



# Monarch Men's Programs and Services

## Referral Information

January 2018

**It is important that the men sign the enclosed 'Release of Information',  
if you require updates or a discharge summary. Thank you.**

**Monarch Recovery Services**

**Men's Assessment & Referral**

**Tel: 705-674-4193 x 3224 or 1-877-431-6713 x 3224**

**Fax: 705-671-8069**

### Level 1 Supportive Housing

402 Brady Street  
Sudbury, ON P3B 2P6



#### **MONARCH Men's Recovery Home**

welcomes men 16 years and older, with a substance abuse problem, who demonstrate a commitment to change their lifestyle. The men and staff design a service plan specific to his needs. Every applicant must be committed to maintaining his sobriety through work, education, volunteering, re-training and recreational activities. He is supported while adjusting to his new lifestyle. All residents will participate in household maintenance, chores, group activities and volunteering opportunities. The length of stay is up to six months.

#### **Eligibility Criteria:**

1. Male 16 and older, who has been detoxified from drugs and alcohol for at least 72 hours.
2. Must demonstrate a commitment to recovery
3. Homeless/unsafe living environment.

### Level II Supportive Housing

396 Brady, Sudbury, ON P3B 2P6

#### **The Men's Transition Home**

was established to provide accommodations in conjunction with a program of rehabilitative services, to support men in recovery, with the main goal of abstinence. This residence offers an affordable, cooperative and empowering environment for residents to transition to independent living. After completing a Recovery Home Program, the Transition Home provides men 18+ with 6 months of residential recovery support.

#### **Eligibility Criteria:**

1. Must have successfully completed the program at the Monarch Men's Recovery Home (or its equivalent) and have received a recommendation from their Counselling Team
2. Must be abstinent from alcohol & other drugs, with exception of approved medications
3. Must demonstrate a commitment to recovery and be in the maintenance stage of change
4. Must have a source of income (Ontario Works, O.D.S.P., E.I., W.S.I.B., pensions, employed part-time or full-time) as geared to income rent is required
5. Must complete the application process and a contract agreement.

### Men's Day Treatment

2-517 Kathleen Street  
Sudbury, ON P3C 2N1



#### **MONARCH Men's Day Treatment**

offers a 5-week intensive day treatment program to men, 16 years and older, who want to address their substance abuse issues and learn effective coping strategies to be successful in their recovery.

Hours are from 10 am -3 pm Monday to Friday, and lunch is provided.

Participants work with an assigned Primary Counsellor, attend group sessions, and are provided with information and education relating to substance abuse and life issues. Includes Cognitive-Behavioural Therapy, Motivational Enhancement, Refusal Skills and Relapse Prevention.

#### **Eligibility Criteria:**

1. Male 16 years old and older.
2. Must complete or have completed a Monarch assessment in the last 2 months.

**For more information, an assessment, tour or interview for the above programs call 705-674-4193 Ext 3224.**

#### **MONARCH Men's Aftercare Group**

#### **Eligibility Criteria**

1. Males over 16 years of age.
2. The completion of a recovery program and a desire to maintain sobriety with at least 72 hours in sobriety
3. Registered with Monarch Recovery Services by completing a referral application

