



P.O. Box 1123 Lancaster, PA 17608 (717) 390-0438

## Glass House Inc. Re-Acclimation Program Application

Phone # \_\_\_\_\_ Admittance Date \_\_\_\_\_ Exit Date \_\_\_\_\_

Name:	SS#:	DOB:
Partner/Spouse:	SS#:	DOB:
Child's Name:	SS#:	DOB:
Child's Name:	SS#:	DOB:
Child's Name:	SS#:	DOB:
Requested Entry Date:		
Last Permanent Address:		
Date(s) lived at this address:		
Emergency Contact:		Phone #:

### Insurance Information

Name:	Type/Insurance:	ID#:	Group#:
Name:	Type/Insurance:	ID#:	Group#:
Name:	Type/Insurance:	ID#:	Group#:
Name:	Type/Insurance:	ID#:	Group#:
Name:	Type/Insurance:	ID#:	Group#:

### Financial Information

SSI:	Yes	No	Monthly Amount:	Name:
SSD:	Yes	No	Monthly Amount:	Name:
Child Support:	Yes	No	Monthly Amount:	Name:
Child Support:	Yes	No	Monthly Amount:	Name:
Child Support:	Yes	No	Monthly Amount:	Name:
Spousal Support:	Yes	No	Monthly Amount:	Name:
MA/CA/FS:	Yes	No	Monthly Amount:	Name:
Other income:	Yes	No	Monthly Amount:	Name:
Other income:	Yes	No	Monthly Amount:	Name:

*Revised 2/17*

**Veteran:** Y N **SO** Y N  
**Domestic Violence:** Y N **U.S. Citizen:** Y N  
**Marital Status:** D M Separated S W **EX. Offender:** Y N  
**Developmental Disability:** Y N **Physical Disability:** Y N  
**Education:** (Illiterate) (Drop out) (GED) (HS) (Some Post HS) (College Degree)  
**Mental Illness:** Y N **HIV/AIDS:** Y N  
**Drug Abuse:** Y N **Alcohol Abuse:** Y N  
**Have you or a family member ever been involved with Children and Youth** Y N

Date you are requesting to come to The Glass House: \_\_\_\_\_

List treatment and detox facilities you have attended: \_\_\_\_\_

In the last three years have you used any of the following drugs?

Name	Yes	No	Date of last use	Name	Yes	No	Date of last use
Marijuana				Naltrexone (Vivitrol)			
Alcohol				Buprenorphine(Suboxone)			
Cocaine/Crack				Methadone			
Heroin/Opiates				Benzodiazepine			
Methamphetamine				Morphine			
MDMA/Ecstasy				Barbiturates			
K2				Other			

Are you currently under the care of a physician? ( ) YES ( ) NO

Name & Address \_\_\_\_\_

Are you currently prescribed any medications? ( ) YES ( ) NO

List all Meds \_\_\_\_\_

Do you have a valid driver's license? ( ) YES ( ) NO PA ID ( ) YES ( ) NO

License Number: \_\_\_\_\_ Place of Employment \_\_\_\_\_ Phone# \_\_\_\_\_

Highest grade you completed: \_\_\_\_\_

Are you currently under probation or parole: ( ) YES ( ) NO If yes what county: \_\_\_\_\_

What is your probation or parole officer's full name: \_\_\_\_\_

What date is your probation or parole completed: \_\_\_\_\_

I give the Glass House permission to communicate with my probation/parole officer:

Initials here: \_\_\_\_\_.

What Offenses Have I Committed and Dates \_\_\_\_\_

I, \_\_\_\_\_, accept the responsibility that the above is true.  
Upon arrival, I will have a copy of my aftercare/home plan. I will pay my program fees in a timely fashion as described in my payment agreement.

A one-time, non-refundable Administration intake fee of \$250.00 is included with this application to the Glass House Program.

\_\_\_\_\_/\_\_\_\_\_  
Program Participant's Signature                      Date

\_\_\_\_\_/\_\_\_\_\_  
Admin. Director's Signature                      Date

\_\_\_\_\_/\_\_\_\_\_  
Third Party Signature (optional)                      Date



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The Glass House Inc Program provides Participants daily structure, focus, stability and accountability. Glass House Inc. Program is individualized and length of program will vary with each participant, generally resulting in 12-24 months of participation to achieve goals.

Case-Management services are provided to help each participant to gain stability through the development of a focused **Individual Goal Plan**. The goal plan is developed during weekly one-on-one meetings and is built around the participants stated needs. The one-on-one case management relies heavily on networking with community services to help the participant achieve outcome goals. This is an opportunity to work closely with the client in taking responsibility for outcomes through specific action steps with assigned daily tasks necessary to realizing their long-term goals. This is a vital component to successful outcomes and is a **MANDATORY** part of the program.

