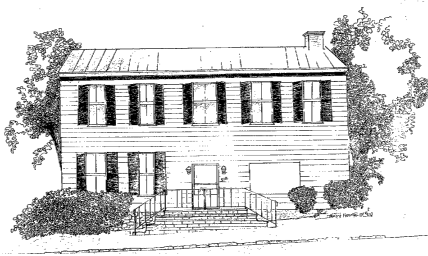




Lord Fairfax House  
512 S. Braddock Street  
Winchester, VA 22601  
540-773-1566 Fax 540-773-1567  
[calfc.director@lordfairfaxhouse.com](mailto:calfc.director@lordfairfaxhouse.com)

# Community Residential Program



Lord Fairfax House  
512 S. Braddock Street  
Winchester, VA 22601  
540-773-1566 Fax 540-773-1567  
Email – [calfc.director@lordfairfaxhouse.com](mailto:calfc.director@lordfairfaxhouse.com)

To: Referring Party

Ref: Admission

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Thank you for your interest in our program! We appreciate your consideration and look forward to an opportunity to serve your needs. For your review and completion, we enclose the following:

- Required Attachment List
- Referral Information
- Program Services Description
- Program Application (5 pages)
- Consent for Release of Information
- Resident agreement (5 pages)

Your application will be considered after we have received ALL of the above listed paperwork. After all documents are received, we will schedule a telephone interview with you. After the interview, we will make a decision concerning your application and notify you.

Please note that The Lord Fairfax House will request a copy of your physical exam, PSI and COMPAS assessment after receiving your Consent of Release of Confidential Information form. These are required before admittance to the LFH Program.

**Please send all items to:**

Lord Fairfax House  
512 S. Braddock Street  
Winchester, VA 22601

~or~

Fax to: 540-773-1567  
[calfc.director@lordfairfaxhouse.com](mailto:calfc.director@lordfairfaxhouse.com)  
*Lord Fairfax House*

## Required Attachments

**Criminal History**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Social History**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Psychological Evaluation (MH 9) (w/DSM-IV Diagnosis and IQ)**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Copy of Medicaid Card or Other Insurance**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Immunization Record**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Agreement to participate**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Intake Assessment**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Copy of Birth certificate**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Copy of Social Security Card**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Medical Records (MH 17)**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Information regarding substance abuse**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Other criminal/social information**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Photograph**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**PO Contact Information**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

**COMPAS Assessment**

No Record Available

Comment: \_\_\_\_\_  
\_\_\_\_\_

## REFERRAL INFORMATION

### Referral Counselor Information:

Referral date: \_\_\_\_\_ From (Full Name): \_\_\_\_\_ Email address: \_\_\_\_\_

Title: \_\_\_\_\_ Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Offenders Personal Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Male  Female

Felon? Yes No Dept. of Corrections #: \_\_\_\_\_

Date of Release: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Violent Crime? Yes No Sexual Crime? Yes No Gang affiliation? Yes No

Controlling Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Conviction: \_\_\_\_\_

To what district does this offender have post release supervision?

### Release Date

Projected Release Date: \_\_\_\_\_ Days Remaining: \_\_\_\_\_ as of \_\_\_\_\_

Are there any mental health issues? Yes  No  If yes, please explain. If the offender is currently receiving mental health services, please attach a statement from mental health staff including diagnosis, medications, and any special needs that would need to be considered.

Are there any medical issues? Yes  No  If yes, please explain. If the offender has any medical needs, please attach a statement from medical staff including diagnosis, medications, special needs that would need to be considered.

How long has offender been housed at current institution?

Briefly describe the offender's institutional behavior including institutional charges, behavior in the housing unit, etc.:

Is the offender currently employed? Yes  No

What program has the offender completed or currently attending:

Are there any individuals with whom the offender should not have contact? Yes  No  If yes, please list the names:

I acknowledge that I am responsible for all bills associated with medical care while at Lord Fairfax House.

