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Mission Statement

To provide people recovering from substance abuse a safe, secure home in which to live and to practice the skills taught to them in treatment, so that they may become productive members of their community.

Vision Statement

We visualize that recovering people will use this home as a daily starting off point. They will learn and practice to use skills in many areas such as living, recovery, employment, parenting, educational, relationships, financial management, and spiritual principles. Because they live in a group situation, they will learn and understand that their contribution can make a difference and they do matter as a person and as a member of a community.

Masada House Services

Provisions of shelter, utilities, some food, support, case management, supervision, and life skills are provided to our clients.

Group meetings provide support and education including:

- Relapse prevention
- Communication skills
- Boundaries
- Recovery meetings
- Substance abuse education
- Stress Management
- Relaxation
- Refusal skills
- Financial Management
- Self-care issues
- Self Esteem
- Social activities

There are recreational opportunities at the home and throughout the community.

Residents learn to develop goals to sustain sobriety and a healthy, independent lifestyle utilizing community support agencies, support networks, local businesses, housing initiatives, religious communities and the education systems of San Juan County.



RULES AND RESPONSIBILITIES

We are glad you are considering Masada. It is a place where you can relax, have fun, work your program, and be kind to yourself and others. Here are a some of the basic rules we follow to keep it a safe environment for everyone. You will receive a Client Handbook with a more detailed list when you arrive. You and your welfare are very important here, as is everyone else in the house. *Our common welfare comes first.*

Masada House transitional program is a privilege and NOT a right. By applying for and being accepted into this program you are saying you want to be here to achieve long-term continued sobriety. To stay in the program, you must comply with the program rules.

RESIDENT RESPONSIBILITIES

1. Program fees are \$450 a month, payment arrangements may be set up with staff.
2. The Masada program comes first before personal business.
3. Maintain a positive attitude this is important to changing your perspective.
4. Communicate honestly.
5. Please notify staff when you are sick.
6. Comply with program requirements.
7. Take direction/suggestions from staff.
8. Keep the names of other residents confidential.
9. You are responsible for your personal property.
10. You will be financially responsible for the cost of repair or replacement if you intentionally destroy or deface property.

HOUSE RULES

(PHONES ARE NOT ALLOWED DURING HOUSE MEETINGS AND MEDITATION)

1. Residents must wake up on time 7 am M-F
2. Make your bed
3. Meditation is at 7:15 am Mon-Fri and at 8:30 am on Sat.
4. House meetings are Sundays at 6 pm and Tues at 5:30 pm.
5. Chores must be done by 10 am.
6. Wash your own dishes.
7. Arrangements for visitors must be made in advance with staff.
8. Visits to the jail are not allowed during Level 1.
9. Smoke only in designated areas.
10. No gambling per probation restrictions.
11. We do random UAs and BACs.
12. Call in every 3hrs Level 1&2 and 5hrs for 3&4.
13. **Sign Out/In:** When you leave and when you return.
14. **Curfew:** Level 2, 3, & 4 Sunday-Thursday 10:00 p.m. Friday and Saturday 11 pm. Level 1 residents must return to the house after meeting or another requirement is complete.
15. **Overnight passes** may be granted during level 3 and 4 if you meet all requirements.
16. Residents must attend at least 3 support meeting per week.

Levels of Success

Masada House residential program has 4 levels. Each phase earns additional privileges. Focus on completing the phases. *As long as there are no major infractions within the 30 days and you are current on fees you may move up a level.*

Level 1: First Thirty Days

- Obtain a sponsor
- Obtain a Job-if appropriate to your individual treatment plan
- 3 meetings a week
- No house restriction within 30 days
- Attend all case management meetings
- Follow treatment plan
- Make arrangements for payment of restitution, bills, and Masada program fees
- Follow house rules
- One 2 hour or less shopping period per week. The week runs Sunday to Saturday. Additional time may occasionally be allowed for haircuts. Speak with staff

Level 2: 30 days

- Able to attend activities and social events
- Working with a sponsor/mentor
- 3 meetings a week
- No House Restriction within 30 days
- Fees paid on time according to payment plan
- Restitutions and bills being paid on time

- Job search continues, appropriate to your schedule
- Actively working on goals
- Following house rules
- Following treatment plan