### Suggested Outcome Goals

*(this is a sample and will not represent the IGP of every potential Glass House Inc. Participant)*

1. Developing independent living skills
2. Re-entry services including coordination of basic needs (*ID, medical, food*)
3. Achieving sustained continued abstinence from harmful behaviors through networking.
4. Participating in AA/NA or Celebrate Recovery.
5. Maintaining a healthy support network.
6. Avoiding negative influences.
7. Developing personal financial responsibility through credit building.
8. Maintaining a healthy daily routine for long term success.
9. Opportunities to develop community relationships through volunteering.
10. Compliance with court-ordered requirements.
11. Obtaining employment.
12. Obtaining permanent housing.

\_\_\_\_\_/\_\_\_\_\_  
Program Participant's Signature                      Date

\_\_\_\_\_/\_\_\_\_\_  
Admin. Director's Signature                      Date



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## Glass House Inc. Re-Acclimation Program Contract Agreements for Participation in Glass House Inc. Program

1. **Any information provided by a Program Participant discovered to be intentionally fraudulent (false) will not be tolerated.** \_\_\_\_\_
2. **The use and/or possession of any illicit drugs, controlled substances, alcoholic beverages, and/or firearms is strictly forbidden. Anyone suspected of such possession or use will be subjected to a search of personal items. Random drug testing will be performed.** If any such items are found they will be **immediately seized and dealt with** in the appropriate, legal manner. \_\_\_\_\_
3. Initiating any new **“romantic/sexual relationships”** is highly discouraged while residing at Glass House Inc. In addition, it is suggested that any current **“dysfunctional relationships”** be **terminated** or at least be placed **“on hold.”** ***No sexual/romantic activity is permitted on House premises!*** In the case of couples entering the program together, they are expected to limit any and all sexual and romantic behavior to their **private rooms/sleeping quarters, or off premises. No such behavior will be tolerated in any of the premises’ common/public areas.** The only behavior allowed in common areas by the **persons** clearly described above is as follows: ***non-excessive hand-holding and hugs.*** This is allowed in the case of a family unit with children. With this exception, all other romantic/sexual behavior is not tolerated in public/common areas of the premises. \_\_\_\_\_
4. **Under no circumstances will stealing be tolerated at the Glass House.** \_\_\_\_\_
5. In order to foster a healthy, safe environment, **any threats and/or intimidating behavior** (both verbal and/or physical), **or overt acts of disrespect towards others will not be tolerated.** \_\_\_\_\_
6. **Continued after care must be obtained,** depending on the individual and his/her circumstances. \_\_\_\_\_

7. **“Blackout”**—a predetermined period of time in which **no outside contact is permitted** other than that directed in an individual’s personal Individual Goal Plan and in such case **must be strictly followed.** \_\_\_\_\_
8. Unless stipulated in an individual’s IGP, **Program Participants must obtain employment. If not employed** upon entering the Glass House, **an individual has two weeks to obtain employment. If place of employment is lost**, no more than **two weeks are allotted to find other employment. DO NOT QUIT any employment without having other employment or Ejectment will occur.** \_\_\_\_\_
9. **Lending and borrowing of money or personal items is not allowed, especially in the case of money. This includes all transactions between Program Participants on or off House premises.** \_\_\_\_\_

**Additional rules #10 & 11 are specific to those in recovery.**

10. Throughout an individual’s entire residency at the Glass House, **one must attend a regular set number of AA/NA meetings** (as individually prescribed and defined in one’s IGP (individual Goal plan). \_\_\_\_\_
11. **Individuals must have at least weekly contact with his/her sponsor.** \_\_\_\_\_

***Any violation of the above-stated rules will result in termination of contract and need for Participant to immediately vacate from the Glass House premises.*** \_\_\_\_\_

12. **There will be house activities that are mandatory.** Dates and activities will be posted at least one week prior to the event. In addition, individual appointments are scheduled regularly to review Individual Goal Plans. Failure to participate will result in a written infraction. **No exceptions are made** unless permission to be absent is sought by the Program Participant and approved by the administrator/director in advance. **Last minute approval will not be granted. Program Participants are expected to make requests for excusal at least forty-eight (48) hours in advance.** \_\_\_\_\_
13. **All Program Participants must sign out before leaving the house using the sign-out book.** Date, Location, Time-out & Time of Return must be included. **Failure to do so or dishonest/false information will result in a written infraction, accompanied by a one week “blackout” period. This “blackout” period will begin immediately at the time of violation** and will follow the same guidelines provided as stated previously in Rule #7.  
\_\_\_\_\_

