SAFE HAVEN FOR MEN is a 12 step structured recovery program for men wanting to continue their recovery. No treatment is provided at SHFM but daily involvement in an approved self help group is mandatory. We ask applicants to commit to 6 months to 1 year stay at SHFM. If you will commit to 6 months to 1 year stay at SHFM we can help you to get your life back and in order.

Application to SHFM requires a face to face interview with a member of the staff of SHFM. You will be evaluated and be advised of the rules and regulations and asked to initial each one of the rules to be sure you understand what is required of you while you are a client of SHFM at that time.

All clients at SHFM are required to seek employment and begin working immediately and have a full time job within two weeks of arrival at SHFM. Labor Ready and Labor Finders are acceptable means of finding employment. If you are disabled and unable to work, you must be drawing SSI or some form of disability. If on SSI or disability you are required to pay monthly. If not on SSI or disability you must be off of the premises by 9:00 AM and do not return until 4:00 PM until you have found employment.

SHFM requires the first two weeks fees in advance ($300.00) which covers your first 2 weeks. All fees must be paid one week in advance after that. Fees are $150.00 weekly or you may pay $600.00 monthly if desired. We understand that those coming from treatment may not have the up-front money necessary, so weekly fees will be prorated until they are paid in full. If you are dismissed from SHFM there will be no reimbursement of fees paid.

All members of SHFM are considered clients and the monies paid are for service fees and not rent. Any client that does not follow the rules of SHFM will be asked to leave immediately and those that refuse to do so will result in criminal charges of trespassing and be removed from SHFM by the police.

Clients must be willing to submit to random room and vehicle inspections and drug and alcohol screenings. Any client that refuses or fails the inspections or drug and alcohol screenings will be asked to leave immediately FALSIFYING A DRUG SCREENING TEST IS A FELONY.

The staff of SHFM must be advised of any prescribed medications that you are on and proof of how the medication are to be taken. SHFM furnishes a lock box for storing medications. Any client found abusing medications will be asked to leave SHFM immediately.
SAFE HAVEN FOR MEN

REQUIREMENTS FOR ADMISSION

SAFE HAVEN ACCEPTS CLIENTS FROM TREATMENT CENTERS - VA - DETOX - DETENTION - OR REFEERRALS FROM CHURCHES OR OTHER INSTITUTIONS.

1. All clients are required to attend 5 AA/NA meetings per week.  
   (Meetings are required daily.  May not accumulate more than one daily.)

2. (A) The first 30 days as a resident of SHFM curfew is 10:00 PM - 7 days a week.  
   (B) After 30 days, curfew is 10:00 PM Sunday thru Thursday and 12:00 AM Friday and Saturday.  No client will be permitted to be out after curfew unless cleared with the staff before hand.  
   (C) There are to be no female visitors for the first thirty (30) days with the exception of immediate family.  If not employed after thirty (30) days No female visitors will be allowed until you are employed.  All female visitors are to be confined to the common area of the houses.

3. All clients are required to perform chores in the house and the grounds.  
   Chores may change week to week.

4. No possession of drugs or alcoholic beverages will be allowed.

5. No weapons are to be on any client at any time.

6. All medications prescribed by a doctor must be registered with the House Manager or the Director and only taken as prescribed.

7. All applicants must be free of all alcohol and non-prescribed drugs.

8. All applicants must agree and be willing to abide by all the rules of the program.

9. All applicants must be at least 21 years of age and of mature nature.

10. All applicants must have an income and be able to be responsible for all program fees.

11. All applicants must be employable if not on a fixed income.  If not on a fixed income all clients must be gone from the premises by 9:00 AM and do not return until 4:00 PM until you have found employment.

12. An applicant will be denied admission if in the judgement of the management he will not benefit from the program.
SAFE HAVEN FOR MEN

CLIENT INFORMATION:

Date of Birth __________________________
DL #______________________________

NAME:

LAST __________________________ FIRST ___________________ MIDDLE _________

FORMER ADDRESS

CITY________________________________ STATE______________________ ZIP________________

REFERRED BY___________________________ CHURCH__________________________

TREATMENT CENTER___________________________ OTHER______________________________

HAVE YOU BEEN IN SHFM BEFORE_____ IF YES, PLEASE LIST DATES__________________

ARE YOU CURRENTLY INCARCERATED?

