



Landlord Toolkit

Opening a recovery residence in
Rhode Island



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Recovery Residence 101



This toolkit aims to provide information and resources to individuals or groups looking to open recovery residence(s) in Rhode Island

While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services.

Becoming NARR certified in Rhode Island is a process the Recovery House Program Staff at RICARES is here to help you with. Our services are offered free of charge with the aim of creating a network of safe recovery supportive services to all Rhode Island residents. As the Rhode Island NARR affiliate, the RICARES Recovery House Program Staff is here to assist you in the process of becoming certified and increasing residents recovery capital with support and care.



Social Model of Recovery

Principles of the social model include an emphasis on experiential knowledge gained through recovery experience. Residents draw on their experience as a way to help others. Residents are supporters, both giving and receiving help.



The concept of a sense of community, is a similar construct that deals with the feelings of connectedness, group membership, and need for fulfillment that members of a community may have toward other members.

Levels of Support



Level 1 (Type P)*

Peer-run, decisions made solely by residents. No staff on site, owners serve as landlords.



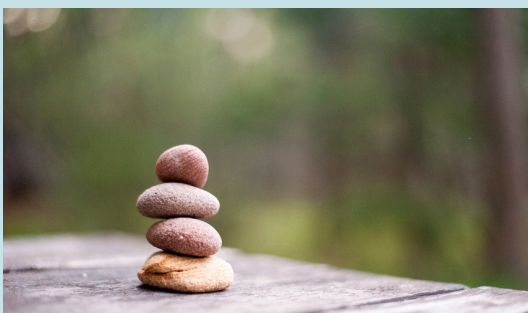
Level 2 (Type M)*

Managed environment, compensated house manager, appointed house leader, set house procedures.



Level 3 (Type S)*

Delivers weekly, structured programming including peer-based and other recovery support services such as life skills development programming



Level 4 (Type C)*

Integrates the social and medical model typically using a combination of supervised peer and professional staff

Required Documents

Resident Documents

- Resident Application Form
- Resident Agreements
- House Rules (including brochures, handouts, and other supportive information)
- Medication Count Logs
- Financial forms for tracking resident rent
- House Grievance Policy
- House Manager Training Protocol
- House Manager Job Description
- House Manager Stipend Agreement or House Manager payment outline, Independent Contractor Agreement and/or proof of Independent Contractor's Workers' Compensation Insurance

Organizational & Administrative

- Proof of Legal Business Status
- General Liability Certificate
- Written Code of Ethics
- Proof of Alcohol Drug-Free Environment
- Permission from Owner of Record
- Proof of Resident Financial transactions
- Good Neighbor Standards
- Grievance Policy & Procedure
- NARR Code of Ethics
- Any policies & procedures, manual/operating standards, or equivalent information provided to house Staff
- Staff Job Descriptions, Staff Training Manual(s), Employee Handbook
- Staff Payment Structure & Agreements
- Home photos
- Website Address

Furnishing

Opening a recovery house includes acquiring a house, gathering required documents, applying for certification and furnishing the house.



Living rooms are the heart of the house and should have enough comfortable seating for everyone



All kitchen appliances should be in working order with multiple refrigerators, ample storage, dishes and cooking utensils



There must be one bathroom for every six residents in the house and must have access to laundry facilities



Bedrooms must have 50 sq ft per bed with closet and storage space. A mix of single and double rooms work best.

Certifications & Referrals

Becoming NARR certified is a requirement of operating a recovery residence in Rhode Island in accordance with RI Law 24277. RICARES Recovery House Program Staff will walk you through the process of gathering required paperwork, filing your application, scheduling your inspection, filing the inspection report and certifying the house.

Once certified, a recovery house can receive referrals from state funded entities such as treatment centers, IOP, recovery centers and MOUD clinics.

RICARES is funded by BHDDH to inspect and certify recovery residences in Rhode Island as well handle grievances. The grievance process can be found on our website at www.ricares.org/complaints.

