_\_\_

## House Orientation

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Tour/Introductions          | <input type="checkbox"/> How to Seek Assistance from Stepworks team | <input type="checkbox"/> Case Management                          |
| <input type="checkbox"/> Given key                   | <input type="checkbox"/> Emergency Procedures                       | <input type="checkbox"/> Behaviors that Affect Privileges         |
| <input type="checkbox"/> Given linens                | <input type="checkbox"/> Tobacco Product Areas                      | <input type="checkbox"/> Alcohol Use/Contraband Policy            |
| <input type="checkbox"/> Visitation Times/Guidelines | <input type="checkbox"/> First Aid/Accident Reporting               | <input type="checkbox"/> Grounds for Discharge                    |
| <input type="checkbox"/> House Rules                 | <input type="checkbox"/> Grievance Procedure                        | <input type="checkbox"/> Managing Anxiety/Early Discharge Thought |
| <input type="checkbox"/> Bed Assignment              | <input type="checkbox"/> Treatment Planning & Therapist Role        |   |
| <input type="checkbox"/> Chores/Chore List           | <input type="checkbox"/> Receiving Mail/Deliveries                  |   |
| <input type="checkbox"/> PHP/IOP Schedule            | <input type="checkbox"/> Resident Rights                            |   |
| <input type="checkbox"/> Food/Drink Location/Policy  | <input type="checkbox"/> Transportation                             |   |
| <input type="checkbox"/> Laundry Location/Policy     |   |   |
| <input type="checkbox"/> Medication Procedures       |   |   |

## Early Discharge Prevention

Ask the patient, **"If you begin to talk about requesting an early discharge, what could we say (or remind you of) that might encourage you to stay?"** Patient's response: \_\_\_\_\_

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Ask the patient to complete the **Sober Living Admission Survey** on device.

**Make a copy of the signed admission forms:**

**Important Information, Resident Rights, Agreement to Standards, Policies, Testing, Resident Lease Agreement, Emergencies & Complaints: What to Do, Shuttle Transportation Agreement**

**Give these and the transportation schedule to the resident.**

## Documentation Checklist

- scan/upload all **admission forms** to the EMR
  - then shred
- patient added to appropriate tracking spreadsheets
- document **payment** in the payment portal
  - N/A
- document admission in a **staff note** from the above sections: **Admission Details** and **Search and UDS Results**
- make sure the team member who searched the patient's belongings provides documentation of their search
- document patient phone number in the **EMR**
- document patient phone number in **Open PM**
- change the patient's status on the **Bed Board**
- document **Court Order** (if applicable)
  - N/A

Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Important Information

Resident Copy

## Upcoming Appointments

|                       | Date               | Time  |
|-----------------------|--------------------|---|
| PHP/IOP:              | ____ / ____ / ____ | ____ : ____ <input type="checkbox"/> A. M. <input type="checkbox"/> P. M. |
| Individual Therapist: | ____ / ____ / ____ | ____ : ____ <input type="checkbox"/> A. M. <input type="checkbox"/> P. M. |
| Case Manager:         | ____ / ____ / ____ | ____ : ____ <input type="checkbox"/> A. M. <input type="checkbox"/> P. M. |
| Intensive Health:     | ____ / ____ / ____ | ____ : ____ <input type="checkbox"/> A. M. <input type="checkbox"/> P. M. |

## First Rent Payment

Amount: \$ \_\_\_\_\_

Date due: \_\_\_\_\_, \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
day of week

After the first payment, rent is \$140 and due every Friday.

## Case Manager Name and Phone Number

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Sober Living House Manager Name and Phone Number

Name: \_\_\_\_\_ Phone: 270-957-8858

## Individual Therapist

Name: \_\_\_\_\_ Phone: 800-545-9031, ext. \_\_\_\_\_

## Intensive Health

Provider Name: \_\_\_\_\_ Phone: 270-765-5900 Email: [refills@intensive-health.com](mailto:refills@intensive-health.com)

If you will run out of medications before your next appointment, please contact Intensive Health.



