



Resident Manual

Newness of Life Residents Manual

Updated October 2021



MISSION STATEMENT

Newness of Life consists of multiple properties that serve as a safe and secure place to recover for men and women. Our mission is to not only provide countless resources to better assist transitioning men and women from all walks of life, but to provide a safe, comfortable, and clean environment to work towards a better way of life. *Most importantly we provide a solution.*

Our belief is that there needs to be a complete transformation, not behavioral modification. The change occurs when the heart is awakened to the belief of a better way of life.

Daily we accept men and women from all walks of life. Homeless, state parole, state probation, federal probation, day report, drug court, CPS, and veterans. All come welcomed, regardless of any condition, *as long as they are willing to participate wholeheartedly.* Our program is fully self-supporting. We receive no county, city, state or federal funding. Our participants are all encouraged and expected to actively seek and acquire gainful employment, with the sole purpose of investing into their newfound purpose and way of life.

With Warm Regards,

Justin W. Ponton Owner/Executive Director

"We once heard someone say, 'Knowing doesn't keep you sober doing does.' We got the point. Our actions, not strictly our knowledge, will help us stay sober. Recovery is a program of action, of doing something that will contribute to our recovery today. All the knowledge in the world won't help us recover if we don't use what we've learned. Like good intentions, knowledge is only the beginning. Next, we must do – and not do – the things we've learned will help us make progress in recovery. It's up to us to put the steps to work in our lives today. We are responsible for eating right and exercising, going to meetings, finding a Higher Power, and praying or meditating to continually strengthen our spiritual lives. Knowing what we must do is a good first step. Putting that knowledge into action one day at a time, will bring us the joys of real recovery and a new life." – Hazelden, Mind, Body, and Spirit

Newness of Life Way

WE believe that people can change. Our homes create an environment that facilitates this change. Newness of Life allows/encourages a person to grow by nurturing an environment in which positive values and a change of views are pursued. Our environment enables the residents to stop living their lives based on emotions and begin managing their lives based on decisions and principles. It is our belief that it **must** become everyone's **idea** along the way. Once a person is honest, willing, and open minded they can build on the foundation of clean living to not only stay clean but have a joyous happy and free life.

One of the main objectives we focus on at Newness of Life is to practice social responsibility (**responsibility indicates growth**). We believe by gaining and maintaining employment, practicing life skills, and actively working a 12 step program while learning a new way of life (sobriety), participants will be better equipped to move forward. Many of residents still have financial obligations (child support, court fees, fines, driver's license expenses etc.) that they need to tend to. We will help each individual practice this new way of life and reach their individual goals. Newness of Life's vision is to promote change and increase the size of a responsible drug free community when our program participants move on. We believe our main issue is a **SPIRITUAL MALADY**...the inner void that allowed addicts to drink and drug.

All program participants must pursue the founding beliefs of Newness of Life once they have moved in and started their journey of sobriety. The Newness of Life's founding beliefs, regarding alcoholism and addiction is:

"I would have the elements of a way of living which answered all my problems." – Alcoholics Anonymous pg. 13



(Program participants must memorize and recite "Our Philosophy" during Program House Meeting, amongst peers, to successfully move to Level 2)

Our Philosophy

1. WE have come to accept responsibility for our emotions and behaviors.
2. ALL of us have disappointed loved ones.
3. WE have also disappointed ourselves.
4. WE all know what it is like to feel afraid, hurt, helpless, lonely, and ashamed.
5. Perhaps the greatest agony we must overcome is the realization that we have done this to ourselves.
6. As a result, I need your help; I need your awareness to gain insight that has eluded me in the past.
7. I need Newness of Life to illuminate my issues so I can begin to be the healthy person I long to be.
8. I must stand up for myself with courage, hope, and perseverance.
9. This is real, this is life: my life, your life, our life.

Resident Rules and Responsibilities

All residents of Newness of Life, LLC. Are expected to follow the terms as stated in their contract to continue their eligibility for this residential placement. The terms of each contract includes agreement to abide by the house and program rules that are established in each house. Failure to continue to follow the rules provided in each contract can result in removal from the program. However, each resident has their own unique story and process of sobriety. Newness of Life reserves the right to address each resident's behavior on an individual basis outside of the set enforcements of the following rules:

Cardinal Rules

Cardinal Rules are enforced to protect the viability of the house community. A breach of a Cardinal Rule will result in a Cardinal consequence, the most severe consequence which may include removal from the house, TPR or an extensive learning experience.

