



RECOVERY RESIDENCES

807 Palmer Rd.

Delray Beach, Florida 33483

NEWCOMER'S PACKET

Donnie M. Manager: 561.860.4500

Chuck O. Director: 703.932.0373

OFFICE: 561.200.0868

www.waypointdelray.com



RECOVERY RESIDENCES

NAME: _____

CELL: _____

WAYPOINT ADDRESS: _____

MISSION STATEMENT

The Waypoint provides a recovery point where men can get on course for a successful, structured journey through life. Open 365 Days of the year, 24 hours a day.



RECOVERY RESIDENCES

To: All New Residents

From: *Chuck Obermeyer, III Director &
Donnie Malarik, Resident Manager*

Congratulations on your decision to move into The Waypoint Recovery Residences. Our Staff and Managers will be pleased to help make your stay here a positive and productive part of your recovery. We are committed to providing a safe, supportive and clean environment for your early recovery but we will need you to help by providing honesty, open-mindedness and willingness which are so essential for your continued growth.

Pursuant to those goals, enclosed please find the following:

- 1: Mission Statement
- 2: Intro Letter
- 3: Client Information sheet
- 4: Residential House Rules
- 5: Rental Agreement
- 6: Medications
- 7: Incident Report
- 8: 30 Day Review
- 9: 120 Day Review
- 10: A List of important phone numbers

Please review all the above items and feel free to contact the house manager with any questions or comments.

The staff of The Waypoint is committed to maintaining the highest quality and standards for our Recovery Residences. It is important to note that a Waypoint residence is only as good as it's residents.

Let's keep The Waypoint the best recovery residences around!!



RECOVERY RESIDENCES HOUSE RULES

**ALCOHOL, DRUGS OR PARAPHERNALIA ARE NOT PERMITTED ON THE PREMISES.
NO PERSON UNDER THE INFLUENCE ARE ALLOWED IN OR AROUND THE HOUSE AT ANY TIME.
(THIS WILL RESULT IN IMMEDIATE EVICTION)**

RENT: Rent must be paid on or before 11pm every Friday to Donnie M. If not paid on time a 9:30pm curfew will be imposed, If **2 weeks** behind start marking up the difference by paying additional monies daily (**At least 10% of outstanding balance**), plus weekly rent and early curfews are continued until caught up.

3 weeks late (YOU WILL BE ASKED TO FIND ALTERNATIVE HOUSING)

CURFEW and INCENTIVE : (YOU MUST BE UP AND OUT OF BED BY 9:00am.)

PHASE 1 - Newcomers **1st 30** Days (**10:30pm daily prior to 30 day review**)

IF YOU ARE LATE: 1st Offense - **1 Week** 9:30 Curfew - 2nd Offense - **1 Week** 8:30 Curfew - **3rd Offense** - **2 Weeks** 8:30 Curfew.

(DO NOT LEAVE PALM BEACH COUNTY AT ANY TIME...)

PHASE 2 - After **30** Days if approved by Management and fitting the Criteria you are entitled to

CURFEW: Sunday to Thursday (**10:30pm**) Friday and Saturday (**12:30am**) Passes Will **Available**

INCENTIVE: \$100.00 off of **1 weeks** Rent. This is a one time Incentive.

(If you Relapse within the 1st. 30 days you are no longer entitled to the Rent Incentive.)

PHASE 3 - After **120** Days if approved by Management and fitting the Criteria you are entitled to

CURFEW: Sunday to Thursday (**10:30pm**) Friday and Saturday (**12:30am**) Passes Will **Available**

INCENTIVE: \$100.00 off of **1 weeks** Rent. This is a one time Incentive.

(If you Relapse within the 1st. 30 days you are no longer entitled to the Rent Incentive.)

IN CASE OF A RELAPSE: You must complete Medical Detox (Present Management with Discharge Papers, Repay First, Last, Registration Fee, Test Clean. & must start over at PHASE-1

MANDATORY HOUSE MEETINGS: Monday & Thursday's 10:00pm (**IF YOU ARE LATE OR**

MISS A MEETING) 1st Offense - **1 Week** 9:30 Curfew - 2nd Offense - **1 Week** 8:30

Curfew - **3rd Offense** - **2 Weeks** 8:30 Curfew.