If you have questions or are ready to begin your recovery residence operator journey, please contact Stacey Levin at slevin@ricares.org or 401-585-0772



Recovery Resources

Crisis Stabilization

BHLink: (401) 414-5465

ASU/CSU: (401) 295-5979

Detox/Inpatient Treatment

AdCare: (866) 802-4797

Amos House: (401) 272-0220

Roads to Recovery: (401) 491-5909

Zinnia: (401) 295-0960



IOP

Bridgemark: (401) 781-2700

OSRC: (401) 443-9071

Harm Reduction Services

Project Weber/Renew: (401) 383-4888

Safe Haven: (401) 235-6044

MOUD

ARI: (401) 725-2520

BHG: (401) 941-4488

CODAC: (401) 942-1450

CTC: (401) 337-8205

VICTA: (401) 300-5757

Recovery Centers

Anchor Recovery: (401) 889-5770

East Bay Recovery Center: (401) 246-1195

RICARES: (401) 475-2960

Serenity Center: (401) 488-4426

Sample Documents

- A.) Resident Application Form
- B.) Resident Agreements/House Rules
- C.) Medication Log
- D.) Resident Financial Tracker for Tracking Resident Rent
- E.) House Grievance Policy & Resident Grievance Form
- F.) House Manager/Senior Peer Compensation Agreement
- G.) Good Neighbor Policy
- H.) Chore List

Recovery Housing Application

Today's Date:		
Name:	Date of Birth:	
Phone Number:	Email Address:	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to specify
Emergency Contact Name:	Emergency Contact Phone Number:	Referred By:
Health Insurance:		
Income Source(s):		
Are you employed?:		
Do you require a special accommodation?:		

Are you currently engaged in or recently completed treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	Dates of treatment:
What type of treatment?	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Intensive Outpatient Program (IOP)	
Medication:	Dose:	Treatment:
What does your recovery look like today?		
Signature:		Date:

House Rules & Resident Agreement

1. This is a substance-free residence. Use of alcohol or illicit drugs may result in immediate expulsion.

- Residents may only use medication prescribed to them by a doctor or over the counter medication as needed. Unauthorized use of prescription drugs is prohibited.

2. Curfew: The curfew is 11:00pm on weekdays, and 12:00am Friday and Saturday. Residents working second or third shift are exempt from curfew policies but must provide work schedule to house manager in advance. Residents may spend two nights out per week, but must make the house manager aware they will be staying out.

3. Privacy and Boundaries: Residents must respect each other's privacy and personal space. You may not enter a bedroom that does not belong to you without permission.

4. Personal Recovery: Residents are required to be an active participant in their recovery journey. Residents are encouraged to engage in mutual aid meetings, visit recovery centers, engage with a recovery coach and explore the multiple pathways of recovery.

5. Chores and Cleanliness: Residents will be assigned chores at the weekly meeting. It is your responsibility to do your chore M/W/F by 8PM. Your personal bedroom should be kept clean and organized by both parties occupying the space.

6. Visitors: Visitors are allowed in common areas until 10:00pm. They are not permitted to stay overnight and must follow all house rules. Residents are responsible for ensuring their guests behave appropriately.

7. Employment or Volunteer Hours: Residents are encouraged to gain employment, actively seeking work, or involved in volunteer activities to promote responsibility and self-efficacy.

8. Violence Will Not Be Tolerated: Aggressive or violent behavior is strictly prohibited.

9. Smoking prohibited in the house. Smoking is permitted in the designated smoking area only. Dispose of cigarette butts in specified containers.

10. All vehicles must be registered and insured. Vehicles may only be driven by their owners with a valid driver's license.

11. House Meetings: House meetings are mandatory. You must participate in the house meeting unless you are at work. Being a part of house meetings ensures you are aware of new policies and creates connections to your housemates.

12. Communication and Grievances: Residents are expected to make every effort to resolve issues within the house through respectful communication. If issues cannot be resolved with their peers, they will utilize house staff. If the issue involves house staff, they will use the attached grievance procedure.

