



Reoccurrence of Use/Relapse Policy

If you use drugs, **you MUST self-report immediately to your program.** You will be asked to sign a medical release form upon admission so that we and our designee may share house drug testing results with counselors and medical professions if needed. You will be immediately dismissed from the house per the Relapse Plan you choose below.

In the event of a relapse what is your preference?

_____ Call a cab and be taken to detox/hospital? _____

_____ Call a friend/family member/caseworker/sponsor? _____

_____ What additional recovery planning/support do you need/prefer that may be the result of a reoccurrence of use? _____

Depending on the circumstances of your situation, you **may** be able save your spot in the home allowing you to return. Each instance will be dealt with on a case-by-case basis.

Reentry considerations:

- **Detox efforts will need to be done within a week and paperwork will be reviewed.**
- **EPR (Explanation. Plan. Request.) letter is required.**
- **A relapse prevention plan will need to be developed, committed to and executed by you and the House Manager/staff.**
- **The severity of relapse, the health and safety of the other program participants in the home needs will be highly considered.**
- **Honesty and willingness to recommit to recovery/house rules.**
- **A negative UA will be done at your expense and will need to be completed at the time of reentry if approved.**
- **Upon return to the home, there is no guarantee of return to the same bed/room.**

EMERGENCY CONTACTS:

1. Contact #1:

- a. Name: _____
- b. Relationship to program participant: _____
- c. Contact Phone Number (Mobile): _____
- d. Contact Phone Number (Landline): _____
- e. Contact Address: _____

2. Contact #2:

- a. Name: _____
- b. Relationship to program participant: _____
- c. Contact Phone Number (Mobile): _____
- d. Contact Phone Number (Landline): _____
- e. Contact Address: _____

3. Contact #3:

- a. Name: _____
- b. Relationship to program participant: _____
- c. Contact Phone Number (Mobile): _____
- d. Contact Phone Number (Landline): _____
- e. Contact Address: _____

Program Participant: _____

Signature: _____ Date: _____

House Manager/Staff Member _____

Signature: _____ Date: _____