



**The Mantooth House**  
**POLICY AND PROCEDURES MANUAL**

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

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# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **MISSION STATEMENT/PHILOSOPHY**

### **Mission Statement**

The Mantooth House is a Recovery Residence for Chemically Dependent adult women who have successfully completed primary treatment and are in early, but active recovery. We exist to provide quality recovery housing and bridge the gap between treatment and home, allowing our residents the time and support they need to navigate the challenges of early recovery.

### **Vision Statement**

We, at The Mantooth House believe in the power of community, the value of solace, and the possibility of redemption for everyone who seeks a new way of life. We strive to create an atmosphere of recovery that is conducive to continued growth and change. We empower women as they reassemble their lives from the destruction of addiction. And we walk that road with them. Always.

### **Organizational Structure**

The Mantooth House is owned and operated by the Texas non-profit corporation known as The Women's Sober House of Lufkin, Inc. dba The Mantooth House.

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **ETHICS**

Interactions of house staff/owner, and volunteers, with residents will be governed by ethical standards.

### **BASIS**

Residents in a Recovery Residence Environment have the right to expect ethical behavior from house staff/owner and volunteers. Following ethical guidelines protects residents, house staff/owner and volunteers from inappropriate relationships and interactions.

## **THE MANTOOTH HOUSE CODE OF ETHICS**

The Mantooth House members conduct our business honestly and ethically. We strive to constantly improve the quality of our residences and create a reputation for honesty, fairness, respect, responsibility, integrity, and trust. It cannot be emphasized enough that illegal or unethical conduct on the part of coalition members, tarnishes our image. Recovery Residence members do not compromise our principles for short-term advantage. The ethical performance of this coalition is the sum of the ethics of the men and women who serve here. Thus, we are all expected to adhere to high standards of personal integrity.

1. Will uphold the belief that all persons have worth and will interact accordingly with dignity and respect
2. Will safe guard persons privacy and confidentiality per state, federal and local requirements
3. Will not threaten or commit any act of physical or emotional abuse
4. Will not become financially involved with persons served
5. Will not become romantically or sexually involved with persons currently served (or served in the recent past)
6. Will not engage in harassment
7. Will not discriminate due to race, religion, age, sexual orientation, disability, national ancestry or economic condition (Does have latitude to outline specialty population served)

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

8. Will strive for continued personal growth and self-improvement through education, training and consultations.

## **PROCEDURE**

### **I. CONTACT WITH RESIDENTS**

- A. There is to be no interaction with residents that would violate any of the above ethical code. All male volunteers and workmen will be monitored by a female staff member at all times.

### **II. REPORTING UNETHICAL OR INAPPROPRIATE BEHAVIOR**

- A. Anyone who observes or has substantial reason to believe house staff/owner or a volunteer has engaged in unethical behavior in violation of this policy must report that behavior in confidence to the President.
- B. Any house staff/owner or volunteer who believes a resident has behaved with her/him in such a way as to provoke or invite unethical behavior must report that interaction to the Board President of the Mantooth House.

### **III. CONSEQUENCES FOR FAILURE TO COMPLY**

- A. Breach of this policy constitutes grounds for serious disciplinary action, including immediate suspension and/or probable dismissal from The Mantooth House.
- B. House staff/owner and volunteers will be oriented to this policy and indicate understanding and agreement to comply.

# THE MANTOOTH HOUSE POLICY AND PROCEDURES

## RESIDENT RIGHTS AND RESPONSIBILITIES

### POLICY

To safeguard the rights of persons who are residents at The Mantooth House.

### BASIS

Each resident has certain rights and responsibilities to ensure the best experience possible.

### PROCEDURE

A. Residents will be informed of their rights and responsibilities upon admission into the program and given a copy of the Program Overview and House Rules.

B. Resident Rights

As a resident of The Mantooth House you have the right to:

1. Be treated with dignity and respect
2. Participate actively in your recovery.
3. ***Be given information regarding informed consent prior to the start of your stay.***
4. Be seen by a private physician with the understanding that all costs will be the responsibility of the resident.
5. Have all information pertaining to stay held in confidence.
6. Receive information regarding cost.
7. Be fully informed at the time of admission of the rights and responsibilities set forth herein and of all the rules and guidelines governing resident conduct.
8. Initiate a complaint or grievance procedure and understand that you may begin the grievance procedure by contacting the Board President of the Mantooth House.
9. Request referral resources in the event of your dismissal from The Mantooth House.
10. Not to be required to perform services for The Mantooth House, which are not included in the usual expectations of all residents.

C. ***Resident Responsibilities***

***See Procedure "Resident Rules" in Section III "Care of Residents"***

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **CONFIDENTIALITY AND RESIDENT RECORDS**

The right to confidentiality of all residents regarding verbal and written information will be protected and compliance with federal and state laws will be met.

### **BASIS**

To uphold the confidentiality and protect the right to privacy of residents.

### **PROCEDURE**

- A. All house staff/owners, members and volunteers of The Mantooth House will adhere to the confidentiality laws and procedures as set forth in Federal Law 42 CFR, Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records.
- B. Residents will be informed upon admission of their rights to confidentiality and be given the opportunity to sign consent forms for the release of information. Residents may choose whether or not to sign and may revoke a release at any time (see attached forms).
- C. Upon admission the house staff/owner will explain and residents will sign a "Resident Confidentiality Agreement" (see attached). This agreement is for the purpose of ensuring confidentiality among the residents and building trust.
- D. Resident files (both current and past) and any found contraband to be photographed and turned over to the appropriate authorities, will be kept in a locked filing cabinet(s) in the staff office, per HIPAA regulations. These files will be under the direct maintenance and supervision of the house staff/owner. The files will be utilized and viewed only by The Mantooth House member unless:
  1. The resident whose name appears on the file requests to view their file,
  2. The resident has signed a release of information form for the specific person who has requested to view the file, or any parts thereof, in which case a statement forbidding further disclosure will be stamped on each page released;
  3. A court order is furnished requesting the file, or any part thereof, and;
  4. A situation in which the resident's life is in danger and the file or a portion thereof would aid in the treatment of the resident.

