Transition House, Inc
Transitional Living Program

Changing lives by creating pathways for mental wellness

Client Handbook

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# Table of Contents

- Welcome .................................................................................................................. 1
- Meet Your Transition House Staff ........................................................................ 2
- Client Responsibilities ............................................................................................. 3
- Confidentiality .......................................................................................................... 4
- Client Bill of Rights ................................................................................................ 5
- Client Grievances .................................................................................................... 7
- Paying Fees .............................................................................................................. 9
- Suggestions for Successful Transitional Living .................................................... 10
- Telephone Use ........................................................................................................ 11
- Computer Use ......................................................................................................... 11
- Drop-In Center ......................................................................................................... 11
- Personal Belongings .................................................................................................. 12
- Laundry Guidelines .................................................................................................. 13
- Apartment Living ..................................................................................................... 14
- Emergencies ............................................................................................................ 16
- Apartment Inspections ............................................................................................ 17
- Contraband Items ...................................................................................................... 17
- Group Schedule ....................................................................................................... 18
- Group Sign-In Sheet ................................................................................................. 19
- Group Excuse Form .................................................................................................. 19
- Individual Recovery Meetings .................................................................................. 19
- Leave Slips ................................................................................................................ 19
- Program Discharge .................................................................................................. 20
- Transitional Living Checklist .................................................................................... 21
Welcome to Transition House, Inc.

Transition House, Inc. is a transitional living program for adults with serious mental illnesses. It is our vision for persons with mental illness to live serene, joy-filled, healthy lives. Our mission is to empower holistic wellness and hope to persons with mental illness through transitional housing, supportive care, advocacy, and recovery-focused skill development in the following areas:

- Daily living and self-care
- Pre-vocational/Vocational
- Socialization
- Recreation
- Community Living
- Living Independently
- Dealing with the effects of institutionalization

Our Transitional Living Program functions as a place to provide clients the skills necessary to transition back into the community. The program is a program of personal responsibility - meaning, you will get out of the program what you put into it. Our rules, policies, and procedures are in place to ensure client’s safety, health and overall well-being.

This handbook is to provide you with a better understanding of Transition House’s Transitional Living Program in order for you to make an informed decision about your participation with us.

If you have any other questions, please feel free to call (405)360-7926, email (rcumbie@coxinet.net), or visit our website (www.thouse.org).
Meet Your Transition House Staff

The Transition House, Inc. staff work together as a team. Listed below are the staff you will be working with during your participation at Transition House. Staff are available Monday-Friday from 9am-5pm.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonnie L. Peruttzi, MHR</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Rayna Cumbie</td>
<td>Clinical Director</td>
</tr>
<tr>
<td>Ilene Dicksion</td>
<td>Business Manager</td>
</tr>
<tr>
<td>Mike Conant</td>
<td>Recovery Coordinator</td>
</tr>
<tr>
<td>Amanda Goetschius</td>
<td>Recovery Coordinator</td>
</tr>
</tbody>
</table>

Bonnie began working at TH in August 1986. During her years of service she has gained an appreciation and understanding for the amazing people who are part of TH. She strongly believes that Recovery is possible. She continues to advocate for each client to receive the best support and skills development training possible. For her, Recovery is more than the absence of symptoms it is a holistic state of joy and wellbeing.

Rayna has been with TH since October 2017. Rayna understands the importance of Recovery and the role she can play in helping people in their path to wellness and recovery. She encourages people to live their best life. Reaching goals related to recovery and wellness takes hard work, dedication, and time. As an advocate for mental wellness, she is dedicated to ensuring that clients at Transition House have resources and support to help them along this journey.

Ilene has been with TH since August 1995. She likes what she does and enjoys the staff and clients. Being here this long, she has seen lots of graduates. “At TH, we’re a family. People enjoy coming back and visiting. Whether for support or just a social visit, it’s nice to see people who have been a part of TH for years.”

Mike has been with TH since March 2018. He is a passionate advocate who brings years of experience working in the mental health field. Mike is excited about working with people in both the Transitional Living and Community Outreach Programs. He’s a collaborator and is excited about working with clients to develop ideas to expand the opportunities to clients through the Community Outreach Program.