# Agreement to Standards, Policies, Testing

This agreement between Stepworks Sober Living and you (the resident) outlines the standards and policies you must follow to remain in the Stepworks Sober Living program, including your consent to drug and alcohol testing. Read each item carefully and initial the spaces provided to indicate that you have read and understood each statement. If you have questions, please contact the Stepworks Sober Living house manager by phone, email, or in-person (contact information is provided upon admission).

## Resident Responsibilities

\_\_\_\_\_ For security and accountability, always use the sign in/out sheet when entering or exiting the property.

\_\_\_\_\_ Complete your daily chores (and mark them on the chore sheet).

\_\_\_\_\_ Quiet time is 11:00 P. M. to 7:00 A. M.

\_\_\_\_\_ Be courteous to residents who work other shifts and sleep during the day.

\_\_\_\_\_ The curfew for all residents is 11:00 P. M. (If this does not accommodate your work schedule, communicate with the house manager in advance to request an exception.)

\_\_\_\_\_ Maintain employment and submit the following to the house manager: (1) a copy of your work schedule and (2) when requested, proof of paystubs. (Employment must not interfere with recovery; you must remain active in your chosen recovery path.)

\_\_\_\_\_ If you are on disability (receiving a monthly check), fill your free time with the following: attend meetings, work at a part-time job, assist the sober living manager with tasks around sober living, attend school, etc. (Give a weekly report to your case manager of what you accomplished in your free time.)

\_\_\_\_\_ Be responsible for utilities. Conserve water and electricity. Turn off lights and televisions when not in use. Do not adjust thermostats without approval. If you abuse utilities, you may be fined or required to pay the overage.

\_\_\_\_\_ Be courteous with the clothes washer and dryer. Do not leave clothes unattended.

\_\_\_\_\_ While living in a Stepworks Sober Living home, represent the program in a positive manner. Treat yourself and others with dignity and respect.

\_\_\_\_\_ Be a good neighbor. Greet our guests or neighbors with a smile, wave, or "hello." Keep your voice and music to a reasonable volume level. Clean up after yourself, wear appropriate clothing outside of your bedroom, and do not use offensive language in front of guests and neighbors.

\_\_\_\_\_ Residents are not allowed to have pets.

\_\_\_\_\_ Do not bring Kroger carts to our property. (This is theft.)

\_\_\_\_\_ Do not glorify drug use or criminal behavior.

\_\_\_\_\_ Never take photographs or video of other residents without their consent.

\_\_\_\_\_ Never share information about other residents with third parties: including their names, photos/videos, or anything said in group or privately (even if they willingly participated). This includes posting on social media accounts.



## Continuing Recovery Expectations

- \_\_\_\_\_ Do not sponsor another Stepworks Sober Living resident.
- \_\_\_\_\_ Participate in all weekly house meetings. (Consecutive unexcused missed meetings may result in eviction from the program.)
- \_\_\_\_\_ Submit your Recovery Meeting Attendance form at your weekly case management meeting.
- \_\_\_\_\_ Attend the minimum number of meetings based on your Stepworks Sober Living phase. (Church attendance and Celebrate Recovery meetings do count toward this requirement. Stepworks provides recovery support meetings, but you must also attend **at least one outside meeting.**)
- \_\_\_\_\_ You are responsible for scheduling and attending medical and follow-up appointments (including outpatient visits required by the Stepworks Sober Living program).
- \_\_\_\_\_ You are responsible for getting on the Stepworks transportation shuttle when it arrives. Staff will not come and get you.
- \_\_\_\_\_ Stepworks transportation only goes to locations on the transportation schedule.
- \_\_\_\_\_ Submit your requests for overnight or weekend passes to the house manager at least 72 hours in advance. (The house manager is responsible for approving or denying these requests.)
- \_\_\_\_\_ Attend the monthly tribe gathering. (If you cannot attend, provide a work excuse.)