\_\_\_\_\_  
Offender's Signature

\_\_\_\_\_  
Date

Once the referral form has been fully completed, the referral form, a copy of a physical/TB test within last 6 months prior to release, and PSI/Criminal History information is obtained, please fax or scan all requested documents to Lord Fairfax House: Fax: 540-773-1567  
512 South Braddock Street, Winchester, VA 22601 ~or~ Email: [calfc.director@lordfairfaxhouse.com](mailto:calfc.director@lordfairfaxhouse.com)

## Program Services Description

### **I. Population Served**

We provide quality, full-time residential care and coordination of services in accordance with Department of Corrections Community Residential Program standards. Our 90-day program is operated in a group home environment, filled with structured services and support. Please keep in mind that some of the outlined services mentioned below are mandatory. Services include, but are not limited to:

- \* Individual case management
- \* Referrals to community resources
- \* In house group discussion
- \* Employment and vocational assistance
- \* Community service opportunities
- \* One-on-One mentoring
- \* Support Groups
- \* Life skills development workshops
- \* Educational assistance
- \* Aftercare planning and implementation

### **II. Description of Program**

#### **General:**

Our facility has a structured program designed to meet the needs of its clients while recognizing the uniqueness of each individual. Through its program, the facility will prepare, encourage and assist residents to achieve a standard of living that promotes further sobriety, independence and opportunity for lifelong success.

#### **Physical Environment:**

Each resident will live in a physical environment that is safe, and home-like. The program will ensure that the basic physical needs of each resident are met by providing nutritious meals, clean living space and 24 -hour supervision.

#### **Groups:**

Our Program Administrator will conduct individual and group sessions. In addition, you will be required to attend AA/NA meetings on a daily basis and will be expected to become gainfully employed. The facility will assist residents with life skills as they relate to independent living.

# APPLICATION

## General Information

Name:

\_\_\_\_\_  
Last First MI

Current Address:

\_\_\_\_\_  
Street City State Zip

Permanent Address:

\_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Institution Number: \_\_\_\_\_

Special Medical/Dietary Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact numbers (Mandatory):

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Emergency Contact Telephone Number: \_\_\_\_\_

Legal Status (Current)

If currently incarcerated, what is your estimated release date: \_\_\_\_\_

Date of Arrest Jurisdiction Offense Outcome

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Court Ordered Payments: \_\_\_\_\_ Attorney Fees: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Estimated Parole/Release Date: \_\_\_\_\_

Other Detainers/Charges: \_\_\_\_\_

**Prior Adult Criminal History** (attach additional sheets if necessary)

Date	Jurisdiction	Offense	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Work Release, Probation, Parole Violations: \_\_\_\_\_

Number of Previous Felonies: \_\_\_\_\_ Misdemeanors: \_\_\_\_\_

Total number of time spent in jail/prison: \_\_\_\_\_

**Current Probation/Parole Office**

Current Probation/ Parole District: \_\_\_\_\_

Probation/ Parole Officer Name: \_\_\_\_\_

**Probation/Parole Officer Contact Information:**

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

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

**Are you on: (check all that apply)**

Probation: \_\_\_\_\_ Parole: \_\_\_\_\_ Court Recommended: \_\_\_\_\_ Length of Probation/Parole: \_\_\_\_\_

Other (explain): \_\_\_\_\_

**Social History**

Relationship Status (married, single, divorced, dating): \_\_\_\_\_

Number of Children/dependent(s): \_\_\_\_\_

Caretaker of Child/Children/dependent(s)? \_\_\_\_\_

Support: Voluntary: \_\_\_\_\_ Court Ordered: \_\_\_\_\_ Amount: \_\_\_\_\_

Identify individuals who are supportive of you:

\_\_\_\_\_  
\_\_\_\_\_

**Education:**

Last Grade Completed: \_\_\_\_\_ Do you have a high school diploma or GED? \_\_\_\_\_

Have you completed any vocational or college training? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Institution

Dates Attended

Training Received

\_\_\_\_\_  
\_\_\_\_\_

**Employment:**

Current Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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



**Previous Employment:**

Date Reason left Place Position/Salary

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**Drug/Alcohol History**

Date of First Use: \_\_\_\_\_ Date of Last Use: \_\_\_\_\_

How often do you drink or use drugs? \_\_\_\_\_ How much and what type? \_\_\_\_\_

**Drugs:**

Type Age Started Date of Last Use How Often How much

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Any (clean time) outside of jail? \_\_\_\_\_ How much? \_\_\_\_\_

Would you like to disclose anything else about your drug and/or alcohol use? (For example: influences, behavior, enablers, triggers, etc.)