Amanda has been with TH since September 2018. She is excited about the opportunity to help people live healthier lives and achieve their goals. Amanda is a strong leader and believes in modeling a healthy lifestyle in support of others working to improve their lives. Positive support and encouragement are important tools for Amanda as she works with people who are working towards change.
Client Responsibilities

Belonging to a transitional living program requires that each member do his/her part in the upkeep of the environment.

1. You are responsible for keeping your own room clean, doing your own laundry, and completing your assigned job responsibilities in the house and in the Drop-in center. Being a member of the community also requires that you keep in mind both your needs and the needs of others.

2. You are responsible for treating peers and staff members with respect. This includes helping peers whenever possible.

3. You are responsible for being at all meetings and other events for which you are scheduled on time and ready to participate.

4. You are responsible for getting what you need by:
   a. Asking for help when you need it;
   b. Sharing your feelings with staff and peers;
   c. Staying away from initiating, engaging in, encouraging, and or supporting the unhealthy behavior of others;
   d. Telling the truth and doing what you think is right; (which include doing unto others as you would want them to do unto you)
   e. Achieving your Recovery Plan goals;
   f. Helping others achieve their goals if possible.

If you have any information that another client plans to do something to harm himself/herself or others, please report this immediately to a staff person. It is important that you understand that this should not be viewed as “snitching” but instead protects program clients and represents an act of responsible care and concern for others on your part.
Confidentiality

The staff of Transition House, Inc. will respect the privacy of clients and hold in confidence all information regarding clients as indicated in the Notice of Privacy Practices Statement.

Confidentiality may be broken without client consent in situation in which the safety of the client or other individuals are at risk, child or elderly abuse is suspected, or other compelling professional reasons exists.

Transition House will ensure the safety of client records against loss, theft, defacement, tampering, or use by unauthorized persons. Any documents containing identifying information regarding clients will be locked at all times when unattended by staff.

Transition House will obtain informed voluntary consent from clients before any information or records are released to agencies or family members.

Transition Living Clients also have a responsibility for keeping confidentiality of others in the program. This includes not confirming or denying another client’s participation in the program to outside persons or agencies via telephone, face-to-face, or written requests.
Client’s Bill of Rights

1. Each client has the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect for individual dignity.
2. Each client has the right to a safe, sanitary, and humane living environment.
3. Each client has the right to a humane psychological environment protecting them from harm, abuse, and neglect.
4. Each client has the right to an environment which provides reasonable privacy, promotes personal dignity, and provides opportunity for the client to improve his or her functioning.
5. Each client has the right to receive services suited to his or her condition and needs for treatment without regard to his or her race, religion, sex, ethnic origin, age, degree of disability, handicapping condition, legal status, or ability to pay for the services.
6. Each client has the right to participate in the development of his/her Recovery plan. Clients have the right to request family participation in recovery and dismissal planning.
7. Each client, on admission, has the absolute right to communicate his or her change of address with a relative, friend, clergy, or attorney, by telephone or mail.
8. Transition House, Inc. shall not deprive any client of civil, political, or personal property rights.
9. Each client shall have and retain the right to confidential communication with an attorney, personal physician or clergy.
10. Each client has the right to uncensored, private communications including, but not limited to, letters, telephone calls, and personal visits. Copies of any personal letter, sent or received, by a resident shall not be kept in his or her clinical record.
11. No client shall ever be neglected or sexually, physically, verbally, or otherwise abused.
12. Each client has the right to have his or her own clothing and personal possessions. This right may be forfeited, or limited, only if the personal property is determined to be potentially dangerous to the client, or others, or if the property is determined to be functionally unsafe.

13. Each client has the right to manage his/her own financial affairs.

14. Each client shall have the right to practice his or her own religious beliefs, and afforded the opportunity for religious worship. No client shall ever be coerced into engaging in, or refraining from any personal religious activity, practice, or belief.

15. Each client has the right, without fear of reprisal, to present grievances on behalf of his/herself to Transition House, Inc. staff, governing board of directors, government officials or any other person in order to work for improved client care. For additional information see Grievance Policy and Procedure.

