

Foundation House | Rules & Guidelines Contract

1. We have accommodation for six halfway house residents | 4 males & 2 females in shared, en-suite accommodation, in a safe and beautiful environment.
2. The cost of the programme is R10,500/month (see below for more details).
3. **ALL the standard rules will apply that are supportive of recovery-orientated nature of the organisation:**
 - a. No drugs and alcohol or any unnatural stimulants, supplements or energy drinks are allowed on the property under any circumstances.
 - b. No one may enter the property intoxicated or under the influence of any substances.
 - c. No use of any substances **on or off the property** for the duration of residence.
 - d. No exclusive, romantic or sexual relationships with residents, patients, ex-residents, outpatients or staff are permitted.
 - e. No violence, aggressive towards the property, staff, patients or residents will be tolerated.
 - f. **Infringement of ANY of these rules will result in a 72-hour suspension**, and a seven-day suspension on second offence. A third offence will result in complete discharge.
4. Residents will have 24 hours' access to their music players, phones, tablets and computers in their rooms and the administrative wing of the building.
 - a. Personal radios, docking stations, etc. can be used, but their safekeeping is the responsibility of the resident.
 - b. Residents will have access to free high-speed, fibre-optic wi-fi.
 - c. TV access in the communal living area is available Monday & Wednesday (8:00 – 10:00pm), Friday (8:00pm – 12:00am), Saturday (until 12:00am), and Sunday (until 10:00pm).
 - d. Outside of these times residents are welcome to watch TV using their personal computers in their rooms.
 - e. Personal music needs to be listened to with the use of headphones.
 - f. The house does not have DSTV.
 - g. **Residents may not lend their phones, tablets and computers to inpatients under any circumstances.**
5. Residents would need to attend THREE Recovery Wellness meetings or Fellowship/12-Step meetings weekly.

- a. The Recovery Wellness Programme will be included as part of aftercare if the client has completed inpatient treatment at The Foundation Clinic.
- b. The Recovery Wellness Programme is available to detox and outside clients at a reduced cost of R10,500 for the 3-week programme (with 12 months' access).

6. Curfews are as follows:

- i. Sunday – Thursday | 10:00pm
- ii. Friday & Saturday | 12:00am
- iii. If curfew is missed, the client **will not be allowed to enter the property** after curfew.
- iv. If a resident is not home in time for curfew their next of kin will be informed.
- v. Failure to return to the clinic on time without an overnight pass, will be subject to drug testing.

7. Any resident testing positive for substances will be suspended from the property for 72 hours and be only be allowed back into residence once a negative drug test has been completed.

- a. Return to the residence will be done following a discussion with the management team.
- b. The resident's return may be dependant on a clean/negative drug test.
- c. A second offence will result in a week's suspension from the property.
- d. A third offence will result in termination of the resident's stay at the house.
- e. There will be no refunds for residential suspensions or exclusions.**
- f. Family or next of kin will be informed of a relapse immediately.
- g. If a detox is required, this will be charged at R1,725/day or claimed from medical aid.

8. Random drug testing and breathalysers will be carried out as seen necessary by any member of the clinic's team.

9. Rooms can be checked by the residential team within the resident's presence if deemed necessary or if there is suspected use of substances.

10. Personal items need to be stored securely whilst on the property, either on the resident's person or in a locked cupboard. **The clinic will not accept responsibility for theft, damage or loss. The resident will be required to complete a standard waiver and indemnity.**

11. Residents will be responsible for the neatness and tidiness of their rooms within the requirements of the residence, although general cleaning will be done by the house cleaning staff during the week.

12. Residents will be required to take part in household duties such as tidying the communal areas, watering the garden, sweeping the patios, weekend meal preparation, dishes, etc.
13. Residents are expected to attend morning readings during the mornings that they are in residence. They are also expected to attend the following meetings if they in are residence:
 - a. Climate Meeting | Monday, 9:00 - 10:00am
 - b. Feedback Group | Friday, 9:00 - 10:00am
14. Residents will be expected to adhere to meal times, and conditions of kitchen use.
 - a. If a resident is not going to be in residence for a meal, plans must be communicated the kitchen staff.
 - b. Dinner can be saved if arrangements are made.
 - c. There will be limited food storage and fridge space available for residents.
 - d. The kitchen is available for cooking during the weekend.
 - e. If the kitchen is used during the weeknights to make snacks, etc. it must be cleaned and left in a neat and tidy for the morning kitchen staff.
 - f. Work lunches need to be prepared the previous evening as the staff use the kitchen to prepare breakfast in the mornings for all the clients in residence.
15. **All house residents will be expected to vacate the house between 9:00am and 4:00pm Monday to Friday.**
 - a. Residents may make use of the administrative wing, café or U-ACT offices to complete work or study, but **must remain out of the house for these hours during the day.**
 - b. Ideally residents should be engaged in work, active job seeking or studies.
16. Weekend and overnight passes need to be arranged at **LEAST 48 hours in advance**. Leave forms are available in administration and need to be signed by Pius Motswedi. A copy must be given to nursing, security and administration.
 - a. We recommend that residents do not ask for overnight passes for their first month of residence.
17. Pius Mostesedi will oversee the management of the residence and take care of all admissions, schedules, leave requests and weekend/overnight passes, etc.
18. All potential residents will be considered for accommodation/residence following a meeting with clinic team member. This team member has the authority to make decisions about admission requirements and terms of admission.

19. Before moving in residents will be required to sign this contract relating to their stay, including a waiver and indemnity, financial commitment, rules and guidelines, confidentiality, and attendance at outpatient programme to take up their place in the house.

