

Paxton House for Men

Transitional Housing/Sober Living

Mailing Address: PO Box 57299 Tucson, Arizona 85732-7299

Applications can be faxed to: (520) 296-4837

Leah Jones (520) 404-4042

E-mail - ljones@paxtonhouse.net

Jeanie Pike (520) 419-9398

E-mail - jpike@paxtonhouse.net

PLEASE READ CAREFULLY

Download application at www.paxtonhouse.net

We offer a safe transitional housing opportunity for men who need long or short-term housing. Our residents focus on employment and/or school, and work towards future permanent housing. Residents live in a "home setting" with internet, cable television, bedding, kitchen, and laundry facilities. All locations are close to the city bus lines, and all properties have resident and office staff that offer support and guidance. All prospective residents are screened for enrollment in person, by mail, or telephonically. Food is not provided.

Weekly program fees are \$120 per week - Daily costs are \$17.14 - 30-day Minimum Stay 8 locations 56 beds; located at Pima/Dodge, 22nd St/Swan Area, & Grant/Country Club, and Swan/5th St area. All our homes are centrally located in Tucson and close to employment opportunities.

We accept those that are employed and/or financially capable of paying program fees. **We are not a shelter.** All applicants need monies up front to move in or have proof of employment **unless pre-approved by Director.**

Admission Requirements

- **If incarcerated, \$240 is to be mailed to PO Box. Payment required to be accepted**
- Must be able to pay weekly fees
- Must be clean and free of all substances and alcohol
- Must attend one house meeting per week
- Must attend two recovery meetings per week (NA, AA, CA, Smart Recovery)
- Must not be a sex offender or have been charged with arson.

What do we offer?

- A comfortable, safe, structured, sober living environment
- A place to rebound and prepare for independent living
- A recovery community for support
- A rental housing reference upon departure if discharged successfully

We welcome those who; have lost apartment or housing, on parole or probation, are homeless, need to relocate from an unsafe living environment, or upon completion of treatment. We work closely with treatment centers, federal, county probation and state parole. We welcome those on SSI and SSD who can pay fees. We suggest all residents have own food and bus pass upon entry as we do not supply them. We will provide a form for DES for a discounted bus pass and food stamps.

Resident iographical Letter

Please fill out completely – Required for acceptance

Last Name: _____ First Name: _____ Date: _____

Please tell us about yourself: _____

Please tell us why you desire to live at Paxton House: _____

What abilities do you think you possess that will help you be successful? _____

What are your reasons for applying? _____

What actions do you think you will need to take in order to accomplish the goal of independent living? _____

Where do you see yourself in one year? _____

Paxton House Resident Application (7-8-2019)

You are required to write a brief bio letter at the end of this application. We want to know who you are, where you came from, and where you want to go in life. This section is required to process application. Please write clearly.

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: _____

Gender: **(Circle)** Male Female Ethnicity _____ Veteran **YES NO DD214 YES NO**

Current Contact Phone _____

How did you hear about our program? _____ On what date do you need housing? _____

Are you receiving benefits? **YES NO** Circle All that apply SSD SSI Unemployment Workman's Comp Food Stamps Bus Pass Other _____

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

Where did you grow up? _____ Do you have financial means to pay your first 2 weeks' fees? **YES NO**

In case of emergency notify: Name _____ Relationship _____

Phone (____) _____ Address _____ City _____ State _____

Drug of Choice: _____ Date Last Used _____

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

Are you willing to detox if needed? **YES NO** Have you ever attended addiction support groups? **YES NO** How long? _____

Are you willing to attend two 12 step or SMART Recovery meetings a week? **YES NO** Are you a member of: NA AA CA SMART, CMA

If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? **YES NO**

How many attempts have you made to get clean and sober in the past? _____ Most clean/sober time attained? _____

SUBSTANCE ABUSE HISTORY

Substance Used	Frequency of Use	Age First Used	Date Last Used	Route (oral, smoke, inhaled, injected, other)	Other Drugs Used

EMPLOYMENT HISTORY (List Most Recent Employer First)

Employer Name	Phone	Start Date	Date Ended	Position	Supervisor Name	Hourly Pay Rate

Are you willing (**YES NO**) and capable (**YES NO**) of working 40 hours a week of gainful employment? If no, why? _____

Highest Grade Completed _____ Education Completed **(Circle all that apply)** High School GED Vocational School Junior College

University Other _____ Do you plan to continue your education? _____

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

Dr. Name: _____ Phone: _____ Agency: _____

List all past and current physical medical issues: _____

List all past and current psychiatric issues: _____

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

List ALL Medications Prescribed: _____

Have you ever attempted suicide? **YES NO** If yes, explain: Date: _____ Where: _____

Circumstances: _____ Are you suicidal now? **YES NO**

Do you have current charges? **YES NO** If yes, what? _____ If yes, next court date: _____

Are you on supervision? (Circle One) IPS Direct Regular Parole Fed Probation No Supervision Agency: _____

Do you owe fines? **YES NO** How much? _____ Are you a violator? **YES NO** Explain _____

PO Name _____ Phone: _____ E-mail address: _____

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

List all arrests, convictions, sentences, prior prison or jail commitments, and probation history. (list places and dates – use blank paper if needed)

Application forms require this information to process. Who can we call to verify this application? **(Circle One)** Parole/Probation Public Defender Attorney Case Manager COIII Pretrial Family Member Case Manager Other _____

Name _____ Fax (Required) (____) _____ Phone # (____) _____ E-mail _____

All information on this application is true to the best of my ability:

Client Name (Print) _____ Client Signature _____ Date _____

Staff Comments: _____

Paxton House Sober Living/Transitional Housing Lodging Agreement (7-8-2019)

The undersigned understands and acknowledges that Paxton House maintains an alcohol and drug free shared housing property. 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**. A resident may stay as long as needed but not less than 30 days. No food is provided.