16. Each client has the right to access adequate medical care; however, Transition House, Inc. does not accept responsibility for any debts incurred by clients.

17. Each client has the right to receive a written statement of the services provided by Transition House, Inc. Every client will have access to information about client fees.

18. Each client shall have an orientation to the Transitional Living Program during which time regulations, client’s responsibility to obey all reasonable regulations of the facility and to respect personal rights and private property of other clients and staff are explained.

19. Transition House, Inc. shall respect the privacy of clients and hold in confidence all information obtained in the course of professional services. Only for compelling professional reasons may confidentiality be broken without consent. This involves situations in which safety of the client or other individuals are at risk. For additional information see Notice of Privacy Practices (5.6).
Client Grievance

Clients are encouraged to speak to agency staff (administrative, professional or support personnel) if they are NOT SATISFIED with an aspect of their treatment by staff or the environment in which services are provided. The Clinical Director will respond to the client’s concern within 2 business days. If the concern is not resolved to the client’s satisfaction after talking with agency staff, the client is encouraged to use the Grievance Procedures outlined below. A written notice of the Grievance Procedure is provided to each client and/or legally authorized representative and/or parent/guardian and to an individual of the client’s choice.

1. All clients have the right and are encouraged to communicate his or her grievance to a Transition House, Inc staff member or program representative. There will be no consequences or retaliation for the client filing a grievance.
2. All clients have a right to file a formal written grievance. The client may request a form from any staff member. (Grievance Forms are located at the Transition House, Inc office). The client should fill out the form and return it to any staff member.
3. If the client is uncomfortable filling a grievance on his or her own, the client may request any staff member to assist him/her.
4. Written grievances shall be forwarded to the Clinical Director. If the client needs assistance with the form or in composing the complaint/grievance, assistance will be provided by their Recovery Coordinator or Clinical Director or the client’s representative of choice.
5. In the instance where the decision maker is the subject of a grievance, decision making authority shall be delegated to the Executive Director.
6. At any point in this process, the client may request an advocate for assistance with this process. Their Recovery Coordinator or Clinical Director will assist the client in obtaining an advocate.
7. Time frame for expedient resolution is 2 business days upon receipt of the complaint/grievance by the Clinical Director.
8. The client will be sent a written notice of the grievance outcome and steps for appealing the outcome from the Clinical Director.
9. Throughout this process, the consumer has the right to contact, make a complaint and/or appeal the grievance outcome to the Oklahoma Department of Mental Health and Substance Abuse Services Consumer Advocacy Division: 2401 NW 23rd St, Ste 82, Oklahoma City, OK 73107. Phone: (local) 405.521.4256; (toll free) 1.866.699.6605. The Recovery Coordinator or Clinical Director will assist the client in contacting ODMHSAS Consumer Advocacy Division if needed.

As part of Transition House, Inc Performance Improvement Process, a confidential summary of client complaints/grievances prepared by Clinical Director are reviewed by the Executive Director and Board of Directors on a quarterly basis so as to improve efficiency and client satisfaction. All grievances filed will be reported in a confidential summary prepared by Clinical Director. All client complaint/grievance forms, investigation documentation and written resolution determination will be maintained by the Clinical Director; all summary documentation for performance improvement process will be maintained by the Clinical Director including any returned notices. The Clinical Director annually reviews the Grievance Policy and Procedures.
Grievance Form

Name of Client: ______________________________________ Phone #: __________________________

Address:___________________________________City:__________________________Zip:__________

Please explain your grievance/concern:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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_____________________________________________________________________________________

What action/resolution would you like to see in response to your grievance/concern?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Client Signature ______________________________________________________ Date

If you need any assistance please contact the Clinical Director @ (405) 360-7926.

-OR-
The Oklahoma Department of Mental Health and Substance Abuse Services Office of Consumer Advocacy:
2401 NW 23rd Street, Suite 82, Oklahoma City, OK 73107
Phone: (local) 405.521.4256; (toll free) 1.866.699.6605

Received by: Staff Signature ______________________________________________________ Date/Time

*Transition House, Inc. will provide a written resolution to this grievance within 2 business days*
Paying Fees

The proper operation of Transition House, Inc. in part depends on the money generated by client fees. Paying fees is an investment in your Recovery and an opportunity to practice financial responsibility, an important skill to have when living on your own. Transition House will take diligent action to collect payments, in a manner consistent with the client’s individual situation.