14. **All Program Participant must be in by 11:00 p.m. Sunday through Thursday, and 12:00 A.M. Friday and Saturday. No violation of this rule will be tolerated** unless the Program Participant is given **formal permission**, after requesting it in advance (**48 hours prior**). All permission granted is at the discretion of the administrator/director. Failure to comply will result in a **written infraction**, and if repeated, will result in **immediate termination**. **\*\*Note: Program Participant can only sign in and out for themselves. Anyone caught signing in or out for another Program Participant will have his/her contract terminated and will need to vacate immediately from the premises. Any Program Participant found falsifying his/her times will also face the same consequences.** \_\_\_\_\_
15. **Visitors/Leave Passes:**
- a) **Visitor(s) must vacate houses by 10:00 p.m.** (that includes Program Participant from other Glass House facilities) Visitors **MUST** remain in common areas **ONLY**. **NO** visitors may be on 2<sup>nd</sup> or 3<sup>rd</sup> floors of Glass House homes for any reason. \_\_\_\_\_
  - b) **Permission must be granted for Participants to have overnight stays off Glass House premises** (will be reviewed on a case-by-case basis). \_\_\_\_\_
  - c) **A working phone number must be provided** before leaving the house. \_\_\_\_\_
  - d) **Weekend/overnight pass requests must be submitted in writing 5 days in advance for review and approval/denial** by the administrator/director. Requests must be dated, include location where Participant will be staying, contact phone number, contact name, date and time of departure, date and time of return. All information must be included in order for pass request to be considered for approval. Weekend passes will be considered for a single Participant no more frequently than every **other weekend**. \_\_\_\_\_
  - e) **A Program Participant may have his/her child(ren) spend a weekend with him/her if permitted** by the administrator/director. **Any violations will result in a written infraction, possible "blackout", and if repeated, eventual termination and the need to vacate from all premises;** all at the administrator/director's discretion. \_\_\_\_\_
  - f) **All child(ren) visitors and minor Program Participants must be kept in the care of their OWN parent or guardian while on Glass House properties.** \_\_\_\_\_
  - g.) **It is unacceptable for minor Program Participants or child(ren) visitors to be looked after by other Program Participants on or off Glass House Properties.** Appropriate childcare services must be secured for child(ren) while parents/guardians are working, at appointments or unable to directly supervise. \_\_\_\_\_

16. In order to foster independent living skills, in addition to maintaining a clean and orderly personal living area, **each Program Participant will be assigned a daily “house chore.”** These chores will involve the common areas of the house. **Chores, duties, and descriptions will be posted on the board in the kitchen.** In addition, **all Program Participant are required to participate in an extensive general cleaning on Saturday.** This means walls, baseboards, and floors must be dusted and washed (see chore description for further instructions). Also includes exterior of property (yards and walkways). **Chores will be checked on a regular basis to ensure they have been completed properly. Program Participants are also expected to maintain their personal living/sleeping areas.** No excessive lack of care will be tolerated. **If the chore is not done correctly, on time, or in accordance with the specified expectations, a Program Participants will receive a written infraction and a fine of \$25.00.** Repeated offenses will likely result in more severe consequences, such as **“blackout”** and possibly **termination.** This will be determined case-by-case by the administrator/director. \_\_\_\_\_
17. **All Program Participants are responsible for washing their own dishes.** \_\_\_\_\_
18. **All Program Participants are responsible for purchasing their own food.** Group meals may be coordinated and planned jointly in the spirit of community. Taking of another participant’s food without their knowledge and express consent is considered stealing and will be handled as such. \_\_\_\_\_
19. Each house is responsible for implementing their own procedures regarding the purchase of cleaning supplies, paper products. **We strongly encourage an attitude of mutual cooperation and fairness to all.** \_\_\_\_\_
20. **Conservation of water and electricity usage is expected by all Program Participant.** Turn the lights off if not using that area. \_\_\_\_\_
21. **No food is permitted in any rooms other than the kitchen or living room.** \_\_\_\_\_
22. **NO SMOKING in houses. The use of candles or smoking is strictly prohibited.** \_\_\_\_\_
23. **Consideration and respect for all housemates is absolutely required in all living situations.** (This includes the use of **music** and **TV**. These items should be kept at a **reasonable level**.) \_\_\_\_\_
24. **A dress code of modesty is required in all common/public areas of the house. No nudity of any sort will be permitted.** Men and women must wear shirts/tops at all times, as well as pants/shorts. **No exposed undergarments or undergarments only. No clothing of questionable nature** (such as over-exposure of body or lacking appropriate coverage). **This includes back and forth travel from private rooms to bathrooms.** Clothing or robes that cover nudity or undergarments is required. \_\_\_\_\_



