

**Application for Admission**

Chandra's House of Hope was founded to provide a safe, structured, and nurturing sober living environment for women completing residential treatment as they transition back into the community. Our goal is to provide the additional support needed while individuals are in the early stages of their recovery. We firmly believe that women in recovery from substance use disorders can successfully achieve all of their personal, intellectual, and vocational goals.

Please carefully read the application and honestly answer the questions. This information will be kept confidential and is used for admission purposes only.

Application Date: \_\_\_\_\_ Requested Move-in Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Recovery Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Emergency Name and Contact Information:**

Primary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**What does recovery mean to you?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Use History:** Please provide a brief history of your substance use in your own words. Include when you started using, what types of substances you used, how much and for how long (please attach additional sheets as necessary):

\_\_\_\_\_  
\_\_\_\_\_

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**Treatment History:** Please list the providers you have sought treatment with for your substance use disorder(s). Identify type of treatment (detox, residential, outpatient, etc.), dates of treatment, and completion status.

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**Do you currently have a primary medical doctor and/or psychiatrist?**  Yes  No

**Doctor's Name:** \_\_\_\_\_

**Clinic Name / Location:** \_\_\_\_\_

**Psychiatrist's Name:** \_\_\_\_\_

**Clinic Name / Location:** \_\_\_\_\_

**Medical History:** Please identify any medical conditions and age of onset that indicate a need for staff and residents to be aware or trained about your condition in order to safely aid you in times of medical crisis or could potentially pose a threat to the health of others. Please also list any physical limitations due to disability that may require special accommodations. Please indicate if you are currently pregnant. (Please attach additional sheets as necessary). *The presence of a medical condition or physical disability does not constitute ineligibility for services.*

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**Mental Health History:** Please list any previous or current mental health diagnosis and age of onset for each (Please attach additional sheets as necessary).

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**Medications:** Please list all prescribed medications you are currently taking - amounts and times a day taken. It is your responsibility to inform staff of any changes in prescribed medications. *Please note that failure to disclose any and all currently prescribed medications may result in discharge from the house.* (Please attach additional sheets as necessary).

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**Hospitalizations:** Please list any medical or psychiatric hospitalizations in the past 10 years. Include location, dates, duration, purpose, and completion status of each.

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**Criminal Justice Involvement:**

Are you required to report to drug court, pretrial supervision, or any other regulatory entity?  Yes  No

Are currently on probation, parole or extended supervision?  Yes  No

Do you currently have open criminal cases?  Yes  No

If yes, please explain the nature of these cases: \_\_\_\_\_

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Are currently required to register on the state sex offender registry?  Yes  No

**Are you currently employed?**  Yes  No If yes, please fill out employment information:

Current Employer\*\* : \_\_\_\_\_

Position: \_\_\_\_\_ Hourly / Weekly Income: \_\_\_\_\_

Hours per week: \_\_\_\_\_ How long have you worked there: \_\_\_\_\_

Volunteer Work (if applicable): \_\_\_\_\_

Frequency:  Daily  Weekly  Monthly  Sporadically

\*\*Please note, we will not call your employer without your permission and we are bound to confidentiality by HIPAA Laws

**I hereby certify that all the information I provided in this application is accurate to the best of my knowledge. I also understand that Tellurian, Inc., Chandra's House of Hope will not disclose any of this information to any other party without my written authorization via a specific release/disclosure form. I am aware that additional information may be necessary before final approval is made regarding this application.**

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Client/Guardian Signature

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Date

Please return this application to Tellurian Patient Services located at 300 Femrite Drive, Madison, WI 53716 or Fax to (608)222-5904.