13. Fees: Housing fees are \$____ and must be paid in full and on time each week. If payment is late or missed, the resident may face disciplinary action.

Medication Log

[illegible]

Resident Financial Tracker

[illegible]

Resident Grievance

Residents are encouraged to speak to agency staff (administrative, professional or support personnel) if they are not satisfied with an aspect of their treatment by staff or the environment in which they are living. The House Manager will respond to the Resident's concern within three (3) business days. If the concern is not resolved to the Resident's satisfaction after talking with House Manager, the Resident is encouraged to use the Grievance Procedures as outlined below. A written notice of the Grievance Procedure is provided to each resident at intake.

Grievance Procedures:

1. All residents have the right and are encouraged to communicate his/her grievance to the agency staff. There will be no consequences or retaliation for the Resident filing a grievance.
2. All Residents have a right to file a formal written grievance. The Resident may request a form from the House Manager. The Resident should fill out the form and return it to any staff member.
3. If the Resident is uncomfortable filling a grievance on his or her own, the Resident may request any staff member to assist him/her.
4. Written grievances shall be forwarded to the House Manager. If the Resident needs assistance with the form or in composing the complaint/grievance, assistance will be provided by their House Manager or Director or the Resident's representative of choice.
5. In the instance where the decision maker is the subject of the grievance, decision making authority shall be delegated to the Principal Director.
6. At any point in this process, the Resident may request an advocate for assistance with the process. The House Manager or Director will assist the Resident obtaining an advocate.
7. Time frame for expedient resolution is three (3) business days upon receipt of the complaint/grievance by the House Manager.
8. The Resident will be sent a written notice of the grievance outcome and steps for appealing the outcome from the House Manager.
9. Throughout this process, the Resident has the right to contact, make a complaint and/or appeal the grievance outcome to RICARES.org (fill out online grievance form).

A confidential summary of Resident complaints/grievances prepared by the House Manager are reviewed by the Director so as to improve efficiency and Resident satisfaction. All grievances filed will be reported in a confidential summary prepared by the House Manager.

All Resident complaint/grievance forms, investigation documentation and written resolution determination will be maintained by the House Manager; all summary documentation for performance improvement process will be maintained by the House Manager and the Principal Director.

Resident Grievance Form

Resident Name: _____ Date of Incident: _____

Verbal/Date Filed: _____ Written/Date Filed: _____

Please explain your grievance/concern:

What action/resolution would you like to see in response to your grievance/concern?

Resident Signature: _____ Date: _____

House Manager: _____ Date/Time: _____

Management Compensation Summary

Compensation: Both the House Managers and Senior Peers receive compensation as follows:

- House Managers are compensated with reduced weekly rent.
- Senior Peers are compensated with reduced weekly rent.

House Managers: Single room rate \$175.00, House Managers pay \$15.00 (10.5 hours \$160.00 compensation)

Senior Peers: Single room rate \$175.00, Senior Peers pay \$87.00 (5.5 hours \$88.00 compensation)

Additional Compensation:

- Both the House Managers and Senior Peers are required to report any hours spent on (additional paperwork, random drug testing, critical incidents, special project) directly to Director to receive compensation at a rate of \$16.00 per hour.
- Checks are processed on the following Thursday of each week.
- All house managers will receive tax form 1099 at the end of each year for all hours paid.

<hr/>	<hr/>
House Manager	Date

<hr/>	<hr/>
Senior Peer	Date

Good Neighbor Policy

It is the policy of all residents to be a "good neighbor" to those who live around us. We expect all of our residents and staff to conduct their self in a friendly and courteous way and be responsive to our neighbor's needs. Common courtesy rules include, but are not limited to:

- No shouting or any loud noise or music;
- 10:00 PM to 7:00 AM is considered quiet time in and around our locations;
- Smoking is permitted in designated areas only, and disposal of cigarettes only in appropriate containers. Do not litter on or around our properties, or neighbor properties (including streets and alley ways) with cigarette butts;
- Keep yard and outside porches and overhangs clear and free of clutter and trash;
- Keep yards well maintained regularly and have sidewalks and walkways clear from ice and snow.

