



232 South Plymouth Ave.,  
upper level

Rochester, New York 14608

585-232-1990 (office)

585-232-1994 (fax)

*The Samaritan Center's **Louise House** is an initiative of Samaritan Center of Excellence and has adopted the same mission statement.*

Our mission is to improve the overall health outcomes of women and families impacted by the criminal justice system, and substance use disorders by providing skill-building opportunities, fostering consumer/peer-run programs; specifically, in areas of recovery, emphasizing self-help, and mutual support. We are committed to improving the delivery of services to those with substance use disorder, mental health, and criminal justice issues to reduce the stigma.

### **ADMISSION REQUIREMENTS:**

We provide help to women who have a desire to achieve self-sufficiency. Our goal is to help women develop the skills to live independently. We offer housing designed to be between six months and twelve months, with flexibility for extended stays if needed. It is important for women to become involved in a positive social network. We encourage residents to take advantage of available Peer Coach options.

#### **The potential FEMALE resident must:**

- Residents need to be drug and alcohol free upon intake (*be at least 28 days from the last use of alcohol and/or drugs*)
- Be admitted voluntarily
- Be 18 years of age or older
- Be medically stable
- Have adequate control over their behavior and assessed not to be imminently dangerous to self or others
- Express a desire to recover from addiction to drugs or alcohol if deemed having a substance abuse disorder
- Be assessed as medically appropriate and free of any illness that requires isolation from others or needing continual medical attention that Samaritan Center's **Louise House** is not equipped to offer
- Have the capacity to achieve personal goals
- Be ambulatory and meet personal needs without assistance
- Have adequate resources to pay for housing including DSS, DHS, Veterans benefits or other state or federal personal funding

You must apply & be accepted. This is not an institution. Residents of Samaritan Center's **Louise House** are required to take care of individual responsibilities. Contracted Peer Coaching and life skills classes are accessible to those interested. Enclosed with this letter you will find a copy of our House Policies, Lodging Agreement, and our Resident Application form.

### **TO APPLY YOU MUST:**

Complete these forms in their entirety and write a letter of introduction (Bio-letter) telling us about yourself on the last two pages. You must answer every question. If the question does **NOT** pertain to you, please insert "**N/A**" for not applicable to you. Remember that your application will be held up without the completion of the Bio-letter. Fill out the application completely. You must include the name and phone number of your caseworker if applicable.

If you have any questions or if we can be of assistance to you please call. Don't forget to complete the last two pages.



## HOUSE POLICIES – LODGING AGREEMENT PLEASE READ CAREFULLY

The undersigned understands and acknowledges that our house is an alcohol and drug free shared housing property managed by Samaritan Center of Excellence. 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 to pay rent. The undersigned lodger agrees to participate in and abide by the Policies and Rules. The undersigned agrees to vacate the shared accommodation if the rules are violated. The following House Policies are to be observed by all residents. These Policies have been set forth to maintain a clean, safe, and healthy living environment for all residents. Our goal is to help each resident achieve self-sufficiency.

**THIS AGREEMENT**, entered on this day of \_\_\_\_\_ between Samaritan Center’s Louise House Staff and \_\_\_\_\_, regarding participating at Samaritan Center’s Louise House, includes the following conditions:

### RESIDENT RIGHTS AND RESPONSIBILITIES

1. As a resident of **Louise House**, you have the right to:
  - Be treated with dignity and respect.
  - Participate actively in your individual growth, strive towards maintaining positive mental health, physical health and all other aspects of healthy day to day living.
  - Be given information regarding informed consent prior to the start of your stay.
  - Be seen by a private physician with the understanding that all costs will be the responsibility of the resident.
  - Have all information pertaining to stay held in confidence, except when the law applies, such as parole/probation.
  - Receive information regarding all costs of living and fees associated with Samaritan Center’s **Louise House**.
  - 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.
  - Initiate a complaint or grievance procedure and understand that you may begin the grievance procedure by contacting the Samaritan Center’s **Louise House** STAFF(s) or Executive Director of Samaritan Center of Excellence.
  - Request referral resources in the event of your dismissal from Samaritan Center’s **Louise House**.
  - Not to be required to perform services for **Louise House**, which are not included in the usual expectations of all residents or which have not been outlined in procedure manual.

### RESIDENT RESPONSIBILITIES

#### Respect for Residents and Staff:

1. **Visitors: NO overnight guests are allowed.** If any guest causes dissension on property, that guest will be asked to leave. Visits with sponsors are encouraged.
2. **Noise Levels:** We ask that you respect your fellow residents and play radios and televisions at reasonable volume levels.
3. **Smoking:** Absolutely no smoking in the house due to insurance liabilities. Smoking is allowed in designated smoking areas only.
4. **Pets:** Residents are not permitted to have any pets not approved by Managing Staff.
5. **Sanitation:** Program participants have the right to live in a clean and welcoming environment. Resident will keep the premises clean at all times, and upon vacating the house, will leave the premises in as good of condition as when this agreement was entered. Each resident is requested to eat their food in common areas and wash their own dishes immediately after eating. Residents are responsible for cleaning of all community living areas, such as, kitchen, bathroom, living room, patios, backyard and grounds, and laundry room. All residents are assigned weekly house chores.