## Drugs, Alcohol, Medications, and Testing

- \_\_\_\_\_ Do not consume or possess any form of alcoholic beverage.
- \_\_\_\_\_ Do not consume or possess any form of illicit or unprescribed drugs.
- \_\_\_\_\_ Stepworks Sober Living will not administer medications to residents. All residents are responsible for self-administering their own medication.
- \_\_\_\_\_ Do not share prescription medications and take them only as prescribed.
- \_\_\_\_\_ You are responsible for maintaining your medications, prescription and otherwise, and locking them in the lockers provided in your sleeping area at all times.
- \_\_\_\_\_ Do not share your lock code with anyone.
- \_\_\_\_\_ You will receive one lock on admission. If you lose your lock or if it needs to be cut off, it is \$5.00 to replace.
- \_\_\_\_\_ Stepworks Sober Living performs medication counts regularly. Keep your medications in their original containers with the labels clearly identifiable.
- \_\_\_\_\_ You are subject to random drug screens. Drug screens that yield unexpected results are sent to a lab. If the lab confirms your use of an illicit substance, you must meet with the Stepworks clinical team to discuss the next step, which may include your referral to a higher level of care.
- \_\_\_\_\_ In some situations, the person or persons administering these tests may be your peer(s) and not medical personnel.

## Violence and Weapons

- \_\_\_\_\_ Do not commit or threaten violence against anyone for any reason. This behavior is grounds for eviction and legal action.



\_\_\_\_\_ Do not possess weapons on Stepworks Sober Living property. This includes the facility, the property around the facility, and vehicles parked near the facility. "Weapons" includes but is not limited to the following: firearms of any kind, knives four inches or longer, tasers, swords, clubs, martial arts weaponry, etc.

\_\_\_\_\_ Do not steal. Stealing is a crime and is grounds for eviction and legal action.

## Visitors and Sex

\_\_\_\_\_ Do not enter a romantic relationship with another resident. (Violations may result in eviction.)

\_\_\_\_\_ Do not engage in sexual relations of any kind on Stepworks Sober Living property or in vehicles parked near the property.

\_\_\_\_\_ Do not host overnight visitors. Visitors must exit Stepworks Sober Living property before curfew.

\_\_\_\_\_ Visitors must only enter common areas. This includes sober living residents from other apartments.

\_\_\_\_\_ Visitors must not enter bedrooms.

\_\_\_\_\_ Do not sleep in another resident's apartment or bed.

\_\_\_\_\_ Do not possess, view, stream, or download pornographic material of any kind.

## Stepworks Sober Living Property

\_\_\_\_\_ Do not smoke in any Stepworks facility. Vaping and tobacco chew are permitted but must not damage the property in any way.

\_\_\_\_\_ Any damage to property as a result of your negligence will be your responsibility to fix or replace.

\_\_\_\_\_ Smoke detectors must remain on the wall. (If a smoke detector is beeping or needs batteries, do not remove it. Notify the sober living manager.)

## Personal Property and Injury

\_\_\_\_\_ You give consent for Stepworks Sober Living to search your personal property at any time, including your vehicle.

\_\_\_\_\_ Residents are permitted a vehicle on site (car, motorcycle, moped, scooter, etc.) after completing PHP or after 30 days in the program.

\_\_\_\_\_ Before parking your vehicle on the property, you must show a valid driver's license, registration, and proof of insurance to the house manager. You must park your vehicle in the designated areas.

\_\_\_\_\_ Stepworks Sober Living is not liable for any stolen or damaged personal property.

\_\_\_\_\_ Stepworks Sober Living is not liable for any personal injuries sustained while on the property.

\_\_\_\_\_ Storage space is limited. If your personal items do not fit in the space provided, they must be stored off site.

\_\_\_\_\_ If you abandon belongings at Stepworks Sober Living, we will attempt to contact you. If you do not collect your belongings within thirty days, they will be donated.





## Rent

- \_\_\_\_\_ Pay your rent according to the schedule explained in the Resident Lease Agreement.
- \_\_\_\_\_ If you fall behind the payment schedule explained in the Resident Lease Agreement, you are subject to eviction.
- \_\_\_\_\_ If you cannot pay rent for a week, contact the house manager by phone, email, or in-person before the end of that week.
- \_\_\_\_\_ Obtain a debit card. Stepworks only accepts cash payments in special circumstances.