**Meetings are Wednesday nights at 6:30p.m.-8:30p.m. at 402 Brady Street**

## MEN'S RESIDENTIAL SITES

<b>What to Bring</b>	<b>What NOT to Bring</b>
<p align="center"><b>Identification</b></p> <p>driver's license, passport or another government-issued photo identification If you do not have a valid/unexpired photo ID please bring a copy of a birth certificate or social insurance card.</p>	<p align="center"><b>Valuables</b></p> <p><b>Monarch Recovery Services</b> is not responsible for money and other personal property that are lost, stolen or damaged. Residents are advised not to bring large sums of money or other items of value.</p>
<p align="center"><b>Luggage</b></p> <p>Please limit yourself to one large suitcase and one bag of clothing.</p>	<p align="center"><b>Scented Products</b></p> <p>Colognes, perfumes and other scented items are prohibited due to resident and staff allergies.</p>
<p align="center"><b>Clothing</b></p> <p>Casual/comfortable clothing that can be layered, sleepwear, slippers, indoor shoes for everyday use, flip flops, workout attire for exercise, hiking shoes, a warm jacket and winter boots may be essential for many of our activities.</p>	<p align="center"><b>Clothing Expectations</b></p> <p>You are expected to shower daily and wear clean clothes. You will be neatly and modestly dressed at all times. Clothing items containing alcohol or drug-related symbols or slogans or items with offensive or derogatory symbols or slogans are strictly prohibited.</p>
<p align="center"><b>Toiletries</b></p> <p>You should pack items as shampoo, conditioner, toothpaste, hair gel, body wash, towels and soap. All toiletries must be alcohol free, scent-free and non-aerosol.</p>	<p align="center"><b>Items with Alcohol</b></p> <p>Items that contain alcohol such as aftershave lotion and mouthwash are restricted.</p>
<p align="center"><b>Cell Phone</b></p> <p>Cell phones and music devices will be locked up, but are permitted at times designated by our guidelines.</p>	<p align="center"><b>Electronics</b></p> <p>Computers, laptops and tablets are not permitted.</p>
<p align="center"><b>Contact Information</b></p> <p>Please bring a list of phone numbers and addresses of family members, doctors, psychiatrists, counsellors, attorneys, and of anyone you would like to contact.</p>	<p align="center"><b>Cell Phones &amp; Vehicles</b> are not permitted.</p>
<p align="center"><b>*We are a scent-free agency*</b></p>	<p align="center"><b>Outside Food &amp; Beverages</b> are not permitted.</p>



## Men's Residential Sites Application Checklist

**Monarch Recovery Services Men's Site services are available to fully detoxified individuals who are homeless, or at risk in their current environment.**

**With your completed application have you enclosed?**

- GAIN ASSESSMENT
- If on psychoactive medications, a letter from your prescribing Physician verifying your stability and diagnosis
- A copy of Bail, Probation or Parole if applicable
- Signed consent to share information
- TB Test Form, if completed

To apply for residency at Monarch Recovery Services;

- **An individual must have been assessed as needing Level One Supportive Services according to the Provincial Guidelines and as in the Gain Q 3 assessment\*\***
- Monarch Recovery Services does accept applications from co-occurring and concurrent disorders men and may request additional information before considering applications.

**We do our best to respond to your application within 24 business hours of submission.**

**Assessment Coordinator 705-675-1179 Ext. 3224  
or 1-877-431-6713 x 3224**

**Office Hours: 8:30 a.m. to 4:30 p.m. Monday to Friday.**

**Applications may be faxed to 705-671-8069**

**E-mail [info.men@srmonarchrs.ca](mailto:info.men@srmonarchrs.ca)**

Please visit our website at <http://www.monarchrecoveryservices.ca> for more information.



## **Men's Day Treatment Program**

### **FAQ**

#### **I am interested and want to get into the program, how do I do that?**

- Call and schedule an intake with our Assessment coordinator at 705-674-4193 ext. 3224.

#### **I have a start date for treatment, what do I need to know for my first day?**

- Treatment runs in 5- week cycles. If you miss the first week, you will need to reapply for another cycle. Our Connections counsellor is there to provide support to you while you wait. You can reach the Connections counsellor at 705-674-4193 ext. 4024.
- Doors open and programming starts at 10:00 a.m. and ends at 3:00 p.m., Monday to Friday – closed on statutory holidays.
- Lunch is provided.
- You will have a primary counsellor with whom you can connect with for one-on-one discussions.
- You will be participating in group sessions in the afternoons.
- You will hear from agencies that can help you in your recovery.
- You will hear from people who are in recovery and be inspired by their personal experience.
- You will be asked to check in and check out with the group each day.

#### **Is there anything I can't do when attending this treatment program?**

- You are asked to attend each day of the week. If you have appointments set, you will need to speak with your primary counsellor in advance.
- You are asked to be mindful of the clothing you wear. Please don't wear shirts with logos that promote substance use such as beer labels. This can trigger people.
- You can't come to treatment while under the influence – if this happens, your counsellor will speak with you. This Treatment Program is a harm reduction approach, so your counsellor will discuss if this program is a fit.

