



Wabanaki Public
Health & Wellness

Wabanaki Healing and Recovery

Recovery IOP Application

APPLICATION TO JOIN

HEALING HOME – Millinocket

IOP SERVICES - Millinocket

Please email all applications to
TheHealingLodge@wabanakiphw.org

Statement of Principles

Mission Statement

The mission of the recovery residences through Wabanaki Healing and Recovery is to provide a safe, substance free, and culturally healing living environment for indigenous people to transition away from a life of substance use, allowing them to develop meaningful and independent lives.

Who do we serve?

Wabanaki Healing and Recovery (WHR) Recovery Homes are not-for-profit recovery residences located in Bangor, Maine and Millinocket, Maine. Our residences provide temporary housing for indigenous people from the Wabanaki Communities throughout Maine with a history of problematic drug and alcohol use, who are passionate about turning their lives around and are serious about working on their own personal recovery. While our homes are open to all paths of recovery, there is a strong focus on rebuilding the connection to traditional indigenous healing and ceremony. All our recovery residences accept residents that are on Medically Assisted Treatment, that are prescribed to help them manage and recover from their addictions and/or Co-Occurring Disorders. The homes do not accept people on the Maine Sex Offender Registry. The recovery residences through Wabanaki Healing and Recovery are open to people of all income levels, with sliding move-in costs and residence fees set at roughly the equivalent of a day and a half a week of entry-level wage labor. Residents must be capable of either working, going to school, or volunteering 20+ hours a week within 30 days of arrival. The average duration of residency is three to six months. Above all, Wabanaki Healing and Recovery offers a home to indigenous people who are genuinely willing to take direction, live communally and who will strive every day to build a healthier life.

Commitment to Diversity/Non-Discrimination

The recovery residences at Wabanaki Healing and Recovery are culturally specific programs designed for Native Americans. Wabanaki Healing and Recovery does not discriminate based on race, color, religion, gender, gender expression, age, Tribal origin, disability, marital status, sexual orientation, or military status, in any of our activities or operations. These included, but are not limited to, hiring/firing of staff, selection of volunteers and vendors, and provision of services. Wabanaki Healing and Recovery is an equal opportunity employer and service provider.

Commitment to Community

Wabanaki Healing and Recovery is committed to providing an inclusive and welcoming environment for all members of our residents, staff, volunteers, subcontractors, and vendors. We are committed to our residents and will take all steps to provide the best opportunity to stabilize their recovery and meet their individualized goals. Wabanaki Healing and Recovery is dedicated to collaborating with professional counselors, case managers, Department of Corrections, peer support, recovery coaches, family, stakeholders, and other supporters from throughout the Tribal network, local communities and beyond. Establishing, sustaining, and growing these relationships will be at the forefront of our priorities, for all residents and staff.

Resident Agreement

These rules are for your benefit and the safety of your fellow housemates and the community as a whole. These are part of the materials needed to build a solid foundation in recovery. If these rules are not followed you may be given a verbal warning, placed on a written contract, or asked to leave the program.

RECOVERY AND SOBRIETY

1. Alcohol and Non-prescribed/Illegal drugs are not allowed in the Sober Living Community at any time.
2. Even if you are legally allowed to use and possess cannabis, cannabis is not allowed on any Wabanaki Healing and Recovery Home properties, and you may not use cannabis or cannabinoids (CBD) while you are living at any Wabanaki Healing and Recovery residences. Although legal, spice, craton, and vape products, are also not allowed.
3. All Prescribed Medication must be approved by Recovery House Staff and will be kept in a safe/secure location. Non-approved prescription medications are not allowed in the sober living community at any time.
4. Drug tests will be issued if two or more residents suspect relapse. This will happen at the discretion of the other residents in the sober living community and with the support of the house manager.
5. Random and scheduled drugs test can be administered at the discretion of Recovery House staff.
6. All members must work, volunteer, or attend vocational/educational training at least 20 hours a week. Members who are not on disability are encouraged to work or attend vocational/educational training full-time.

COMMUNITY

7. Resident care needs will be assessed upon admission This will include Housing, Financial, Educational/Vocational, transportation, Cultural Peer Family Social, Health and medical, Legal, Living Skills, Sobriety, Mental Health, Crisis and safety domains as well as the strengths and resources available.
8. A recovery plan will be developed upon admission. The plan will be developed with input from the resident, Recovery House Coordinator, and all involved service providers. Residents are expected to follow the recovery plan, which at minimum will include but is not limited to; Mental Health Plan, Sobriety Plan, Peer Support Services, Employment/Education Plan, etc.
9. Plans will be reviewed no less than every 90 days.