## Relapses

- \_\_\_\_\_ Stepworks takes relapses very seriously. They aren't just a personal problem. They impact the entire Sober Living community.
- \_\_\_\_\_ If you relapse, be honest and tell a team member as quickly as possible.
- \_\_\_\_\_ Before determining the best course of action, the clinical team will consider your honesty, usage, period of relapse, medical history, and treatment history. Depending on these factors, you may be allowed to stay in Sober Living but transfer back to a higher level of care. Or you may be evicted and referred to a residential or inpatient treatment program at Stepworks or elsewhere.
- \_\_\_\_\_ Completing a thirty-day or more residential program gives you "preferential status" when you reapply for Stepworks Sober Living.

## Eviction

- \_\_\_\_\_ Failure to follow any of the above standards may result in eviction.
- \_\_\_\_\_ This document does not provide a comprehensive list of standards and violations. Even if an offense is not specifically described in this document, Stepworks Sober Living reserves the right to evict you from the property.
- \_\_\_\_\_ If evicted, you must leave the premises at the end of the business day and not return under any circumstances. (This time frame is subject to change according to the discretion of Stepworks Sober Living.)

## Resident Agreement to Standards

I, (print name) \_\_\_\_\_, have read, understood, and agreed to abide by the standards and terms of this document.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Team Member: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## Resident Consent to Drug and Blood Alcohol Level Testing

I, (print name) \_\_\_\_\_, understand that I can be tested for drugs and alcohol at any time, for any reason, according to my agreement with Stepworks Sober Living. I also understand that the person(s) administering the tests may be my peer(s) and not medical personnel. I am aware that if I test positive, refuse compliance, or attempt to cheat or circumvent the tests in any way, I will be evicted from the Stepworks Sober Living property and program and will be required to leave the premises immediately. If my results are unexpected, the test may be sent to an outside lab for confirmation. If this happens, I may receive a bill from the third-party-lab. My signature below indicates my understanding and consent.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

House Manager: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Resident Lease Agreement

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

1. This lease agreement is between Stepworks Sober Living and you (the resident).
2. The leased premises is located at \_\_\_\_\_ Regency Way, Apartment # \_\_\_\_\_, Elizabethtown, KY 42701.
3. You will pay Stepworks \$20.00 per day according to the following chart:

| Admitting directly from residential treatment to PHP?  | Admitting directly from residential treatment to IOP?  | Admitting directly to IOP?  |
|--|--|---|
| You will not be charged for rent until fourteen days after you graduate from PHP. (This grace period gives you time to get a job and start earning.) | You will not be charged for rent until fourteen days after admission. (This grace period gives you time to get a job and start earning.) | Rent is \$20/day.   |
| Fourteen days after PHP graduation, you begin accumulating a balance of \$20/day.  | Fourteen days after admission, you begin accumulating a balance of \$20/day.   | On your first Friday with us, you will settle your accumulated balance (\$20/day) and also pay \$140 for the coming week. |
| On the next Friday, you will settle your accumulated balance (\$20/day) and also pay \$140 for the coming week.                                      | On the next Friday, you will settle your accumulated balance (\$20/day) and also pay \$140 for the coming week.                          | You then owe \$140 every Friday.  |
| You then owe \$140 every Friday.   | You then owe \$140 every Friday.   |   |
| Applying for the UNITE grant?  |  |   |
| It covers your rent during IOP. The payment schedule (\$20/day) goes into effect when you graduate from IOP.   |  |   |

4. You agree that the schedule above clearly explains the payment schedule.
5. Stepworks Sober Living sends statements by text message every week. (You must provide a working cell phone number upon admission.) You will only receive one statement per week. If you change your cell phone number, it is your responsibility to notify our team.
6. You must provide a 30-day notice to the Sober Living manager before vacating.

7. Payment for Weeks 1 and 2 is non-refundable.
8. Rent is still due for days away from the facility (even for excused absences and overnight passes).
9. Unused rent will not be refunded if any of the following occur:
  - You give less than a 30-day notice before vacating.
  - You damage the premises.
  - You are administratively discharged from the program.
  - You threaten or commit violence of any kind.
  - You commit any other violation deemed egregious by Stepworks Sober Living staff.
  - If you are due a refund for unused rent, this must be requested at your exit interview.
10. You may only reside at the leased premises under the following conditions:
  - You comply with the terms in this document.
  - You comply with the terms in the **Agreement to Standards, Policies and Testing** document.
11. Stepworks provides a sober living residence only. Stepworks does not restrict residents from making their own personal choices as long as they comply with the terms of this document and the **Agreement to Standards, Policies, and Testing** document.
12. You acknowledge that you have inspected the leased premises and find it suitable for your intended use. In addition, by signing this agreement, the resident waives any claims against Stepworks for personal injuries and loss of belongings, except to the extent caused by Stepworks' negligence.
13. Any damage to property as a result of your negligence will be your responsibility to fix or replace.
14. You must be responsible in your use of utilities (water, electric). If you abuse utilities, you may be fined or required to pay the overage.
15. Stepworks does not carry insurance for your personal property or belongings.
16. You must immediately notify Stepworks, in writing, of any incident resulting in injury or loss. This must include a full account of the incident in detail.