Level 3: 30 days +

- Continuing to work with a sponsor/mentor
- 3 meetings a week
- No House Restriction for 30 days
- Following treatment plan
- Fees paid on time
- Maintaining a job- or securing employment
- Saving money for future goals (housing, car, etc.)
- Restitution and bills continue to be paid
- Actively working on goals
- Following house rules
- Able to apply for overnight pass

- Actively working on goals
- Following house rules
- Following treatment plan

Level 4: Transitional Level

- Continuing to be compliant with all rules and responsibilities
- Able to apply for overnight passes
- Finding permanent housing
- Safety-Exit plan developed

- Fees up to date
- Support network meeting-if needed to meet and discuss progress and discharge plan



Referral Form

Referral Date: _____ Name: _____

Ethnicity: Hispanic/Latino Yes No Veteran: Yes No

Race: American Indian or Alaskan Native Asian Black or African American
 White Native Hawaiian or another Pacific Islander Other: _____

Date of Birth: _____ Age: _____ SS Number (last 4): xxx-xx-_____

Physical Address: _____

Mailing Address: _____

Phone: _____

Emergency Contact: _____ Phone: _____

Referring Agency

Name of Agency: _____

Name of Contact: _____

Phone: _____

Address: _____

Reason for the referral? _____

Does client have any legal cases? _____ Has client been sentenced? _____

Is client currently incarcerated? _____ Where? _____

Name of Judge: _____ Docket #: _____

Nature of Charges: _____

Probation expiration date: _____

Name of last treatment center: _____

When? _____ Where? _____

Drug(s) of Choice? _____

Is the client on a drug therapy program (suboxone, methadone, THC)? _____

Are there plans to put them in such a program? _____

Please include/attach the judgment and sentence. Email application to stopaniji@gmail.com

GENERAL INFORMATION

Please print, additional info can be added on back or on a separate sheet.

Name: _____ Have you served in the military: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SS Number (last 4) xxx-xx- _____

Message/Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

What is your marital status? _____ Spouse's name: _____

Do you have children? _____ Custody Arrangements: _____

PLEASE NOTE THAT WE ARE UNABLE TO ACCOMMODATE CHILDREN AT THIS TIME)

LEGAL INFORMATION

(Please attach a copy of all current court documents)

Have you ever been arrested? _____ Date of last arrest: _____

What were you charged with? _____

Last dates you were incarcerated: From: _____ To: _____

Are you on Probation/Parole/Compliance? _____

Officers name(s): _____ Phone: _____

Officers name(s): _____ Phone: _____

Are there current or pending charges? _____

Court/Judge: _____

Docket Numbers: _____

Any legal cases or issues you are aware of that have not been addressed? _____

SUBSTANCE ABUSE INFORMATION

Drug(s) of choice: _____

How long have you used substances? _____

How old were you when you first used/drank? _____ Date of last use: _____

What did you use? _____

Why? _____

LAST treatment facility: _____ Date completed: _____

On back list previous treatment facilities: inpatient, outpatient, aftercare, etc.

MEDICAL & MENTAL HEALTH INFORMATION

(Please use back or separate sheet if you need more room)

Do you have any medical issues? List them here: _____

Do you have a mental health diagnosis? Please List: _____

Have you ever considered or attempted suicide? _____ When? _____

Have you ever had any head injuries? _____ Date/age: _____

Briefly describe: _____

Have you ever been hospitalized for any mental health issues? _____

When/where: _____

Please list all current medications: _____

Physician name: _____ Phone: _____

Dr./Counselor/Therapist

Name: _____ Phone: _____

Name: _____ Phone: _____



YOUR TURN

Have you ever been to another transitional living program or halfway house? _____

How long were you there? _____

What was it like for you? _____

Why did you leave? _____

What would you like our staff to know about you (personality, etc.)? _____

Do you have a job? _____ If so, where? _____

If not, what type of work are you interested in? _____

Do you have a Food Handler's Card? _____ Expr date: _____

Do you have a GED or High School Diploma? _____ Do you want one? _____

What are your goals? _____

WHAT DO YOU HOPE TO GET OUT OF MASADA HOUSE?

Signature: _____ Date: _____

Email application to stopanijj@gmail.com or call 505-360-4672 for other arraignments.