Client fees are based on whether or not a client has an income. Clients with an income are charged 35% of their income from the previous month. Clients who do not have an income are expected to pay $50.00 for months one through three, $65.00 for months four through six, $80.00 for months seven through nine, and $95.00 for months ten through twelve. Program extension clients add $15.00 to the previous minimum every three months.

Clients are required to provide proof of income by providing all pay stubs from the previous month and/or social security award letters to Recovery Coordinator each month. Clients with no income are required to keep staff updated if their income status changes.

Fees are due within the first five days of the month.

Inability to Make Full Payment Due to Hardship

Although payments are originally established at amounts within the financial reach of eligible families, financial hardships can arise where the tenant, despite their best efforts, is unable to make full payment on the due date. In such cases a partial payment will be acceptable. Clients with legitimate financial hardships are required to make partial payments rather than pay nothing. Partial payments show the client’s continued commitment to the program in which they are participating.

Failure to Meet Financial Obligations

Clients who struggle to make payments will be required to cooperate in financial skill development groups, consultation, or individual budgeting development meetings with their Recovery Coordinator to ensure that the client understands the importance of making payments when due.
Suggestions for Successful Transitional Living

Experience has repeatedly demonstrated that there are a number of factors, which promote a positive experience. If you are able to embrace new ideas, you will find yourself able to complete your goals and will feel good about the changes you have accomplished.

1. Accept that you must be personally responsible for your own behavior and that you need to give up behavior that does not work well for you.
2. Commit yourself to changing your unhealthy behaviors by learning from your mistakes, and exploring why you made these mistakes.
3. Commit to being open about your thoughts and feelings and do not keep secrets.
4. Commit yourself to talking directly to staff and peers about your thoughts and feelings rather than acting out and maintaining.
5. Commit yourself to being honest in all your relationships and to avoid lies and distortions. This also means being honest with yourself.
6. Be willing to follow program rules and limits even if you don’t agree with them.
7. Accept the value of relationships with others so that learning to develop and maintain close, trusting relationships will be an important life goal.
8. Accept the value of work, which means going to work, setting goals for yourself, and striving toward honest financial and personal independence.
9. Accept that you can learn from your own experiences and the experiences of others if you are willing to take advantage of these experiences as “teachable moments.”
10. Accept that Transition House staff is dedicated to helping you achieve and maintain your recovery!
11. Keep in mind **HOW** to obtain and maintain recovery: **Honesty, Open-mindedness, Willingness.**
Telephone Use

The telephone policy ensures reasonable rules and procedures governing the use of telephones by clients in the least restrictive manner.

The apartments have a party line. If more privacy is needed when making a phone call clients are encouraged to use the phone at the office.

The following are guidelines for using the apartment phones:

- Clients may make and receive calls between the hours of 8am-9pm unless it is an emergency.
- Calls made on the house phone need to be limited to 15 minutes.
- The house phone may be used for employment, appointment, or personal calls.
- Clients are expected to show proper courtesy to each other while using the phone.
- When the phone rings answer it appropriately (even when you think it isn’t for you). Remember to not confirm or deny another client’s participation in the program when answering the phone.
- If the phone is not for you please let the person know they have a call. If that person is not available please take a message and place that message in the clip on their front door.
- Clients may have cell phones.

Computer Use

A computer with internet accessibility is available for client use in the main office during office hours only. If you are interested in using the client computer please check with your Recovery Coordinator.

Drop-In Center

The Drop-In Center (with cable TV, stereo, games and craft supplies) is also available for client use during business hours. A key can be checked out to clients if they would like to utilize the center in the evening or on the weekends. Talk with Recovery Coordinator if you are interested in checking out a key.
Personal Belongings

The apartments come fully furnished. Clients are allowed to bring items that hold some significant value to them, in order to develop a sense of “home”. All items brought into the apartment must be cleared by Transition House staff.

