

**COMPASS REENTRY PROGRAM
Old Pueblo Community Foundation Transitional Housing**

PAROLE OFFICER REFERRAL WORKSHEET (To be completed by Parole Officer)

Date of referral: _____ (circle one) Male / Female	
Offender Name: _____	ADC# _____
Release Date: _____	Date Supervision Ends: _____
Release type: _____	Assigned PO: _____
PO Office: _____	PO Office Phone #: _____
Reason for referral: _____	
Priority Level: (See guidelines for descriptions) (circle one) 1 2 3	
G/V score: at time of release _____	at time of referral _____
I/R Score: _____	MH score: _____ UA Color: _____
Eligibility verified by:	Parole Officer yes/no
	Parole Supervisor yes/no
New Conditions of supervision signed	yes/no
Is the Offender Pregnant	yes/no
History of Suicide Attempts (If yes, list dates and method)	yes/no
Is the Offender currently using any medication? (If yes, list all) yes/no	

Date faxed to ADC Compass Coordinator: _____	

PROGRAM AGREEMENT (To be completed by Offender)

By signing below I agree to the following program requirements.	
1. Attend 2 hours of group counseling four times per week from 6-8pm (Total of 8 Hours)	
2. Attend a 2 hour house meeting one time per week from 6-8pm	
3. 6 pm Curfew Monday through Friday.	
3. Attend at least 2 outside group support meetings per week (12 Step, SMART)	
4. Work with a 12 Step Sponsor.	
5. Obtain full time employment.	
_____	_____
Offender Signature	Date

ADC Compass Coordinator (To be completed by Compass Coordinator)

Date staffed case with Parole Officer/Parole Supervisor: _____	Meet Criteria	Yes	No
If no, reason: _____			

Date staffed with Parole Administrator for criteria exception: _____			
Accepted into program: yes/no	If no, reason why?		

Appointment for Intake scheduled for (Date) _____	(Time) _____		
Acceptance date: _____	Parole Officer advised: _____		
Date Offender Entered Program: _____	database updated: _____		
Faxed all documents to OPCF Intake Personnel	yes/no		



Casa Santa Clara Re-Entry Program

House Policies - Lodging Agreement (5-07)

Offices: 4501 E. Fifth Street, Tucson, Arizona 85711

The undersigned understands and acknowledges that the Re-Entry Program is an alcohol and drug free shared housing property managed by the Old Pueblo Community Foundation. The undersigned resides in the capacity of a lodger sharing a housing unit and not as a tenant with rights or possession of space exclusively.

The undersigned agrees commit to reside 60 days at Casa Santa Clara, and 30 days in aftercare. We offer those residents who stay over 60 days to pay \$100.00 per week and participate in aftercare while in our facility. Resident may choose to work and stay at our facilities after the 90 day program is complete.

The undersigned lodger agrees to participate in and abide by the policies and rules set by Casa Santa Clara staff. The undersigned agrees to vacate the shared accommodation when cardinal rules are violated. The following house policies are to be observed by all residents. These policies have been set forth by Casa Santa Clara to maintain a clean, safe, and healthy living environment for those in recovery and to those who are willing and ready to change lives and transition back into society. Any infraction of these house policies could result in disciplinary action and possible termination from the program. The decision to stay at our facility is based on each resident's behavior, and our goals are to help each resident attain their goal of staying clean and sober, finding employment, and staying out of custody.

THIS AGREEMENT, entered on this day of _____ between Casa Santa Clara/Oasis House and _____, regarding clean living residency at Casa Santa Clara, includes the following conditions:

- 1. Fees:** Resident is NOT required to pay fees for the first 60 days at facility.
- 2. Standard Curfew:** All residents will be expected to return to the house by 10:00 pm Sunday. Curfew during the week will be Monday through Friday at 6:00 pm. Friday & Saturday curfew is 10:00 pm. One needs specific permission to leave any earlier than 5:00 am.
- 3. Chores:** Upon the announcement of "double scrub", all residents will stay on property until the whole house cleanup is completed.
- 4. Medication:** Our staff does not dispense medication. Our policy prohibits taking mind-altering medications; however, we understand that sometimes we need it. The director, in conjunction with advice from medical professionals, will determine the necessity for prescribed medications. If we feel that a prescribed medication for a resident is detrimental to other residents we will ask that resident to go without, or resident will have the option to move out with full explanation to any supervisory agencies. Any resident sharing or receiving medication will be discharge without question. All medications need to be entered in medication log. (See manager). **NO NARCOTIC MEDICATIONS ARE ALLOWED WHILE LIVING IN HOUSE. DO NOT FILL PRESCRIPTIONS.**
- 5. Drug and Alcohol Use:** Occupancy is made available on the strict understanding that the house is to be, at all times, drug and alcohol free. **Should a resident use any illicit drug, consume alcohol, or take drugs not prescribed by a physician, the resident will be discharged immediately from the house. Protecting and/or knowing a fellow resident is drinking or using may cause immediate dismissal.** Reporting all suspicions to house manager will benefit every resident
- 6. House Liability:** Our program is not liable for any personal property during or after the resident's discharge from the house. Staff will dispose of all personal property 30 days from discharge date. Casa Santa Clara assumes no responsibility for the personal property of the resident.
- 7. Payment Plans:** For those offenders who want to stay past the 60 day program requirement, payment plans will be written for all residents who are working and are \$200.00 or more in arrears in program fees. They will be written by lead house manager and client together. Once resident agrees to plan and signs the document, the document will be enforced. All pay stubs are to be shown to case manager.
- 8. Without director's written permission no resident will:**
 - ◆ Install paneling, flooring, built in decorations, partitions or railings
 - ◆ Drill or attach anything to the floors, walls or ceiling of the house
 - ◆ Bring in any dish washing, heating, ventilating, or air conditioning units, or any water filled furniture
 - ◆ All personal property not belonging to Casa Santa Clara is subject to insurance at resident's expense
 - ◆ Put in any shades, blinds, window guards, and in or outside of the premises
 - ◆ Permit the accumulation of refuse in the residential unit.
- 9. No loud music.** Only Walkman type radios allowed. Loud and excessive noise disturbs other residents and neighbors and will not be tolerated. The TV's will only be played at reasonable volume levels and violation of these rules will be considered disruptive behavior. Have respect for your neighbor.
- 10. Visitation:** All visitations must be taken off property. Visits with 12-step sponsors are allowed and encouraged. Sponsors are required to sign-in in "sponsor sign-in" book, and let property staff know. **NO CHILDREN ON THE PROPERTY AT ANY TIMES.**
- 11. Intimidation and/or violence.** Any open or subtle hints of intimidation or violence towards residents or staff are grounds for immediate discharge. No exceptions.
- 12. No smoking** in the house. No exceptions. Discharge is automatic.
- 13. No sexual activity** in the house. No exceptions. Discharge is automatic.
- 14. Housekeeping:** Each resident is responsible for washing dishes immediately after eating. Sleeping areas are to be clean at all times. Residents are responsible for cleaning of all community living areas, such as, kitchen, bathroom, living room, den, patios, backyard & grounds, and laundry room. Resident will keep the premises clean at all times, and upon termination will leave the premises in as good condition as when this agreement was entered. All residents are assigned weekly house chores.
- 16. Community Service:** Residents can work off community service at our facilities if approved by parole officer. Lead house manager will supervise and sign off on all work.
- 17. Excessive Utilities:** Be aware of abusing free utilities. Washers and dryers are available for your use. We will pay all water, gas, heat, light, local telephone services, and power to the house. The last person out of each facility should turn off coolers and heaters.

