

Chelsea's House

Recovery house:

The purpose of a recovery house is generally to allow people to begin the process of reintegration with society, while still providing monitoring and support; this is generally believed to reduce the risk of relapse when compared to a release directly into society.

Intent

Supportive living in a structured environment such as a recovery living house has proven in many cases to be the element that enables individuals to embrace the process of recovery. By choosing a transitional living facility that encompasses a staff, safety, knowledge and experience - you are sure to gain a firm footing in recovery from drugs and alcohol.

Chelsea's House Est. 2011

Chelsea's house is a community of people who are transitioning from treatment into living life clean in the real world. We pride ourselves as a "Judge free" community. We promote a family based experience to share life's highs and lows together and be supportive of each other. Our family way of life will provide a safe and clean environment that is ideal for continuing long-term recovery. Chelsea's house provides a structured environment for recovering addicts to begin living their lives clean and sober outside the confines of a drug treatment center. Our properties are totally renovated single family homes. They are clean, bright and offer spacious sleeping quarters.

Eligible Enrollment

- Chelsea's house will accept applications from applicants with at least three (3) months of clean time and leaving a structured program.
- Applicants with long term recovery that are not transitioning from a program are welcomed with proper references.

Chelsea's house offers

- Cable TV in every room
- Computer, Internet and fax machine
- Laundry facility
- Full set of NA or AA literature
- Family style dinner once per week

Rates

- Single room \$ 175.00 per week
- Double room \$ 160.00 per week

** Rent is due by 6 pm every Friday. It can be hand delivered to the house manager.

HOUSE RULES

The following are NOT ALLOWED in the house at any time:

- Alcohol/Drugs
- Non-approved Medications
- Weapons, explosives, fireworks
- Smoking inside the house is not permitted. Ashtrays are provided outside and need to be cleaned daily. No littering of cigarette butts on or near property.
- Be considerate with the neighbors and your fellow residents. The volume of television, music and your voices need to be considered at all times, but especially during early morning hours and after 9:00 pm.
- Daily chores for each member also individuals need to clean up after themselves. Wash your dishes immediately in order to prevent roaches and other insect problems. Place garbage bags in the garbage containers outside. Food is not permitted in the bedrooms.
- Female guests are allowed until 11:00 pm and midnight on weekends. **ABOSOLUTELY NO OVERNIGHT GUESTS**
- Pornography in plain view is not allowed in any way. Explicit material on the house computer is grounds for expulsion.
- Personal items left behind after vacating will be considered abandoned and will be disposed of.
- All residents must be in the house during the hours of 11 p.m. Monday-Thursday, 12 a.m. Friday and Saturday, through 5 a.m. After 30 days of residency, you may apply for an approved overnight pass. When coming back you may have a drug/alcohol test performed.
- Drug tests will be issued twice weekly and randomly and at staff discretion.
- There will be one (1) mandatory house meeting per week. There are excused absences if cleared by management prior to meeting.
- Required to attend Three(3) outside meetings weekly

I understand the above rules any violations may be cause for discharge.

SIGNATURE

DATE

Application for Recovery House

APPLICATION PROCESS:

- COMPLETE APPLICATION AND SUBMIT FORM
- EMAIL to Mattypowers1979@yahoo.com or FAX to (781) 666-3753
- REQUIRED FEE OF \$320.00 THIS INCLUDES FIRST WEEK.
- ARRANGE TIME AND DATE OF ARRIVAL WITH APPROPRIATE PERSONNEL
- CONTACT MATTHEW POWERS (781) 666-3752

Name: _____ Date _____

SS#: _____/_____/_____ Date of Birth: _____

Address: _____ City: _____ State/zip: _____

Cell phone: _____ Emergency contact #: _____

How long have you been sober? _____ Drug of Choice: _____

List prescription medications:

Health Insurance: _____

ID#: _____ Group#: _____

Which institution/jail are you coming from: _____

Graduation/parole date: _____

Case worker name: _____ Email/Phone: _____

What is your source of income? _____

Employer: _____ Position: _____

Address: _____ City: _____ State/zip: _____

Do you own a car: Yes No