You will have access to the following space in your apartment for the storage of personal belongings so you will have to limit the amount of belongings you bring in:

- 1/3 of the downstairs coat closet and upstairs linen closet
- 1 metal locker for personal hygiene products, medication, foldable clothing and personal effects.
- The single room occupant will have access to a small closet for clothing. The double room occupants will have access to ½ of the larger closet for hanging clothing.

### Personal Item Suggestions

<table>
<thead>
<tr>
<th>Clothing</th>
<th>Personal Hygiene Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedspread or quilt</td>
<td>Books/Magazines</td>
</tr>
<tr>
<td>Radio/Alarm Clock</td>
<td>Diary/Journal</td>
</tr>
<tr>
<td>Photos of Family, Pet, Friends</td>
<td>Hobby/Crafts</td>
</tr>
<tr>
<td>Personal Notebook Computer</td>
<td>*TH will be able to provide some of the items on the list if client isn't able to obtain them. Inform Recovery Coordinator of the items needed.</td>
</tr>
</tbody>
</table>

### Unauthorized Items

- Wood Furniture
- Large electronics
- Illicit drugs (including alcohol)
- Firearms, knives, or other potential weapons
A. All personal belongings brought into the house will be screened by staff to ensure that they meet appropriate safety standards. Items that aren’t in accordance with the policies may not be allowed. The judgment of staff will be absolute in deciding whether an item is appropriate or not.

B. The amount of personal belongings is to be kept at a reasonable limit as suggested above. Items must be able to be stored neatly in the available locker and closet space.

C. Clients are encouraged to keep valuable/expensive personal items that could be lost/stolen as well as any prescribed medications locked in their locker.

D. Pets of any kind are strictly prohibited at the apartments. At no time are pets allowed.

E. Clients may not bring or use extension cords, freestanding heaters, candles, or incense.

F. If a client wants to bring in electronics, appliances or furniture they have to receive written approval from the Executive Director.

**Laundry Guidelines**

Transition House does not have an on-site laundry facility. There are a couple of laundry mats in the area that clients can utilize. If you need assistance with laundry please inform your Recovery Coordinator so that they can link you with community resources.

**Client Responsibility**

- Launder all fabric items, bedding, and clothing prior to bringing them into the apartments.
- Maintain clean clothing, linens, and bedding by laundering them at least every 1-2 weeks.
Apartment Living

Living with roommates can be difficult at times. It can also be the perfect opportunity for clients to practice implementing the skills they are learning from the program. Listed here are some tips for living with roommates:

- **Roommate Meetings** are helpful!!! Upon move-in staff will plan to sit down with you and your roommates to discuss how you will approach working with each other. Discussion will revolve around making a plan for things like cleaning, providing apartment supplies, storage of food, visitors, etc. Quarterly roommate meetings will be planned to revisit how things are going in the apartment.

- **Cleaning the Apartment**... Every client is responsible to pick up after him/herself. Each roommate is expected to take responsibility for the deep cleaning of an area of the apartment. For example: one roommate cleans the living room/foyer/stairs, one roommate cleans the kitchen, and one person cleans the bathroom. These responsibilities can be rotated each week, monthly, etc.

- **Meals/Food**... Each client is responsible for their own meal preparation. If a client is in need of food contact Recovery Coordinator for community resources. Just a reminder- It is illegal to share items purchased with food stamps.

- **Apartment Supplies**... Items such as cleaning products, trash bags, toilet paper and paper towels are typically shared items in the apartment. Part of the roommate meeting can be utilized to determine who will be responsible for obtaining these supplies each month. If it is your turn to provide the apartment supplies and you don’t have an income contact Recovery Coordinator for resources.

- **Visitors**... Agency policy states that any guests are required to follow the same guidelines as clients regarding refraining from destroying, defacing, damaging, or removing any part of the apartment property while also not engaging in any criminal or drug related activity while on the premises. Agency practices state visitors are not permitted upstairs in the apartments and must be accompanied by a client at all times. Staff encourages roommates to discuss preference for when visitors are allowed, informing roommates when visitors are coming over, and any other visitor related topics important to discuss with roommates before visitors come over.
TV time... All roommates have access to the television set in the apartment. TV time is seen as an opportunity for clients to compromise, interact and learn with one another. A house compromise will be utilized to determine selections for viewing when more than one roommate wishes to watch different television programs. Roommates are expected to utilize the television in an appropriate manner (reasonable volume, cooperation and fairness in sharing TV time).