18. **Out of Bounds:** Residents may not enter another person's room without permission.
19. **No Food Areas:** Food will be eaten in the dining and living area only. No food in bedrooms.
20. **Passes:** No passes are allowed in the Re-Entry Program. Parole officers will make all decisions concerning passes after the program is completed. To apply for a pass fill out pass request form with a minimum of two week's notice. The Case Manager will approve all passes based on performance in the house, in cooperation with parole officer. All program fees have to be current to be approved.
21. **Work:** We require all residents to work. All unemployed residents will be dressed and out of the house by 8:00 a.m. and cannot return until 4:00 pm, during the week. Residents having trouble with acquiring employment are to ask case manager for help. Ask other working residents if their place of employment is hiring.
22. **Sleeping:** All residents must be awake, dressed, areas cleaned by 8:00 am on week days. Residents will not sleep in the living room. Lights should be out by 11:00 p.m. on weeknights.
23. **House Activities:** All residents will participate in all house activities including business meetings, group sessions, and weekly housekeeping duties. Mandatory work days for all residents may be assigned double scrub each month if the house is not clean.
24. **Mandatory House Meeting Attendance:** All residents must attend weekly house meetings. This is an important meeting.
25. **Twelve Step Meeting Attendance:** All residents must attend 2 outside 12-step meetings per week. The meeting attendance slips are to be turned in to the house manager at weekly house meetings. Mandatory meeting schedule is on bulletin board.
26. **Sponsorship:** All residents will be required to get a 12-step sponsor within 14 days of move in. All sponsors must sign sponsorship log book. Read Narcotics Anonymous "Sponsorship" pamphlet in intake package.
27. **Aftercare Program:** All residents who complete the 60 residence program and move out, must return to the facility to complete one outpatient session a week for 30 days, unless an alternate location has been pre-approved by PO.
28. **Dress Code:** All residents must be properly attired in the community areas. Must have on shirt, street shorts, or pants.
29. **Pornography:** No pornography in the house. We hope to offer spiritual living in a spiritual environment.
30. **No pets:** Residents are not permitted to have any pets.
31. **Telephones:** The program provides free in-house telephone service with voice mail capabilities. Residents are allowed 10 minutes maximum for each call.
32. **Weapons:** No weapons of any kind are allowed on the property.
33. **Notice to Find Housing:** After six week's into treatment plan, offender will be required to submit exit plan to case manager and parole officer. Resident may stay in Casa Santa Clara facilities upon completion of program.
34. **Grievances:** If a resident feels that another resident is not doing their share of the chores, or has any other grievances towards another resident, he may call a meeting with the lead house manager and with all residents to discuss the grievance. If a resident's action or behavior is found unsatisfactory by the house manager, the resident will be given the opportunity and reasonable time to change their behavior. If after two meetings the offending resident fails to make the necessary changes the case manager will be advised and resident is subject to formal staffing.
35. **Sign In/Sign Out:** All residents are required to sign out when leaving premises, and sign in upon returning.
36. **Consequences:** Our staff reserves the right to enforce the following consequences for infractions of any, or all, of the above house policies. The consequences may include extra chores, restriction to the house, no passes, or termination. Parole officers will be informed of all rule infractions immediately.

Please print the following: **I HAVE READ AND UNDERSTAND HOUSE POLICIES AND LODGING AGREEMENT**

Residential Information Concerning Resident May Be Shared With Appropriate Agencies (Sign Here) _____

Signature of Lodger: _____

Dated: _____

Printed Name of Lodger: _____

Dated: _____

Signature of House Manager: _____

Dated: _____



Casa Santa Clara Re-Entry Resident Application (Revised 5-07)

You are required to write a brief letter with this application. We want to know who you are, where you came from, and where you want to go in life. Letter is required to process application. If you have trouble writing, let us know. Fill out, give to PO. Fax to Jose Cardenas or Angela Wilson (520) 889-3927

Name: _____ Case/DOC#: _____ Today's Date: _____

Date of Birth: _____ Age: _____ SS#: _____ **Circle One:** Single Married Divorced Separated

Identification: (**Circle**) Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: _____

PO Name: _____ Phone _____ Gender: Male Female

Are you pregnant **YES NO** Veteran **YES NO** How did you hear about Casa Santa Clara? _____

Prior Living Situation (**Circle One**) Streets Shelter Detox Jail/Prison Rental Housing Transitional Living Hospital DV Shelter

Staying with Friends Home Ownership Where? _____ How Long? _____

CAN YOU PASS A DRUG TEST TODAY? YES NO Name types of drugs/alcohol you take: _____

Frequency of Use: _____ Date Last Used/Drank: _____ Drug Intake (Circle all that apply): Smoke Inject Snort Drink Other

Are you willing to detox? **YES NO** What is your history of alcohol and substance abuse? _____

