



## **SUPPORTING PEOPLE IN NEED**

PO Box 325, Silver City, New Mexico 88061

### **RECOVERY HOUSE APPLICATION (LEVEL III) SILVER CITY / DEMING**

#### **MISSION**

The mission of SPIN's Recovery House is to provide a secure and serene environment to people suffering from substance use, co-occurring disorders, or other disabilities. We strive to enable people to build foundations for long term recovery, learn to live with and manage their disability as independently as possible in order to improve the quality of life, and become productive community members.

#### **VISION**

The vision of SPIN's recovery house is to empower productive members of society by offering affordable neighborhood housing and support that is sensitive to the needs of recovering individuals and the community.

#### **SPIN RECOVERY HOUSE**

This Recovery House offers Level III Support in a monitored facility that has house rules to provide structure and includes peer-run groups, drug testing, house meetings, and participation in treatment services and/or self-help meetings. Our residence is provided in a single-family home located (for men) at 709 S Copper St, Deming, NM and 1307 N Swan St, Silver City, NM and (for women) 505 N Cooper St, Silver City, NM. The structure of this home includes policies and procedures that govern our organizational hierarchy and administrative oversight for our CCSS and MSW providers. We focus on life skill development and service hours are provided in-house. Each house has a house coordinator who is certified in Peer support (CPSW) and/or Comprehensive Community Support (CCSS). Some clinical services are utilized in the community.

Our recovery houses require that residents have been in recovery for at least one week before moving into the home. In addition, all residents are expected to commit to providing peer support for other residents, participate in recovery planning with peers and community Supports such as counseling, self-help groups, and confirm that recovering in a housing environment with Peer Support as opposed to more intensive treatment is their preference.



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#### Recovery House Application (LEVEL III)

##### 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.



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Name \_\_\_\_\_

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

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

Permanent Mailing Address:

How long have you been incarcerated?

What were your current charges?

What are your previous convictions?

Have you ever been convicted of a violent crime?      Arson?      Sex Crime?

Housing History:

Where did you live before prison/jail?

Address: \_\_\_\_\_ City, State

Rent or Own?      What was your monthly payment?      How long at this address?

Education (Highest Grade):

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

Marital Status: Married      Separated      Divorced      Widowed      Partner

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

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

Have you ever lived in Grant or Luna Counties? \_\_\_\_\_



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#### Family History:

Parents: Are they living?                      Are you close?                      Where do they live?

Children: How many?                      Are you close?                      Where do they live?

Siblings: How many?                      Are you close?                      Where do they live?

Spouse/Partner: Name:                      Are you close?                      Where do they live?

Any other family or friends involved in support?

#### Emergency Contact:

Name:    Relation:

Address:    Phone Number:

What is your projected release date?

How long are you on probation or parole?

#### Substance Use History

Drug of use:                      Last Use:                      How Much:                      Method:

Drug of use:                      Last Use:                      How Much:                      Method:

Drug of use:                      Last Use:                      How Much:                      Method:

Alcohol Use? Yes or No                      How much:                      How often?



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Any pending legal issues?

Have you seen anyone for mental health issues or substance use either 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 needs to be aware of? What are they?

Do you have epilepsy or a history of seizures?

Have you been hospitalized in the past year?

What medications are you prescribed?

Have you attempted suicide in the past?

If yes, how many times?

Did you have a specific plan:

Were you under the influence at the time?

When was your last attempt



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Is there any reason why you cannot be employed?

Work History:

What was your last job?

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

My goal for financial stability is:

GOAL: \_\_\_\_\_.

How will I reach that goal?

- 1.
- 2.

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

- 1.
- 2.
- 3.

My goal for emotional/physical wellness is:

GOAL: \_\_\_\_\_.

How will I reach that goal?

- 1.
- 2.

My goal for recreation (hobbies, interests, fun) is:

GOAL: \_\_\_\_\_.

How will I reach that goal?

- 1.
- 2.



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My housing goal is:

GOAL: \_\_\_\_\_.

How will I reach that goal?

- 1.
- 2.

My goal for spiritual health is:

GOAL: \_\_\_\_\_.

How will I reach that goal?

- 1.
- 2.

WHY ARE YOU INTERESTED IN OUR PROGRAM? Please tell us about yourself and why you want to make life changes. We have many applications and limited bed space. Why should we choose you?