Maintenance Issues... If something breaks or is in need of repair you are to notify staff utilizing the Repair Request Form or through verbal communication. DO NOT try to repair it yourself or throw anything out unless you have permission from Executive Director.

No Violence/Bullying... Violence and Bullying will not be permitted at the apartments. If violence or bullying occurs alert staff immediately.

No Alcohol/Illegal Drugs... No alcohol or illegal drug use is permitted on Transition House property, nor should anyone be intoxicated while at the apartments.

Tobacco Products... All Tobacco/Nicotine products are prohibited in or near Transition House properties. There is a smoking area located at the back corner of the TLP apartments where smoking is permitted. Anyone caught using tobacco/nicotne products within the apartment or on the porches/balconies will be asked to leave immediately.

Questions?? If there is anything that you are unsure about please come and talk with staff if you have any questions and concerns regarding apartment living.
Emergency Numbers

Police Dept.: 911
Ambulance: 911
Fire Dept.: 911
Norman Regional Hospital: 307-1000
COCMHC (Mental Health Center): 360-5100
Griffin Memorial Hospital: 321-4880
Red Rock Crisis Center: 307-4811

Emergency Procedures

Psychiatric Emergency: If you think you or another client needs to be admitted for psychiatric care for your/his/her safety and welfare, call staff at COCMHC, GRIFFIN, or RED ROCK CRISIS CENTER.

Medical Emergency: If emergency medical treatment is required or thought to be required, call 911.

Tornado Emergency: Take shelter immediately, in closet, near an inside wall, or in the basement. Stay away from all windows. If you have enough warning/time go to basement of the Student Union on OU campus.

Fire Emergency: Exit apartment immediately. All clients should evacuate to the empty field across Duffy Street. Call 911 and then contact STAFF at 430-1981.

Personal Safety Emergency: If someone is threatening/utilizing violent behaviors call 911.

Emergency Drills

Staff will educate clients on emergency procedures quarterly and will have clients participate in fire safety training annually.
Apartment Inspections

Transition House, Inc. staff reserves the right to inspect the apartments for cleanliness and safety. Weekly apartment reviews will be conducted by the staff as an ongoing part of daily living skills training and as a way to monitor skill abilities. The forms are left in the apartment with notes indicating what areas are satisfactory and which need improvements. The staff will also look for any health or safety hazards which require immediate action by clients.

Contraband Items

All clients have a right to a safe and healthy house environment, free from dangerous or potentially dangerous items as well as items that may be offensive. Potentially dangerous items and contraband will be confiscated and held secure. Potentially dangerous items and contraband are defined as any items that can be used as weapons, instruments of self-harm, or that pose threats of injury. Staff reserves the right to determine what is classified as potentially dangerous items or contraband.

Possession of any weapon or potential weapon will be considered as the intent to use and will receive the consequence of being dismissed from the program.

Other contraband items include pornographic material, illegal drugs or drugs not prescribed to you, alcohol, prescription and/or non-prescription medication not safely secured. The consequence for such possession will result in possible termination from the program.
Group Schedule

Groups at Transition House, Inc. are psycho-educational and designed to assist clients in the development of skills that are necessary for successful community living. Areas of focus in groups include skills development, socialization and recreation, pre-vocational and vocational training, and improvement in problem solving and communication skills.

Participation in the groups will be pre-determined by the client and the client’s Recovery Coordinator and will be documented on their Recovery Plan.