# THE MANTOOTH HOUSE POLICY AND PROCEDURES

## RESIDENT CONFIDENTIALITY AGREEMENT

The confidentiality of recovering persons living in a Recovery Residence is protected under Federal Law 42 CFR, which protects them from anyone outside of the residence having knowledge of their participation in the recovery residence without the resident's specific permission. No information regarding a resident of The Mantooth House may be released to anyone outside of the program unless:

1. The resident has signed a consent form to that person/agency;
2. A court order is issued to The Mantooth House regarding information on the resident,
3. Medical personnel require the information in a medical emergency or,
4. The resident threatens to harm him/herself or someone else.

Federal Law does not protect a resident if they commit a crime against anyone at The Mantooth House. Also, Federal Law does not restrict sharing of information regarding reported child abuse/neglect to appropriate State and local authorities.

These laws apply not only to the house staff/owner, member and volunteers of The Mantooth House, but to the residents as well.

I agree to not reveal to anyone outside of The Mantooth House the name, identity, or description of another resident. I also agree to not discuss the content of conversations or groups with anyone outside of The Mantooth House. This includes sharing at 12-Step meetings.

I agree to inform house staff/owner if any of my peers reveal any information about themselves or another resident that may be a cause for concern.

Resident Signature \_\_\_\_\_

Date \_\_\_\_\_

House staff/owner Signature \_\_\_\_\_



# THE MANTOOTH HOUSE POLICY AND PROCEDURES

## Authorization for Release of Information

I, \_\_\_\_\_, hereby request and authorize The Mantooth House to disclose to

\_\_\_\_\_  
(Name of Person or Agency)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

the following type(s) of information from my records (and any specific portion thereof):

\_\_\_History and Physical\_\_\_ Alcohol and Drug Abuse Treatment records \_\_\_HIV Related Info  
\_\_\_Laboratory Reports\_\_\_ Psychological Reports \_\_\_Other \_\_\_\_\_

for the purpose of\_\_\_\_\_.

All information I hereby authorize to be obtained from this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

\_\_\_\_\_Ninety (90) days unless I specify an earlier expiration date here: \_\_\_\_\_

\_\_\_\_\_One (1) year.

\_\_\_\_\_The period necessary to complete all transactions related to services provided to me.

**I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time**

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Title

\_\_\_\_\_  
Date

Use This Space Only If Resident Withdraws Consent

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Signature of Witness/Title

The information which is being disclosed is from records whose confidentiality is protected by federal law. Federal Regulations (42-CFR Part 2) prohibit disclosure without the specific consent of the person to whom it pertains. A general authorization is NOT sufficient for such release. The Federal rules restrict any use of this information to criminal investigation or prosecute any alcohol or drug abuse patient.

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES GRIEVANCE PROCEDURE**

## **POLICY**

Residents and house staff/owner members have the right to file a grievance against a recovery residence member.

## **BASIS**

Residents have the right to a recovery residence environment without fear of speaking out about their rights.

Every recovery residence must provide all residents with a grievance form, along with written instructions on how to fill the form out, and where to send it.

A grievance must relate to the organization's mission statement, house rules, admission criteria, or the bylaws.

When a resident has an issue, they must first take it up with the house staff of the organization for resolution. If a mutually agreeable resolution is not reached then a resident may file a written grievance with the Board. The grievance must be specific in nature with all documentation attached.

Upon receiving a grievance, the President of the Board shall determine whether to call a special Board meeting or wait until the next regular scheduled meeting.

If a special meeting is called, the Board President shall notify the Board members, contact person of the organization and the petitioner by mail of the date, time, and location of a meeting. Failure to appear for the meeting will be cause for dismissal, or expulsion from the Board.

The petitioner shall have an opportunity to present the issue at hand, and must have proof. A representative of the organization will have an opportunity to offer the reasoning behind the action taken.

After hearing the facts behind the issue at hand the Board will discuss in private to consider the merit of the grievance and may offer suggestions to the parties.

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **ADMISSION CRITERIA AND INTAKE PROCEDURE**

### **POLICY**

All house staff/owner are to follow the procedure for admitting a resident into The Mantooth House once criteria for admission (see below under Procedure) have been met.

### **BASIS**

It is necessary to provide consistent and prompt care for residents entering into The Mantooth House. Certain steps must be taken to insure that the resident is appropriate.

### **PROCEDURE**

- A. Upon first contact with The Mantooth House member, whether by phone or in person, house staff/owner will screen the potential resident to determine the potential resident's appropriateness for The Mantooth House by applying the following Admission and Exclusion Criteria. If the potential resident is determined as inappropriate then suitable referrals will be provided.

#### **Admission Criteria**

The potential resident must:

1. Be admitted voluntarily
2. Be 17 years of age or older and female
3. Be at least 30 days sober and have successfully completed recommended form of primary treatment
4. Be medically stable. Any individual with ongoing medical problems, including dual diagnosis, may be accepted provided that they are addressing these problems with outside professional help, including medication management
5. Have adequate control over her behavior and assessed not to be imminently dangerous to self or others
6. Express a desire to recover from addiction to drugs or alcohol
7. Be assessed as medically appropriate and free of any illness that requires isolation from others
8. Have the capacity for active participation in all phases of the program
9. Be ambulatory and meet personal needs without assistance.
10. Have adequate resources to pay for the program.

#### **Exclusion Criteria**

The potential resident cannot:

1. Have clinical manifestations that meet criteria for a more intense level of care (e.g. acutely psychotic or a danger to self or others)
2. Have severe permanent deficits in recent memory, attention, concentration, who cannot attend effectively to activities of daily living and whose cognitive impairment prevents them from understanding and participating in the program

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3. Have ongoing medical issues, which require a more intensive level of monitoring and care than can be provided by The Mantooth House.
- 
- B. If the potential resident is assessed as appropriate for The Mantooth House program then house staff/owner completes the initial screening and, if appropriate, the potential resident is invited to interview in the residence with potential roommates and The Mantooth House member. If the potential resident is not local, she will interview via phone.
  - C. During the initial screening, house staff/owner obtains assessment information from the resident and will verify the identity of the resident through identification. House staff/owner will have the resident complete and sign the Resident Information Form. House staff/owner will review the confidentiality policy and obtain the resident's signature on the appropriate Confidentiality Agreements and Release Forms (see Confidentiality Policy). House staff/owner will also review the resident's rights and responsibilities, the rules, groups, emergencies and other general information found in the Rules and Program Overview and obtain the resident's signature on the Rules. House staff/owner will provide the resident with a copy of the Resident Handbook. At this time house staff/owner will search the resident's belongings for inappropriate or hazardous items (see Search for Hazardous Items Policy). The house staff/owner will administer a urine drug screen. If the resident has had a recent physical and lab work (including TB test) and has not brought them with him/her, then house manager/owner obtains a release from the resident for medical information from the referral source.
  - D. The resident will be informed of the fees for the recovery residence.
  - E. The resident will then be escorted to their residence and assigned a room.