#### **I have completed this treatment program, now what?**

- You can get the support of the Connections counsellor for up to 6 months after completion of the program.
- Your Connections counsellor can help you with referrals and anything else needed to get to the goal(s) you have set.
- You can attend the weekly Aftercare Program, Wednesday nights at 6:30 p.m., at the Men's Recovery Home located at 402 Brady Street.

# Monarch Men's Application Form



## Applicant's Information

First Name:		Middle Name:		Alias:	
Last Name:			Last Name at Birth:		
Health Card #:			SIN #:		
D.O.B: dd ____ mm ____ yyyy _____			Age:		
Street Address:			Ethnicity:		
City:		Province:	Postal Code:		Country:
Cell Phone:	Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO		
Home Phone:	Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO		
Other Phone:	Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO		
Current Location (if different from above):					
Phone:	Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO		
Emergency Contact:			Relation:		
Phone:	Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO		
Cell Phone:	Ok to Call? ___YES ___NO		Ok to Leave Message? ___YES___NO		
Preferred Language:			Ethnicity:		
<b>REFERRAL INFORMATION</b>					
Referred On: dd __mm __yyyy _____			Referring Source:		
Referring Agency:			Contact Person:		
Agency Phone:			Agency Fax:		

# Monarch Men's Application Form

<b>SUBSTANCE USE</b>		
Presenting Problem Substances (drugs of choice)	Substances used in the past 12 months	
1. Did not use; 2. 1-3 times monthly; 3. 1-2 times weekly; 4. 3-6 times weekly; 5. Daily; 6. Binge		
1 -	Frequency in last month:	
2 -	Frequency in last month:	
3 -	Frequency in last month:	
4 -	Frequency in last month:	
5 -	Frequency in last month:	Gambling <input type="checkbox"/> YES <input type="checkbox"/> NO
Last date of substance used: dd <input type="text"/> mm <input type="text"/> yyyy <input type="text"/>		Substance:
Previous Treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, when and where?	
Previous Recovery Home? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, when and where?	
<b>HEALTH SCREENING</b>		
Are there acute complications that may require referral to emergency/hospital for immediate medical assessment? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown If yes, what? _____		
Are you currently in any type of treatment or counselling for emotional or mental health problems? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is there a threat of harm to you or others? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ If yes, what? _____		
Impairments <b>Visual?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Hearing?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Mobility?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Non-Medical Injection use: <input type="checkbox"/> Never <input type="checkbox"/> Prior to 1 year <input type="checkbox"/> Past 12 months		
Number of overnight Hospitalizations in the last 12 months for physical problems? _____ Reason for last overnight Hospitalization: _____		
Hospitalized for a Mental Health problem by a qualified Mental Health Professional? Within the last 12 months? _____ YES _____ NO _____ Within lifetime? <input type="checkbox"/> YES <input type="checkbox"/> NO _____		
Most Recent Diagnosis: #1 _____ #2 _____		

## Monarch Men's Application Form

Received treatment for a Mental Health, emotional, behavioural or psychological problem from a community Mental Health program professional? Currently:  YES  NO

Within last 12 months:  YES  NO

Within Lifetime:  YES  NO

Name of Service Provider: \_\_\_\_\_

Prescribed medication for Mental Health problems? Currently?  YES  NO

Within last 12 months?  YES  NO

Within lifetime?  YES  NO

Primary Health Care Provider:

Phone:

Address:

Health Conditions/Problems/Allergies:

Are you currently on Methadone?  YES  NO Suboxone?  YES  NO

Do you have a transmittable illness/disease? If YES, specify: \_\_\_\_\_

### MEDICATIONS

Name:	Dosage:	Frequency:	Purpose:
Check all that apply		<input type="checkbox"/> jaundice <input type="checkbox"/> stomach problems (ulcers, gastritis)	
<input type="checkbox"/> unmanaged diabetes		<input type="checkbox"/> head injury	
<input type="checkbox"/> history of seizures/epilepsy		<input type="checkbox"/> pancreatitis	
<input type="checkbox"/> cancer		<input type="checkbox"/> physical or sexual abuse	
<input type="checkbox"/> eating disorders ( bulimia, anorexia, binging)		<input type="checkbox"/> emotional / verbal abuse	
<input type="checkbox"/> heart disease		<input type="checkbox"/> recent untreated injuries	
<input type="checkbox"/> blood pressure problems		<input type="checkbox"/> risk of infectious diseases	
<input type="checkbox"/> liver disease		<input type="checkbox"/> STI ( syphilis, gonorrhea, chlamydia, herpes)	
<input type="checkbox"/> hepatitis		<input type="checkbox"/> HIV	
<input type="checkbox"/> kidney disease		<input type="checkbox"/> lice/scabies	

Other: \_\_\_\_\_

\* Note: If an applicantt is on psychoactive medications we require a letter from the prescribing Doctor stating diagnosis and stability.



# Monarch Men's Application Form



**PLEASE HAVE THIS T.B. FORM COMPLETED BY  
A MEDICAL PROFESSIONAL  
(for residential sites only)**

**Patient's Name:** \_\_\_\_\_

**MANDATORY:**                      **Date received** \_\_\_\_\_  
   **Results (mm)** \_\_\_\_\_  
   **Interpretation** \_\_\_\_\_

**CHEST X-RAY REQUIRED IF T.B. TEST IS POSITIVE (results):**

**MEDICAL PROFESSIONAL'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

402 Brady St., Sudbury, Ontario P3B 2P6

Tel. 705-675-1179 x 3224 Fax. 705-671-8069

**RE:** \_\_\_\_\_ **DATE of BIRTH** \_\_\_\_\_  
day month year

Having read and understood this form, I hereby authorize **MONARCH RECOVERY SERVICES** to **RELEASE/REQUEST** the following information to/from the person(s)/agency(ies) listed.

In order for this release to be valid, one column must be checked and initialed by the client for each area of disclosure:

HSN Mental Health & Additions Programs Worker(s) **YES** **NO** **INITIALS**  
Name(s) \_\_\_\_\_   \_\_\_\_\_  
Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
(mandatory)

HSN Withdrawal Management Services **YES** **NO** **INITIALS**  
Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_   \_\_\_\_\_  
(mandatory)

HSN Emergency Personnel: Hospital Staff, Ambulance Staff **YES** **NO** **INITIALS**  
Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_   \_\_\_\_\_  
(mandatory)

Family Responsibility Office Worker **YES** **NO** **INITIALS**  
Name: \_\_\_\_\_   \_\_\_\_\_  
Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
(mandatory)

Réseau ACCESS Network: HIV, HEP C Programs Worker(s) **YES** **NO** **INITIALS**  
Name: \_\_\_\_\_ Name: \_\_\_\_\_   \_\_\_\_\_  
Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
(mandatory)

Probation and Parole Worker **YES** **NO** **INITIALS**  
Name: \_\_\_\_\_   \_\_\_\_\_  
Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
(mandatory)

Ontario Works Worker **YES** **NO** **INITIALS**  
Name: \_\_\_\_\_   \_\_\_\_\_  
Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
(mandatory)

Ontario Disability Support Program Worker **YES** **NO** **INITIALS**  
Name: \_\_\_\_\_   \_\_\_\_\_  
Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
(mandatory)

RE: \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_  
 day month year

**PERSON / AGENCY** YES NO INTIALS  
 Name: \_\_\_\_\_   \_\_\_\_\_  
 Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
 (mandatory)

**PERSON / AGENCY** YES NO INTIALS  
 Name: \_\_\_\_\_   \_\_\_\_\_  
 Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
 (mandatory)

**PERSON / AGENCY** YES NO INTIALS  
 Name: \_\_\_\_\_   \_\_\_\_\_  
 Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
 (mandatory)

**PERSON / AGENCY** YES NO INTIALS  
 Name: \_\_\_\_\_   \_\_\_\_\_  
 Contact Information: Tel.: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
 (mandatory)