Failure of residents to maintain these courtesy rules could result in dismissal from Clean Acres.

Neighborhood Complaint Procedure

Since we strive to be a good neighbor, Clean Acres takes any neighbor complaint serious and, once notified, will work to resolve issues in a mutually satisfactory way. If either resident or staff hears of a neighbor complaint, you must:

- Listen carefully to what the actual complaint is and do not argue with the neighbor;
- Take notes as to what the complaint is and (important) get the name; address; and contact phone number of the person giving the complaint;
- Give the neighbor sample contact information (below) and explain once they contact us, we will work to resolve the issue;
- Contact the Executive Office with the notes of the complaint and the neighbor's contact information.

Code of Ethics

1. Maintain an alcohol and illicit drug free environment.
2. Provide a healthy, safe, homelike and sober environment that meets NARR standards.
3. Be dedicated to recognizing the dignity and worth of all human beings. Value diversity and non-discrimination.
4. Assess each potential resident's strengths and needs, and determine whether the level of support available within the residence is appropriate. Provide assistance to the residents with appropriate referrals.
5. Provide an environment in which each resident's recovery needs are the primary factors in all decision making. Honor individuals' right to choose their recovery paths within the parameters defined by the residence organization.
6. Maintain quality housing that is consistent with the quality of the neighborhood. Demonstrate activities that benefit the immediate neighbors.
7. Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment.
8. Take appropriate action to stop intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff and visitors within the residence.
9. Address each resident fairly in all situations. Take appropriate action to stop retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint.
10. Maintain clear personal and professional boundaries. Never become romantically or sexually involved with residents.
11. Sustain transparency in operational and financial decisions. If I am a Manager, to never become involved with residents' financial affairs. This covers borrowing or lending money, buying or selling property or other financial transactions.
12. Provide resident agreements and rules that reflect the house operates as an unrelated family of persons with disabilities living in mutual support.
13. Respect the privacy, confidentiality and personal rights of all residents. I agree to develop skills to relocate residents and do all that is possible to relocate residents when it becomes necessary to terminate residency.
14. Decline taking a primary role in the recovery plans of relatives, close friends, and/or business acquaintances.
15. Operate within the residence's scope of service and within professional training and credentials.
16. Encourage residents to sustain relationships with professionals, recovery support service providers and allies.
17. Promote the residence that is supported by accurate, open and honest claims.

My signature below indicates my agreement to abide by this Code of Ethics:

Signature: _____ Date: _____

Cleaning + Chore List

[Weekday] [Month] [Day] - [Weekday] [Month] [Day]

Living Room

- Pick up living room
- Vacuum living room
- Mop living room
- Organize TV stand
- Clean coffee table
- Vacuum couch
- Fluff pillows
- Dust living room
- Organize misc. items
- _____
- _____

Entryway

- Pick up entryway
- Clean front door
- Vacuum entry
- Mop entry
- Clean entry rug
- _____
- _____

Dining Room

- Pick up dining area
- Wipe dining table
- Clean chairs
- Vacuum dining area
- Mop dining area
- _____
- _____

Kitchen

- Pick up kitchen
- Sweep kitchen
- Mop kitchen
- Wipe countertops
- Wipe cabinets
- Clean stove
- Clean oven
- Clean microwave
- Clean sink
- Clean trash can
- Take out trash
- _____
- _____

Hallway

- Pick up hallway
- Vacuum hallway
- Mop hallway
- Organize linen closet
- _____
- _____

Laundry Room

- Dust laundry room
- Clean washer
- Clean vent/dryer
- _____
- _____

Bathroom #1

- Pick up bathroom
- Wipe countertops
- Clean toilet
- Clean shower
- Vacuum bathroom
- Mop bathroom
- Clean baseboards
- Organize under sink
- Wipe mirror
- _____
- _____

Bathroom #2

- Pick up bathroom
- Wipe cabinet fronts
- Mop bathroom
- Clean shower
- Clean toilet
- Wipe countertops
- Clean mirror
- Organize under sink
- _____
- _____

Incident Reporting Policy

[Recovery Home Name] is committed to the safety and well-being of its residents, staff, volunteers, visitors and neighbors. This Incident Reporting Policy outlines the procedures for reporting and responding to various critical incidents within the recovery home. Prompt reporting and appropriate responses are essential to maintaining a safe and supportive environment.