Currently Employed? **YES NO** Name and Address of Employer _____

Pay Rate: _____ Type of Employment _____ Current Income: _____ Date Last Worked _____

Do you have current charges? **YES NO** What are they? _____ What Jurisdiction: _____

Length of Sentence _____ How long were you incarcerated? _____ Charges? _____

Parole Violator **YES NO** How Long Out? _____ Reason for Violation: _____

P/I Score _____ Reason Referred to Re-Entry Program _____

DO NOT WRITE BELOW -

FOR OFFICE USE Interviewer: _____ Attitude: _____ Unit # Assigned: _____ SHP Program: _____

Completed Program? **YES NO** If not Completed Why _____

Date Interviewed: _____ Date Accepted: _____ Date Entered: _____ Date Exited: _____

Denied? Why _____ CSC Caseworker: _____

Acceptance Letter Faxed to Caseworker? _____ Date: _____ Acceptance Letter Mailed to Applicant? _____ Date: _____

Supportive Services Provided: (circle) CM SA MH Job Assist. Housing Placement Life Skills Education Trans. Other: _____

Length of Stay: (days) _____ **Aftercare Participation** Completed Not Completed Why: _____

Reason For Leaving: (circle one) Terminated Absconded Completed **If Terminated (why):** _____

Condition of Leaving: (circle) Non-payment Parole Violation Rules Violation Death Needs Not Met Left Early Other: _____

Destination: (circle one) Shelter Incarceration Supportive Housing Rental Housing Trans. Housing Other: _____

Forwarding Address: _____ **Phone:** _____

Monthly Income at Entry: (circle one) None \$100-150 \$251-500 \$501-1,000 \$1001-1,500 \$1,501-2,000 +\$2,000

Monthly Income at Exit: (circle one) None \$100-150 \$251-500 \$501-1,000 \$1001-1,500 \$1,501-2,000 +\$2,000

Entry Income Sources: (circle) Employment SSI VA SSD GA TANF AHCCCS Food Stamps Medicaid Unemployment Other None

Exit Income Sources: (circle) Employment SSI VA SSD GA TANF AHCCCS Food Stamps Medicaid Unemployment Other None

Life Skills/Counseling: (circle) SA Groups Life Skills Group Anger Management DV MH 1 on 1 Other: _____ Completed Y N
Comments _____

Counseling Attendance (Circle Completed) 1 2 3 4 5 6 7 8 Aftercare 9 10 11 12 Scores: SOCRATES _____ MAST _____ DAST _____

Attendance (Circle One) 12 Step Poor Fair Good Excellent **Counseling** Poor Fair Good Excellent **Life Skills** Poor Fair Good Excellent

House Meeting Poor Fair Good Excellent **Re-Admit?** _____ Left Owing (Program Fees) \$ _____ Status of Last Stay _____

Do you have court fines? **YES NO** How much? _____ Do you have community service? **YES NO** How Many Hours? _____

Are you under physician's care? **YES NO** If yes, why? _____

Dr. Name: _____ Phone: _____ Agency: _____

List all medical problems: _____

List all past and current psychiatric problems: _____

Are you under the care of a behavior health facility: **YES NO** Agency Name _____ How long?: _____

Are you prescribed psychotropic meds? **YES NO** Do you possess meds? **YES NO** Medications Prescribed: _____

Will your doctor prepare a work release letter? **YES NO**

Caseworker/Doctor Name: _____ Phone: _____ Diagnosis: _____

Are you willing (**YES NO**) and capable (**YES NO**) of working 40 hours a week of gainful employment during the day shift immediately?