# THE MANTOOTH HOUSE POLICY AND PROCEDURES

## Resident Information (please print CLEARLY and completely)

FULL Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M or F Race: \_\_\_\_\_

Marital Status: S M W D Social Security #: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Membership: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Current Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Email Address** \_\_\_\_\_

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Were you mandated to treatment? Yes or No Legal Charge: \_\_\_\_\_

Probation Officer Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*I will require advocacy and give The Mantooth House staff/owner permission to communicate with the legal system on my behalf.*

(Signature) \_\_\_\_\_

Do you have any outstanding warrants? Yes or No (Signature) \_\_\_\_\_

Referred By: \_\_\_\_\_ Referral Hospital: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications & Dosages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Profession: \_\_\_\_\_

Employer Company: \_\_\_\_\_ Employer Contact: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**I agree to abide by The Mantooth House rules. I also agree that should there be concerns for my safety and/or my welfare, my emergency contact or sponsor should be contacted.**

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

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **DOCUMENTATION OF RESIDENCE**

### **POLICY**

Each resident's stay at The Mantooth House, from admission to discharge, will be documented in their individual file.

### **BASIS**

Documentation reflects the status of the resident stay.

### **PROCEDURE**

1. Documentation should: be written in ink, contain the resident name on every page, signature and title of the house staff/owner member doing the documenting, contain date of entry, and identify the type of documentation.
  - Weekly House meeting: Notes are written in narrative style and describe the proceedings of the weekly house meeting. This will include whether the resident was present or not at the meeting.
  - Other Documentation - This includes medical or legal documents and correspondence with resident's payroll/probation officer and urine drug screens.
2. Delayed entries should be avoided, but when necessary they are to be dated for the day entered into the chart and refer to the date when the meeting or incident occurred.
3. Corrections in documentation are made by crossing through the mistake with a single line, initialing at the mistake and then writing the correction.

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **RESIDENTS ON PROBATION OR PAROLE**

### **POLICY**

The Mantooth House will be in communication with residents' Probation or Parole officers.

### **BASIS**

It is vital that Probation and/ or Parole Officers receive timely information on their clients who are residents of The Mantooth House.

### **PROCEDURE**

1. Residents who are on probation or parole must sign a Mantooth House Authorization for Release of Information form to allow the release of information on their status at The Mantooth House to their Probation or Parole Officer.
2. A residents' Probation or Parole Officer will be notified by phone immediately or by the start of the next day of and positive drug screen results, serious rule violations and associated sanctions, arrests or law violations known by The Mantooth House staff/owner.
3. A residents' Probation or Parole Officer will be notified by phone prior to discharge from The Mantooth House.
4. A residents' Probation or Parole Officer will be notified by phone if the resident does not self-administer any medication as prescribed.



# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **ATTENDANCE**

### **POLICY**

All residents of The Mantooth House are expected to attend the weekly house meeting and other groups that are outlined in the intake packet.

### **BASIS**

It is beneficial for residents to attend the weekly house meeting and other groups and activities which help provide peer support. Repeated absences and tardiness interrupts the process.

### **PROCEDURE**

1. Residents are provided with Rules that outline their responsibility regarding attendance.
2. Residents must inform the house staff/owner and community of possible absences/tardiness due to scheduled appointments, such as medical appointments, in the weekly house meeting, prior to the appointment. Also, if residents are going to be absent/tardy from their set schedule, they must inform a house staff/owner member of their whereabouts (where they will be, their expected time of return and their return).
3. Residents who have consistent or sporadic, non-consecutive absences and/or leaving early and repeated avoidable conflicts, will be assessed by the house staff/owner to discuss issues regarding compliance with the policy and request that the resident comply with the policy. If this measure does not resolve the concern then the resident will be discharged with an appropriate referral to another facility.

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## 12 STEP MEETING ATTENDANCE OR OTHER RECOVERY SUPPORT MEETINGS

NAME: \_\_\_\_\_

WEEK OF: \_\_\_\_\_ to \_\_\_\_\_

<b>Date</b>	<b>Meeting Location and Time</b>	<b>Meeting Topic</b>	<b>Chairperson Signature</b>
MONDAY _____			
TUESDAY _____			
WEDNESDAY _____			
THURSDAY _____			
FRIDAY _____			
SATURDAY _____			
SUNDAY _____			

Number of meetings this week: \_\_\_\_\_

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **RESIDENT RULES**

### **POLICY**

Residents will receive a copy of The Mantooth House Rules and Program Description upon admission.

### **BASIS**

The Mantooth House Rules and Program Description help residents understand the expectations and benefits of the program.

### **PROCEDURE**

- A. Upon admission, each resident will receive a copy of The Mantooth House Rules and Program Description (see attached). At the time of admission, the admitting house staff/owner will review The Mantooth House Rules and Program Description with the resident and the resident will sign a copy of the Rules that will indicate the review.