1. **No drinking or using drugs at any time while within or outside of the home**
2. **No violent threats or intimidation.**
3. **No violation of any laws. (Federal, state, county, or municipalities) **This includes driving without driver's license or proper insurance, tags, etc. ****
4. **No refusing to participate in any housing programming offered by or in affiliation with Newness of Life.**

House Rules

House rules are enforced to provide boundaries that promote the support and respect of the house. House rules define healthy attitudes, behaviors and procedures which represent an appreciation for Newness of Life Values. A violation of a House rule always results in a pull-up. (The only acceptable response to a pull-up is: "Thank you, I'll get on top of that." This violation must be followed up with by taking the corrective action(s) to line up with this statement.)

1. **Do your dishes promptly after using them.**
2. **Do not leave items in the shower or bathroom.**
3. **Always keep the TV volume at an acceptable level.**
4. **Do not slam doors or items.**
5. **Do not leave items in common areas of the home. (This includes cell phones, chargers, and trash. Ashtrays are not a trash can.)**
6. **Clean up after yourself.**
7. **Do not leave items in washer or dryer.**
8. **Noise level is to be kept at a respectful level.**
9. **All residents must have chores done thoroughly by 9:00 am.**

Major Rules

Major Rules are enforced to facilitate change. A Major Rule violation must result in an awareness brought to the weekly House Meeting or an on-the-spot Learning Experience.

1. All residents must be actively working a local 12 step program.
2. All residents must acquire a sponsor in order to level up.
3. All residents must attend 90 meetings in 90 days (one meeting a day). After completion of initial 90 in 90 must attend a minimum of 5 meetings a week.
4. No Manipulating.
5. No Irresponsibility.
6. No Non-caring Attitude.
7. All residents must be employed, seeking employment or pursuing an employment plan with staff.
8. No Profanity.
9. No Negative Contracting (two or more residents in agreement to overlook each other's negative behaviors)
10. Noise level kept at respectful levels at all time
11. No Cell phones in meetings.
12. Chores are to be done thoroughly by 9:00 am
13. All residents must be up and out of bed with their daily chore completed (and bed made) by 9:00 am Monday-Friday and by noon Saturday and Sunday. (Cannot sleep until 4:00 pm)
14. Acceptance of, and compliance with, sanctions is expected.
15. Learning Experiences are to be completed with sincere effort to the best of your ability.
16. No stealing.
17. Unless a lifeguard you are not permitted in another resident's room.
18. No smoking in the house. (will result in immediate discharge)

Curfew Rules

1. 1-30 days (level 1)- 9:00pm (unless at a meeting then 9:15 pm)
2. 30-90 days (initial level 2)-11:00pm
3. After 90 days a request to be out to midnight may be granted once a week. (This is to be done by contacting Executive Director)
4. Must be on house porch for 11:00 pm count.

No drinking or using drugs at any time while within or outside of the home. Failure to comply will result in immediate discharge for no less than 72 hours and will not be readmitted without a clean drug screen and current program fee status. In the event that a resident is found to be using illicit substances, Newness of Life will refer the program participant to a different level of care based on the participants needs.

No violent threats or intimidation. Failure to comply will result in immediate discharge with a review for possible readmission after a minimum of 6 months.

No violation of any laws. (Federal, state, county or municipal)

No refusing to participate in any housing programming offered by or in affiliation with Newness of Life.

Refusal to participate, disqualifies resident eligibility and resident will be asked to leave premises with belongings immediately. Failure to do so will result in contact with local law enforcement authority, to assist.

All level 1 participants must be actively working a local 12 step program. All participants must acquire and use a sponsor (within first 15 days).

All participants must attend 90 meetings in 90 days. Participants that are required to attend 90 meetings in 90 days and may attend multiple meetings with prior approval from Program Director.

Level 1 Guidelines

1. Level 1 program participants are only permitted to be in designated room and common living areas.
2. Cannot leave property unless accompanied by a Level 2 participant or with prior approval from the executive director. (Unless Director approval with written schedule)
3. Level 1 participants are permitted to leave 15 minutes before and return 15 minutes after meetings. (Unless attending outside meeting with level 2 resident or sponsor then leave 30 minutes before and return 30 minutes after meeting)
4. Level 1 participants that are expected to be actively seeking employment are expected to go to businesses and fill out applications during the time designated for participants to actively seek employment. This time it is not to be taken lightly, no manipulating, no male/female contact, no hangout time no noon meetings, no library, etc. Actively seeking employment residents may be required to be accompanied by a Level 2 participant for up to OR exceeding 30 days.