Financial information:

1. **The monthly rent is R10,500/month**
2. **Rent needs to be *paid in advance before the first day of each month of residence.***
3. The residence cost includes:
 - a. All meals
 - b. Shared accommodation of two – three people in a room (depending on the room size)
 - c. Weekly laundry
 - d. General cleaning
 - e. Random drug testing and/or breathalyser
 - f. Highspeed, fibre-optic WiFi
4. The residence cost does NOT include:
 - a. Individual therapy, counselling (this can be organised privately and may be claimable on medical aid if the benefit is available to the member) or coaching.
 - b. Psychiatric, specialist or medical consultations.
 - c. Medication of any kind.
 - d. Transport.
 - e. Recovery Wellness Programme (there is a reduced fee of R10,500)

I have read and understand the above rules of Foundation House. I understand that if I infringe on the rules and guidelines I am subject to the conditions outlined above. As, infringing on these rules and guidelines not only puts my recovery at risk, but also the lives and recovery of fellow residents.

I understand that my property needs to be kept secure and safe at all times, and that this is my responsibility. This includes keeping valuables in a locked cupboard or handing them over to the staff for safe keeping. Leaving valuables, money and other personal items unsecured cannot be the liability or responsibility of the staff or residents at Foundation House or the Foundation Clinic.

The admission papers from my original clinic admission are still binding and applicable for my extended stay.

Signed and witnessed at The Foundation Clinic, 41 Pretoria Street, Oaklands on this _____
day of _____ month, 20_____.

Name: _____

Signature: _____

Team Member completing admission: _____

Signature: _____

Witness: _____

Signature: _____

CONFIDENTIALITY AGREEMENT

I, _____, understand that in order for treatment and recovery programmes to be effective it is crucial that a high level of trust exists at The Foundation Clinic. It is therefore imperative that a *strict adherence to confidentiality and anonymity* exists in this treatment centre.

I agree therefore that under no circumstances will I divulge any part of what occurs at The Foundation Clinic in any part of my, or others, treatment and/or recovery programme to anyone outside the treatment facility, as to do so may be harmful to the treatment & recovery of myself and others. This is to protect the privacy of the individuals that I engage with during my treatment. This includes the personal information shared by staff, therapists, coaches, facilitators and educators in the programme.

Signature: _____

Witness: _____

Date: _____

<p><u>First Name:</u></p>	<p><u>ID Number (ID copy attached)</u></p>
<p><u>Physical Address:</u></p>	<p><u>Phone Number:</u></p>
<p><u>E-Mail Address:</u></p>	<p><u>Referring Practitioner (if applicable):</u></p>
<p><u>Medical Conditions, allergies and/or mental diagnosis:</u></p>	<p><u>Medical Aid Details:</u></p>
<p><u>Next Of Kin</u></p> <p>Name: _____</p> <p>Relationship to self: _____</p> <p>Phone: _____</p> <p>Email Address: _____</p>	<p><u>Previous Treatment:</u></p> <p><input type="checkbox"/> Completed Primary Treatment</p> <p><input type="checkbox"/> Completed Secondary Treatment</p> <p><u>Name of Previous Treatment Centre(s):</u></p> <p>_____</p> <p>_____</p> <p><u>Drug(s) of Choice:</u></p>
<p><u>Person Responsible for Account:</u></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email Address: _____</p>	<p><u>Special Dietary Requirements:</u></p> <p><u>Allergies:</u></p>

WAIVER AND INDEMNITY FORM

I, _____ [Name] _____
[Signature]

Acting herein for myself and my invitees, including members of my family and dependents, hereby waive and abandon any and all claims of every nature and whether for me personally or in any representative capacity, in respect of any loss, damage, physical injury or death from whatsoever cause or howsoever arising out of any act or omission by the owners of The Foundation Clinic (“the property”), DAVID WILLIAM JOHN COLLINS, their employees, officers, agents or consultants (collectively “management”) and their respective invitees and notwithstanding that any such act or omission may arise outside the course and scope of employment of management or their respective invitees. Such waiver, shall, in addition, apply to claims in respect of any loss, damage, physical injury or death arising from my involvement, directly or indirectly, in outings or activities sanctioned and/or organized by management and their respective invitees.

I furthermore indemnify and hold harmless management and their respective invitees, from time to time, against any loss or damage, whether in respect of capital and/or costs awarded by any court in respect of any loss contemplated in paragraph 1 above, suffered by me or any of my invitees, including members of my family.

Notwithstanding, I undertake at all times, to obey immediately and without query any demand of or request that may be made to me at any stage in the course of my stay at the property and on any outings or during any activities and/or organized by the management and their invitees and I acknowledge that any such demand or request will be made for the purpose of ensuring my personal safety, alternatively the safety of others in whose company I may be. The Foundation Clinic is a drug and alcohol-free environment and any person visiting or accompanying client onto the premises thought to be under the influence of substances, will immediately be asked to leave. No visitors obviously or suspected of being under the influence of substances will be granted access to the clinic grounds or buildings.

I acknowledge that management and their respective invitees accept no responsibility and shall not be liable for any loss, damage, physical injury or death from whatsoever cause or howsoever arising which may be sustained by me or my dependents whilst on the property, whether or not this is due to the negligent act or omission of management or their respective invitees and notwithstanding that any such act or omission may arise outside the course and scope of the employment of management. I acknowledge that The Foundation Clinic will not be responsible for any of my personal possessions, which should have been handed in at the office for safekeeping or handed to a family member.

I furthermore undertake and agree that this waiver and indemnity shall be effective at all times during my stay at or visits to the property and in respect of all future visits thereto and shall continue to be fully effective and operative until withdrawn by me on 30 (thirty) days written notice to the management.

Dated at The Foundation Clinic on this _____ day of _____ 201_____.

Witnesses 1. _____ 2. _____