### **HOUSE RULES**

As a resident of this Recovery Residence, I understand and agree to the following:

1. I will not possess any drugs, alcohol, or mood altering substances. This includes 'non-alcoholic' beer or wine. House staff/owner must be notified in writing of any prescription or over the counter medications. Mouthwash or medications with alcohol are not allowed. Alcohol or drug use is grounds for immediate termination of the right to live at The Mantooth House, at which time a recommendation for a higher level of care may be made.
2. I will agree to take random drug/alcohol tests when requested by recovery residence house staff/owner as well as nightly breathalyzer tests. Refusal or failure to take either test immediately, or a positive test, will result in immediate dismissal from The Mantooth House with a recommendation for a higher level of care.
3. If transitioning from a treatment facility, I agree to follow all of their aftercare recommendations.
4. The Mantooth House staff/owner should be notified anytime there are concerns or questions about yourself, your roommates or the living environment. We are here to support you.
5. I agree that I will not participate in another community member's disease by keeping secrets about chemical use, rule violations, or destructive behaviors. I further agree to notify The Mantooth House staff/owner if I suspect any of the above. I understand that failure to do so may result in my discharge.
6. I agree to attend the weekly house meetings and any other groups as outlined in the Program Overview/Description.
7. I will work or attend school, either full or part-time. Recovery will be my first priority above

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all else (work, relationships, etc.) Residents are to seek employment during normal, daytime hours. All work and school schedules must coordinate with the designated hours of 8-5, Monday-Friday. Residents may work any hours within curfew on the weekends. Residents are expected to have employment or be actively enrolled in school within 30 days of admission to The Mantooth House.

8. Residents are expected to be awake and at Morning Meditation by 7:30 a.m. during the week. If not employed or enrolled in school, between the hours of 10 a.m. and 4 p.m. residents must be productively working towards a personal or recovery oriented goal, to include gaining employment or participating in higher education, unless approved by house staff/owner.

9. I understand that violence or threats of violence, emotional or physical, will not be tolerated and are grounds for immediate dismissal and legal action.

10. I will not bring weapons into the community - including stored in a vehicle.

11. Members of the opposite sex are not allowed in the recovery residence. I will clear any visitors to the residence with house staff/owner prior to the visitation. No overnight guests are allowed. Passes are determined on a case by case basis.

12. I agree to let someone in my community and/or House staff/owner know where I am at all times.

13. I will not go into environments such as bars, lounges, etc. If I'm at a restaurant that serves alcohol I will not sit at the bar.

14. I will, at all times, respect the other members of the house in regard to noise, eating, cleaning personal space, personal possessions and common living areas.

15. I understand that each residence is a working environment and that I will be expected to assist in the daily activities required to allow the home to run smoothly. This means that I will be responsible for helping with the chores and housekeeping duties. I will be expected to do my fair share. Chores will be assigned on a rotation, discussed in the weekly house meeting.

16. I understand that my bedroom is to be clean and my bed made every day before morning meditation. No food will be allowed in the bedrooms and only drinks with lids will be permitted.

17. No sleeping on the couches at any time.

18. Ample storage space is available in each bedroom. Nothing is to be stored in shared living space.

19. I understand that residences are subject to inspections, and that failure to maintain a clean living environment may jeopardize my stay.

20. The Mantooth House is NOT responsible for losses or theft of personal property, including: money, jewelry, clothing, etc. Stealing will result in immediate termination and possible legal action. The Mantooth House cannot be responsible for items remaining at the house after a

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resident has left for any reason. Every reasonable effort will be made to safeguard these items for a period of 48 hours, at which time they will be donated to the house or another charity.

21. At no time am I allowed in another resident's room, for any reason. All conversations, activities, visiting, etc. is to be done in the common areas. There are no exceptions. If I do not live in a particular room, I do not go there.
22. I agree not to lend money, vehicles, or personal valuables to other residents.
23. I understand that smoking is only allowed in the designated outside areas. However, we encourage smoking cessation.
24. I will be fully dressed in the common areas at all times which includes no revealing clothing or clothing that endorses or romanticizes drugs or alcohol.
25. Romantic or sexual relationships of any kind are strictly prohibited among residents.
26. Candles and incense are not allowed for safety reasons.
27. Energizing drinks such as Red Bull, or supplements which proclaim to boost energy or mood are not allowed in the residence.
28. I agree to attend one 12 step meeting daily for the first 90 days of my stay at The Mantooth House. I agree to comply with the documentation of such. I understand that after 90 days and completion of the 9th step, I may step down to 5 meetings/week, but that I am never to attend less than that during my stay, unless approved by house staff/owner.

### **Understanding and Agreement**

**I have read and understand the guidelines and rules of The Mantooth House. I agree to abide by them. I was given the opportunity to ask questions about any area unclear to me. I understand that this opportunity remains throughout my stay at the residence.**

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
House Staff/Owner Signature

\_\_\_\_\_  
Date

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **DISCIPLINARY ACTION**

### **POLICY**

Residents of The Mantooth House who fail to adhere to the rules agreed to upon admission to the program will be subject to progressive disciplinary procedures.

### **BASIS**

The Mantooth House operates on a basis of trust with each individual resident. If it comes to the attention of The Mantooth House staff/owner that a resident is violating a policy, disciplinary action will be taken and may result in revocation of privileges.

### **PROCEDURE**

The infractions that result in immediate discharge from The Mantooth House are:

1. Using ANY type of mind altering substance
2. Drugs, alcohol or any related paraphernalia found in possession
3. Positive results from a random drug or alcohol screening.
4. ANY form of threats or physical assault toward self or others
5. Suicide attempts or verbal intent will be discharged and referred to a different facility

Other infractions against The Mantooth House policies such as violating curfew, not doing chores, etc., will be addressed on a progressive re-directive model. Generally, residents will initially be given a verbal warning, followed by a written warning and associated consequence. A behavioral contract is the final opportunity for a resident to change the behavior of concern. Any behavioral issues or rule infractions are subject to discussion at weekly house meeting.

In the event of discharge, consequences are immediate. The resident must make arrangements for alternate accommodations and vacate the property immediately. 48 hours will be allowed to make arrangements for personal belongings to be retrieved. The Mantooth House staff/owner reserves the right, when appropriate, to call a community meeting to discuss possible reinstatement of the discharged resident.

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **DRESS CODE**

### **POLICY**

Residents and House staff/owner of The Mantooth House will adhere to a dress code to ensure that they are attired and groomed in a manner that is appropriate.

### **BASIS**

The image created by house staff/owner is important to the supportive living environment. Extremes in clothing and grooming are considered inappropriate for both house staff/owner and residents. Personal grooming is an important aspect of a resident's recovery.