(Failure to comply with “Actively Seeking Employment” can result in immediate discharge.)

5. Report back to the house and sign in by 4:15 pm
6. Must sign out and back in, to each specific place when leaving.
7. Every Monday, Wednesday, and Friday must make level 1 meeting in living room. (9 am)
8. 9pm curfew (unless at a meeting with a Level 2 program participant) then curfew will be considered to be at 9:15pm.
9. Anyone that quits or changes jobs etc. must go on level 1 until reemployed and makes first payment from new job. Must remain current on program fees in order to be eligible to level back up.

(Failure to comply with these guidelines will result in being held accountable and could result in discharge.)

***All rules and guidelines are subject to change at any time. Exceptions can be made at the discretion of the executive program director. ***

Procedures for Overnight Passes

1. Level 1 residents are ineligible
2. Level 2 residents receive 2 total per month and return to Newness of Life property on the date of return by 11:00pm.

****To receive overnight passes residents must be current on their program fees and give advance notice to staff, one week in advance to be approved of at the weekly house meeting.****

(Any residents that are considered to be under legal supervision, must have prior approval from the supervising agency before taking a pass)

Procedure for Program Fees

1. Any program participant not current must meet with executive director every Sunday to review account.
2. Any program participant not current, when paying program fees must show House Manager pay stub.
3. Must pay program fees and/or communicate payment plan with staff. Program fees are due by Friday of each week.
4. Participants that are found to be behind on program fees will be required to set up a payment plan with the executive director to assist in getting caught up.
5. Indigent residents must sign a financial contract upon intake.
6. Initial intake fee and first week of program fees are non-refundable (totaling \$200). In the event that a program participant has paid in advance, they may be eligible to receive a refund at a prorated amount. (Refer to Refund Policy)

Learning Experiences as a Change Mechanism

The purpose of a learning experience is to create an assignment as a result of negative behaviors or attitudes that will address the underlying issue (low self-esteem, irresponsibility, manipulation, and non-caring attitude). It is the hope that the assignment will promote an understanding resulting in an opportunity for growth. This growth is necessary in order for the house member to redefine existing values. Learning experiences are given to residents from the Executive Director or the appointed lifeguard. Residents **MUST** complete each Learning Experience as assigned and by the deadline given. Failure to complete a Learning Experience can result in removal from the home.

House Meetings

Once a week Newness of Life holds a notice group/house meeting where we talk about house issues and bring awareness for one another. All valid issues will result in a Learning Experience.

***Attendance at weekly house meeting is mandatory unless the resident has prior approval from the executive director.**

Newness of Life Policies

Confidentiality Policy

Newness of Life has a primary policy and responsibility to strictly adhere to protecting the security and confidentiality of its residents' personal information. Newness of Life and its employees will not release any information without a specified written consent from the residents and/or only if such disclosure is permitted under legally concise elements of current federal laws unless a resident shows reason to believe that he intends to harm himself or other, required by a entity that has authority over a residents probation, parole, or legal cooperative program (ex. Drug court) or information is appropriately subpoenaed by a court system.

Non-Discrimination Policy

Newness of Life does not discriminate in the provision of services on the basis of ethnic group identification, religion, age, sex, sexual orientation, color, or disability, pursuant to Title VI of the Civil Rights Act of 1964 (Section 2000d, Title 42, United States Code), the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); and per relevant State regulations wherein Newness of Life operates.