## RESIDENT LEASE AGREEMENT

I, (print name) \_\_\_\_\_, have read, understood, and agreed to the terms of this document. I also acknowledge receipt of a copy of this Resident Lease Agreement. This agreement is signed and effective on the date below.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Team Member: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# True Link Debit Card Authorization

## What is True Link?

Sober Living residents attending PHP or on the UNITE grant will receive a True Link debit card to purchase food. Funds for the week are added each Friday. (The card only works at approved vendors at certain times of day, so plan accordingly.)

### Time Parameters

- Your True Link debit card only works between 8:00 A.M. and 8:00 P.M.

### Approved Vendors

- Kroger
- Wendy's
- Arby's
- Taco Bell/KFC
- McDonald's
- Culver's
- Burger King
- Hardee's
- Chick-fil-A
- Walmart
- Goodwill

### Process

- Residents receive one free card. (There is a fee to replace lost cards.)
- Each month, True Link deducts \$12 in fees from your available funds.
- When you leave Stepworks Sober Living (program completion, administrative discharge, moving out), the card is immediately deactivated. You will no longer have access to any remaining funds on the card and will receive no further funds.

### Activation

To activate your card, Stepworks must give True Link your full name, date of birth, Social Security number, and sober living address. True Link is an online bank that uses a secure system to store this information. If you choose not to provide this information, Stepworks cannot provide you with any funds for food.

### Acknowledgment

Signing below acknowledges this information and permits Stepworks to share your personal information with True Link.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Team Member Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Emergencies & Complaints: What to Do

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## Contact Information

Sober Living Case Manager Hotline: (859) 447-9846

Sober Living House Manager: (270) 957-8858

## Overdoses

### Signs of an Overdose

- Person is passed out and unresponsive.
- Their breathing is very slow; they are making gurgling sounds; they are not breathing at all.
- Lips are a blue or grayish color.

### Check for a Response

- Shake them to wake them up.
- Shout their name.

## Administer NARCAN

Stepworks Sober Living provides NARCAN in each apartment in a red box attached to the wall in the kitchen.

- Take the hammer attached to the box and smash the glass.
- Take the NARCAN out of the box.
  - Peel back the tab with the circle to open the Narcan Nasal Spray.
  - Hold the Narcan Nasal Spray with your thumb on the bottom of the plunger and your fist and middle fingers on either side of the nozzle.
- Tilt the person's head back and provide support under the neck with your hand.
- Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
- Press the plunger firmly to give the dose of Narcan Nasal Spray. Remove the Narcan Nasal Spray from the nostril after giving the dose.
- **Call 911 if a peer has not already called.**
- Wait for two minutes and watch the person closely.
- Call the house manager if a peer has not already called.
- If the person does not respond in two minutes, repeat the steps and give the second dose of Narcan Nasal Spray in the box.
- Roll the person on their side, which is called the "recovery position."
- When an ambulance arrives, tell them that this person was given Narcan.
- If the house manager is not yet on site, call them again.

## Fire

If there is a fire, take the following steps:

- Tell everyone to evacuate and exit the building.
- Meet in the designated meeting location by the dumpster.
- Call 911 and give your name, location, and a description of the fire.
- Call the house manager.
- Tell first responders if you believe anyone may still be in the house.
- Do not re-enter the building until an emergency authority gives approval.

You may choose to fight the fire if it is small in size and contained to an area (e.g. stove).