### **PROCEDURE**

All house staff/owner and residents shall adhere to the following:

1. Maintain high levels of personal standards of cleanliness with regard to hair, nails, oral and body hygiene.
2. Clothing shall be neat, clean and conservative. Clothing may not be excessively tight, low cut or short.
3. Exceptions may be made when house staff/owner is participating in special events (e.g. yard work).
4. Residents must be fully dressed in the common areas at all times.

# THE MANTOOTH HOUSE POLICY AND PROCEDURES

## EMERGENCIES

### POLICY

Residents are informed upon admission the procedure to follow during an emergency and the procedure is to be included in the Resident Rules.

### BASIS

The safety of the residents in the event of an emergency is to be ensured.

### PROCEDURE

1. Upon admission, house staff/owner will review the information in the Resident Rules regarding emergencies with the resident (see attached).
2. Fire Drills will be conducted two times yearly (in the Spring and in the Fall) that review the protocol for residents if the fire alarms sound in the houses. The drill reviews evacuation routes for each room in the houses, meeting places and fire safety rules.

### WHAT TO DO IN CASE OF AN EMERGENCY

Call 911 in case of:

1. Fire
2. Violence or a threat of violence
3. Suspicious persons hanging around premises
4. Burglary
5. A life-threatening medical situation
6. Chest pain
7. Shortness of breath
8. Suicide attempt
9. Unconscious individual
10. Injury in which there is a broken bone or bleeding that cannot be stopped
11. Serious fall
12. Unable to wake someone
13. Ingestion of toxic chemicals or substances
14. Individual out of control
15. Individual having hallucinations
16. Individual having an extreme allergic reaction
17. Extreme paranoid behavior

**After** you call 911, call house staff/owner and inform them of the situation.

Then **move** to a **safe place** to wait the arrival of emergency assistance.

**DO NOT** try to move an injured person, give First Aid or CPR unless you are qualified.



# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

Call the house staff/owner in case of:

1. Drugs, alcohol, weapons or pornography on the premises
2. Suspicion or knowledge of someone using/having used drugs/alcohol
3. Plumbing problems
4. Power out for more than a half an hour
5. Unable to turn off alarm
6. Individual who may be in withdrawal having difficulties
7. Curfew violations

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **INTERVENTION FOR THE AGITATED OR DANGEROUS RESIDENT**

### **POLICY**

The Mantooth House staff/owner must be able to effectively manage residents who have become agitated or a danger to themselves or others.

### **BASIS**

Addicted residents may become agitated or dangerous to themselves or others. Therefore, house staff/owner must be trained to provide a safe and appropriate approach.

### **PROCEDURE**

1. The following procedure should be implemented for residents who are assessed as being agitated or dangerous to themselves or others with threatening and/or violent behavior:
  - A. The house staff/owner member will call out "help" in a loud voice. The house staff/owner member will ask for aid from the residents who are present.
  - B. The house staff/owner member will instruct a resident to call 911 and inform them that there is a resident who is a danger to themselves or others and is potentially violent. Then, the house staff/owner member will approach the resident and attempt a verbal intervention. If the resident calms down then wait with the resident until the police arrive and apprise them of the situation. If the resident does not calm down, do your best to ensure the safety of those present and vacate the premises with other residents and wait for the police to arrive.
  - C. There is to be no restraining or placing of hands on any resident at any time, unless she is actively pursuing physical harm of another resident. House staff/owner is to be trained in non-violent crisis intervention.
  - D. Once resident safety is insured, have follow-up meetings immediately with other residents and house staff/owner who were involved in the incident.
  - E. Document the incident in the resident's file.

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **INTERVENTION FOR THE INTOXICATED/IMPAIRED RESIDENT**

### **POLICY**

The house staff/owner of The Mantooth House will effectively manage residents who are intoxicated or impaired by a substance.

### **BASIS**

Addicted residents may relapse while in residence and become intoxicated or impaired by a substance. Therefore, house staff/owner must be able to manage residents in an appropriate manner.

### **PROCEDURE**

1. The following procedure should be implemented for residents who are assessed as being intoxicated or impaired by a substance.
  - A. The house staff/owner member who observes the behavior, or is informed of the possibility of the resident being intoxicated, should evaluate the situation by assessing the following:
    - Is the resident's behavior uncharacteristic of how they normally appear?
    - Does the resident have slurred speech or unsteady gait?
    - Does the resident have an odor of any substance?
  - B. If the resident is assessed to be intoxicated or impaired by a substance, house staff/owner will ask the resident if he/she has been drinking/using a substance. If the resident acknowledges use then they will not be allowed to participate in the recovery residence and will be referred to an appropriate level of care. House staff/owner will assist the resident in implementing resident's relapse response plan, contacting the appropriate persons.
  - C. If the resident who is assessed to be intoxicated or impaired by a substance denies using alcohol or drugs then the house staff/owner member should ask the resident's peers for supporting evidence that the resident was using, perform a urine screen (refer to the policy on "Random Urine Drug Screens")- Also, a room search may be warranted to insure that no illegal or dangerous substances have been brought into the house (see the policy on "Search for Hazardous Items"). If the urine screen test shows a positive reading or the search reveals alcohol or mood altering/illegal substances, then the procedure under "B" should be followed.
2. House staff/owner will document the incident in the resident file and discharge the resident.

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **MEDICAL CARE**

### **POLICY**

Residents at The Mantooth House must have access to adequate medical care.

### **BASIS**

Residents often enter The Mantooth House with medical problems that require follow-up and medical problems may develop that require attention.

### **PROCEDURE**

1. Direct medical care to the resident is provided either by the resident's personal physician or referrals to the Angelina County and Cities Health District Clinic or to closest hospital.
2. If a resident becomes physically ill while in the recovery residence at The Mantooth House, then the following procedure is to be followed:
  - A. Call 911 if the situation is an emergency and/or life threatening
  - B. Call house staff/owner and inform them of the situation.
  - C. House staff/owner will then make the appropriate medical referral.
  - D. DO NOT try to move an injured/ill person or give First Aid or CPR unless you are qualified to provide this assistance.

# THE MANTOOTH HOUSE POLICY AND PROCEDURES

## MEDICATIONS

### POLICY

Residents may take certain medications under the supervision of a qualified physician.