ALL RESIDENTS MUST WORK A DILIGENT PROGRAM OF RECOVERY: (THIS INCLUDES)

- ◆ Attend AA or NA meetings every day. (90 and 90).
- ◆ You must have a Sponsor or Temp. Sponsor within the first week of residence.
- ◆ Work the Steps.
- ◆ Get a Home Group and develop Sober Support Group.
- ◆ Follow all aftercare recommendations made by your Therapist and Rehabilitation Center.



RECOVERY RESIDENCES HOUSE RULES

JOB: You must have a Job within 2 week of residence. If not you must keep busy.
(**example:** Service work or volunteer work. **(YOU CAN NOT LAY AROUND THE HOUSE ALL DAY)**)

SMOKING: NO SMOKING or DIP No open flames in the apartments Including your bed room
(No candles or Incense.) If you smoke outside use the ash tray.

BIKES: Are not allowed in bedrooms.

KITCHEN: When done cooking & eating wipe down counter tops, Do not leave open containers or food on counter tops. Do not put silverware in the sink that has the garbage disposal **EVER**. Wash, dry, and put away all Pots, Pans, Plates, Silverware etc... **(SO IT IS CLEAN FOR THE NEXT PERSON)**

PANTRY / REFRIGERATOR: Each Person has their own shelf. Keep it clean and organized.
Please Respect other Housemates Food ect... **(IF IT IS NOT YOURS DON'T TOUCH IT)**

BED ROOM, BATH ROOM & CLOSET: Keep your living area clean and organized. Don't leave clothes on the floor or thrown in the closet. Your bed needs to be made every morning.
(PRACTICE GOOD HYGIENE & HAVE RESPECT FOR YOURSELF AND YOUR HOUSE MATES.)

LAUNDRY ROOM: Do not start your laundry if you do not have the time to complete it.
Don't let your laundry sit in the washer or dryer, inconveniencing your house mates.

CHORES: See posted Chores list **(IF CHORES DON'T MEET INSPECTION) The Whole House will be on 9:30 Curfew until House meets inspection.**

LIVING ROOM / COMMON AREAS: Keep clean. If you drop something on the floor, such as water, soda, food ect... It must be picked up/cleaned immediately.

DINING ROOM: Wipe down table, push in chairs when done.

PROBLEMS / CONCERNS / CONFLICTS: No Physical Confrontation or Acting out, Yelling, Verbal or Physical Threats! If there are any problems due to living conditions or persons within the household, please contact **(Donnie M.)** He can be reached at Cell # 561.860.4500 If there is an issue that cannot be resolved, Donnie M. & Chuck O. will meet to try to come to a solution.

(I HAVE READ & AGREE TO ALL OF THE RULES & CONDITIONS)

Name: _____ **Date:** _____



INTAKE DATE: _____

RECOVERY RESIDENCES
Client Interview Information Sheet
(Please Print)

WAYPOINT ADDRESS: _____

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ **MEDICAL INSURANCE. Yes - No**

Marital Status (**check one**): Single [] Married [] Divorced [] Separated []

