



# Circles of Care, Inc.

Your Choice for Quality Behavioral Healthcare Services

Thank you for considering the Sally's House Program – a transitional living facility for women with children under the age of 9 and pregnant women who are continuing to utilize recovery skills and seeking reintegration into the worlds of work, education, and family life.

1. Please complete the attached documents and submit to:  
2000 Commerce Dr., Melbourne, FL 32904, FAX to 321-676-6652 Attn: Valerie Brooks, or by emailing [vbrooks@circlesofcare.org](mailto:vbrooks@circlesofcare.org)
2. Be sure to keep the rules of the program.
3. Please make sure you include a working phone number. You will be contacted for an interview.
4. After the interview, your application will be considered by Circles of Care Staff.
5. You will be contacted by telephone with a decision regarding your application.

Feel free to contact our office with any questions: 321-722-5200 x4738



**Sally's House**  
**Eligibility Criteria**

Sally's House is a **Level IV** residential facility consisting of a five-bedroom residential home with an office designated for staff use, provide assistance 24 hours a day, 7 days a week. The residents served in this program have completed other levels of residential treatment. The main emphasis of this level is to provide services that are low-intensity and typically emphasize a supportive environment. Eligibility criteria as follows:

- a. Must be 18 or older w/a history of alcohol and/or substance abuse.
- b. Must be pregnant and/or have children under the age of 9
- c. Must be clean from all drugs and alcohol
- d. Cannot have severe psychiatric issues that would contraindicate communal living with other residents and young children in this residential setting
- e. Cannot be taking any controlled medications.- prescribed or not.
- f. Must have a minimum of three months of abstinence from substance abuse and/or directly transferred from another level of residential treatment (i.e. 28 day program)
- g. Client must be able and willing to go to work and/or school

# **SALLY'S HOUSE RULES**

**Rev. 10/13/2022**

**As a level 4 residential program for recovering women and their children, Sally's House operates with basic rules and procedures to promote cooperative, harmonious environment that supports recovery skills while promoting personal responsibility and reintegration into the worlds of work, education and family life.**

- 1. No Alcohol, illegal drugs, drug paraphernalia or drug use is allowed while in the Sally's House program. Circles of Care Staff will conduct frequent random searches of resident's rooms, lockers, automobiles and personal property to ensure compliance.**
- 2. Curfew for all residents is 9:00 pm. If at a meeting or work, curfew is approved at 10:00 pm (with signed note). Alarm sets at 11:00 p.m. until 6:00 a.m. The alarm on all the windows is set twenty-four hours.**
- 3. Everyone needs to have respect for each other and staff. Inappropriate talk/language/T.V. is not permitted. Refusal to abide by rules and basic requests from staff will be documented. Review of such documentation could contribute to early termination of the program.**
- 4. Children should be settling in their bedrooms by 9:00 p.m. and adults by 11:00 p.m. T.V. off and cell phones on vibrate.**
- 5. Everyone will be randomly drug screened and will need to submit it within an hour after being asked. The residents cannot leave the house until drug screen is submitted.**
- 6. You are REQUIRED to obtain, AT MINIMUM, 2 hours of COC counseling services PER WEEK throughout the duration of your stay at Sally's House. This is set up in group format at Sally's House on Wednesday's from 5:30-7:30 pm. You are also required to attend monthly individual sessions (at minimum) Additional counseling services may be part of your individual treatment plan developed by your treatment team. Your work/school schedule MAY NOT interfere with this requirement. Failure to comply with this requirement will lead to early termination of the program.**
- 7. Everyone needs to be working towards your individual goal, whether this is work, school, or both. If you are not working or going to school, you will need to be looking for work. Part of the eligibility criteria as a resident of Sally's House is that you must be WILLING and ABLE to work.**
- 8. You are required to complete weekly schedule sheet and turn in by Friday of the preceding week. You must highlight what you will need COC van transportation for (doctor's appointments, counseling appointments, etc).**
- 9. The van will be used Monday through Friday to transport residents to COC groups, misc. appointments, grocery shopping, court, probation, and transportation that has been previously approved by staff, etc. You must notify the van driver of your request 1 week in advance or AS SOON as you are aware of your need. If there are any conflicts, requests are granted on a first come, first serve basis. After 2 weeks of starting a job or school, you must find your own transportation to and from work or school (outside COC van transportation)**
- 10. All areas of Sally's House are to remain clean and tidy, to the standards of our licensing entity. It is the responsibility of EACH Sally's House resident to clean up after THEMSELVES and their CHILDREN. It is**

not the job of Sally's House staff to clean up after any resident. If you are asked to clean up or tidy any area of the house, this must be done immediately. There will be no privileges granted if this is not done. You will receive written warnings for non-compliance with this which can lead to discharge from the house. On your designated laundry day, you are in charge of emptying the dishwasher by 9:00 am that morning. The staff reserves the right to designate any resident to vacuum the playroom and take care of other miscellaneous cleaning duties.

11. The only visitors that are allowed to enter Sally's House are agency workers, such as case managers, DCF workers, etc. They must knock on the front door and provide their agency badge to the COC staff. You must sign a ROI for any agency worker that comes to the house and COC staff will make a copy of their agency badge. Those who are coming to provide a ride for you must park on the street and call you to let you know they are there. They are NOT to come up to Sally's House property.

12. The front, side and back doors must ALWAYS remain locked. It is your responsibility to lock the door after entering the house (even after being outside for cigarette).

13. Everyone must sign in and out when they leave and return to Sally's House (Including children if they are living at Sally's House). Sally's House staff will maintain possession of sign in/out log.