### **House Rules & Guidelines**

1. Racism, sexism, homophobia, or any comments, attitudes, and/or behaviors that are derogatory toward any group or individual will not be tolerated in any context or circumstances at any time.
2. Curfew is 10:00 p.m. Sunday-Thursday and 12:00 a.m. on Friday and Saturday unless other arrangements have been pre-approved by the house manager.
3. All electronics must be played at a respectful volume after 10:00 p.m.
4. Beds must always be made and rooms are expected to be kept neat and clean. Assigned responsibilities must be completed by the time designated by the house manager.
5. Proper hygiene and apparel are expected at all times.
6. Residents and guests of CHH are asked to be friendly and respectful to the other residents, their physical space and belongings, peers, staff, and neighbors.
7. Must attend the weekly house meetings and submit weekly recovery plans by time designated by House Manager (Sunday at 5:00 pm).
8. Residents must have a sponsor and attend three approved sober activities each week. These activities can include AA, NA, Smart Recovery, Unity 16 step, Celebrate Recovery. Additional non-required activities include: place of worship or meditation, book group, etc.
9. Must keep and maintain consistent employment and/or enrolled in school.
10. Residents that have a car must provide proof of license, registration, and insurance and respect all parking regulations.
11. No smoking, vaping, or chewing is allowed in the house. Designated areas will be provided and smokers must maintain the area at all times.
12. Any conflicts that cannot be resolved by the residents involved must be brought to the house manager. If the conflict cannot be resolved, a meeting will be arranged between the resident(s), House Manager, and Tellurian.
13. Bedrooms may be searched at the House Manager's discretion.
14. All referrals to Chandra's House will be approved by Tellurian Patient Services and the House Manager.
15. Random BA and UA testing will be given throughout the course of living at CHH. Testing must be done within 2 hours of being asked. If testing is refused, the result will be assumed positive and dealt with accordingly.
16. New residents will be on an initial probationary period for a minimum of 90 days. This probation includes: Attend and complete IOP/treatment, no overnight passes, adherence to house rules, finding employment within 1 month of entering CHH, and submitting a relapse prevention plan.
17. Existing residents may be put on a probationary period if deemed necessary by the CHH Team or the House Manager. Probation for violations includes: No overnight passes, submitting a relapse prevention plan, and additional requirements deemed necessary by the CHH Team or House Manager.
18. Visitors of Chandra's House must be alcohol and drug free family and friends pre-approved by the House Manager. If they are not alcohol or drug free, they will be asked to leave the house and be taken off of the visitors list. All visits must occur during set visiting hours, 9:00 a.m. –

9:00 p.m. Visitors are not allowed to be in a bedroom with the door closed. Residents must be present with the visitor.

19. An initial "Sober Deposit" of \$200.00 must be provided upon acceptance into the house. The deposit will be forfeited in the event of relapse, destruction or removal of CHH property, not current with program fee payment(s), or not obeying the house guidelines. It will be returned upon successful transition from the house.
20. Selling/buying of any medication is grounds for immediate removal from CHH.
21. Dishonesty will not be tolerated.
22. Must leave bedroom in the same condition as when moved in. (i.e. clean bedding and bed made, floor swept, and furniture put back in place.)
23. When moving out of the house or returning for belongings, residents must be alcohol and drug free or they will be asked to leave. Residents have 1 week to pick up their belongings and must set up an appointment with the House Manager to do so. If a resident has not picked up their items within the designated time, the property will be disposed of and/or donated. Former residents should also complete a Change of Address form with the post office. If this is not done within 1 week, CHH will not be responsible for collecting the mail and notifying the resident. Mail will be returned to sender.
24. Residents must maintain a source of income and pay program fees by the first of the month or by a time arranged with Tellurian and the House Manager.
25. All Schedule II Medications (i.e. Suboxone, ADHD medications) will be stored in a lock box. All medications must be approved by Tellurian.
26. After 30 days, residents may be gone overnight. Arrangements **MUST BE** pre-approved by the House Manager. The House Manager has the authority to grant or deny the overnight.
27. We have a zero tolerance policy for alcohol and all non-legal drugs. In the event of a relapse, resident will be asked to immediately leave the house.
28. Sharing the house code with someone outside of CHH is a violation. If the code is given out, resident will be charged \$50.00 for having the door lock recoded.
29. Residents are expected to contribute to keeping the house clean and orderly both inside and out on a weekly basis. This consists of duties and responsibilities that will be listed in a cleaning schedule.
30. No pets of any kind are allowed. Service animals are welcome.

## **Financial Responsibility Statement & Agreement**

Thank you for choosing Tellurian, Inc. The treatment services you seek imply an obligation on your part to ensure payment in full is made for services received. This Client Financial Responsibility Statement and Consent ("Statement") will assist you in understanding that financial responsibility. Feel free to ask if you have any questions. If someone else (parent, spouse, domestic partner, etc.) is financially responsible for your expenses or carries your insurance, please share this Statement with them, as it explains our practices regarding insurance billing, copayments, and patient billing. By your acknowledgement of this Statement and/or by receipt of treatment services from Tellurian, Inc. ("Tellurian"), you agree:

1. You acknowledge and agree to all FINANCIAL POLICIES at Tellurian. Questions about these policies may be addressed to the Billing Department Staff. These policies may be changed from time to time by Tellurian, without notice. If there is any conflict between the FINANCIAL POLICIES and this CLIENT FINANCIAL RESPONSIBILITY STATEMENT, the FINANCIAL POLICIES shall control.
2. You are ultimately responsible for all payment obligations arising out of your residency at Chandra's House of Hope.
3. Payment of any account balance is due at our Billing Department / Client Account Offices in Monona, WI within thirty (30) days of receipt of your billing statement or as otherwise specified by the program/service. If you need to make special arrangements for payment, you may contact our Billing Department/Client Account Offices to determine if you are eligible for a mutually agreeable alternative payment plan. Partial payments may be accepted and applied, without waiver, at the discretion of Tellurian. Acceptance of any partial payment shall not extend any time period, cure any default, or be deemed to satisfy any remaining balance due. If any balance on your account is over thirty (30) days past due, your account will be in default and may be referred to a collection agency.
4. We accept payment by check, cash, money order, debit cards or credit cards (Visa, MasterCard, or American Express).
  - a. **Payment by Check.** If payment is made by check and it is returned or declined for any reason, your account will be charged up to the applicable state maximum legal limits, whichever is lower, in addition to any costs assessed or charged by any depository institution. When you pay by check you also authorize Tellurian, if your check is dishonored or returned for any reason, to electronically debit your account for the amount of the check plus a processing fee of up to the state maximum legal limits (plus any applicable sales tax). PLEASE NOTE: The above language authorizes an electronic debit to your account for the amount of the check plus the state-allowed recovery fee. In accordance with the rules of the National Automated Clearing House Association, this authorization is to remain in effect until Tellurian has received written notice of termination in such time and in such manner to afford us a reasonable opportunity to act on it. This does not, however, mean that Tellurian cannot collect a returned check fee by other methods.
  - b. **Payment by Credit or Debit Card/Credit or Debit Card on File.** When you pay by 'Credit or Debit card to be held on file' you agree to keep the credit or debit card information current, and you authorize Tellurian to securely store your credit or debit card information, and only charge it should you have an outstanding balance or any

leftover balance from a processed claim in the future. The storage system used is fully compliant to the highest level of credit card storage security regulations. Once stored, only the last five digits of your credit card are viewable by Tellurian personnel. You understand that you are responsible for all charges for services that you receive from Tellurian, and if the patient responsibility portion of your charges (including charges applied to your deductible and/or coinsurance) is not paid in full within thirty (30) days following receipt of the financial responsibility statement, then Tellurian will bill your stored credit or debit card for the outstanding balance due.

5. **Additional Charges.** Clients may incur and are responsible for the payment of additional charges at the discretion of Tellurian including but not limited to: (i) charges for returned checks; (ii) charges for a missed appointment without 24 hours advance notice; (iii) charges for extensive phone consultations and/or after-hours phone calls requiring treatment, or prescriptions; (iv) charges for copying and distribution of client medical records; (v) charges for extensive forms preparation or completion; or (vi) any costs associated with collection of client balances, all as allowed by law.
6. **Non-Payment on Account.** Should collection proceedings or other legal action become necessary to collect an overdue or delinquent account, you understand that Tellurian has the right to disclose to an outside collection agency or attorney all relevant personal and account information necessary to collect payment for services rendered. You are responsible for all costs of collection including, but not limited to: (i) late fees and charges and interest due as a result of such delinquency; (ii) all court costs and fees (but only to the extent allowed by law); and (iii) a collection fee to be charged under separate agreement with a third-party collections agency, either as a flat fee or computed as a percentage of the total balance due up to the maximum allowed by applicable law, and to be added to the outstanding balance due and owing at the time of the referral to the third party collection agency. You acknowledge that any such interest assessed on the account will be a late fee as a result of default or delinquency on your account, and is not deemed interest as part of a credit transaction. If your account is referred to a collection agency, attorney, court, or the past due status is reported to a credit reporting agency, it may have an adverse effect on your credit history; and related portions of your account, including the fact that you received treatment at our offices, may become a matter of public record. Failure to comply with any of these policies may also result in a Credit Withdrawal of Care.
7. **Authorization to Contact.** You authorize Tellurian personnel to communicate with you by the preferred communication method you have listed on file. Tellurian, or any agent or servicer of your client account, may use any information you have provided, including contact information, e-mail addresses, cell phone numbers, and landline numbers, to contact you for purposes related to your account, including debt collection. You authorize Tellurian to use this information in any manner consistent with the information you have provided, including mail, telephone calls, e-mails, or text messages. You expressly consent to any such contact being made by the most efficient technology available, including automatic dialing/e-mailing or similar equipment, or pre-recorded or other messages, even if you are charged for the contact.
8. **Financially Responsible Party.** If this or a separate Tellurian Financial Responsibility Statement is signed by another person, on your account, then that co-signature remains in effect until cancelled in writing. Cancellation in writing shall become effective the date after receipt, and shall apply only to those services and charges thereafter incurred. By signing as a financially responsible party, you hereby guarantee the full and prompt payment to Tellurian of all indebtedness of client to Tellurian, whether now existing or hereafter created (the "Indebtedness"); and you further agree to pay all expenses, legal or otherwise, incurred by Tellurian in collecting the Indebtedness, in enforcing this guaranty, or in protecting its