Vehicle Make and Model: _____ Tag #: _____

Driver's License #: _____ D.O.B. ___ / ___ / _____ Age: _____

Sobriety Date: _____

Treatment Center: _____ Date Entered: _____ Release Date: _____

Counselor: _____ Phone #: _____

Aftercare: Yes - No Day: _____ Time: _____

Total Times in Treatment: _____ Drug of Choice: _____

Are you on Probation? If yes where: _____

Pending Charge: _____ Court Date: _____

Contact Name: _____ Relationship: _____ H:Phone #: _____

Contact e-mail: _____ O:Phone #: _____

C:Phone #: _____

Contact Name: _____ Relationship: _____ H:Phone #: _____

Contact e-mail: _____ O:Phone #: _____

C:Phone #: _____



RECOVERY RESIDENCES
30 DAY REVIEW

Clients Name: _____ **Client Cell Phone #:** _____

1. Sponsor Confirmation. **Y or N**
 - a. Workbook or Big-book assignments
 - b. Step Work.
2. Work Confirmation: **Y or N**
 - a. Pay Stub.
 - b. Letter from employer.
3. Commitments
 - Have you been in any confrontations? **Y or N**
 - Have you missed curfew? **Y or N**
 - have you found a Homegroup? **Y or N**
 - Have you been making your bed? **Y or N**
 - Have you cleaned up after yourself? **Y or N**
 - Have you made all mandatory meetings? **Y or N**
 - Have you followed your aftercare? **Y or N**
4. Are you current with your rent.?
If not how and when will it get caught up. _____
5. Are you on medication? **Y or N** . If yes do you have enough meds. Have your medications changed? **Y or N**.
6. Do you have any suggestions that would have made your transition into the Waypoint easier: _____

7. Random Urine test: To be logged in folder,

Clients Signature: _____

MGR, Name Signature: _____



RECOVERY RESIDENCES
120 DAY REVIEW

Clients Name: _____ **Client Cell Phone #:** _____

1. Sponsor Confirmation. **Y or N**
 - a. Workbook or Big-book assignments
 - b. Step Work.
2. Work Confirmation: **Y or N**
 - a. Pay Stub.
 - b. Letter from employer.
3. Commitments
 - Have you been in any confrontations? **Y or N**
 - Have you missed curfew? **Y or N**
 - have you found a Homegroup? **Y or N**
 - Have you been making your bed? **Y or N**
 - Have you cleaned up after yourself? **Y or N**
 - Have you made all mandatory meetings? **Y or N**
 - Have you followed your aftercare? **Y or N**
4. Are you current with your rent.?
If not how and when will it get caught up. _____
5. Are you on medication? **Y or N** . If yes do you have enough meds. Have your medications changed? **Y or N.**
6. Do you have any suggestions that would have made your transition into the Waypoint easier: _____

7. Random Urine test: To be logged in folder,

Clients Signature: _____

MGR, Name Signature: _____



RECOVERY RESIDENCES
INCIDENT REPORT

Type of Incident circle one.

1. Non compliance
2. Conduct of resident.
3. Injury due to accident.
4. Injury due to confrontation.
5. Usage of Alcohol or Drugs.
6. Damage to property.
7. Stealing of property.
8. Curfew violation.
9. Other: _____

REMARKS: _____

Resident Name: _____ **Resident Signature:** _____

Manger Name: _____ **Manger Signature:** _____

House: _____

Date: _____

Time: _____



**RECOVERY RESIDENCES
SPONSOR AND MEETING LIST**

(Please Print)

Date: _____

Your Name: _____

Your Phone Number: _____

Your Sponsors Name: _____

Sponsor's Phone Number: _____

(Meetings you make on daily basis)

- Monday: _____
- Tuesday: _____
- Wednesday: _____
- Thursday: _____
- Friday: _____
- Saturday: _____
- Sunday: _____

(DO 90 MEETINGS IN 90 DAYS)

DID YOU READ YOUR MEDITATIONS TODAY



RECOVERY RESIDENCES

PHONE NUMBERS YOU MIGHT NEED

Social Security: (800) 772-1213

Drivers License - Fla. ID: (561) 681-6333

Vehicle Registration: (561) 355-2622

Labor Pools: (561) 265-0076 (561) 272-4111

Health Dept.- So. County (561) 274-3130

Family Services Food Stamps: (561) 279-1600

Unemployment Office: (866) 778-7356

Post Office — Delray Beach: (561) 276-6047

Probation Sz. Parole, 3rd. ave.: (561) 279-1650

UPS: (800) 742-5877

Tr i-Rail: (800) 874-7245

Checker Cab: (561) 683-0000

Manatee Cab (561) 279-8333

Metro Cab: (561) 276-2230

Bell South: (561) 780-2355

G.E.D. (561) 243-1520

PBCC: (561) 967-7222