**AREA OF DISCLOSURE:** YES NO INTIALS  
 1. Assessment and Treatment Planning Information \_\_\_\_\_   \_\_\_\_\_  
 2. Discharge Summary \_\_\_\_\_   \_\_\_\_\_  
 3. Progress Reports \_\_\_\_\_   \_\_\_\_\_  
 4. Confirmation of Attendance/Completion \_\_\_\_\_   \_\_\_\_\_  
 5. Legal Status (i.e. court cases, parole, probation) \_\_\_\_\_   \_\_\_\_\_  
 6. All information re: Methadone/Suboxone \_\_\_\_\_   \_\_\_\_\_  
 7. Other (specify) \_\_\_\_\_   \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

All addiction services funded by the Ontario Ministry of Health and Long-Term Care are required to provide information about the number of people served, their characteristics, and the services they received. This information helps with planning and showing the importance of what we do. To meet this obligation to our funder, we will request some basic information about you. If you choose to decline any specific questions, this will have no influence on the quality of services you will receive.

**NOTE:** I understand that no other information will be released to any other person without my written consent unless these persons have a court ordered subpoena, if I present as a danger to myself or others, or are concerned with my medical treatment in an emergency situation. I also understand that I can withdraw my consent to the release/request of information at any time and that in any event this form will void 180 days from the day of my signature.

**In order for this release to be valid this form must be completed in its entirety.**

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



## Men's Recovery Home House Rules

**VIOLATION OF THESE RULES IS UNDERSTOOD AS YOUR DECISION TO NOT PARTICIPATE IN THE PROGRAM**

1. Residents are to **abstain from alcohol, drugs and gambling and to take medication as prescribed.** Medication and vitamins will be locked up in the frontline office.
2. All residents are to be out of bed by **7:00 a.m.**, make their beds and prepare for morning group at **7:30 a.m.** Breakfast is to be finished prior to chore time at **8:00 a.m.** (1 hour later on weekends).
3. Weekday mornings, prior to 10:00 a.m. group, Residents are required to be dressed appropriately, groomed and prepared to meet their day.
4. Residents are **not** permitted Ipads, tablets or computers in the home. **However, they are permitted one cell phone and/or and iPod/MP3 which can be signed out on Tuesday, Wednesday or Thursday from 1 to 4 p.m. and weekends and holidays from 10:30 a.m. to 10:00 p.m. These will be confiscated if guidelines are not followed.**
5. Due to allergies and chemical sensitivities, scented products are prohibited within the home. For health reasons, no NEW tattoos or piercings are permitted during you stay in the home.
6. **No smoking is permitted anywhere on the property except in the Gazebo.** Televisions are turned off from 8 a.m. to 12:00 p.m. weekdays because this is chore and group preparation time. In the morning you may watch the news prior to chore time.
7. No sleeping during the day - *unless cleared with staff in advance.*
8. Protein powders, energy drinks and supplements are not permitted. All food and drinks are prohibited beyond the dining room except in special circumstances. **Water is the only beverage allowed in the bedrooms.**
9. Residents cannot leave the home after lunch and all men must be present for morning and evening group, *unless previous arrangements are made with staff.*
10. Staff must scrutinize everything brought into the house. Be sure to show staff your purchases and additions to the home.
11. **Residents are to be in by 10:00 p.m. from Sunday to Thursday night inclusively; on Friday by 10.30 p.m. and on Saturday by 11.00 p.m. On weekdays residents are to be in bed by 11:30 p.m.**
12. Residents must show respect for himself, peers, staff and the program by:
  - Not entering his peers' bedrooms without their permission
  - Not using profanity, inappropriate jokes, violence or threats toward peers or staff
  - Using the peg board when entering or leaving the home and not using thumbtacks, nails or screws on the walls. Talk to staff if you want something mounted on a wall.
  - Letting staff know in advance of daily plans, such as informing staff when leaving house and upon returning, and if you'll be late or missing meals.
13. **UNDER NO CIRCUMSTANCE ARE CLIENTS TO LEAVE THE BUILDING AFTER CURFEW. NO SMOKING AFTER STAFF HAVE LEFT THE PREMISES.**
14. VISITORS are welcome to visit in public areas only (dining, pool and group room) between 12 p.m. to 4:30 p.m. and 7 p.m. to 10 p.m. each day except from 2 p.m. to 3 p.m. on Mondays and Fridays. Under NO circumstances should there be visitors in the home outside these allotted times. Visitors are expected to abide by the rules in the home and it is the resident's responsibility to ensure the proper behaviour of their visitors.