Drug Free Residences/Workplace Policy

Newness of Life is committed to providing a safe living environment and to promoting and protecting the health, safety, and well-being of our residents. This commitment is jeopardized when any resident engages in the use of illicit substance, possession of illicit substances, selling of illicit substances, conveyance, distribution, or manufacture of illegal drugs, intoxicants-controlled substances or abuses prescription drugs or alcohol. Therefore, Newness of Life has established the following policy:

1. It is a violation of Newness of Life policy for any resident to use, possess, sell, convey, distribute, or manufacture illegal drugs, intoxicants, controlled substances, or to attempt to do the same.
2. It is a violation of Newness of Life policy to use or be under the influence of alcohol at anytime during residency.
3. It is a violation of Newness of Life policy for anyone to use prescription drugs illegally. It is the responsibility of the resident to report the use of any prescribed drugs. Residents are not allowed to maintain any controlled substance or narcotics in their possession at any time, even when a valid prescription is available. Residents must request directives regarding prescribed medications from the Executive Director. Failure to comply with Newness of Life's policy regarding prescribed and nonprescribed medications is reason for immediate dismissal from Newness of Life. (Refer to MAT, Prescription, and Non-Prescription Drug Policies)
4. Violations of this policy are subject to disciplinary action up to and including discharge from the program.

Newness of Life Policies (Continued)

Alcohol/Drug Testing Policy

Newness of Life reserves the right to require all residents to participate in urine drug testing and/or breathalyzers without prior knowledge or notification. Newness of Life utilizes an outside agency (PacTox) for urinalysis screening. Residents are to produce urine samples as requested as a part of being a Newness of Life program participant. Failure to produce a urine sample at the time of request would be communicated to the executive director (Justin Ponton) and could result in immediate discharge from the program. This policy is in place to ensure a safe and illicit substance free living environment. In the event of a positive urinalysis result, results will be communicated directly with the Executive Director and would be handled accordingly. (Refer to Drug Testing and Relapse Policies)

Cooperative Reporting Policy

Newness of Life has an ongoing relationship with the local Department of Corrections, Parole/Probation, and local Drug Court. Please be aware of our cooperation with these programs if your admission to our home will be governed by one of these agencies. Newness of Life's policy is to continue cooperation with these agencies as required by each resident's terms with the appropriate program. Newness of Life's cooperation includes, but is not limited to reporting of resident's schedules, behaviors, visitors, employment, and/or other information as required by these agencies.

Visitors Policy

Newness of Life reserves the right to deny entry to any visitor at any time if the staff feels their presence would threaten the recovery of any resident. Otherwise, visitors must be approved by the executive director prior to their first visit. Visitors must leave Newness of Life's properties by 11:00 pm daily. No females are permitted to be on male residencies property, no males are permitted to be on female residencies property unless approved by executive director. Visitors must not be under the influence of alcohol or any substance during their visits or be in the possession of alcohol or drugs. If a visitor enters a property of Newness of Life while under the influence of illicit substance or with alcohol or drugs in their possession, they will be asked to leave Newness of Life Property and banned from future visits.

Grievance Policy

Newness of Life adheres to the following protocol when a resident feels as though they have a reason to file a grievance against Newness of Life. All grievances will be reviewed by the executive director of Newness of Life and a resolution will be provided to the resident within 72 hours of the receipt of the grievance.

1. A grievance must be placed in writing to the Executive Director, giving detailed information regarding the action or incidence that is being reported.
2. If a resident feels as though a grievance is not properly addressed by the Executive Director, the resident has the right to file a grievance with WVARR as outlined in WVARR grievance policy. (Refer to WVARR Grievance Policy/Form)

Responsibilities of Residents

1. Must comply with all tasks assigned by Staff and Lifeguards.
2. Must be on time and attend all meetings. (See Schedule of Meetings)
3. Use house tools appropriately for the benefit of the community.
4. Make sure community business is not taken off the property.
5. Must maintain your meeting sheet. (To be turned in every Monday by 11:00 pm)
6. Find a replacement to meet your responsibilities, in case of pass or out of town for job related business.

Line of Communication

The purpose of the Line of Communication is to give a community member a defined procedure to obtain information to a question or concern. The Line of Communication helps solve problems at the lowest possible level.

The goals of the Line of Communication include:

1. To reinforce typical communication patterns found in other settings outside the program.
2. To inform Lifeguards of concerns with other program participants or the community as a whole.
3. To place responsibility in the hands of community leaders, allowing them to develop leadership skills.

Structure:

1. All participants needing help with a problem or concern must first seek out the appointed Lifeguard for that property.
2. All Lifeguards must inform Executive Director of situations concerning program participants. (No decision is to be made concerning passes, bed moves or breaking curfew without first notifying the Executive Director)
3. Executive Director (Justin Ponton) is to keep the appointed Lifeguard informed of all information concerning the house and program participants that reside at the house. (i.e. Intakes, Discharges, Bed Moves, Etc.)
4. Lifeguards will notify Executive Director of all day to day activities or concerns within the house.