All individuals should follow the **[Recovery Home Name]** Emergency Response policy, which outlines specific actions that should be taken for several of the incidents listed below. Emergency response, medical personnel, law enforcement, and victim services should be contacted as necessary based on the circumstances. Incident reporting should occur immediately after all individuals are safe and secure and it is safe to report the incident.

Types of Incidents to be Reported

- **Overdose:**
- **Sexual Assault or Harassment:** Any type of sexual assault or harassment involving a resident or taking place on the property must be reported
- **Physical Assault or Harassment:** Any type of physical assault or harassment involving a resident or taking place on the property must be reported
- **Serious Resident Injury or Death:** All resident injuries or deaths need to be reported, regardless of the incident took place on the property or off.
- **Serious Injury or Death of any other person on the property:** All serious injuries or death of any one, including but not limited to residents, staff, volunteers, neighbors or visitors on the property needs to be reported.
- **Emergency Response Personnel Called:** Any situation that necessitates the call for emergency response personnel must be reported
- **Serious Threat of Violence:** Any situation where there is a serious threat of violence towards a resident or group of residents must be reported
- **Other Incidents that need to be reported:** *Add appropriate information about other incidents that need to be reported.*

Incident Reporting

As soon as it is safe to do so, staff must report the incident to the appropriate person. If the person is not physically present, they should call the person and notify them immediately of the incident and provide details as accurately as possible including the time, date, location, individuals involved, any witnesses, and actions taken. Staff should follow the direction of the appropriate person. The appropriate person will ensure that the Emergency Contacts of any residents are informed of the incident, as appropriate.

Documentation

Within 24 hours of the incident, staff will complete the Incident Reporting form and submit the form to their supervisor.

Response and Follow-Up

The Supervisor will review the incident report within 24 hours of it being filed by the staff member. The supervisor will note on the incident form any additional details and follow up that have taken place since the incident and attach any plans that will be taken in the future because of the incident. Details of the incident will also be filed in the appropriate resident's file.

Policy Compliance

Failure to comply with this Incident Reporting Policy may result in disciplinary actions, up to and including termination of employment or eviction from the recovery home, depending on the severity of the violation and the individual's history.

Date Updated: _____ Date Approved: _____

Resident Expectations

As a resident of [Recovery Home Name], I acknowledge and agree to abide by the following code of conduct, which is essential for creating a safe, supportive, and recovery-focused environment within our home.

This code of conduct reflects our commitment to sobriety, mutual respect, and maintaining a harmonious community.

Substance Use:

- I agree not to use or possess illicit drugs, alcohol, or any mind-altering substances during my stay at [Recovery Home Name]. I will also immediately report any use or possession of illicit substances or alcohol of any other person on the property.
- I understand that this rule is essential for maintaining a drug-free environment and supporting my recovery journey and the recovery journey of the others in my community.

Respect and Support:

- I commit to treating all residents, staff members, and visitors with respect, kindness, and support. I understand that we are all on our unique paths to recovery, and I will do my best to contribute positively to the community.
- I understand that this means that I will address all individuals by their appropriate names and pronouns and will refrain from using any vulgar, discriminatory or hateful language.
- I commit to providing support to others in the recovery home. I will support others in their chosen recovery pathway and offer support to them. If I notice that anyone is struggling and needs additional help, I will bring this issue to recovery housing manager out of concern for that person.
- I commit to being a good housemate to others in my community. This means that I will not use items that belong to others without asking, I will not enter their rooms without getting permission, and I will not eat food or beverages that one person has reserved for themselves. I will also keep any personal valuable items stored securely. I will ask the recovery housing manager for a safe or locker if I would like to have a safe place to store my items.

