



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

Glass House Inc. Housing & Re-Acclimation Program Application & Contract

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:
Last Permanent Address:		
Date(s) lived at this address:		
Emergency Contact:		Phone #:

Insurance Information

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:
Spousal Support:	Yes	No	Monthly Amount:	Name:
MA/CA/FS:	Yes	No	Monthly Amount:	Name:
Employment:	Yes	No	Monthly Amount:	Name:
Other income:	Yes	No	Monthly Amount:	Name:

Revised 4/18

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
Mental Health Diagnosis: _____
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(PCP)? () 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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**Glass House Inc.
Housing & Re-Acclimation Program
Contract Agreements**

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.**

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 staff/ or others will not be tolerated.** _____

6. **Continued after care must be obtained**, depending on the individual and his/her circumstances. For example: Drug and Alcohol, Mental Health, Therapy and/or Psychiatry. If the situation were to occur where you receive an unsuccessful discharge by any after care, you will have 24 hours to notify staff and find another care provider. _____

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7. **“Blueout”—acclimation time to the house & program-** which is based on a case by case basis. This could range between 5-14 days. This includes no outside visitors and you may not leave Glass House Inc. property without a senior member in the program unless approved by staff. _____

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 Ejection 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.** _____

10. If you are issued a fine, you will have 3 business days to pay it. **If this is not paid within 3 business days, there will be an additional late fee charge in addition.** _____

11. If your Program Fees are late, there will be a \$25.00 late fee. _____

12. If a Program Participant is terminated from our Program, **NO Program Participant is allowed to let that person back into any of the houses for ANY REASON. If this is done, it will be an immediate termination.** _____

Additional rules #12 & 13 are specific to those in recovery.

13. Throughout an individual’s entire residency at the Glass House Inc., **one must attend a regular set number of AA/NA meetings** (this will be determined during one’s IGP (individual Goal plan). _____

14. **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 immediate ejection from the Glass House premises. _____

15. **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.**

16. **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 “blueout” period. This “blueout” period will begin immediately at the time of violation and will follow the same guidelines provided as stated previously in Rule #7.** _____

17. **All Program Participant’s will have a curfew of 11:00 p.m. Sundays through Thursdays, and 12:00 a.m. Fridays and Saturdays. No violation of this rule will be tolerated** unless the Program Participant is given **formal permission**, after requesting it in advance. 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 privileges taken. Any Program Participant found falsifying his/her times will also face the same consequences.** _____

18. **A working phone number must be provided** before leaving the house. _____

19. **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 2nd or 3rd floors of Glass House homes for any reason. Visitors must sign in & out on visitors sheet for every entry into house _____

b) **Weekend/overnight pass requests forms must be submitted 5 days in advance for review and approval/denial** by the administrator/director. All information must be filled out 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**. _____

c) **A Program Participant may have his/her child(ren) spend a weekend with him/her if permitted** by the administrator/director. If your child(ren) is scheduled to visit throughout the week, staff must be informed prior to visit. Any child(ren) visit must be approved. _____

d) **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.** If parent needs to go somewhere, they must take the child(ren) with them. They are not allowed to ask another Program Participant to look after child(ren). Appropriate child care services must be secured for child(ren) while parents/guardians are working, at appointments or unable to directly supervise.

e) **At no point in time is another Program Participant allowed to help change/or bath another child(ren) that is not theirs.** _____

20. In order to foster independent living skills, in addition to maintaining a clean and orderly personal living area, **each Program Participant will need to sign up for a weekly chore.** These chores will involve the common areas of the house. In addition, **all Program Participant are required to participate in an extensive general cleaning (G.I.) on Saturdays from 10 a.m. until 12:00 p.m.** This means walls, baseboards, and floors must be dusted and washed. **Chores will be checked on a regular basis to ensure they have been completed properly. If the chore is not done correctly, on time, or in accordance with the specified expectations, a Program Participants will receive a written infraction. Repeated offenses will likely result in a fine of \$25.00 and possibly termination.** This will be determined case-by-case by the administrator/director. _____

21. **Program Participants are also expected to maintain their personal living/sleeping areas.** No excessive lack of care will be tolerated. _____

22. **All Program Participants are responsible for washing their own dishes.** _____

23. **All Program Participants are responsible for purchasing their own food.** No Program Participant may eat others food. _____

24. Each house is responsible for implementing their own procedures regarding the purchase of cleaning supplies, paper products, and basic food items. **We strongly encourage an attitude of mutual cooperation and fairness to all.** _____

25. **Conservation of water and electricity usage is expected by all Program Participant.** Turn the lights off if not using that area. _____

26. **No food is permitted in any rooms other than the kitchen or living room.** _____

27. **NO SMOKING in houses. The use of candles, any type of lit flame or smoking is strictly prohibited.** _____

28. ***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.) _____

29. 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, “blueout” 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. _____

If for any reason you decide to vacate Glass House Inc. program or end your contract, partial program fees could be returned to you if proper process is taken. In writing you must present two weeks prior to exiting date and new address information.

Thank you!

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

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, blueout, or termination of contract. Should my contract be terminated due to rule infraction, **including failure to pay program fees** (you may not exceed a \$300.00 limit), 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 WRITING a minimum of two weeks in advance of the date program fees are due 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.**



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I _____, give Glass House, Inc. consent to call your
Emergency Contact _____, if you decide to AWOL from our
Program or something was to happen to you accidentally.

_____/_____
Program Participant's Signature Date

_____/_____
Admin. Director's Signature Date

_____/_____
Third Party Signature (optional) Date



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I _____, give Glass House Inc. consent to discuss any
issue with my primary care physician, therapist or psychologist 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 Glass House Inc. consent to publish any pictures taken of self and/or child(ren) while in our Program. For example, pictures may be taken during Game Night, Crafts Night, Movie Night, Unity Day and/or around the holidays. These pictures may be placed on Glass House Inc. Facebook for Social Media and promotion.

_____/_____
Program Participant's Signature Date

_____/_____
Admin. Director's Signature Date

_____/_____
Third Party Signature (optional) Date



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Glass House Inc. Program provides Participants safe housing with 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. Our community has a need for long term housing. We provide long term housing.

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-one-one case management helps the participant take responsibility, and includes helping the participant include outcome goals, assign daily tasks needed to achieve his/her goals and define specific action steps necessary to realize their long-term objectives.

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. 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. Re-entry & Recovery Specialist
12. Obtaining employment.
13. Obtaining permanent housing.

_____ / _____
 Program Participant’s Signature Date

_____ / _____
 Admin. Director’s Signature Date

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I _____, give 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

_____ / _____
Third Party Signature (optional) Date