The line of communication process is as follows:

Program Participant→Lifeguard→Executive Director

All Leadership (LIFEGUARD) Responsibilities

1. You are expected to lead by example.
2. Display a positive attitude characterized by encouragement and support.
3. Comply with program rules and procedures to strengthen your credibility.
4. Ask for help when needed.
5. Properly use program tools when deemed necessary and appropriate. (Responsible Concern)
Must notify executive director when wanting to give a Learning Experience to another program participant.
6. Encourage the residents to properly use the program tools when deemed necessary and appropriate.
7. Always keep your room and bed area in compliance with guidelines.
8. Carry yourself in a respectful, courteous, and orderly fashion always.
9. Demonstrate strong communication skills by relaying pertinent information and data to residents.
10. Assigns all chores in house and verifies that chores are completed by the specified time.
11. Does a thorough inspection every day at 9:00 am and 11:00 pm of all chores.
12. Inspects rooms, bed area and house daily for cleanliness by 9:00 am (Must fill out daily inspection sheet.)
13. Schedules and facilitates a deep clean of the house once per month.
14. Maintains an awareness of all cleaning supplies.
15. Ensure that day to day scheduling goes as specified, actively participate in sharing personal experience with other residents.
16. Ensure that all residents are doing daily concepts. (Must notify executive director in the event that a resident consistently misses concepts)
17. Ensure that all learning experiences are completed.
18. Verifies count on all residents, daily by 11pm.
19. Lifeguards have a responsibility to the community, not authority over them.

“Show a Man by your Actions that his need Improving”

EXAMPLE OF PROPERTY COUNT

Example: John smith-present John Doe-present Total-2

Joe smith-work Total-1

Joe Smith-pass Total 1

Total beds-20 Total Residents-19



RELEASE AND WAIYER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I, the undersigned resident, want to reside at and participate with Newness of Life, In exchange, I agree to the following:

1. I release Newness of Life (including its officers, directors, employees and volunteers) from, and agree not to sue Newness of Life for, any claim liability, or demand of any kind on account of personal injury, temporary or permanent disability, death, property damage, or other damages resulting from my use of Newness of Life facilities, services, transportation provided by Newness of Life staff, volunteers or affiliates, or other activities required through my participation with Newness of Life.
2. I release all persons and organizations in association to Newness of Life (including, but not limited to, their officers, directors, employees, and volunteers) from any claim liability, or demand of any kind on account of personal injury, temporary or permanent disability, death, property damage, or other damages resulting from my use of persons and organizations in association with Newness of Life's facilities, services, transportation, or other activities provided through my participation with Newness of Life.
3. I voluntarily assume all risks of personal injury, including temporary or permanent disability, death, property damage, economic losses and/or other damages resulting from or in any way associated with my use of Newness of life facilities, services, or other activities at Newness of Life.
4. I am at least 18 years of age and have a legal right to contract in my own name.

I hereby confirm that I have read and understand the Release and Waiver of Liability/Assumption of Risk and Indemnity Agreement. I acknowledge and agree to its terms, and I sign freely and voluntarily.

Resident Signature: _____ Date: _____

Witness/Staff Signature: _____ Date: _____

RESIDENT CONTRACT

I, _____, have read and understand the rules, expectations and policies of Newness of Life. I agree to abide by each rule, expectation and policy as stated in the Newness of Life Resident Manual. I understand that any violation of the terms provided in the Resident Manual may result in immediate discharge. I also understand that Newness of Life can and will seek indemnification (damages) from me should I be found responsible by the staff of Newness of Life. I also understand that the Executive Director will make all decisions on any dismissal from Newness of Life at any said time. In the event that it is determined that a resident requires a different level of care, Newness of Life will provide the resident with the appropriate resources.

I understand that Newness of Life is not liable should I not comply with the rules, expectations and policies. I understand any injury or other consequence suffered by me, another resident, or a third person as a result of any violation of these rules, expectations and policies will be deemed as my direct responsibility.