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**Previous Services and Treatment:**

**Drug and Alcohol Treatment Programs** (attach additional pages if necessary):

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

Length of Stay: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Clean Time: \_\_\_\_\_

12 Step Programs: Type: \_\_\_\_\_ How Often: \_\_\_\_\_

Do you have a sponsor? \_\_\_\_\_ Where? \_\_\_\_\_ For how long have you had a sponsor? \_\_\_\_\_

**Mental Health/Psychiatric Care**

Do you have mental health issues? \_\_\_\_\_ Dr. diagnosis: \_\_\_\_\_

Are you on medications for these? \_\_\_\_\_ Which ones? \_\_\_\_\_

Have you ever been hospitalized for mental health issues? \_\_\_\_\_

If so, where, when, and what for? \_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_ if so, how many times? \_\_\_\_\_

**Health and Medication**

Personal Physician: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

General Physical Health:   Excellent                      Good    Fair    Poor

Explain any health problems:  
\_\_\_\_\_  
\_\_\_\_\_

Are you on medications? \_\_\_\_\_ Which ones? \_\_\_\_\_

Personal dentist: \_\_\_\_\_ Date of last dental exam: \_\_\_\_\_

General dental health (circle one):   Excellent                      Good    Fair    Poor

Explain any dental problems:  
\_\_\_\_\_

**I affirm that all the information I have provided is true to the best of my knowledge. I understand that if Lord Fairfax House finds that I knowingly provided false information, my application will be immediately denied. I also affirm that I am willingly applying to the Lord Fairfax House program, and I know that it consists of a 3-month (90) day residential component.**

\_\_\_\_\_  
**Signature of Applicant** **Date**

**Department of Corrections**  
**Consent for Release of Information**

I, \_\_\_\_\_, the undersigned hereby authorize any agency, institution, public or private, or person to release any information they may have concerning me or my background to a Department of Corrections authorized agent. Implicit to this authorization is that a Department of Corrections authorized agent may release to you any necessary information regarding me to facilitate this request.

This consent and authorization for release of information shall include such information as it relates to my emotional, mental, or physical health, medical records, school records, tests scores, academic or behavioral memoranda, all court records, employment records (both past and present), and any possible military history.

By affixing my signature, I attest to having read, or been read, this document and fully understand it. I consent and request that all such personal or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

**Substance Abuse Disclosure**  
**Consent Authorization**

I, \_\_\_\_\_, the undersigned, hereby authorize the Virginia Department of Corrections, The Virginia Parole Board, and/or the Virginia Courts and their agents to receive and to release confidential information on my history or drug and/or alcohol use in their knowledge, possession, or records for the purposes of identifying, diagnosis, prognosis, and/or treatment by the Courts in sentencing, the Virginia Department of Corrections and the Virginia Parole Board in the investigation and/or supervision of my case for probation and/or parole (to include any future application for supervision transfer to a member of the Interstate Compact).

I understand that (1) the use, disclosure, and re-disclosure, of such information is made only in the investigation and/or supervision of my case, (2) while under investigation and/or supervision, I cannot revoke this consent; and (3) this consent will terminate upon my release from the custody of the Courts, Virginia Department of Corrections, Virginia Parole Board and their authorize agents (to include members of the Interstate Compact).

By affixing my signature, I attest to having read, or been read, this document and fully understand it. I consent and request that all such personal or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

### **Consent for Release of Information**

I, \_\_\_\_\_, the undersigned hereby authorize the Northwestern Community Services Board or any agency, institution, public or private, or person to release any information they may have concerning me or my background to a Department of Corrections authorized agent. Implicit to this authorization is that a Northwestern Community Services Board or Department of Corrections authorized agent may release to you any necessary information regarding me to facilitate this request.

