



## **RECOVERY RESIDENCES**

[www.waypointdelray.com](http://www.waypointdelray.com)

807 Palmer Rd.

Delray Beach, Florida 33483

OFFICE: 954-554-3158

# **NEWCOMER'S PACKET**

**Chuck Obermeyer III, Director**

**703.932.0373**

**Stuart Maesel, Resident Manager**

**954-554-3158**



To: New residents...

From: Chuck Obermeyer III, Director

Congratulations on your decision to make The Waypoint Recovery Residences your transitional home! Our staff will be pleased to help make your stay here a positive and productive part of your 12 Step recovery program. We are committed to providing a safe, supportive, well-structured and clean environment for you in your early recovery. Pursuant to those goals, enclosed please find in this NEWCOMER'S PACKET the following:

- 1: Cover Sheet
- 2: Our Introductory Letter
- 3: House Rules
- 4: Day to Day Rental Agreement
- 5: Client information sheet
- 6: Medication list
- 7: Sponsor and meeting list (which will be needed to be filed out weekly)
- 8: Incident report
- 9: 30 Day review (which will be needed to be reviewed and approved to move to Phase 2)
- 10: 120 Day review (which will be needed to be reviewed and approved to move to Phase 3)
- 11: A list of important phone numbers that you may need.

We will need you to help us by providing honesty, open-mindedness and willingness, which is essential for your continued growth. Please review all the above items and feel free to contact our Resident Manager, Stuart Maesel at 954-554-3158, with any questions or comments. The staff of The Waypoint Recovery Residences is committed to maintaining the highest quality and standards for our Recovery Residences. It is important to note that the Waypoint Residence is only as good as its residents. The Waypoint provides a recovery point where men can get on course for a successful & structured journey through life.

Open 24 hours a day 7 days a week 365 Days a year. Stuart Maesel, residential manager is available 24 hours a day and can be reached at any time at 954-554-3158.



## HOUSE RULES

**NO ALCOHOL, DRUGS OR PARAPHERNALIA ARE PERMITTED ON THE PREMISES. NO PERSONS UNDER THE INFLUENCE ARE ALLOWED IN OR AROUND THE HOUSE AT ANY TIME. NO MALES OR FEMALES ARE ALLOWED IN OR AROUND THE HOUSE AT ANY TIME. (THIS WILL RESULT IN IMMEDIATE EVICTION)**

**INTAKE FEE: (\$600.00) Covers - \$200.00 FOR THE FIRST WEEK, \$200.00 FOR THE LAST WEEK & \$200.00 NON/REFUNDABLE ADMINISTRATION FEE. TO BE PAID IN ADVANCE OR AT TIME OF ARRIVAL.**

**RENT:** Rent (\$200.00) must be paid on or before 11pm every Friday made payable to the Waypoint L.L.C. Late or partial payments will result in an earlier curfew being imposed. First week is a 9:30 curfew. If two weeks behind, client will be asked to find alternative housing.

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

**PHASE 1** - (10:30pm daily), IF YOU ARE LATE: 1st Offense - 1 Week 9:30 Curfew - 2nd Offense - 1 Week 8:30 Curfew - 3rd Offense - 2 Weeks 7:30 Curfew.

**PHASE 2** - After 30 Days if approved by management and fitting the criteria you are entitled to later curfews if needed. Late curfew available upon request on a case to case basis. Weekend or overnight passes will be available upon request on a case to case basis, with a \$10.00 U/A test charge (If you relapse you are no longer entitled any curfew incentives, and must start back at Phase 1)

**PHASE 3** - After 120 days if approved by management and fitting the criteria you are entitled to late curfew available upon request on a case to case basis.

Passes will be available upon request on a case to case basis.

**IN CASE OF RELAPSE:** You will lose last week's rent, all curfew incentives, and must complete medical detox or have other arrangements for at least 7 days before re-admission. To be reinstated, you must repay first, last, administration fee, test clean & must start over at PHASE-1

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

- Attend AA or NA meetings every day (90 meetings in 90 days).
- You must have a Sponsor or Temp Sponsor within the first 2 days of residence.
- Start Working the Steps with your Sponsor.
- Get a Home Group and develop Sober Support Groups.
- Follow all aftercare recommendations made by your therapist and rehabilitation center.