I am 18 years or older. I have read and agree to the rules and policies of Newness of Life, Inc. I fully understand that the signing of this contract and adherence to all rules and expectations as stated in The Resident Manual. I understand that failure to comply with the rules, expectations, and policies as stated in The Resident Manual is valid reason for immediate dismissal from Newness of Life and its properties. Failure to peacefully remove myself from Newness of Life properties if dismissed will result in Newness of Life staff's notification of the local law enforcement agency to assist in my removal. Any legal ramifications resulting in my removal by a law enforcement agency will solely be my responsibility and consequence with no regard to Newness of Life or its staff.

Resident Name: _____ Date _____

Resident Signature: _____ Date _____

Witness/Staff Signature: _____ Date _____

Resident's Location: _____

(Only required if fee expenses provided by 3rd party contributor)

Family/Payee Agreement

I _____ do hereby acknowledge and understand that my payment to Newness of Life is non-refundable and by no means guarantees that _____ will be granted federal, state, or county supervision or that their home plan will be approved. I understand that \$200 of this payment is for the coordination fee which covers the necessary paperwork, communication and coordination, and reserving position. Any additional fees added to the initial \$200 coordination fee will be credited towards weekly fees of _____ upon arrival.

Family/Payee Signature: _____ Date: _____

Amount paid \$ _____

Staff Signature receiving funds: _____ Date: _____

Property Waiver of Liability

I _____ do hereby acknowledge that if I choose to leave or am discharged from the Newness of Life program I have 72 hours to get my belongings off of property after which I understand that my possessions will be disposed of or donated, and in no way is Newness of Life staff or residents responsible for my belongings or storage of personal property.

Resident's Signature _____ Date: _____

Director's Signature _____ Date: _____

NEWNESS OF LIFE COVID-19 RESIDENT SCREENING QUESTIONNAIRE

Temp: _____

*Indicate Yes or No and provide relevant comments.

Resident Name: _____

Do you have a fever, or have you felt feverish recently?

Do you have a cough?

Are you having shortness of breath or any difficulty breathing?

Do you have chills or repeated shaking with chills?

Do you have any muscle pain?

Do you have any recent onset of headache or sore throat?

Do you have any other flu-like symptoms?

Do you have any recent loss of taste or smell?

Have you experienced any recent GI upset or diarrhea?

Are you in contact with or been in contact with anyone who has been confirmed to be COVID-19 positive?

Have you traveled in the past 14 days to any regions affected by COVID-19?

Have you been tested for COVID-19? If yes, what was the result?

Have you been diagnosed with COVID-19? If yes, when?

Are you over the age of 65?

Do you have:

heart disease

lung disease

Kidney disease

Diabetes Autoimmune disorders?

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Newness of Life

Coronavirus (COVID-19) Policies and Procedures

A Message for Residents, Alumni and Staff Regarding the

Coronavirus (COVID-19)

Ensuring the safety and security of our residents and our staff will always remain the top priority for Newness of Life. With the continued increase in the number of cases of the Coronavirus Disease 2019, also known as COVID-19, we want to remind everyone of our policies and best practices in avoiding communicable diseases as we support those we work with and those we serve. Additionally, we want to update everyone on some changes to the scheduled activities for our residents across all levels of care. We understand the importance of education, preventative measures, and avoiding unnecessary anxiety; so please keep in mind the current risk of exposure to the COVID-19 virus in Cabell County is still very low. However, to help mitigate the risk of exposure or spreading illnesses within our community, we are taking the following precautions:

- We are sanitizing common areas regularly, such as handles, doorknobs, light switches, etc.
- Wipes and hand sanitizer will be made available as long as stock is on hand.
- We encourage sick employees to stay at home. If you come to work and you are sick you

may be required to go home for your safety and the safety of other employees and our residents. The CDC recommends that you not return to work until you are free of fever or other symptoms for at least 24 hours without medication that may alter symptoms.

- Please advise your Director if you become aware of exposure to the COVID-19 virus. This will be handled on a case-by-case basis.
- Physical contact with members of the public who frequent the public should be minimized.
- Unnecessary visitors should not be brought into the program/properties.
- Please know that additional emergency measures are being developed in the event of a more widespread outbreak in the Cabell County area and within our community.

In addition to the foundational precautionary measures outlined above, we are taking additional preventative measures by making some changes to the resident structured activities for the balance of current events. These changes will go into effect immediately and we will continue to monitor the situation and make recommendations for the future, as needed. The changes to resident structured activities are as follows:

Outside Recovery Meetings – We will not be providing transportation or support for any outside meetings for any clients. Residents are required to wear protective face coverings as a preventative measure against the potential to spread infectious diseases.