### BASIS

A percentage of the residents who come to The Mantooth House are on some type of medication either for a physical or psychiatric concern.

### PROCEDURE

- A. Residents may not take any mood-altering medications (e.g. opiate-based pain medications, benzodiazepines, barbiturates, sedatives-hypnotics, sleeping pills, diet pills).
- B. In rare instances, a patient may have a medical procedure or pain that requires brief use of medicines that are not on the client 'safe drug list'. Clients at that time must submit to the house staff/owner of The Mantooth House physician documentation of the necessity of the medication. Only the house staff/owner can authorize use of any medication at The Mantooth House that is not on the safe drug list. A locker or lock box must be used by the client to store medications. Locks will be provided with a combination code.
- B. Residents must inform house staff/owner of any prescriptions/medications they have when they are admitted to The Mantooth House and any prescriptions/medications they receive while a resident at The Mantooth House. Failure to do so will result in disciplinary action and possible discharge.
- C. Residents may only take over the counter medications that are approved by The Mantooth House on the 'safe drug list'.
- D. Residents who are on any medication must be able to self-administer their own medication without the aid of a health-care professional. If a resident is unable to do so, then they will be referred to a facility that can aid them.
- E. Residents who are on medication are responsible for the safe-keeping and proper dosage of their medication. Medication must be stored in a locked locker, not accessible on counter tops or dressers. Lockers are provided along with combination locks.
- F. Any deviation from the proper medication dosage will be investigated by the house staff/owner. Deliberate alteration of the dosage in an attempt to alter mood will result in disciplinary action and possible discharge.
- G. Residents must not discontinue taking any prescribed medications without the written authorization of a medical doctor.

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **RANDOM URINE DRUG SCREENS**

### **POLICY**

Residents with the diagnosis of alcohol and/or other substance dependence/abuse will be required to randomly submit urine for drug screens.

### **BASIS**

Random urine drug screening is an effective means of monitoring resident alcohol/drug intake status.

### **PROCEDURE**

1. The collection of urine for a drug screen test may be administered by the house staff/owner member of The Mantooth House, either randomly or with probable suspicion of the resident's use of drugs/alcohol during the course of their stay at The Mantooth House. The test will be administered and read by a house staff/owner member of The Mantooth House.
2. Urine may be collected either by the use of rapid on-site drug detection methods (commonly referred to as a "dip stick") or collected and sent to a lab for testing. If the sample is to be sent to a lab, it will be packaged and mailed according to the mailing instructions provided by the laboratory.
3. Results are noted in the resident's file.

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **SEARCH FOR HAZARDOUS ITEMS**

### **POLICY**

The Mantooth House has the right and the responsibility to search residents' belongings and the residences for illegal substances and inappropriate/hazardous items.

### **BASIS**

The Mantooth House seeks to ensure the safety of all residents and to provide a safe environment conducive to recovery from addiction.

### **PROCEDURE**

- A. Upon admission, a house staff/owner member will search the resident's personal belongings for illegal or inappropriate/hazardous items. The resident will be informed of The Mantooth House's policy regarding keeping of illegal substances or inappropriate/hazardous items in residence.
- B. Periodic searches (timing is decided by the house staff/owner) of the residences will be done by a house staff/owner member to look for illegal or inappropriate/hazardous items.
- C. If a resident is found to be in possession of an illegal or inappropriate/hazardous item upon admission the item or substance will be confiscated by the house staff/owner member. If, during a residence search, it is discovered that a resident is keeping an illegal substance (e.g. drugs such as cocaine, heroin) or an inappropriate/hazardous item (e.g. a legal but mood-altering drug such as alcohol or a weapon or pornography) the item(s) will be confiscated and the resident will be subject to discipline and may be discharged.
- D. Inappropriate/Hazardous Items
  - Illegal drugs - Cocaine, heroin, amphetamine, pot, etc.
  - Legal drugs that are mood altering - alcohol and anything containing alcohol, prescription drugs, etc.
  - Weapons or anything heavy or sharp enough to be used as a weapon
  - Pornography

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **SUICIDE ASSESSMENT AND PRECAUTIONS**

### **POLICY**

All suicidal expressions or gestures should be taken seriously

### **BASIS**

Suicidal expressions and gestures indicate serious emotional problems and life threatening actions.

### **PROCEDURE**

#### Suicide Precautions

1. If a resident reports that they are experiencing suicidal ideations the house staff/owner will contact 911 immediately. The house staff may then advise the 911 dispatcher that the suicidal resident may be transported to the hospital.
2. Ensure that the resident is safe by remaining with the resident 1:1 until the resident is transported safely to a local hospital and remove all potentially hazardous items that may be available to the resident.



# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **SMOKING**

### **POLICY**

Smoking is prohibited inside of the recovery residences of The Mantooth House. Residents may only smoke on the outside designated areas.

### **BASIS**

Smoking inside is against the Fire Codes and endangers personal safety.

### **PROCEDURE**

- A. Smoking is prohibited in all indoor locations at The Mantooth House recovery residence. Smoking is restricted to the outside designated areas of the houses. Guidelines include:
  - 1. Resident's must purchase and keep their own tobacco products. Borrowing tobacco products is discouraged.
  - 2. Use of tobacco products is restricted to the outside designated areas of the houses.
  - 3. Tobacco/smoking refuse shall be discarded in the appropriate receptacle.
- B. A resident who violates this policy will be informed that she is in violation of The Mantooth House policy and will be told to stop smoking inside. Failure to comply with this policy will result in disciplinary action and possible discharge from the recovery residence.
- C. For the purposes of this policy, smokeless tobacco (snuff, "dip", chewing tobacco, etc.) and e-cigs/vapors are to follow the same no-smoking guidelines.

# THE MANTOOTH HOUSE POLICY AND PROCEDURES

## TYPES OF DISCHARGE

### **POLICY**

The Mantooth House resident records will state the type of discharge for the resident.

### **BASIS**

The resident record must accurately reflect the type of discharge that occurred when a resident leaves The Mantooth House for accuracy, research and assessment if the resident reapplies for admission.

### **PROCEDURE**

1. Upon discharge house staff/owner will assign one of the following designations for the type of discharge that the resident experienced.