rights under this guaranty or under any other document evidencing or securing any of the Indebtedness. This guaranty shall be a continuing, absolute and unconditional guaranty, and shall remain in force and effect until any and all said Indebtedness shall be fully paid. There shall be no obligation on the part of Tellurian at any time to first exhaust its remedies against Client, any other party, or any other rights before enforcing the obligations of the financially responsible party.

**\*There is an initial \$200 "Sober Deposit" upon acceptance to the house. This deposit will be forfeited in the event of a relapse or will be returned upon successful transition from the house.**

**Fee Schedule:**

\$600/month includes:

- Private bedroom
- Utilities – internet, cable, heat, water, electric, trash removal
- Laundry
- Parking
- UA testing
- Gym membership
- Sundries – toilet paper, cleaning supplies, laundry detergent, dish soap, etc.
- Connection to a mentor

**Payment:**

Checks should be made payable to Tellurian, Inc. and can be hand delivered during normal business hours or mailed to:

Tellurian, Inc.  
Attn: Chandra's House  
5900 Monona Drive, Suite 300  
Monona, WI 53716

The Program Fee is \$600 per month and due on the 1<sup>st</sup> of every month. You have through the 5th to pay without penalty. On day 6, a \$30 penalty will be applied, and if the program fees & penalty are not paid by day 11 the individual will no longer have residency and need to vacate that day.

**Authorization/Release and Payment Agreement**

I certify that the above conditions have been explained to me and that this financial responsibility is hereby affirmed and acknowledged by my signature below. I understand that I am financially responsible for all charges not covered by my benefits at the time service is rendered. I also hereby authorize payment (if applicable) from my insurance to go directly to Tellurian, Inc. otherwise payable to the insured. In addition I authorize Tellurian, Inc. to release information to my insurance company in order to support my claim.

### Personal Items Checklist

Things to bring:

- |  |   |
|--|---|
| <input type="checkbox"/> Two suitcases and one backpack, maximum   | <input type="checkbox"/> Driver's license or passport           |
| <input type="checkbox"/> Laundry bag or hamper   | <input type="checkbox"/> Social security card                   |
| <input type="checkbox"/> Laptop, Cell phone, tablet***   | <input type="checkbox"/> Insurance Card                         |
| <input type="checkbox"/> Watch   | <input type="checkbox"/> Prescription Medication***             |
| <input type="checkbox"/> Appropriate everyday clothing***  | <input type="checkbox"/> Toiletries (alcohol free)/shower caddy |
| <input type="checkbox"/> Dress clothing for work   | <input type="checkbox"/> Food, meals and snacks                 |
| <input type="checkbox"/> Coat, raincoat, sunglasses  | <input type="checkbox"/> Appropriate reading material           |
| <input type="checkbox"/> iPod or other personal music device***  | <input type="checkbox"/> Alarm clock                            |
| <input type="checkbox"/> Athletic wear/gym clothes and shoes   | <input type="checkbox"/> Swimming suit/beach towel              |
| <input type="checkbox"/> Comfortable shoes, house slippers   | <input type="checkbox"/> DVD Videos***                          |
| <input type="checkbox"/> We will provide bed linens, towels, pillows, etc. but you may bring your own if that would make you feel more comfortable |   |

**\*\*\*Any items not on this list must be approved by staff**

*Please note that any items at any time may be restricted by staff. Tellurian Inc. and Chandra's House of Hope are not responsible for items that are lost, damaged or stolen during your stay at CHH. Please note that any personal belongings left on the premises of CHH for more than 48 hours after voluntary or involuntary discharge from the house become property of Tellurian, Inc. By signing this intake packet I give Tellurian, Inc. permission to dispose of these items however they see fit.*

Things not to bring:

- |   |   |
|---|---|
| <input type="checkbox"/> Weapons, including pocket knives   | <input type="checkbox"/> Gaming systems, TV's     |
| <input type="checkbox"/> Drugs or Alcohol   | <input type="checkbox"/> Drug paraphernalia       |
| <input type="checkbox"/> More than two suitcases and one backpack<br>blankets   | <input type="checkbox"/> Heating pads or electric |
| <input type="checkbox"/> Clothing or other items suggestive of alcohol or drug use, promoting sexism, racism<br>or homophobia | <input type="checkbox"/> Pets                     |