Client Name: (please print) \_\_\_\_\_

Client Signature: \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_

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

**MONARCH IS NOT RESPONSIBLE FOR PERSONAL EFFECTS LEFT AT THE HOUSE**

Monarch Recovery Services

**Men's Recovery Home Program Schedule 2018**

Remember to journal at every opportunity and to secure any handouts in your journals.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>7:00 a.m.</b> Wake Up/Breakfast					<b>8 a.m.</b> Wake Up	<b>8 a.m.</b> Wake Up
<b>7:30 to 8:00 a.m.</b> Daily Reading/Preparation Time					<b>8:30 to 9:15 a.m.</b> Chores	<b>8:30 to 9:15 a.m.</b> Chores
<b>8:00 to 9 a.m.</b> Chores					<b>9:30 to 10:30 a.m.</b>  Brunch	<b>9:30 to 10:30 a.m.</b>  Brunch
<b>9:00 to 10 a.m.</b> Medications/Group Preparation Time						
<b>10:00 a.m. to Noon</b> Recreation Group	<b>10:00 to 11 a.m.</b> Chore Instructions & Life Skills	<b>10:00 to 11 a.m.</b> Staff Appointed Group	<b>10:00 to 11 a.m.</b> Big Book & Step Group	<b>10:00 to 11 a.m.</b> Action Follow-up/Group Inventories	<b>10:30 a.m. to 4 p.m.</b>  Personal Time  Self Help Meetings  Family Time	<b>10:30 a.m. to 4 p.m.</b>  Personal Time  Self Help Meetings  Family Time
<b>12 - 12:30 p.m.</b> Lunch	<b>11:30 a.m. to 12 Noon</b> Lunch					
<b>12:30 to 2 p.m.</b> Appointments/ Developing plan of care with Counselling Staff	<b>12:30 p.m. to 3:30 p.m.</b> Appointments  Developing plan of care with Counselling Staff			<b>12:30 - 2 p.m.</b> Appts/ Developing plan of care with Counselling Staff		
<b>2:00 to 3 p.m.</b> Communications/ Relationships Group				<b>2- 3 p.m.</b> Communications/ Relationships Or Back to Basics Group		
<b>3 to 4:30 p.m.</b> Journaling/ Step Work	<b>3:30-4:30 p.m.</b> Journaling/ Step Work	<b>3:30-4:30p.m.</b> Journaling/ Step Work	<b>3:30-4:30p.m.</b> Journaling/ Step Work	<b>3 to 4:30 p.m.</b> Journaling/ Step Work		
<b>4:30 to 5 p.m. Supper</b>						
<b>5:00 to 6 p.m. Chores/Group Preparation</b>						
<b>6:00 p.m. until completed</b> House Meeting	<b>6:00 to 7 p.m.</b> Staff Selected Group	<b>6:00 -7 p.m.</b> Recreation Group	<b>6:00 -7 p.m.</b> Staff Selected Group	<b>6:00 - 7 p.m.</b> Recreation Group	<b>6 - 11 p.m.</b> Personal Time Self Help Meetings	<b>6 -10 p.m.</b> Personal Time Self Help Meetings
<b>7:00 to 10 p.m.</b> Self Help Meetings/Developing plan of care with Counselling Staff						
<b>10:00 p.m.</b> Curfew				<b>10:30 p.m.</b> Curfew	<b>11:00 p.m.</b> Curfew	<b>10:00 p.m.</b> Curfew
<b>11:00 p.m.</b> Journaling /Reading in Bedroom /Quiet Time				<b>11:00 p.m.</b> Quiet Time	<b>11:30 p.m.</b> Quiet Time	<b>11 p.m.</b> Quiet Time