NAME OF INSTITUTION______________________________________________________________

CRIMINAL HISTORY: YES ______ NO __________

IF YES, PLEASE LIST ALL CHARGES, CONVICTIONS AND DATES:

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

DO YOU HAVE ANY OUTSTANDING CRIMINAL CHARGES? YES______ NO ______

IF YES EXPLAIN:

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

________________________________________________________

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EMERGENCY CONTACT:

NAME____________________________________________RELATIONSHIP____________________
ADDRESS____________________________CITY______________________STATE______________
PHONE NUMBER   (      )________________________

DO YOU OWN A CAR?_________MAKE_____________________________MODEL____________
TAG NO.____________________STATE______________________________

SOURCE OF INCOME____________________________________________AMOUNT___________

ARE YOU EMPLOYED?__________________WHERE_____________________________________
WHAT TYPE OF WORK DO YOU DO?__________________________________________________

DO YOU ATTEND 12 STEP MEETINGS?______________________
DO YOU HAVE A SPONSOR________________________________

12 STEP INVOLVEMENT:   AA ___NA ___ ALANON ___ NARANON___ OTHER ________
IF OTHER, PLEASE EXPLAIN:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

ARE YOU UNDER A DOCTORS CARE? YES_______NO________

DO YOU TAKE ANY MEDICATIONS? YES_______NO________

IF YES PLEASE LIST ALL MEDICATIONS AND DOSAGE:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

12 STEP INVOLVEMENT:    AA          NA          ALANON          NARANON         OTHER ______
IF OTHER, PLEASE EXPLAIN:
EMPLOYMENT
1. AN IMPORTANT COMPONENT OF REHABILITATION IS STEADY EMPLOYMENT. ALL RESIDENTS SHALL SEEK FULLTIME EMPLOYMENT. EMPLOYMENT MUST BE SECURED WITHIN 2 WEEKS OF ADMITTANCE. YOU MUST BE GONE FROM THE PREMISES BY 9:00 AM AND DO NOT RETURN UNTIL 4:00 PM UNTIL YOU HAVE FOUND EMPLOYMENT. IF AT ANY TIME YOU QUIT YOUR JOB WITHOUT NOT HAVING ANOTHER JOB TO GO TO AND YOU ARE IN REARS WITH SHFM YOU MAY BE ASKED TO LEAVE.

ROOM
2. YOUR ROOM IS INCLUDED IN YOUR PROGRAM FEE THAT YOU PAY EVERY WEEK. EACH CLIENT IS RESPONSIBLE FOR KEEPING HIS LIVING AREA CLEAN AT ALL TIMES. (ROOM INSPECTIONS ARE CONDUCTED DAILY AND MONETARY FINES WILL BE ASSESSED FOR INFRACTIONS.)

CURFEW
3. (A) THE FIRST 30 DAYS AS A RESIDENT OF SHFM CURFEW IS 10:00 PM 7 DAYS A WEEK. (B) AFTER 30 DAYS CURFEW IS 10:00 PM SUNDAY THRU THURSDAY AND 12:00 AM FRIDAY AND SATURDAY. NO CLIENT WILL BE PERMITTED TO BE OUT AFTER CURFEW UNLESS CLEARED WITH THE STAFF BEFORE HAND.

SMOKING
4. AT NO TIME WILL SMOKING BE PERMITTED IN BEDROOMS. IF YOU ARE CAUGHT SMOKING IN A BEDROOM YOU WILL BE FINED $50.00 FOR THE FIRST OFFENSE AND WILL BE ASK TO LEAVE SAFE HAVEN FOR THE SECOND OFFENSE.

CONDUCT
5. DISRUPTIVE BEHAVIOR, PROFANITY, SWEARING, AND FIGHTING WILL NOT BE TOLERATED. ALL CLIENTS OF THE PROGRAM ARE EXPECTED TO CONDUCT THEMSELVES IN AN APPROPRIATE MANNER AT ALL TIMES. PORNOGRAPHIC MATERIAL SUCH AS MOVIES, TAPES, BOOKS, MAGAZINES, POSTERS ETC. ARE NOT ALLOWED. THESE ITEMS ARE NOT IN KEEPING WITH SAFE HAVEN FOR MEN STANDARDS.

MEALS
6. CLIENTS ARE RESPONSIBLE FOR PREPARING THEIR OWN MEALS AND CLEANING UP AFTER THEMSELVES.

RELAPSE PENALTIES
7. THE POSSESSION OR CONSUMPTION OF ANY ALCOHOL BEVERAGE OR THE USE OF ANY ILLICIT DRUGS ON OR OFF THE PREMISES WILL RESULT IN IMMEDIATE DISCHARGE FROM THE PROGRAM.

