Suggestions for Successful Transitional Living Experience has repeatedly demonstrated that there are several factors, which promote a positive experience. If you can embrace new ideas, you will find yourself able to complete your goals and will feel good about the changes you have accomplished.

1. Accept that you must be personally responsible for your own behavior and that you need to give up behavior that does not work well for you.

2. Commit yourself to changing your unhealthy behaviors by learning from your mistakes and

exploring why you made these mistakes.

3. Commit to being open about your thoughts and feelings and do not keep secrets.

4. Commit yourself to talking directly to staff and peers about your thoughts and feelings rather than acting out and maintaining.

5. Commit yourself to being honest in all your relationships and to avoid lies and distortions. This also means being honest with yourself.

6. Be willing to follow program rules and limits even if you don’t agree with them.

7. Accept the value of relationships with others so that learning to develop and maintain close, trusting relationships will be an important life goal.

8. Accept the value of work, which means going to work, setting goals for yourself, and striving toward honest financial and personal independence.

9. Accept that you can learn from your own experiences and the experiences of others if you are willing to take advantage of these experiences as “teachable moments.”

10.Accept that Transition House staff is dedicated to helping you achieve and maintain your recovery!

11. Keep in mind HOW to obtain and maintain recovery: Honesty, Open mindedness, Willingness.

Client Responsibilities

Belonging to a transitional living program requires that each member do his/her part in the upkeep of the environment.

1. You are responsible for keeping your own room clean, doing your own laundry, and completing your assigned job responsibilities in the house and in the Drop-in center. Being a member of the community also requires that you keep in mind both your needs and the needs of others.

2. You are responsible for treating peers and staff members with respect. This includes helping peers whenever possible.

3. You are responsible for being at all meetings and other events for which you are scheduled on time and ready to participate.

4. You are responsible for getting what you need by:

a. Asking for help when you need it;

b. Sharing your feelings with staff and peers;

c. Staying away from initiating, engaging in, encouraging, and or supporting the unhealthy behavior of others;

d. Telling the truth and doing what you think is right; (which include doing unto others as you would want them to do unto you)

e. Achieving your Recovery Plan goals;

f. Helping others achieve their goals if possible.

If you have any information that another client plans to do something to harm himself/herself or others, please report this immediately to a staff person. It is important that you understand that this should not be viewed as “snitching” but instead protects program clients and represents an act of responsible care and concern for others on your part.

Transitional Living Program Checklist

(Please Check All That Apply)

* + I am ready to live a serene, joy-filled, healthy life.
	+ I believe recovery is possible.
	+ I understand the recovery process has its ups and downs and commit to being honest with myself, staff, and fellow program participants when things are tough or I feel like relapsing, not taking my meds, isolating, and/or giving up.
	+ I understand that part of the learning process involves staff holding me accountable to my goals and healthy behaviors.
	+ I have read and understand the guidelines of the program and my responsibility as a client of the transitional living program. Anything I did not understand I brought up to staff and it has been explained to me.
	+ I am ready for change!

Tally up your check marks. If there are any circles not marked, SPIN’s transitional housing program may not be the best fit for you. If this is the case, feel free to ask staff for other referrals. If you have checked all the circles, SPIN’s transitional housing program could be the appropriate approach to problem solving and goal attainment, and you are more than welcome to continue with the program’s screening process.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been incarcerated?

What were your charges?

What are your past convictions?

Housing History: Where did you live before prison/jail? Who did you live with?

Work History:

Where have you worked in the past?

Education (Highest Grade): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time in Grant County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family History: Are they living? Do you have a close or distant relationship with them?

Parents:

Children:

Siblings:

Spouse:

Significant other:

Any other family involved in support?

Have you ever been diagnosed with a mental health condition? What are your conditions?

How long are you on probation or parole?

What substances have you used in the past?

Have you seen anyone for mental health issues in prison or before? Please explain

Any gang affiliations? Please explain.

Do you have a state issued ID?

Do you have any medical issues which our staff need to be aware of? What are they?

What medications are you prescribed?

Do you have epilepsy or a history of seizures?

Have you been hospitalized in the past year?

Is there any reason why you cannot be employed?

Please state your vision for each category and a couple of ways you will work toward your vision.

My goal for financial stability is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1.

2.

My support network includes: (Please list three people or agencies that are supportive of you.)

1.

2.

3.

My goal for emotional wellness is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1.

2.

My goal for physical health is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1.

2.

My housing Goal is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1.

2.

My goal for spiritual health is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1.

2.

WHY ARE YOU INTERESTED IN OUR PROGRAM? Please write at least a paragraph telling us about yourself and why you want to make life changes.