This consent and authorization for release of information shall include such information as it relates to my emotional, mental, or physical health, medical records, school records, tests scores, academic or behavioral memoranda, all court records, employment records (both past and present), and any possible military history.

By affixing my signature, I attest to having read, or been read, this document and fully understand it. I consent and request that all such personal or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

---

### **Substance Abuse Disclosure Consent Authorization**

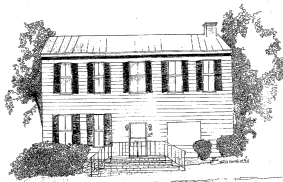
I, \_\_\_\_\_, the undersigned, hereby authorize the Northwestern Community Services Board, Virginia Department of Corrections, The Virginia Parole Board, and/or the Virginia Courts and their agents to receive and to release confidential information on my history or drug and/or alcohol use in their knowledge, possession, or records for the purposes of identifying, diagnosis, prognosis, and/or treatment by the Courts in sentencing, the Virginia Department of Corrections and the Virginia Parole Board in the investigation and/or supervision of my case for probation and/or parole (to include any future application for supervision transfer to a member of the Interstate Compact).

I understand that (1) the use, disclosure, and re-disclosure, of such information is made only in the investigation and/or supervision of my case, (2) while under investigation and/or supervision, I cannot revoke this consent; and (3) this consent will terminate one year after my discharge from the Lord Fairfax House and/or release from the custody of the Courts, Virginia Department of Corrections, Virginia Parole Board and their authorize agents (to include members of the Interstate Compact).

By affixing my signature, I attest to having read, or been read, this document and fully understand it. I consent and request that all such personal or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date



**Council on Alcoholism, Lord Fairfax**

**Community, Inc.**

### **Resident Agreement**

The following items are required terms for acceptance into The Lord Fairfax House. This is not a negotiable agreement. If you do not wish to accept these terms, you will not be placed in the Lord Fairfax House Community Resident Program. Please initial at the end of each numbered item, to indicate that you have read, understand, and will abide by each.

Your signature will also be required at the end of the document. Violation of any area of this agreement may be grounds for sanctions or termination.

- 1) I voluntarily agree to participate in the Lord Fairfax House 90-day Community Resident Program. I understand it may be necessary for the Lord Fairfax House director or designee to obtain and/or if necessary provide information regarding my criminal background, medical, substance abuse, financial history, and/or if necessary, any other area of my current or past history to or from the Department of Corrections including my Probation/Parole District Office which may include other criminal justice agencies, social services departments, volunteer organization, my employers or prospective employers, financial institutions and any agency or organization at the discretion of the Program Director or designee. I understand I must successfully complete the Lord Fairfax House program, whether court ordered or voluntary, or I will be considered to have violated the conditions of my probation. \_\_\_\_\_ (initial)
- 2) I will comply with all written or verbal directions of Lord Fairfax House staff. After I comply with such direction, if I believe them to be unreasonable, I understand I may appeal such disagreement to the Program Director. \_\_\_\_\_ (initial)
- 3) I understand part of my acceptance into the Lord Fairfax House program is to make and keep certain appointments. These include but are not limited to, medical examination and tests at the Sinclair Health Clinic, Health Department or similar medical facility. I understand I must also meet with representatives of local Probation/Parole Office. Any problems with keeping these required appointments must be brought to the attention of the Program Director or designee. \_\_\_\_\_ (initial)
- 4) I understand I am responsible for any medical bills associated with medical care while at Lord Fairfax House. \_\_\_\_\_ (initial)
- 5) I will never assault, injure or threaten Lord Fairfax House staff, client/residents or guests and will always conduct myself in a respectful manner. I will do nothing that endangers the safety, security, good order or property of any person, place or item. \_\_\_\_\_ (initial)
- 6) I may never enter any bedroom to which I am not assigned unless accompanied by a staff member, who must remain with me while in that room. \_\_\_\_\_ (initial)
- 7) I may not possess any weapon or item that can be interpreted as a weapon. Staff will be the sole determiner as to what constitutes a weapon. I will comply with the laws of the United States, Commonwealth of Virginia and local and county ordinances, Department of Corrections Standards and the standards, rules and regulations of Lord Fairfax House. \_\_\_\_\_ (initial)

8) I must familiarize myself with posted fire escape routes and participate in fire or other evacuation drills without hesitation. \_\_\_\_\_ (initial)

9) I may not use any drugs not prescribed by a physician for me. Any and all prescribed or over the counter medications for me will be immediately given to Lord Fairfax House staff for storage and control. Medications for me will be issued to me by a staff member in compliance with the directions.