DRUGS AND ALCOHOL
8. EACH CLIENT WILL SUBMIT TO RANDOM DRUG AND ALCOHOL TESTING AT THE DISCRETION OF THE STAFF. REFUSAL TO SUBMIT TO OR FAILING TESTING WILL RESULT IN IMMEDIATE DISCHARGE FROM THE PROGRAM. THE STAFF OF SAFE HAVEN FOR MEN MAY INSPECT AND/OR SEARCH EACH CLIENTS LIVING QUARTERS, PERSONAL BELONGINGS AND AUTOMOBILES AS DEEMED NECESSARY BY ANY STAFF MEMBER. FALSIFYING A DRUG SCREENING TEST IS A FELONY.
CLEANLINESS
9. EACH CLIENT IS EXPECTED TO KEEP THE HOME IN FIRST CLASS CONDITION AND CLEAN AT ALL TIMES. EACH CLIENT IS ASSIGNED WEEKLY CHORES AND MUST PARTICIPATE IN GENERAL CLEANING OF THE HOUSE AND GROUNDS WHEN REQUESTED TO DO SO BY THE STAFF.

PERSONAL HYGIENE
10. PERSONAL CLEANLINESS IS EXPECTED OF ALL CLIENTS AT ALL TIMES. SHOES AND SHIRTS ARE TO BE WORN AT ALL TIMES WHILE IN COMMON AREAS OF THE HOUSE.

THEFT
11. THEFT FROM OTHER CLIENTS IS GROUNDS FOR IMMEDIATE DISMISSAL. NEVER BORROW ANOTHER CLIENTS BELONGINGS WITHOUT PRIOR PERMISSION. STEALING WILL RESULT IN IMMEDIATE DISCHARGE.

FINES:
12. MONETARY FINES MAY BE ASSESSED BY THE HOUSE MANAGER OR DIRECTOR FOR ANY INFRACTIONS OF THE PRECEDING RULES. FAILURE TO PAY ASSESSED FINES COULD RESULT IN EJECTION FROM THE PROGRAM.

VISITORS:
13. THERE ARE TO BE NO FEMALE VISITORS FOR THE FIRST THIRTY (30) DAYS WITH THE EXCEPTION OF MOTHER, SISTER, OR AUNT. IF NOT EMPLOYED AFTER THIRTY (30) DAYS NO FEMALE VISITORS WILL BE ALLOWED UNTIL YOU ARE EMPLOYED. ALL VISITORS ARE CONFINED TO THE COMMON AREAS OF THE HOUSES. NO VISITORS ALLOWED IN THE BEDROOMS WITH THE EXCEPTION OF IMMEDIATE FAMILY.

As a client of SAFE HAVEN FOR MEN it is made clear and you understand that you are in a self help living arrangement. You do not pay rent. You pay a program fee. If for any reason you are asked to leave the program you have no grace period. You are to leave the property at once and take your belongings with you at that time.

By signing these rules you understand that you have no landlord tenant relationship. If you choose not to leave, trespass charges will be filed against you. Any fees paid to the program prior to ejection will not be refunded for any reason.

I________________________________________________understand and accept these rules as part of my being accepted in the SAFE HAVEN FOR MEN transitional program.

CLIENT___________________________________________ DATE________________________

DIRECTOR_________________________________________ DATE________________________
Resident Emergency Relapse Plan

Name:_________________________________                     Date:______________________

1. Who should we notify? Include name, number, and relationship.

______________________________________________________________________________
______________________________________________________________________________

2. Who should we **NOT** notify? Include name and relationship.

______________________________________________________________________________

3. I would like Safe Haven For Men to do the following if I should relapse: (Check all that apply)

___Call a cab                                  ___Drive me to a hotel

___Call a relative                            ___Take me to Detox

___Take me to the hospital             ___Leave on my own accord

___Other (Explain:)____________________________________

I understand that I cannot continue to stay on Safe Haven For Men’s property after a relapse. Upon leaving I will collect my medication and come back within 3 days to collect the rest of my belongings. By signing this document, I agree to the following:

1. I will not hurt myself or anyone else.
2. Call the numbers provided below after leaving the property.
3. If a vehicle is involved, I will leave the vehicle at Safe Haven For Men’s property until I am not under the influence or have a responsible driver to take the car.

Western Carolina Rescue Mission 254-1529           Mission St. Joseph Hospital  213-8770
National Suicide Prevention 1-800-273-8255       Patton Counseling Service  387-8904
ARP/Phoenix  254-2700  -   Swain Recovery Center 669-4161  -   Neil Dobbins  253-6306
Salvation Army  258-2883                                        October Road 350-1000

Signature:__________________________________________________Date:_____________
Witness:___________________________________________________Date:_____________
HOUSE MEETINGS

TUESDAY & FRIDAY: 4:30 PM & 6:00 PM FEELINGS MEETING

4:30 Pm @ 5 Warren Ave (Biltmore)
6:00 Pm @ 89 Wood Ave (Oakley)

Feelings meetings are mandatory and are subject to the following if you are not in attendance:

(A) First offense: $20.00 Fine
(B) Second offense: $25.00 Fine
(C) Third offense: Dismissal from the Safe Haven for Men program.