**Discharge of Completion** - The resident has completed the requirements of The Mantooth House recovery residence in good standing and has processed her leaving with the community of house staff/owner and residents.

**Administrative** - The resident has violated a rule(s) that would endanger the community (e.g. using drugs or fighting). The resident leaves the premises and/or the program without permission and does not notify house manager/owner or peers, (e.g. If the resident is out past curfew leaves during the night). The resident chooses to leave The Mantooth House recovery residence prior to the length of stay that house staff/owner has recommended.

**Medical Leave** - The resident is no longer appropriate to remain at The Mantooth House recovery residence because of a physical condition that cannot be adequately treated if the resident remains at The Mantooth House or their condition warrants an increased level of structure and must enter the hospital.

2. House staff/owner documents in the resident file the type of discharge.

# THE MANTOOTH HOUSE POLICY AND PROCEDURES

## DISCHARGE CRITERIA

The indicators that a resident is ready for approved discharged are as follows:

1. The resident exhibits the capacity to apply a recovery program in their daily lives. The resident asks others for help as needed. The minimum standard being that a resident has and uses a sponsor on a regular basis.
2. The resident exhibits honesty and is appropriately open with her feelings both in individual and group settings.
3. The resident consistently demonstrates the motivation to remain in recovery.
4. The resident, with house staff/owner input, has developed an appropriate aftercare plan, and asks for feedback about that plan from peers and house staff/owner.

### **Discharge Procedure:**

1. At completion of the program, house staff/owner will enter a discharge note into the resident's file, including a summary of the resident's participation in the recovery residence.
2. Resident's file will be removed from the active locked files and placed in a manila folder in the closed/inactive locked files.
3. If a resident "drops out" or withdraws from the recovery residence for other reason(s), this is recorded in the resident's file. If the resident has signed the appropriate Release of Information forms, then any and all of the referring agencies should be informed (i.e. Probation, parole, court services, pre-trial, etc.).

### **Readmission Procedure:**

Readmission to The Mantooth House is considered on a case by case basis, depending on the reason for discharge. In general, residents who are asked to leave due to a relapse or referral to a higher level of care may be considered for readmission to the recovery residence. They may also be required to re-interview with their fellow residents before returning. Recommendations may also be made for additional outpatient treatment, as well as other conditions within The Mantooth House, i.e. behavioral contract.

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **RESIDENT FINANCES**

### **POLICY**

Residents of The Mantooth House are responsible for their personal finances.

### **BASIS**

Residents in a recovery residence must learn to take responsibility for their needs, which includes appropriate handling of personal finances.

### **PROCEDURE**

1. Residents may maintain bank accounts and have funds that they either bring with them or are supplied by a third party (e.g. family or friends).
2. Residents may access their funds at their discretion for personal use or to pay The Mantooth House fees.
3. House staff/owner will use the form (see attached) to keep track of residents' fees. Fees must be paid on a monthly basis, as determined by the house staff/owner. Fees are \$400 per month per resident.

# THE MANTOOTH HOUSE POLICY AND PROCEDURES

## Recovery Residence Financial Agreement

Resident Name: \_\_\_\_\_ Admission Date \_\_\_\_\_

Residence Address: \_\_\_\_\_  
\_\_\_\_\_

- The Mantooth House fees are \$400.00 per month. Fees include housing and utilities, all household cleaning supplies, drug screening and weekly process group. Food is not provided. Additional charges for excessive or additional utility cost may apply and will be prorated among residents.
- I understand that I may pay fees of \$400.00 on a monthly basis. Fees of \$400.00 are due on the 1<sup>st</sup> day of each month OR I understand I may pay fees weekly of \$100.00.
- I understand that in the event of administrative discharge or self-discharge without sufficient notice, rent will be prorated and withheld in the amount equal to the required two week notice. Any remaining paid rent will be refunded to the payee within 10 business days of discharge.

In acceptance of the FINANCIAL AGREEMENT with The Mantooth House, I agree that to qualify for The Mantooth House I must adhere to the attached Rules and Regulations and make my scheduled payments when due. I further understand that failure to make payments when due may result in my discharge from The Mantooth House. Any unpaid account balance at the time of discharge is subject to the cost of collections and lawyers fees if required.

### **PROMISE TO PAY ACCOUNT**

For and in consideration of services to be rendered I promise to pay The Mantooth House all its charges rendered to me from admission to discharge. I understand that the total of such charges are due and payable according to this FINANCIAL AGREEMENT.

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

House manager/owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **RESIDENT TRANSPORTATION**

### **POLICY**

Residents of The Mantooth House are responsible for their own transportation needs.

### **BASIS**

Residents in a recovery residence must learn to take responsibility for their needs, which includes appropriate and adequate transportation.

### **PROCEDURE**

1. Residents must provide for their own transportation needs. If own a vehicle, they may use it while living at The Mantooth House. If they do not own a vehicle, they could use the bus for their transportation. Residents are responsible for purchasing bus fare.
2. If a resident is in a medical or psychiatric emergency then peers or house staff/owner will call 911 immediately (see "Emergencies" section) and wait for the ambulance to arrive to transport the ill resident.
3. House staff/owner may, under certain circumstances, transport residents in their own vehicle. (House staff/owner must have proof of adequate insurance).
  - A. If the resident would be in greater danger riding the bus than receiving a ride from house staff/owner. For example, if the resident has been at a local hospital (or other such lengthy appointment) and it-is late at night, then the house staff/owner may make the decision to transport the resident back to their residence at The Mantooth House.
  - B. If the resident is traveling somewhere that the bus does not go to or will not go to in a timely fashion.
  - C. Any other reason as deemed appropriate by house staff/owner and documented as such.

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **NONDISCRIMINATION**

### **POLICY**

The Mantooth House does not discriminate against persons admitted to the program.

### **BASIS**

The Mantooth House believes that all persons should have the opportunity to live in a recovery residence and recover from addiction to drugs and alcohol.

### **PROCEDURE**

1. The Mantooth House does not discriminate on the basis of race, religion, gender, national and ethnic origin, qualified disability (except for those who, by reason of their disability, would be unable to participate in the requirements of the program), sexual orientation, or HIV status.
- 2 This policy also applies to hiring of house staff/owner and volunteers.