\*I understand that if I have been diagnosed with a pre-existing Mental Health condition or that I am suspected of having a mental health condition, I must comply with the referral to a Qualified Mental Health Professional for evaluation. The client must follow the protocol prescribed, including approved medications, to be in compliance with the Program Guidelines. \_\_\_\_\_ (initial)

I must not use any other types of drugs or consume any alcoholic beverages, of any quantity, on or off the premises. No item containing alcohol, such as Nyquil, cough syrup, mouthwash, etc. will be allowed here. I understand part of my probation or parole may require me to attend substance abuse meetings and that it is my responsibility to fulfill that expectation. \_\_\_\_\_ (initial)

I understand I am subject to substance abuse testing at any time by any staff member, male or female, on or off grounds. Refusal to submit to such testing is grounds for discharge. I understand I am subject to personal searches. I understand my personal area, packages and mail are subject to search and that Department of Corrections and law enforcement may conduct searches of all areas of Lord Fairfax House. I cannot interfere with any search by staff or other authorized personnel. \_\_\_\_\_ (initial)

10) I understand Lord Fairfax House is a work-oriented community residential program. I will make all reasonable efforts to find a job. Full time, FIRST SHIFT employment must be found within first 30 days of entering our program. Within my 90-day stay at the Lord Fairfax House I must find a job, save money and find a place to live. I understand I need to be seeking employment Monday thru Friday until employment is found. When on a job search, I must take a job search form with me and provide it completed and accurate to the staff on duty when I return. Continued placement at Lord Fairfax House is dependent upon finding employment. When I find a job, I must provide Lord Fairfax House staff with a job verification form with the name of the employer, address, telephone number, position, rate of pay, and other information that may be needed. I may not voluntarily leave any employment without notification and consent of the Director. I understand I must notify and receive permission to extend or change my hours of employment such as overtime and working on normal days off. \_\_\_\_\_ (initial)

11) I understand I MUST TURN IN ANY FUNDS/MONEY I receive from any source to Lord Fairfax House and I will receive a receipt. My funds will be placed in a resident bank account for me and I will be provided a monthly printout of my savings and deductions. I may not open a bank account of any kind. \_\_\_\_\_ (initial)

12) Under the standards of the Virginia Department of Corrections I must pay compensation to both the Department of Corrections and Lord Fairfax House at the rate of \$5.00 each for every 8 hours that I work while staying at Lord Fairfax House (applicable to DOC funded residents only). These fees will not exceed \$25.00 per week to the Department of Corrections and never exceed \$25.00 per week to Lord Fairfax House. The maximum total due to both agencies combined will not exceed \$200.00 per month. Lack of employment or diligence finding employment could lead to termination. \_\_\_\_\_ (initial)

13) I understand I will be assigned household chores to complete each day to help maintain the cleanliness of the house. A schedule will be posted on the refrigerator each week. Failure to complete my chores may result in disciplinary actions. I may not have another client/resident do my chores for me unless the Director approves as in the case of illness, injury or pass. All dirty dishes are to be placed in the dishwasher, NOT the sink. \_\_\_\_\_ (initial)

