

Consent to Residency Form

(Pursuant to 28 Pa. Code §717.20(a)(2))

Name of Resident: _____

Statement of Voluntary Residency:

I voluntarily agree to reside at **Victory Recovery Homes**.

I understand and agree that I am expected to actively participate in recovery supports, such as recovery meetings, peer support, Christian spiritual formation meetings, or other recovery activities.

I also understand that I am required to abstain from the use and sale of alcohol and illicit drugs. Furthermore, I will pay my program/house fee on time. I may discontinue residency at any time.

I understand that prescribed medications, including medications for opioid use disorder (MOUD), are permitted. I will report all medications at intake (and any new prescription), and keep them in a locked lockbox.

Resident Rights

Residents shall retain all civil rights that have not specifically been curtailed by separate judicial or administrative determination by the appropriate legal authority.

The licensee may not discriminate against a resident on the basis of age, race, sex, religion, ethnic origin, economic status, disability, sexual orientation or gender identity or expression.

All records are the property of Victory Recovery Homes. Residents have the right to inspect their own records by submitting a written request to the House Manager. The House Manager has three (3) days to respond.

Residents have the right to request correction of information in their records if it is inaccurate, irrelevant, outdated, or incomplete.

Residents also have the right to submit a rebuttal or additional information they wish to include in their records, which will become part of their file.

Treatment decisions belong to the resident and his clinician. **Victory Recovery Homes** may not require, or prohibit, a resident from attending a specific treatment program. Victory Recovery Homes supports treatment when a resident is in it or his clinician recommends it.

My signature acknowledges that I have read my rights, house rules, and that I have been given a copy of the Resident Handbook.

Signature of Resident: _____ **Date:** _____

Emergency Contact Information

Upon admission into the Recovery House, each resident shall provide the name and phone number of at least one emergency contact.

It is the policy of Victory Recovery Homes to notify the resident's emergency contact within twelve (12) hours of any of the following events:

- Hospitalization of the resident
- Death of the resident
- Resident decision to end residency
- Failure of the resident to return to the residence as expected
- Any other serious incident requiring emergency response

Emergency contact notification shall be documented in the resident's file and in the Incident Log, including the date, time, method of contact, and staff initials.

Please provide information for at least one (1) emergency contact:

Name _____ Relationship _____ Phone Number _____

Notification Documentation:

Date _____ Time _____ Method of Contact _____ Staff Initials _____