10. If Resident is unable/unwilling to follow the agreed upon recovery plan, reassessment and changes will need to be approved by service providers and residential recovery staff. The expectation is to continue a journey of recovery and be consistently engaged in services recommended. If this is not followed through with after two or more weeks, the client may be discharged from the program.
11. All residents are expected to attend at minimum FIVE (5) Recovery Meetings (AA, NA, Wellbriety, Co-DA, etc.) per week and meet with their Sponsor at minimum ONCE (1) per week.
12. There will be one mandatory sober living community meeting weekly.
13. Every resident is expected to attend and participate in the weekly house meeting. If unable to attend, approval must be given by recovery residence staff and residents.
14. Residents need to be considerate with the neighbors and other residents. The volume of television, music and your voices need to be considered at all times, but especially during early morning hours and after 9:00pm.
15. All residents are required to contribute to the maintenance of the home and will be assigned daily chores and weekly chores which can include indoor and outdoor chores.
16. Residents are expected to clean up after themselves this will include but is not limited to; washing their dishes after mealtimes, placing full garbage bags in the garbage containers outside, and keeping all common areas free of clutter. It is inconsiderate of others to leave personal belongings laying around in the kitchen or living room. Food is not permitted in the bedrooms.
17. Residents will clean bathroom after each use, making sure it is clutter free from personal belongings and restocked if necessary.
18. Residents will secure personal belongings and respect the property of others. WHR Recovery homes are not liable for damage, theft, or loss. Residents will be required to release WHR Recovery Homes from any-and-all liability that may arise from any accident, unintentional act or other event.
19. Repeated disregard of others or not following policy may lead to disciplinary action.

RESIDENT FEES

20. A \$250.00 deposit and move in fee is expected at time of arrival. This fee is non-refundable and will be paid directly to the House Manager.
21. **The Resident Fee is \$125.00 per week** and must be paid to the WHR by Monday at 12 noon every week. Receipts will be provided
22. If any resident is not able to pay fees it is expected that they will communicate this hardship to WHR Staff before the resident begins to fall behind.
23. If the resident is one week late with house fees the member must pay the missing two weeks of membership fees by 12 noon the following Monday or he must move out that Sunday. **No member of the sober community will owe more than one week rent at any one time.**

ON THE PROPERTY

24. No SMOKING INSIDE the house. Note that a cigarette butt receptacle will be provided outside, located at least 20 feet from the building. The receptacle will need to be cleaned on a monthly basis. No littering of cigarette butts on or near the property.
25. Because WHR Recovery homes are Sober Living Communities, pets will not be allowed on the property. **SERVICE ANIMALS** (An animal that provides a trained and defined service to support the everyday activities of a resident i.e.: Seeing eye dog, Diabetes Warning, Seizure Warning, Etc.) will be addressed on a case by case basis by Opportunity House Management.
26. No Firearms, Knives, Fireworks, Explosives, etc., are allowed in the sober living community at any time. Tools that are used for traditional crafts and artwork must be approved on an individual basis by house staff.
27. Physical/Verbal aggressive or violent and destructive behavior to property will not be tolerated and can be cause for immediate discharge from the program.
28. Residents must follow through with their laundry, wash, dry and put it away.



29. Residents are expected to keep their rooms clean, beds made, and clothes put away.
30. Pornography is not allowed in any way. Explicit material on the property is grounds for expulsion.
31. Personal air conditioners will cost the member \$20.00 per month to be paid towards the energy bill. The payment for the air conditioner energy bill must be paid in advance of plug in.
Personal items left behind after vacating will be considered abandoned **if not picked-up after 30 days.**

GUESTS

32. Guests may be allowed at times when it does not interfere with the operations of the house.
33. Guests must be approved, prior to visit
34. Guest can stay until 7:00pm on week days and 9:00pm pm on weekends.
35. Guests are allowed in communal areas only.
36. Children under the age of 18 may occasionally visit during the day. They must be closely supervised and must leave by 8pm. No overnight stays are permitted.
37. If guests are disruptive for any reason or left unsupervised, they will be asked to leave and not return.
38. Partners, spouses or significant others may not under any circumstances spend the night. When visiting, they must stay in the common areas only and are not allowed in the bedrooms at any time during the visit.

Level 1 – New residents (First 30 days)

You will be considered a “newcomer” in the house until such time as you have:

- Resided in the house for 30 days or more;
 - Obtained gainful employment, 20+ hours a week of volunteer work, or enrolled in school;
 - Begun working regularly with a recovery coach, 12 Step sponsor or other peer support person;
 - Attained good standing financially and socially within the house.
- Newcomers must be in every night from 10pm-6am unless given explicit permission by WHR Staff to come and go outside of these standard hours.
- If working, N\newcomers will report via phone to WHR Staff at an agreed upon time every day.
- Newcomers will not have access to personal electronic devices (Cell phones, tablets, laptops, etc.) during the first 30 days at a WHR Recovery Residence. In emergency situations residents must attain permission from WHR Staff to use the above-mentioned devices. If permission is granted, staff must be present during the phone call.
- At any time, following a fair and reasonable review process, WHR Staff reserves the right to revoke your privileges to this level.