- 14) When I have savings, I may withdraw up to \$80.00 per week for routine expenses, at the discretion of the Case Manager. To obtain my maintenance check I must sign a form asking for it. The form will be available weekly. If I do not have savings, I may not withdraw any money. Lord Fairfax House does not make loans or advances. \_\_\_\_\_ (initial)
- 15) I understand I must comply with all court-ordered payments, fines and restitution requirements and understand these may be automatically deducted from my savings. Once employed, I also understand I must make financial support payments to any of my dependents that is court ordered. These may be deducted from my savings. \_\_\_\_\_ (initial)
- 16) I have dependents currently receiving welfare assistance. \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)
- 17) Curfew is at 10:00 p.m. Sunday thru Thursday and 11:00 p.m. Friday and Saturday only. Overhead lights, radios, CD players, cell phones and any other electronic entertainment equipment must be turned OFF in all rooms by 11:00p.m. Sunday thru Thursday; and 12:00 a.m. Friday and Saturday. Failure to do so may result in confiscation of such equipment by any staff member. I may never light candles, matches, lighters, tobacco or any similar items in any part of the house. Smoking is permitted OUTSIDE only in designated areas and cigarettes are to be extinguished in the receptacles or ashtrays provided. \_\_\_\_\_ (initial)
- 18) There are no tobacco products to be used inside of the Lord Fairfax House (this includes chew, cigarettes, vaping etc.). \_\_\_\_\_ (initial)
- 19) Residents are not allowed to subscribe to magazines or newspapers while at Lord Fairfax House. \_\_\_\_\_ (initial)
- 20) I understand the Lord Fairfax House phone number is not to be given out except to employers. \_\_\_\_\_ (initial)
- 21) I understand when I leave the grounds for any reason, I must sign out, it is my responsibility to find a staff member and tell them where I am going and sign out. Upon return I must find a staff member and sign back in. \_\_\_\_\_ (initial)
- 22) Weekend passes, or transitional visits, for up to 72 hours are granted after thirty (31) days unless an emergency situation arises such as the death of a close family member or other extraordinary circumstances. The usual purpose of weekend passes is to renew ties with family and friends. Weekend passes may only be granted by consent of the Director, Case manager/Program administrator, Office Manager and my Probation/Parole officer. During my weekend pass, I must provide the address at which I am staying, who I am staying with and a phone number at which I can be reached. I must be available to be contacted at least twice a day during my pass. I am required to spend the night at the listed address provided on the weekend pass form and abide with the 11:00 p.m. curfew. \_\_\_\_\_ (initial)
- 23) I understand there are 'Sign-In & Sign-Out' procedures to be followed at all times to track client movement. Client/Staff communication is the key to following proper protocols and to be in good standing within the community. I understand approved departure authorization is required and communicating with staff verbally is proper procedure when I leave and upon my return. This includes:
- a. The period of time allowed for the sign-out is up to 2-hours. If a longer period of time is needed, a separate Sign-Out Request form must be filled out for up to 4-hours maximum and authorized by one of the three administrative staff only (Director or Recovery Specialists).

b. Details of destination and method of transportation are required.

c. Clients are responsible for calling staff on the house phone (540-773-1566) if unable to return by the designated time. Please, leave a message to ensure you are not given a rule infraction. \_\_\_\_\_ (initial)

24) I must list and attend one (1) AA/NA meeting each day (90 meetings in 90 days). I must list and attend one meeting each day on weekends. Church is not considered a recovery meeting \_\_\_\_\_ (initial)

25) Visitation is for two (2) hours each day on Friday, Saturday, and Sunday at the discretion of the staff on duty as per LFH Policy & Procedure. Exceptions will only be approved of by the Director. \_\_\_\_\_ (initial)

26) I may use the laundry facilities from 6:30 a.m. till 10:00 p.m. I must be mindful of other residents and not leave laundry unattended in washer and dryer. I understand if I am found to be misusing these machines, I may lose my right to use them. I am responsible to provide my own laundry detergent. \_\_\_\_\_ (initial)

27) I am permitted access to the living room; the TV is for enjoyment but must be shared. We ask that volume of both TV and any music players be kept at a level that does not disturb fellow residents. These will NOT be permitted from 8:00 a.m. – 4:00 p.m., Monday through Friday. In addition, these media devices will NOT be permitted from bedtime until 5:00 a.m. The only exceptions to this schedule are on weekends and holidays. \_\_\_\_\_ (initial)