Online Meetings – Online meetings may substitute outside meetings, with staff verification. **Outings** – We will cease all outing activities that include potential exposure to large group settings.

For example, we will not be hosting outings at locations such as movie theaters, theme parks, museums, etc. Instead, we will be replacing them with hikes, beach walks, and other activities that limit potential exposure.

Church – Church drives are canceled.

Social Services/DMV – Regularly scheduled social service drives are canceled

Please communicate with your Program Coordinator, any questions you may have regarding these scheduled actions.

While these actions are intended to be proactive measures to mitigate potential exposure to the COVID-19 virus for both our residents and our staff, it is important to remember that the best defense against communicable diseases is basic hygiene. Everyone needs to contribute and support the common goal by following the suggested hygiene guidelines listed below:

- Frequently and thoroughly wash your hands for 20 seconds or more with soapy water.
- Keep your hands away from your face.
- Cough and sneeze into a tissue or your elbow.
- Get adequate sleep and eat well-balanced meals to ensure a healthy immune system.
- Keep your area(s) clean - not just neat. Wipe down chairs, desks, door handles, and other common and frequently handled surfaces with antiseptic wipes.
- Avoid contact with people who are already sick.
- If you have any symptoms of illness, call in sick (staff,) notify Program Coordinator, and take proper precautions until well.
- Be watchful and encourage others who are exhibiting symptoms of illness to stay at home until well.
- Most of all, don't panic, just let common sense rule your decisions and actions when it comes to your well-being and the well-being of others

This is a rapidly evolving situation. As such, we will continue to monitor government resources such as the Centers for Disease Control (CDC) and Cabell County Health Department daily and provide you with updated information as it becomes available. If you have any questions, please direct them to the following team members:

HR policies or employment-related questions – Justin W. Ponton

Questions specifically related to COVID-19 including preventative measures – Justin W. Ponton, Centers for Disease Control (CDC) and Cabell County Health Department

Program-specific questions – Email: jponton.nol@gmail.com Phone: (304) 710-3030

***** NEWNESS OF LIFE COVID-19 GUIDELINES ARE SUBJECT TO CHANGE BASED OFF OF THE CONSTANT CHANGES MADE AS OUTLINED BY THE CDC. IF YOU MAY HAVE ANY QUESTIONS REGARDING CURRENT GUIDELINES, PLEASE CONTACT THE EXECUTIVE DIRECTOR FOR FURTHER DIRECTIVE. *****



Emergency Contacts of Newness of Life

In case of an emergency (ex. Fire, flood, break-in, etc.) at a location of Newness of Life, residents must follow the instruction of the executive director. As the primary focus is the safety of our resident's, it is important to understand that we do not want residents to take it upon themselves to try to handle an emergency situation. In the event of an emergency, please contact local law enforcement, and/or Newness of Life Executive Director (Justin Ponton).

IN THE EVENT OF A SERIOUS EMERGENCY, CALL 911



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize _____ to provide information to the staff/representatives to Newness of Life.

I hereby voluntarily waive any and all rights I may have privacy and/or confidentiality pertaining to my _____ with your company/agency insofar as the information released solely to Newness of Life, who are evaluating my eligibility for services.

The information requested by Newness of Life will serve to verify my statements regarding income, employment, participation in education/training, past/current treatment for any disability, criminal history, medical records, urine drug screen reports from an outside agency, or any other information deemed necessary to determine my eligibility for Newness of Life.

This authorization and it's duplicates shall be treated as an original in incidents of information requests made by postal mail, facsimile transmittal, and/or electronic messaging. The requested information may be provided by your company/agency to Newness of Life in writing via postal mail, facsimile transmittal, electronic messaging, or by telephone.

I hereby release your company/agency from any claims, damages, or liabilities of any kind, that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, arising from the eligibility verification as contemplated by this authorization.

I have read the above, understand its contents, and voluntarily agree to its terms.

SIGNATURE X _____ DATE _____

PRINTED NAME _____

DATE OF BIRTH _____ SSN _____

**** OFFICE USE ****

COMPANY INFORMATION REQUESTED FROM:

ADDRESS: _____

DATE REQUEST SENT _____



Resident Rights

Every resident and potential resident has the right to be treated fairly without regard for race, color, religion, sex, national origin, age, disability, sexual orientation, military status, or status as a Vietnam-era or special disabled veteran as these are defined by law. Newness of Life and all its employees / affiliates are required to adhere to Newness of Life non-discrimination policy.