Level two - Full resident

- Upon meeting all the criteria specified above, you will be considered a “full resident” at the WHR Recovery Home.
- Full residents have a curfew of 11pm-5am.
- Full residents are allowed to sleep elsewhere up to 2 nights per month, but only after providing WHR Staff with at least 48 hours’ notice that you will be away from the property for the night and location.

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Please Print Legibly

Name: _____
LAST FIRST M.I.

Current Address: _____
Street

City State Zip

Telephone: _____
HOME WORK CELL

Date of Birth: ____/____/____ Email: _____

Marital Status: () Single () Married () Divorced Partnered ()

Are you Native? Yes___ No___ Tribal Affiliation? _____

Legal Information

Are you currently incarcerated? Yes___ No___ - How Long? _____

Are you currently on Probation/Parole? Yes___ No___ - (provide name and number of Probation/Parole Officer)

Probation/Parole Officer's name

Phone Number

Are you currently participating in Drug Court/Penobscot Healing to Wellness Court? () No () Yes

If yes, please list conditions of participation:

Please list all charges (Pending/Current): No Abbreviations please

Please list all prior/current convictions: No Abbreviations please

Do any of your prior/current convictions or current/pending charges have a sexual component?

Yes ____ No ____

If yes, please explain

Please describe the conditions of your bail/probation/parole:

Are you listed on the Sex Offender Registry? Yes ____ No ____

Will you be required to register on the Sex Offender Registry upon release? Yes ____ No ____

Do you have an active restraining order against yourself or others? Yes ____ No ____

If yes, are you able to provide a copy of the current order? Yes ____ No ____

FAMILY INFORMATION

Do you have any children? Yes ____ No ____

If yes, how many? _____

Do you have any children in the foster care system? _____

Is the case with Department of Health and Human Services? Yes _____ No _____

Is the case with Tribal Child welfare? Yes _____ No _____

If yes, explain:

RECOVERY INFORMATION

Are you in recovery from (Check all that apply): Alcohol Opioids Cocaine
 Benzodiazepine (Benzos) Methamphetamines (Meth) Marijuana
 Spice Kratom

Last Substance Use? _____

Do you have a mental health diagnosis? If yes, please describe:

Are you currently engaged in Mental Health or Substance Use Disorder counseling/IOP/Case Management/House Navigator? Please list

Any recent hospitalizations for Substance Use Disorder? Yes _____ No _____

Have you struggled with suicidal thoughts or had prior attempts of suicide? Yes _____ No _____

Do you take prescription medication? No Yes- please list and reason:

*All medications are to be kept in a lock-box which will be stored in a secured closet that only staff will have access to

Have you been in substance abuse treatment, either in or out-patient, within the last 3 years? List the name of each program, the dates you attended, if you graduated, or if you were discharged – explain why.

Are you currently in a 12 step recovery or other recovery program: () AA () NA () Wellbriety

Please explain: _____

How many meetings do you attend weekly? _____

Do you have a sponsor, peer partner, or recovery coach? () Yes () No

Are you or will you be on Medically Assisted Treatment? [i.e. Methadone, Buprenorphine (Suboxone,

Sublocade, Subutex), Vivitrol] () Yes () No

INSURANCE INFORMATION

Medicaid Plan? Yes ___ No ___ Medicaid ID #: _____

Self Pay? Yes ___ No ___ Other Insurance Coverage: _____ ID#: _____

TOR? Yes ___ NO ___ / MAT? Yes ___ No ___ / Tribe Assistance? Yes ___ No ___

Date of Birth: _____ SS #: _____

SOURCE OF INCOME - Must have \$250.00 upon arrival

House Fees are \$125.00 Paid weekly or \$500.00 Paid on the 1st of every month

() Employment _____
Employer Name _____ Employers Phone # _____

Employer Address _____

Weekly Net Income: \$ _____ How long at job? _____

Job Description:

() Disability: \$ _____ per month

() Other (explain) _____

Amount of other income: \$ _____ per month

Personal References

Please provide contact information for minimum of 2 personal references.
(One must be a case manager/counselor/probation/employer/tribal leadership/medical provider)

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____

Emergency Contact Information

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____

I hereby apply for membership and acceptance to (Choose location)

HEALING HOME – Millinocket

IOP SERVICES - Millinocket

By signing below, I certify the information I provided to be correct and that I understand the condition of my membership as stated in the community agreements – a copy of which I was offered. To be fully considered for the programs of Wabanaki Healing and Recovery, the forms must be completed in full. **Please be sure to double check all areas were completed and answered.

Signature _____

Date _____

OFFICE USE ONLY:

Date Received: _____ Date Reviewed: _____
Interview Scheduled: _____ Accepted: () YES () NO