### Respect for Self:

1. **Drug and Alcohol Use:** Occupancy is made available on the strict understanding that the house and its residents are to be, at all times, drug and alcohol free. Alcohol and illegal drugs are not allowed on program premises nor any mind-altering substances at ANY time. **Please be aware of other resident's recovery needs. In addition, guests of a resident who are under the influence of any type of mind-altering substances are not permitted, at any time on the grounds.**
2. **Medication:** The program does not dispense medication. You must secure your medications. No sharing of any resident's prescribed medications.
3. **Dress Code:** All residents must be properly attired at all times including while sleeping.
4. **Sexual Activity:** No sexual activity in the house or on the grounds at any time.
5. **Pornography:** NO pornography is allowed in the house.

### Respect for Property:

1. **Alteration to Property:** Residents may not make any alterations to the property due to lease agreement. This includes alteration of cable or internet connections, installation of paneling, flooring, built in decorations, partitions or railing, shades, blinds window guards, in or outside of the premises, or drilling or attaching anything to the floors, walls or ceiling. In addition, residents may not bring in any dish washing, clothes washing, heating, ventilating, or air conditioning units, and may not have any water filled furniture, refrigerator or coffee pot in the bedroom.
2. **Vehicles:** You will have on-street parking only (*driveway or garage not accessible*)
3. **Weapons:** No weapons of any kind are allowed on premises.

### Legal Accountability:

1. **Probation/Parole Requirements:** If you are on probation/parole or supervision of any kind, you must continue to abide by all rules set down by your supervising agency.
2. **Community Service:** Residents can participate in court ordered community service at the property if approved by parole/probation officer. Staff may supervise and sign off on work.

### Basic Resident information:

1. **House activities:** All residents are asked to participate in all house activities including weekly house meetings, group sessions, and weekly housekeeping duties.
  - **House Liability:** Samaritan Center's **Louise House** STAFF(s) or Executive Director of Samaritan Center of Excellence is not liable for any personal property during or after the resident's discharge from the house. Renter's Insurance is optional. Please limit what you bring. Samaritan Center's **Louise House** STAFF(s) will dispose of all personal property 30 days from discharge date. A written notice must be submitted to Samaritan Center's **Louise House** STAFF(s) or Executive Director of Samaritan Center of Excellence upon departure for anyone else to pick up personal property. Please print the following on the line below: **I HAVE READ AND UNDERSTAND HOUSE POLICIES AND LODGING AGREEMENT**

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**Residential Information Concerning Applicant/Resident May Be Shared With Appropriate Agencies**  
(sign here)

**Signature of Resident:**\_\_\_\_\_ **Dated:**\_\_\_\_\_

**Print Name of Resident:**\_\_\_\_\_ **Signature of Staff Manager:**\_\_\_\_\_

**Dated:**\_\_\_\_\_



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[www.swcoe.org](http://www.swcoe.org)

## LOUISE HOUSE RESIDENT APPLICATION

APPLICANT INFORMATION			
Today's Date:		Desired date of move in :	
Reason for move:			
Name:			
Date of birth:		SSN:	
Phone:			
Current address:			
City:		State:	
ZIP Code:			
Own or Rent		Monthly payment or rent:	
How long?			
Marital Status: Married   Separated   Divorced   Widowed   Registered Partnership			
Level of education completed:		Veteran: Yes or No	
Are you pregnant: Yes or No			
Who referred you to us?			
ADEQUATE HOUSING RESOURCES			
What resources will you have to pay your rent? _____			
<b>Please list appropriate contacts</b>			
Rep Payee _____ Contact# _____		DSH Case # _____ Worker _____	
Other: _____			
RECOVERY AND SUBSTANCE USE			
Do you think you have a problem with alcohol? Yes or No		Do you think you have a problem with drugs? Yes or No	
List drugs/alcohol you used addictively: 1 <sup>st</sup> _____		Route (smoke, IV, Oral, etc.) _____	
Age of 1 <sup>st</sup> use: _____		Date of last use: _____	
When did you attend your last AA or NA meeting?			
How many meetings have you attended in the last 30 days?			

## LEGAL

Have you been arrested in the past 30 days? Yes or No

Are you currently on probation or parole? Yes or No

If yes, Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you mandated: Yes or No

Do you have any legal problems? (i.e. Court dates warrants If yes please describe)

Do you have any active restraining orders against you or someone else?  
Yes or No If yes please describe:

## MEDICAL

Do you take any prescription medications? Yes or No

If yes please list:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Do you have any medical conditions or allergies?  
Yes or No If yes, please describe:

## EMPLOYMENT

Current employer:

Employer address:

City	State	Phone:
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Position:

If unemployed what are your plans for getting a job:

Please list your vocational skills/specialized training or certifications:

What is your monthly gross income right now?

Do you have a valid driver's license? Yes or No

Do you have a car: Yes or No If yes, is it registered and insured? Yes or No

**EMERGENCY CONTACT**

1. Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

2. Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

**OTHER INFO**

Please list hobbies and special interests:

What would you say your best characteristics are:

Have you ever lived in a home shared with other people? Yes or No

Do anticipate any problems with this? Yes or No

If yes, please list:

What is your main goal while in the house?

**REFERENCES**

Name:

Address:

Phone:

Name:

Address:

Phone:

I authorize the verification of the information provided on this form as to legal and employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Case Worker Name (if applicable): \_\_\_\_\_ Phone Number: \_\_\_\_\_



Letter of introduction (Bio-letter) telling us about yourself (p1)



**Letter of introduction (Bio-letter) telling us about yourself (p2)**

**Please return completed application via mail, email or fax to:**

Samaritan Center of Excellence  
232 South Plymouth Ave, upper level  
Rochester, NY 14608  
Fax# 585-232-1994

Email: [info@swcoe.org](mailto:info@swcoe.org)

Thank you