- To fight a small fire, use the PASS system:
  - **P**ull pin on fire extinguisher.
  - **A**im at base of fire.
  - **S**queeze handle.
  - **S**pray in sweeping motion.





## Severe Weather

- If significant snow or tornadoes are predicted, Stepworks may cancel groups or appointments. The house manager will notify you.
- In case of a tornado warning, move to the closet, or the kitchen if the closet is unavailable, as the emergency sheltering location.
  - Sit facing the wall with your arms folded overhead.
  - Call or text the house manager to update them after the threat passes.

## Threat of Violence

- If there is a threat of violence or assault, do not attempt to intervene and resolve the threat.
- Notify the house manager immediately.
- For threats **outside** of the facility, the house manager may ask you to **shelter-in-place**.
  - Lock the doors and stay away from windows and doors.
  - Stay inside until the house manager tells you otherwise.
- For threats **inside** the facility, the house manager may ask you **evacuate**:
  - Leave using the nearest exit and meet in the designated meeting location at the Crowne Pointe facility parking lot.
  - Do not re-enter the building until the house manager gives approval.

## Active Shooter Protocol

If there is an active shooter in the facility...

- Call 911. If you cannot speak, leave the line open and allow the dispatcher to listen.
- RUN - If there is a clear path, try to evacuate.
- HIDE - If evacuation is not possible, find a place to hide.
  - Lock and blockade the door with heavy furniture.
  - Silence your cell phone. Stay hidden and quiet.
- Is evacuating or hiding impossible?
  - As a last resort, and only when your life is in imminent danger, try to disrupt or incapacitate the active shooter.
    - Act as aggressively as possible against them.
    - Throw items and improvise weapons.
    - Yell and commit to your actions.
- When law enforcement arrives...
  - Stay hidden until they knock on your door.
  - Stay calm and follow officer instructions.
  - Put down any items in your hands, raise your hands, and spread your fingers.
  - Go toward the exit where officers are entering.
- Notify the house manager.



## Medical/Psychiatric Emergencies

- Call 911.
- Give aid to the person if possible.
- Call the house manager.

Medical/Psychiatric emergencies include...

- unresponsive to verbal prompting or shaking a shoulder
- uncontrolled bleeding
- a fall resulting in unresponsiveness or confusion
- seizure activity
- severe chest pain
- shortness of breath with inability to speak
- uncontrolled mood with threats of suicide or homicide
- brandishing a weapon
- disorientation to person or place

## Intoxication

Call the house manager.

## Seizures

- Help lower the person to the floor.
- Move away any objects that could cause injury.
- Roll them to their side.
- Get padding for their head.
- Time the seizure if possible.
- If they vomit, roll them to the other side (for safety and clean-up).
- After the seizure, encourage them.
- Call the house manager, and tell them how long the seizure lasted.
- Stay with the person until the house manager provides direction.

### When to Call 911 for a Seizure

- They are not breathing or lips are turning blue.
- The seizure lasts longer than three minutes.
- There is an airway obstruction.
- They are unresponsive after the seizure.



## Drills

Fire drills are facilitated six times a year, and at least two of them will be at night.

## Protection against Communicable Diseases

Stepworks Sober Living will use “universal precautions” to prevent the spread of disease within the home. “Universal precautions” means treating all human blood and body fluids as if they are infectious. A bodily fluid cleanup kit can be found under the kitchen sink. If supplies are needed, or if this bin is missing, please notify the house manager.

- wash your hands
  - after wiping or blowing your nose
  - before preparing or eating food
  - after using the toilet
  - before and after treating or bandaging a cut
  - after handling urine test kits or collection of urine
  - after wiping down surfaces, cleaning spills, or any other housekeeping
  - after contact with bodily fluids, even if you wore gloves
- use gloves
  - when cleaning up urine, stool, or vomit
  - if handling bodily fluids
  - when administering first aid for a cut, bleeding wound, or bloody nose
- dispose of used gloves immediately after use
- clean any surface that has come into contact with blood with a disinfectant
- dispose of potentially infectious materials into a plastic trash bag, tie it securely, and immediately dispose of it in the dumpster

## If a neighbor complains...

If a neighbor complains, politely give them the house manager’s name and phone number.