14. No corporal punishment is permitted at Sally's House. Residents are not permitted to babysit other residents' children while at Sally's House.

15. Residents are not to freely disclose the location of Sally's House or the identity of any resident.

16. All medication must be approved by the house/case manager. All medications, including over the counter must be kept in your locker. There will be random locker checks.

17. Personal possessions will be limited to the amount that can be stored in your assigned closet and drawer space. Alarm clocks, radios, TVs and cell phones are permitted.

18. Sally's House is a transitional living situation with a max. stay of 6 months, unless pregnant/post partum. These situations will be on a case by case basis. The Sally's House case manager will periodically review your goals leading up to your discharge. After 6 months we hope you have reached your goal. If more treatment is needed, you may be recommended for a higher level of care. Every discharge plan is determined on a case by case basis.

19. Circles of Care holds no responsibility for loss or damage to personal belongings and personal vehicles. Parking on Sally's House property is at your own risk.

20. Failure to comply with Sally's house rules can and will result in unsuccessful discharge/termination from the house.

#### Monthly Payment Structure

If TANF eligible (to be determined by CFCHS based on income):

-No Monthly payment

If not TANF eligible, monthly payment is based on income and family size:

- Mother and one child- 30% of total income
- Mother and two children- 35% of total income

**Sally's House**  
**Client Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact phone : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Significant Other: \_\_\_\_\_

Highest grade completed in school? \_\_\_\_\_ GED: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Who referred you to this program?: \_\_\_\_\_ Reason for referral: \_\_\_\_\_

Are you pregnant: \_\_\_\_\_ Trimester: \_\_\_\_\_ Due Date: \_\_\_\_\_

Total Number of Children: \_\_\_\_\_ Total number of children in your custody: \_\_\_\_\_

Are you currently involved with law enforcement or probation?: \_\_\_\_\_

Probation Officer Name: \_\_\_\_\_ Probation Officer Phone: \_\_\_\_\_

Are you currently involved with DCF? \_\_\_\_\_ Do you have a case plan?: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Case Manager Phone: \_\_\_\_\_

**Child information (including all children):**

Name	Age	DOB	SSN

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Sally's House**  
**Client Information**

Substance Used (circle one):    Alcohol        Drugs        Both        Drug(s) of Choice: \_\_\_\_\_

List types of Drugs used in the past 6 months: \_\_\_\_\_

Date of last use: \_\_\_\_\_ Have you ever been in substance abuse treatment: \_\_\_\_\_

Treatment History (substance abuse):

When	Where	How Long	Outcome

Have you been diagnosed with Mental Health Diagnosis? (list diagnoses): \_\_\_\_\_

Have you ever received psychiatric treatment (outpatient or inpatient)? \_\_\_\_\_

Treatment History (mental health):

When	Where	How Long	Inpatient or Outpatient

Do you have any current or past physical or medical problems? (if so, list and include dates of diagnosis and treatment): \_\_\_\_\_

Are you prescribed any medications? \_\_\_\_\_ Do you take any OTC meds/vitamins? \_\_\_\_\_

Medications:

Medication	Prescribed Dosage	Prescribing Physician	Date Last Taken

All information will be reviewed with you at the time of your interview. Interviews will be conducted only if beds are available. If there are no beds available and you wish to be placed on a waiting list, please check here.

- Yes, please add me to waiting list                       No, please do not add me to waiting list

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TANF FINANCIAL INFORMATION FORM

Client's Name

DOB

SSN#

### HOUSEHOLD INFORMATION

Please provide the following information for all persons living in the client's household:

NAME	AGE	RELATIONSHIP TO CLIENT	MONTHLY INCOME

### HOUSEHOLD INCOME

SOURCE	MONTHLY INCOME
Wages, Salary, Tips, etc.	
Child Support, Alimony Received	
Unemployment	
TANF Cash Assistance, Food Stamps	
Social Security Income (SSI), Social Security Disability	
Other Income (pension/trust/retirement, rental, VA benefits, workers comp)	

Explanation of household income/zero income declaration:

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### CERTIFICATION

I hereby certify that all information I provided is true to the best of my knowledge and belief. I understand that in accordance with Florida Statutes Section 817.50 providing false information to defraud a health care provider for the purpose of obtaining goods and services is a second-degree misdemeanor.

Client/Custodial Parent Signature

Date

Staff Signature

Agency/Provider Name

Date

**Sally's House**  
**Consent for Collection and Urine Analysis**

I, the undersigned, in consideration of being accepted into the SALLY'S HOUSE program as a client, hereby agree to provide urine samples and breathalyzer analysis upon request so long as I am a client at the time the request is made. I also consent to a urine analysis and breathalyzer analysis prior to moving into SALLY'S HOUSE.

I further agree that if any substance screening tool should show a positive testing, I will be terminated from this abstinence-based recovery program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**Sally's House**  
**Resident Guideline and Monthly Payment Agreement**

I, the undersigned, have read all rules and guidelines and agree to adhere to these. I understand that these company rules are subject to change by management of Circles of Care, Inc. I understand that not abiding by rules and guidelines and non-compliance with staff requests will result in loss of privileges and can lead to administrative and unsuccessful discharge from the house and program.

I, the undersigned, understand that Circles of Care, Inc does not take responsibility for any loss or damage to any belongings or property.

**Monthly Payment Structure**

If TANF eligible (to be determined by CFCHS based on income):

-No Monthly payment

If not TANF eligible, monthly payment is based on income and family size:

- Mother and one child- 30% of total income
- Mother and more than one child- 35% of total income

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date