28) I am allowed to possess a cellular phone while at Lord Fairfax House, at the approval and discretion of staff. Phones must be turned off during meals and house meetings. I understand that if my cell phone becomes a nuisance to staff or other residents from curfew until 6:00 a.m. cellular telephones may be confiscated for any violations at the discretion of staff. \_\_\_\_\_ (initial)

29) I should expect all staff members to conduct themselves in a professional manner. I may not have personal relationships or conduct any type of personal business with any staff member while a resident of Lord Fairfax House. No staff member may ask me for funds, purchase anything from or for me, nor ask me to do personal services or perform errands without permission from the Director. If any of these or any other such issue arises, I must report the conduct to the Program Director. \_\_\_\_\_ (initial)

30) I understand there is limited storage space at Lord Fairfax House. To ensure adequate storage space for all residents and to maintain good order, there are restrictions on the number of things I may acquire and store in my personal area. I am not permitted to store items in cardboard boxes, garbage bags or any similar container. Items deemed in excess must be disposed of within twenty-four hours or face confiscation. \_\_\_\_\_ (initial)

a. No more than seven (7) sets of trousers and shirts.

b. No more than seven (7) sets of undergarments.

c. No more than ten (10) pairs of socks.

d. No more than four (4) pairs of shoes or boots.

e. No more than three (3) light jackets and two (2) heavy jackets or coats.

f. No more than four (4) hats or caps.

31) In the event I am arrested, willfully leave, terminated or otherwise leave the program prior to my successful conclusion, Lord Fairfax House will not accept responsibility for items left behind. An effort will be made by the Director to gather any items I leave behind, attempt contact with my emergency contact person and make arrangements for pickup of items within 1 week. After that period of time, these



items will be considered abandoned property and disposed of at the discretion of the director. After 30 days any money left in your account will be distributed as you choose. Please initial and circle one:

\_\_\_\_\_ A) Mailed to : \_\_\_\_\_  
(initial) \_\_\_\_\_

\_\_\_\_\_ B) Mailed to a charity of my choice: \_\_\_\_\_

\_\_\_\_\_ C) Deposited into the LFH resident account to cover resident expenses.

\*If you have any mail coming to Lord Fairfax House, you must call the appropriate party and change your address as the post office will not put in a change of address because we are a business. \_\_\_\_\_ (initial)

32) If I am arrested in any jurisdiction outside of the Commonwealth of Virginia, I waive my right to contest extradition. \_\_\_\_\_ (initial)

33) Sexual liaisons in the facility are prohibited. Romantic, intimate and sexual relationships between residents are prohibited. No harassment of any other resident, sexual or otherwise, will be tolerated at any time. \_\_\_\_\_ (initial)

34) The following items are prohibited items:

- \* Mouthwash or over the counter cough syrups with alcohol
- \* No food or beverages are allowed in bedrooms except for one overnight bottle of water
- \* Dice or gambling paraphernalia
- \* Pornography or anything that could be construed as such (result in immediate termination)
- \* Weapons of any type (result in immediate termination). \_\_\_\_\_ (initial)

35) I understand that I will not be allowed to ride in vehicles with residents that are allowed to have one (non-DOC persons). \_\_\_\_\_ (initial)

I have read, understand, and have had read to me this document. It has been explained to me. I have had the opportunity to ask questions about this document and agree to the terms. I understand if I violate this agreement, I may be subject to disciplinary actions that include being terminated from the program. If I am terminated from the program, my termination from Lord Fairfax House will be reported to my Probation/Parole Officer who may seek my arrest. I voluntarily agree to sign this document and participate in the Community Residential Program.

\_\_\_\_\_  
(Signature of Resident) (Printed Name) (Date)

\_\_\_\_\_  
(Witness Signature of Intake Specialist) (Printed Name) (Date)

Distribution: The Intake Specialist doing intake must fax/email a copy of the entire admission form to the appropriate Probation/Parole officer \_\_\_\_\_, provide a copy to the Resident \_\_\_\_\_, and a copy in the file \_\_\_\_\_.  
(Check off each distribution as it is made)