Relationships:

- I agree not to enter into sexual or romantic relationships with any members of the staff or other residents at [Recovery Home Name]. Such relationships can compromise the integrity of the recovery program. I also commit to reporting any inappropriate relationships or behavior that I may become aware of.

Recommendations of Health Care Providers:

- I agree to implement the recommendations of all of my health care providers, including behavioral health, mental health, and physical health treatment providers. I also agree to be open and honest with all of my health care providers about my history with substance use and/or alcohol use disorder and my commitment to live in recovery.

Curfew:

- I will adhere to the curfew established by **[Recovery Home Name]**. The current curfew is **TIME** on weekdays and TIME on weekends. I will return to the house on time unless appropriately excused by staff. Curfew compliance is essential for maintaining a structured and safe environment.

Safety and Cleanliness:

- I commit to keeping our home safe and clean. This includes maintaining personal hygiene, taking care of shared living spaces, following the agreed upon chore chart and promptly reporting any safety concerns or maintenance issues to staff. I will also only store food in the designated areas and not in my bedroom.

Smoking Policy:

- I will not smoke indoors. Smoking, will be done in designated outdoor areas and all cigarette butts will be disposed of in the appropriate container.

Safety Equipment:

- I will not tamper with or disable any safety equipment or alarms within the home. This includes smoke detectors, fire extinguishers, and security systems.

Attendance and Participation:

- I agree to attend all house meetings unless appropriately excused by staff. Active participation in meetings is essential for effective communication, support, and the overall success of our community.
- I also agree to participate in required recovery support meetings and provide evidence my attendance at meetings.
- I agree to maintain a relationship with a mutual aid supporter, such as a sponsor, pastor or other recovery mentor as appropriate for my chosen recovery pathway.

Recovery Planning:

- I will actively participate in the development and implementation of my recovery plan, working collaboratively with staff to set and achieve personal goals.

Privacy:

- I agree that keeping our home safe is important. Therefore, I will not share any information that I learn about others with anyone else. This includes posting information about others or the recovery housing property on social media apps and websites.

Weapons and Paraphernalia:

- I will not possess firearms or any items designed as weapons within the home. Additionally, I will not possess drug-related paraphernalia.

Compliance with Policies:

- I agree to follow all other policies and protocols outlined in the resident handbook provided by **[Recovery Home Name]**. These policies may include rules related to visitors, medications, illicit drug and alcohol screening, and other aspects of daily living within the home. If I have questions about the policies, I will ask the house manager to make sure I understand.

Good Neighbor

- I agree to be a good neighbor to others around me. This means that I will only park my car in this area. I will also keep noise to a reasonable level at all times and observe quiet hours after **TIME**. I will also keep the property in presentable condition. I will help keep the yard free from trash and debris, I will not bring indoor furniture outside, and I will not hang blankets, towels or other items on the windows. I will use all furniture and other items for their intended purpose. If a neighbor has a concern, I will bring it to the attention of the house manager promptly in accordance with the Neighbor Concerns policy.

Consequences of Violations:

- Violations of this code of conduct may result in disciplinary actions, which can include warnings, implementation of a corrective action plan or other actions. Disciplinary actions will be determined by staff and may be documented appropriately.
- If warnings and corrective action plans are not implemented, **[Recovery Home Name]** may proceed with eviction proceedings.
- In cases where the health or safety of others is put at risk, **[Recovery Home Name]** may immediately begin eviction proceedings from the recovery home.

Updating this Policy:

- This policy may need to be updated from time to time. In the event that an update is needed, changes will be shared with all residents and residents will be afforded an opportunity to provide thoughts and comments.

By signing below, I acknowledge that I have read, understood, and agree to abide by the Resident Code of Conduct for **[Recovery Home Name].**

Resident Name: _____ **Resident Signature:** _____

Date/Time: _____