## If you have a grievance...

First try to resolve complaints with the manager or a supervising team member by talking to them. If the complaint is not resolved or the discussion is not appropriate under the circumstances, request a grievance form from a Stepworks team member. Complete the grievance form and give it to a team member. A member of the Stepworks leadership team will contact you, but please allow five days. You may also contact the Kentucky Cabinet for Health and Family Services OOAR (Office of the Ombudsman and Administrative Review), 275 East Main Street, Frankfort, KY 40621, or call 1-800-372-2973. Or, contact the Kentucky Recovery Housing Network at 502-782-8478. You may call the cabinet’s ombudsman without first reporting the complaint to the

program administrator. Residents who engage in the grievance process or make a less formal complaint may do so without fear of interference, coercion, discrimination, or reprisal.

## Acknowledgment

I acknowledge that I have received information about the following:

- Stepworks Sober Living team contact information
- what to do in case of various emergencies
  - overdose
  - fire
  - severe weather
  - threats of violence
  - medical or psychiatric emergencies
  - intoxication
  - seizures
- emergency drills
- grievance procedure

I understand this information and have been given the opportunity to ask questions.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Resident Rights

## As a resident, you have the right to

- be treated with consideration, respect, and dignity.
- not be discriminated against in determining eligibility for treatment.
- participate actively in your recovery.
- give informed consent to receive a service.
- have individualized treatment.
- be fully informed at the time of admission of your rights and responsibilities and of all the rules and guidelines governing resident conduct, including the consequences for the use of alcohol and other drugs or other infractions that may result in disciplinary action or eviction.
- file a grievance, recommendation, or opinion regarding the services you receive without fear of retaliation.
- confidentiality in accordance with state and federal laws.
- have freedom from abuse, financial, or other exploitation, humiliation, and neglect.
- receive information regarding costs prior to admission and receive a written statement of charges and payments upon request.
- request referral resources in the event of your eviction from Stepworks Sober Living.
- not be required to perform services for Stepworks Sober Living that are not included in the usual expectations of all residents.

If you feel as though your resident rights have been violated or if you have a complaint, Stepworks Sober Living will employ every reasonable effort to resolve your complaint. You may request the Stepworks Sober Living **Grievance Procedure** document at any time. If you feel that your complaint is not adequately resolved, you may submit a grievance form or contact the the Kentucky Cabinet for Health and Family Services OOAR (Office of the Ombudsman and Administrative Review), 275 East Main Street, Frankfort, KY 40621, or call 1-800-372-2973.

I have read and fully understand my rights, and the Sober Living team has answered any questions I have had.

Resident signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Team member signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Authorization to Destroy Resident Property

I authorize Stepworks Sober Living to destroy my personal property listed below. I understand that it is considered contraband, and I am choosing to have it destroyed. I will not hold Stepworks liable for its destruction.

I authorize the following property to be destroyed:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

House Manager: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Shuttle Transportation Agreement

Resident Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. I agree to have no weapons, illicit substances, or other contraband in my possession or in the vehicle during transport. If I breach this policy, I may be subject to arrest.
2. I may not bring anyone else with me.
3. No animals are permitted in Stepworks' vehicles other than registered support animals.
4. There is no smoking, eating, or drinking in Stepworks' vehicles. If I violate this policy, I will be denied further transportation.
5. Stepworks is not responsible for assisting in entering or exiting the vehicle.
6. I agree to be ready and waiting at the scheduled time and location for pick-up.
7. If the driver determines that I am intoxicated or unruly, Stepworks will refuse transportation and future requests for transportation.
8. Unless it is an emergency situation, Stepworks cannot make stops on the way to my destination.
9. There is a camera recording at all times in Stepworks' vehicles. I consent to audio and visual recording in a Stepworks vehicle.
10. Stepworks is not responsible for accidents or injuries, including death, that may occur during transportation.
11. This safety contract covers all future transportation in Stepworks' vehicles.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sober Living Manager Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Weekly Transportation Schedule

## To view the transportation/shuttle schedule...

1. Open the camera app on your phone.
2. Center the following QR code and hold the camera steady for a couple of seconds.



3. A web address or notification should appear.
4. Tap to open the link.

If that doesn't work, follow this link: [stepworks.com/transport](https://stepworks.com/transport)