**MANDATORY HOUSE MEETINGS: Monday & Thursday's 10:00pm. These meetings start at 10PM SHARP. If you are late or miss a meeting for any other reason than work, earlier curfews apply at management discretion.**

(I HAVE READ & AGREE TO ALL OF THE ITEMS LISTED ABOVE TO BE TRUE)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Sober Adult Living Rules

**The Waypoint has minimal, but required expectations for mature, responsible daily living. It is now imperative for each resident to become a fully functional member of the community. Hence, the following life rules are part and parcel to successful recovery.**

**JOB:** You must have a job within 2 week of residence. If not, you must keep busy. (Example :) Service work or volunteer work. (It does not enhance your recovery to lounge around the house.) Our residents are committed to taking decisive right steps to ensure continued personal growth.

**PANTRY / REFRIGERATOR:** Each Person has their own food. Keep it clean and organized. Please respect other housemate's food etc... (IF IT IS NOT YOURS DON'T TOUCH IT)

**BEDROOM, BATHROOM & CLOSET:** Keep your living area clean and organized. Don't leave clothes on the floor or thrown in the closet. Bed need 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 house will be on 9:30 Curfew until House meets inspection.

**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...

**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 Waypoint Management Personnel. If there is an issue that cannot be resolved through resident mediation, then the Waypoint Management will assist with a solution.

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

**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 recommended but not allowed in bedrooms and must be safely locked when not in use.

**(I HAVE READ & AGREE TO ALL OF THE ITEMS LISTED ABOVE)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_



## Client Information Sheet

WAYPOINT ADDRESS: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Marital Status (check one): Single  Married  Divorced  Separated

Emergency Contact Information: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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(s) of Choice: \_\_\_\_\_

Are you on Probation? If yes where: \_\_\_\_\_

Pending Charge: \_\_\_\_\_ Court Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ H:Phone #: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_ O:Phone #: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ H:Phone #: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_ O:Phone #: \_\_\_\_\_ C:Phone #: \_\_\_\_\_



INTAKE DATE: \_\_\_\_\_ MEDICAL INSURANCE. Yes - No

I HAVE READ & AGREE TO ALL OF THE ITEMS LISTED ABOVE TO BE TRUE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Medication List

List all including over the counter medications

Date	Medicine	Dosage	Date Issue	Pill Count
_____	- _____	- _____	- _____	- _____
_____	- _____	- _____	- _____	- _____
_____	- _____	- _____	- _____	- _____
_____	- _____	- _____	- _____	- _____
_____	- _____	- _____	- _____	- _____
_____	- _____	- _____	- _____	- _____
_____	- _____	- _____	- _____	- _____
_____	- _____	- _____	- _____	- _____
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_____	- _____	- _____	- _____	- _____
_____	- _____	- _____	- _____	- _____
_____	- _____	- _____	- _____	- _____
_____	- _____	- _____	- _____	- _____
_____	- _____	- _____	- _____	- _____

I HAVE READ & AGREE TO ALL OF THE ITEMS LISTED ABOVE TO BE TRUE

Name: \_\_\_\_\_ Date: \_\_\_\_\_



## Sponsor & Meeting List

**This sheet with your name and date must be given to Stuart at the Monday night house meeting or early curfew will be imposed!**

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?

I HAVE READ & AGREE TO ALL OF THE ITEMS LISTED ABOVE TO BE TRUE

Name: \_\_\_\_\_ Date: \_\_\_\_\_



## 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: \_\_\_\_\_

INCIDENT REPORT

(I HAVE READ & AGREE TO ALL OF THE ITEMS LISTED ABOVE TO BE TRUE)

Name: \_\_\_\_\_ Date: \_\_\_\_\_



## 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 Home group? 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 be current? \_\_\_\_\_

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: \_\_\_\_\_



## 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: \_\_\_\_\_



## PHONE NUMBERS YOU MIGHT NEED

Social Security: (800) 772-1213

Driver 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 Parole, 3rd. Ave.: (561) 279-1650

UPS: (800) 742-5877

Tri-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