The undersigned agrees to pay a weekly program fee of \$120.00, paying two week's program fees before moving in (unless otherwise cleared with director), and program fees are due weekly. We expect each resident to be financially responsible.

The undersigned lodger agrees to participate in and abide by the policies and rules set by The Paxton House. The undersigned agrees to vacate the shared accommodation when rules are violated. The following house policies are to be observed by all residents. These policies have been set forth by Paxton House to maintain a clean, safe, and healthy living environment for those in recovery and to those who are willing and ready to transition back into society. As a sober living house you are required to participate in your recovery.

THIS AGREEMENT, entered on this day of _____ between Paxton House and (name of occupant)_____. All residents must obey the following rules:

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 may be discharged immediately from the house. **Random drug tests will be given. Protecting and/or knowing a fellow resident who is drinking or using may cause immediate dismissal. Report all suspicions to house manager. No narcotics meds allowed unless approved by Director.**

Work: We require all residents to work, attend school, or be financially responsible for program fees.

Standard Curfew: For those unemployed resident's curfew is 6:00 pm seven days a week. All employed residents will be expected to return to the house by 10:00 pm Sunday through Thursday, 11:00 pm on Friday/Saturday. Anyone requesting an overnight pass must have Housing Director and PO's approval. All Pass requests are to be discuss at the House meeting.

Need Assistance: For those with personal or employment issues, or regarding outside issues, call, Leah Jones, at (520) 404-4042 or Jeanie Pike at (520) 419-9398.. The house manager is available to those with all housing questions. If you need help please reach out to staff member. A part of recovery is to learn how to ask for help.

Mandatory Weekly House and 12-Step Meeting: All residents will attend one weekly mandatory house meeting to discuss house issues. Those who miss the meeting regularly may be discharged from the house. Two 12-step or recovery meetings are required each week for all residents. Meeting attendance forms will be issued by house managers. 12-Step sponsorship is mandatory.

House Liability: Paxton House is not liable for any personal property during or after the resident's discharge from the house. Paxton House will dispose of all personal property after 30 days.

Sleeping Areas: There is no sleeping on couches at all: **DAY OR NIGHT**. Everyone **WILL** sleep in their beds.

Chores: All residents will be required to complete assigned weekly chores.

No Food Areas: Food will be eaten in the dining or living areas only. No food in bedrooms please. Eat at dining room or living room. This protects us from vermin. You are required to provide your own food.

Housekeeping: Each resident is responsible for washing own dishes, keeping sleeping area clean, and making beds daily. Residents are responsible for cleaning 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. All residents are assigned weekly house chores.

No smoking or E-cigarettes in the house. No exceptions. **Termination is automatic.**

Without the owner's written permission resident will not:

- ◆ 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
- ◆ Put in any shades, blinds, window guards, in or outside of the premises.

Intimidation and/or violence: Any open or subtle hints of intimidation or violence towards residents or staff are grounds for immediate discharge from the house. No exceptions.

No sexual activity in the house. No exceptions.

Fees: I agree to pay weekly program fees on time with money order only. If you owe too much housing fees you may be discharged from the house, at discretion of Director.

Grievances: If a resident feels that another resident is not doing their share of the chores, or has any other grievances towards another resident, one may call a meeting with the house manager and all residents to discuss the grievance.

Consequences: The staff of Paxton House reserves the right to enforce the above rules. Any infractions of the agreement may include discharge from the house.

Did you read and understand the lodging agreement and responsibility statement? YES NO

Signature of Lodger _____

Dated: _____

Printed Name of Lodger _____

Dated: _____

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Paxton House Responsibility Statement (7-8-2019)

I, (please print) _____, voluntarily enter into the Paxton House, a sober living home; understanding it is an alcohol and drug free house program. Please initial each line item that you understand your responsibilities while housed at Paxton House.

1. _____ I will not use drugs or alcohol, or any mind-altering substances. I will submit to random drug test when asked.
2. _____ I agree to abide by the rules and regulations of Paxton House as outlined in the Lodging Agreement, which I have signed.
3. _____ I will obtain a 12 step sponsor immediately and participate in a program of recovery.
4. _____ I will pay weekly program fees on time with money orders only.
5. _____ I will attend the mandatory scheduled in-house weekly meeting.
6. _____ I will attend two outside 12-step/recovery meetings a week.
7. _____ I agree to voluntarily participate in assigned work activities at the house.
8. _____ I understand that when I vacate the premises, I must take all of my belongings at that time. Any personal belongs left at Paxton House thirty days after my departure shall be the property of Paxton House, and will be given to the residents in need or otherwise donated.
9. _____ I agree to adhere to curfew regulation as discussed in Lodging Agreement.
10. _____ I will give at least one weeks' notice before vacating.
11. _____ I understand that Paxton House is not liable for loss or theft of personal property, including money.
12. _____ I understand that I will treat the Paxton House staff with courtesy and respect; in return you will be treated the same.
13. _____ I have NEVER been arrested or convicted of any sex crimes or arson.
14. _____ The only visitors allowed on property are PO's and sponsors.
15. _____ No sexual activity in the house at any time.
16. _____ No pets allowed

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 discharge from the property.

Client Signature: _____ Date: _____

Staff Witness: _____