Clients are expected to maintain the confidentiality of the groups in which they participate. Clients are expected to act appropriately during all groups. This includes but is not limited to: being on time for group, calling or filling out a group excuse form in advance of the group notifying group leader and Recovery Coordinator of any absence from group or tardiness, being attentive during group, and being respectful of all group members and staff.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30-10:00a</td>
<td>Community Meeting (Closed)</td>
<td>Community Meeting (Closed)</td>
<td>Community Meeting (Closed)</td>
<td>Apartment Inspection/Daily Living Skills</td>
<td>Community Meeting (Closed)</td>
<td>Social/Recreation Skills Groups As Scheduled</td>
</tr>
<tr>
<td>10:00a-11:00a</td>
<td>Socialization/Recreation; Music Wellness</td>
<td>Community Living Skills</td>
<td>Illness Management</td>
<td>Life Management/Work related Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00a-12:00p</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2:00p-3:30p</td>
<td>TLP Grocery Shopping</td>
<td>COP Grocery Shopping</td>
<td></td>
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</tr>
<tr>
<td>3:30p-4:30p</td>
<td>Gifts of Hope</td>
<td>Wellness Group</td>
<td></td>
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<tr>
<td>Evening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Social/Recreation Skills Groups As Scheduled</td>
</tr>
</tbody>
</table>
**Group Sign-In**

Clients are required to have their Group Sign-In sheets signed by staff to verify participation in groups. Clients must be present for 75% of the group in order to be marked as in attendance. If clients are going to miss a group due to a conflicting appointment clients must have the person they are meeting with sign the Group Sign-In to verify meeting.

**Group Excuse Form**

If you can’t make a group for whatever reason a group excuse form needs to be filled out and turned into your Recovery Coordinator prior to missed group. If you are unable to fill out a form then a voicemail can be left in your Recovery Coordinator’s voicemail box.

**Individual Recovery Meetings**

In addition to groups clients are required to participate in weekly individual recovery meetings. During these sessions, you will work with a Recovery Coordinator to establish a Recovery Plan and work through the Recovery Guide.

**Leave Slips**

If you need or want to be gone from the apartments overnight a leave slip needs to be filled out, returned and approved by the Recovery Coordinator prior to being gone.

**Sobriety**

TH recognizes the importance of continued support and education for those clients newly in recovery from alcohol and drugs. TH staff may recommend active involvement in NA/AA meetings and/or other recovery programs. They will maintain an AA/NA log and secure a sponsor to work through the steps.
Program Discharge
The maximum length of stay in the Transitional Living Program is 12 months. Program discharge occurs for a variety of reasons: completion of program, inappropriate placement, and leaving the program without notice.

Successful Completion
A client is considered to have successfully completed the program when they are able to maintain interdependent living with reduced dependence on inpatient care, increased compliance with medication and development of a system of social and community support.

Inappropriate Placement
When a client’s level of functioning, physical condition, at risk behavior, or non-compliance with the program preclude them from taking full advantage of the transitional living program they are referred to placements more compatible with their needs.

Non-Compliance
In the event that a client is out of compliance with their Recovery Agreement, Recovery Plan, and/or Occupancy Agreement, the first consequence would be a Verbal Warning or a Written Behavior Modification. If this proves to be shown ineffective a Written Warning will be issued to the client. If the client continues to be non-compliant, a Notice of Dismissal from the Transitional Living Program will be issued along with information for the Appeals Process.

Immediate Dismissal
If staff determines that the client’s behavior puts others at risk, Dismissal will be immediate.

Leave without Notice
When a client leaves the program without notification of Transition House, Inc. staff, they are discharged after a seventy-two hours period of time.
Transitional Living Program Checklist
(Please Check All That Apply)

☐ I am ready to live a serene, joy-filled, healthy life.
☐ I believe recovery is possible.
☐ I understand the recovery process has its ups and downs and commit to being honest with myself, staff, and fellow program participants when things are tough or I feel like relapsing, not taking my meds, isolating, and/or giving up.
☐ I understand that part of the learning process involves staff holding me accountable to my goals and healthy behaviors.
☐ I have read and understand the guidelines of the program and my responsibility as a client of the transitional living program. Anything I did not understand I brought up to staff and it has been explained to me.
☐ I am ready for change!

Tally up your check marks. If there are any boxes not marked Transition House, Inc. might not be the best program to fit your needs. If this is the case, feel free to ask staff for other referrals. If you have checked all the boxes Transition House, Inc. could be the appropriate place for you and you are more than welcome to continue with the program’s screening process.

____________________________________  __________________
Signature of Potential Client           Date

____________________________________  __________________
Signature of Staff                      Date