Have you every attempted suicide? **YES NO** If yes, explain _____

Have you ever been arrested for any sex crimes? **YES NO** If yes, Explain: _____

Did you read the housing agreement and the rules? **YES NO** Are you clear on what is expected of you? **YES NO**

Why do you want to come to Casa Santa Clara? _____

Are you willing to attend three 12 step meetings a week? **YES NO**

What is your current occupation? _____ Do you have any job prospects?: **YES NO**

What are they? _____ Are you interested in job training? **YES NO**

What are your job interests? _____ Where did you grow up? _____

Have you ever attended 12 step meetings? _____ How long? _____ Do you have a residence scheduled after program? **YES NO**

Name and address of scheduled residence _____

Are you willing to work with a 12-step sponsor each week? **YES NO** ARE YOU WILLING TO ATTEND IN 8 HOURS OF COUNSELING

PER WEEK? **YES NO** List all arrests, convictions, sentences, prior prison or jail commitments, and probation history? (list places and dates – use blank paper if needed) _____

12-Step experience? **YES NO** How Long? _____ Attempts to get clean and sober _____ Most clean/sober time attained _____

List names and dates of all treatment programs, outpatient programs, and halfway houses attended. (Be specific) _____

Highest Grade Completed _____ Education Completed (**Circle One**) High School GED Vocational School Junior College University School or other formal training from age 14 (e.g. high school, technical school, apprenticeships, on-the-job training, computer, etc)

Name and Place	From (Year)	To (Year)	Certificates, Diplomas Obtained	Type or Main Subject

Are you in the process of family reunification with family? **YES NO** Explain: _____

Do you have Children?: _____ Ages: _____ Sex: _____ Are you paying child support? _____

What are your goals in life? _____

If accepted, when can you move in? _____ If bed is available today, do you have financial support for fees? **YES NO**

All information on this application is true to the best of my ability: (Sign Here) _____

In case of emergency notify: _____ Forward Mail to: _____

Name _____ Relationship _____ Phone () _____

Address _____ City _____ State _____

Client Name (Print) _____ Client Signature _____ Date _____

Casa Santa Clara at Glenn – Re-Entry Contract

I, _____, voluntarily enter into the residential transitional living facilities at Casa Santa Clara and agree to comply with the following conditions:

1. If I decide to continue to live at Casa Santa Clara/Oasis House after the 60 day Re-Entry Program requirement, I agree to pay \$100.00 a week. I will work a full-time day job and participate in all house and counseling meetings.
2. I will not use drugs or alcohol, or any mind-altering substances.
3. I agree to abide by the rules and regulations of Casa Santa Clara as outlined in the “Rules of Residency” and “House Policies - Lodging Agreement”, a copy of both which I have signed.
4. I **will** attend 8 hours of in-house counseling while enrolled in the Re-Entry Program living at Casa Santa Clara.
5. I agree to obtain a twelve-step sponsor within 2 weeks after arrival at the facility. My sponsor will pick me up once a week to attend a twelve-step meeting. Mandatory! I will attend two 12-step meetings on weekends.
6. I agree to make reasonable efforts to procure gainful employment within two weeks. Curfew is 6:00 pm for all unemployed residents. No job assignment is to interfere with mandatory meetings. I will work day jobs only, no taxicabs, or jobs where alcohol is served. **I will not leave the property for first 24 hours.**
7. I agree to voluntarily participate in assigned work activities at the house.
8. I understand that if I leave the program prior to successful completion, I must take all of my belongings at that time. Any personal belongs left at Casa Santa Clara thirty days after my departure shall be the property of Casa Santa Clara, and will be given to the residents in need or otherwise donated.
9. I agree not to have TV’s in bedrooms or radios playing after 10:00 pm.
10. I agree to return all keys to House Manager upon leaving the facility.
11. I understand that Casa Santa Clara is not liable for loss or theft of my personal property, including money.
12. I understand that I will treat the Casa Santa Clara staff with courtesy and respect; in turn you will be treated the same.
13. I have never been arrested or convicted of any sex crimes.
14. I agree to sign-out whenever I leave premises, and sign in when I return. After 11:00 curfew I will remain in my bed area, prepared for bed check.
15. I understand that I will be expected to participate in development of my recovery program, and agree to cooperate with the house to achieve my therapeutic goals. I agree to attend all mandatory house and counseling meetings as follows:

Glenn Re-Entry House Mandatory Meeting Schedule

Mon, Wed, Thu & Fri	Counseling	6:00 to 8:00 pm
Tuesday	House Meeting:	6:00 to 8:00 pm

I have read and understand the foregoing, and I have initialed all line items, and understand that my failure to comply with this agreement may result in my being discharged from the program.

Client Signature: _____ Date: _____

Staff Witness: _____