



January 1, 2024

Reoccurrence of Use/Relapse Policy

Level II MAT WAQRR Housing - Shared Housing for Recovery

(We accept people on suboxone, methadone, and drugs to support mental health.)

For questions, please contact: Fernanda Hamlin (630)360-5934

Our Mission: Empowering Transformation & Rebuilding Lives: Our mission at F.E.I.S. Foundation is to provide a supportive and compassionate haven where individuals on the path to recovery from a substance use disorder and/or related mental health issues can find the strength, resources, and community they need to reclaim their lives from the grip of challenges. Through a blend of safe and structured communal living, personalized care, and a commitment to holistic healing, we are dedicated to fostering personal growth, self-discovery, and the development of essential life skills for independent living in the comfort of a peaceful environment. Our goal is to stand as a steadfast partner in the journey to recovery, guiding and uplifting each participant as they autonomously work towards lasting positive change based on their individual needs and a future filled with hope and possibility.

Our Vision: Envisioning a world where recovery is a journey of transformation, F.E.I.S. Foundation strives to be a beacon of hope and healing, operating with integrity, and upholding the rights of our residents in a safe homelike environment. Our vision is to be recovery oriented by creating a healthy, dynamic, and inclusive community where individuals in recovery find the inspiration, motivation, tools, and connections they need to rebuild their lives; using peers to staff and govern the home by fostering an environment of mutual respect, support and empowerment. We aspire to equip participants with the skills to navigate challenges, embrace personal growth, and contribute positively to society. Through our holistic approach and commitment to individual well-being, we envision F.E.I.S. Foundation as a catalyst for lasting change, a place of renewal, where hope is rekindled, lives are rebuilt, and the ripple effects of

recovery extend far beyond our doors, where each person's recovery story becomes a testament to strength, resilience, and the boundless potential of the human spirit.

If you use drugs, **you MUST self-report immediately to your program.** You will be asked to sign a medical release form upon admission so that we and our designee may share house drug testing results with counselors and medical professions if needed. You will be required to immediately dismissed from the house and need to indicate what your preference is for how to deal with this dismissal.

In the event of a relapse what is your preference?

_____ Call a cab and be taken to detox/hospital? _____

_____ Call a friend/family member/caseworker/sponsor? _____

_____ What additional recovery planning/support do you need/prefer that may be the result of a reoccurrence of use? _____

You **may** be able save your spot in the home allowing you to return on a case-by-case basis.

For reentry consideration:

- **Detox efforts will need to be done within a week and paperwork will be reviewed.**
- **EPR (Explanation. Plan. Request.) letter is required.**
- **A relapse prevention plan will need to be developed, committed to and executed by you and the House Manager/staff.**
- **The severity of relapse, the health and safety of the other residents in the home needs will be highly considered.**
- **Honesty and willingness to recommit to recovery/house rules.**
- **A negative UA will be done at your expense and will need to be completed at the time of reentry if approved.**

EMERGENCY CONTACTS:

1. Contact #1:

- a. Name: _____
- b. Relationship to resident: _____
- c. Contact Phone Number (Mobile): _____
- d. Contact Phone Number (Landline): _____
- e. Contact Address: _____

2. Contact #2:

- a. Name: _____
- b. Relationship to resident: _____
- c. Contact Phone Number (Mobile): _____

- d. Contact Phone Number (Landline): _____
- e. Contact Address: _____

3. Contact #3:

- a. Name: _____
- b. Relationship to resident: _____
- c. Contact Phone Number (Mobile): _____
- d. Contact Phone Number (Landline): _____
- e. Contact Address: _____

Resident Name _____

Signature: _____ Date: _____

House Manager/Staff Member _____

Signature: _____ Date: _____