# THE MANTOOTH HOUSE POLICY AND PROCEDURES

## CHART DATA COLLECTION FORM

Resident Name \_\_\_\_\_ SS# \_\_\_\_\_

Yes No N/A

\_\_\_\_\_ First Meeting Note

\_\_\_\_\_ Signed "Confidentiality" form

\_\_\_\_\_ Signed "Resident Rules" forms

\_\_\_\_\_ Signed "Release" forms

\_\_\_\_\_ Medical Assessments/Information

\_\_\_\_\_ Legal Information

\_\_\_\_\_ Weekly Progress Notes

\_\_\_\_\_ Discharge Note

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and title of reviewer

\_\_\_\_\_  
Date



# THE MANTOOTH HOUSE POLICY AND PROCEDURES

## RESIDENT'S RECOVERY RESIDENCE EVALUATION

In order to better serve those in recovery, the house staff/owner members of The Mantooth House would like to have your evaluation of the recovery residence and suggestions for improvement. We use this information to improve our services. Your answers will be treated confidentially. Thank you for taking the time to fill this out.

Date of Discharge: \_\_\_\_\_

Please rate how helpful each aspect of the The Mantooth House recovery residence was to you in your recovery by checking one response for each recovery residence component.

Living Environment	_____ Very Helpful	_____ Helpful	_____ A Little Helpful	_____ Not at all Helpful
Weekly House mtg	_____ Very Helpful	_____ Helpful	_____ A Little Helpful	_____ Not at all Helpful
House mgr/owner	_____ Very Helpful	_____ Helpful	_____ A Little Helpful	_____ Not at all Helpful
Caring	_____ Very Helpful	_____ Helpful	_____ A Little Helpful	_____ Not at all Helpful
Courtesy	_____ Very Helpful	_____ Helpful	_____ A Little Helpful	_____ Not at all Helpful
Responsiveness	_____ Very Helpful	_____ Helpful	_____ A Little Helpful	_____ Not at all Helpful

What was the *most* helpful part of your stay?

What was the *least* helpful part of your stay?

Do you have any suggestions you would like to offer us? How would you change the recovery residence stay?

Please submit your forwarding address:

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **DISCHARGE STUDY**

NAME:

TYPE OF DISCHARGE:    D/C of Completion            Administrative            Medical Leave

DATE OF DISCHARGE:

LENGTH OF STAY:

AGE:

RACE:

DIAGNOSIS (If known):

REASON FOR ADMINISTRATIVE DISCHARGE:

REFERRAL SOURCE:

FUNDING SOURCE:

EVALUATION OF PARTICIPATION (e.g. Non-active - Active):

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **VOLUNTEERS**

### **POLICY**

Persons may volunteer to serve at The Mantooth House.

### **BASIS**

The Mantooth House may utilize volunteers to supply services that are necessary or would otherwise be financially prohibitive.

### **PROCEDURE**

1. If a person wishes to volunteer at The Mantooth House, they must first contact recovery residence owner to determine if there is a need for a volunteer and to set up a time to interview with him/her.
2. If a Volunteer is approved to work at The Mantooth House, they must sign a Confidentiality Agreement (see attached).
3. Volunteers having direct contact with residents will be under the supervision of a house staff/owner member.

# **THE MANTOOTH HOUSE POLICY AND PROCEDURES**

## **VOLUNTEER CONFIDENTIALITY AGREEMENT**

I understand that residents of The Mantooth House, a Recovery Residence, have the right to privacy and confidentiality under Federal Law 42 CFR, which protects them from anyone outside of the program having knowledge of their participation without the resident's specific permission.

I agree to not reveal to anyone outside of The Mantooth House program the name, identity, description, or content of conversations with any of the residents of The Mantooth House.

I agree to inform house staff/owner if any of the residents reveal any information about themselves or another resident that may be a cause for concern.

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Volunteer Signature

---

House manager/owner Signature

# THE MANTOOTH HOUSE

## RELEASE OF LIABILITY

I agree to respect the persons, privacy and possessions of the residents, staff and volunteers of The Mantooth House and to ensure that my visitors do the same.

For, and in consideration of, the services provided by The Mantooth House for myself, I hereby release The Mantooth House, its directors, officers, agents, employees and volunteers from any and all manner of claims, demands, and cause of action that may result from the receipt of services.

I hereby release and discharge The Mantooth House, a Texas Non-Profit Organization, its directors, officers, agents, causes of action, debts or demands, which I, my heirs, successors or assignees may have hereafter for claims in connection with personal injury, property damage, theft, and all claims of any sort whatsoever arising from any services provided by The Mantooth House.

I recognize that I alone am responsible for my safety and health, the safety and health of my visitors and the safety and health of any other persons who might accompany me. I alone am responsible for my (our) possessions. The staff and/or volunteers at The Mantooth House cannot safeguard or be responsible for me, my visitors, or our possessions.

In regard to the services provided by The Mantooth House to me and those accompanying me, I UNDERSTAND that THE MANTOOTH HOUSE assumes no liability or responsibility whatsoever in connection with the services provided, for any act of omission or commission which might be constituted as negligence; nor for any loss, theft, or injury to persons or property; nor, during any transportation by staff, volunteers, or residents to or from any location; nor for any illness, damage, or inconvenience sustained by me, my visitors or others accompanying me.

I agree to hold The Mantooth House, its staff, employees, interns, agents, volunteers, contributors, officers, and directors harmless from any and all claims, demands, debts, responsibilities, and/or liability relating to me, my visitors, or those accompanying me.

I hereby release and discharge The Mantooth House, a Texas Non-Profit Organization, its directors, officers, agents, volunteers, and employees, from any and all responsibility in connection with the care and maintenance of my visitors while receiving services as a resident.

The Mantooth House staff, employees, residents, interns, agents, volunteers, contributors, officers and directors have my permission to transport me to my place of employment, drug court, probation, the healthcare district, field trips and other such activities. I understand that all precautions will be taken to ensure my health and safety.

I hereby release The Mantooth House and the owner/operator of any vehicle in which I may be riding from any and all responsibility and liability for any damage or injury in the transporting of myself.

By signing below, I certify that I have read and understand the above release of liability.

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