***\*\*Violations to any of the rules above will always result in a minimum of a written infraction. The consequences of such violations may additionally include fines, “blackout” periods, and the possibility of eventual termination.***

***NOTE: Some of the previously-stated rules have specific consequences listed to be administered if there is non-compliance on the part of the Program Participant. In areas where the rules are broken and consequences are not specifically stated, consequences to be enforced are at the discretion of the administrator/director. \_\_\_\_\_***

## Statement of Agreement to Comply with the Contract Rules

I understand that this contract is non-negotiable and legally binding. The administrator/director decides in all circumstances and situations if the rules have been violated. Such decisions are at their sole discretion and are not open to interpretation of the Program Participant or anyone else. The rules will be enforced to all Program Participants as fairly and consistently as possible. These rules and their enforcement are absolutely necessary to ensure a safe and healthy environment for all involved with this facility.

Understanding this, I willingly and knowingly agree to all rules and expectations. I waive any and all rights to claim ignorance or misunderstanding of the stated rules, as I will have a copy and am responsible to know them. If there are questions, it is my responsibility to seek clarity before an infraction occurs, not after.

I understand and accept that violations to the stated rules and expectations on my part may result in fines, blackout, or termination of contract. Should my contract be terminated due to rule infraction, including failure to pay program fees, I understand this will result in my need to immediately vacate Glass House property. I understand failing to do so under such circumstances would be considered trespassing and the authorities will be called.

Loss of these rights includes the loss of any unused program fees. In such case I will have 72 hours to pick up my personal belongings. This will be done only at an agreed upon time and designated location (under designated supervision if specified by the administration/director). Other than for the previously stated pick up of personal items, I will have no legal right to be on the premises and it would be considered trespassing otherwise. **Contracts may be terminated by the Program Participant IN WRITTING a minimum of two weeks prior to the pull date of program fees in order to avoid additional program fees for the following month.**

Agreement to these terms is absolute and legally binding. I accept these terms willingly, accepting full responsibility, thus waiving any and all rights to legal recourse if found in violation of these stated rules and expectations by the site administrator/director. **I clearly understand that this is a “re-acclimation program,” not a rental property or boarding house. I am entering as a participant of the program and not a tenant. As such, Glass House Inc. is not legally bound to give a thirty-day notice before termination. If terminated from the program, I understand I must vacate the premise immediately and to fail to do so would be considered trespassing.**

If for any reason, I decide to abandon the Glass House Inc program prematurely, without planning or notice, I understand that no full or partial Program Fees will be returned to me or to any entity that might have been providing funding on my behalf to Glass house Inc.

I understand, accept, and agree to all terms and conditions as stated in this contract.

\_\_\_\_\_/\_\_\_\_\_  
Program Participant's Signature                      Date

\_\_\_\_\_/\_\_\_\_\_  
Admin. Director's Signature                      Date

\_\_\_\_\_/\_\_\_\_\_  
Third Party Signature (optional)                      Date

Consent Forms



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I \_\_\_\_\_, give The Glass House, Inc. consent to discuss any issue with my doctor regarding my medical history and any medications prescribed to me.

\_\_\_\_\_/\_\_\_\_\_  
Program Participant's Signature                      Date

\_\_\_\_\_/\_\_\_\_\_  
Admin. Director's Signature                      Date

\_\_\_\_\_/\_\_\_\_\_  
Third Party Signature (optional)                      Date



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I \_\_\_\_\_, give The Glass House, Inc. consent to perform Inspection of my person, property or personal items while on Glass House Property as deemed necessary by staff or Administration. I acknowledge that I may or may not be present at the time of such a inspection.

\_\_\_\_\_/\_\_\_\_\_  
Program Participant's Signature      Date

\_\_\_\_\_/\_\_\_\_\_  
Admin. Director's Signature      Date



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I \_\_\_\_\_, give The Glass House, Inc. consent to speak to supervising and coordinating agencies such as Children & Youth, Probation & Parole as is appropriate and or deemed necessary for coordination of services.

\_\_\_\_\_/\_\_\_\_\_  
Program Participant's Signature      Date

\_\_\_\_\_/\_\_\_\_\_  
Admin. Director's Signature      Date