Each resident has the right to:

- Safe environment
- A functioning home environment (Running hot/cold water, electricity, Heating, and cooling, etc.)
- The right to file a grievance (Refer to Grievance policy)
- The right to quality healthcare and freedom of choice.
- The right to respect and dignity by all Newness of Life staff, administrators, volunteers, and clinicians.
- The right to emergency medical treatment in the event of an emergency.
- The right to be informed on your recovery plan, legal, and all other information concerning health and wellness.
- The right to be treated fairly under the Fair housing act.
- The right to not be discriminated against at all.

Client Name _____

Client Signature _____ Date _____

Staff Signature _____ Date _____



FINANCIAL AGREEMENT

I, _____, understand that as a resident of Newness of Life I am required to pay all program fees and fees associated with my treatment as outlined in the program "Resident Manual" provided to me upon intake. I understand that failure to pay can be considered to be in non-compliance of program guidelines and therefore could result in being discharged from the program or to be put on a payment plan as deemed necessary. I understand that in the event I am discharged from the program or leave on my own accord, I can request a refund at a prorated amount for any fees that have been paid in advance. Such request must be submitted in writing to the Executive Director (Justin Ponton) within 72 hours of being discharged or leaving the program. Request must be submitted to Newness of Life's main office located at:

Newness of Life

2210 9th Avenue

Huntington, WV 25701

Newness of Life will issue such refund directly to the program participant within 30 days of receiving such request and will be mailed to the address on file.

CLIENT SIGNATURE X _____ DATE _____

STAFF SIGNATURE X _____ DATE _____



REFUND POLICY

I, _____, understand that as a resident of Newness of Life I am eligible to receive a refund in the event that I am discharged from the program or leave on my own accord (LOA). Such request must be submitted in writing within 72 hours to the Executive Director (Justin Ponton) at Newness of Life main office located at:

Newness of Life
2210 9th Avenue
Huntington, WV 25701.

Refunds will be given at a prorated amount based off of program fees as outlined in the program "Resident Manual" signed upon intake. Such refunds will be issued to the program participant within 30 days of receiving the written request and mailed to the address on file.

CLIENT SIGNATURE X _____ DATE _____

STAFF SIGNATURE X _____ DATE _____



PERSONAL PROPERTY POLICY

I, _____, understand that as a resident of Newness of Life I am responsible for all personal property. Newness of Life is not liable for anything you lose, or that may come up missing. It is suggested any money, or expensive items be left at home. In the event that you are discharged or leave on your own accord (LOA), we will hold your belongings for a period of no more than 72 hours. If you have not made arrangements to pick up personal belongings within 72 hours from the time that you leave the program they will be donated. Please contact Newness of Life staff to arrange a time for you to pick up personal property. In the event of long term incarceration, we will make contact with your emergency contact as listed upon intake and provide them with an opportunity to pick up any personal belongings left at Newness of Life.

CLIENT SIGNATURE X _____ DATE _____

STAFF SIGNATURE X _____ DATE _____



PROHIBITED ITEMS LIST and SEARCH POLICY

I, _____, understand that as a resident of Newness of Life my person and/or personal belongings are subject to search at any time as deemed necessary by staff. Furthermore, I understand that Newness of Life has a ZERO tolerance policy regarding violence, threats of violence, illicit substances, and/or drug paraphernalia. Seizure of such items and/or the items listed below will result in immediate discharge from Newness of Life.

WEAPONS OF ANY KIND (GUNS, KNIVES, ETC.)

ILLICIT SUBSTANCES

DRUG PARFALINIALA (SYRINGES, SCALES, ETC.)

ANY CLOTHING PROMOTING SUBSTANCE USE

PORNOGRAPHY

ALCOHOL BASED PRODUCTS (DEODORANT, MOUTHWASH, ETC.)

CLIENT SIGNATURE X _____ DATE _____

STAFF SIGNATURE X _____ DATE _____



DRUG TESTING POLICY

I, _____, understand that as a resident of Newness of Life I must submit to observed urinalysis drug screens. I also understand that any use of illicit substances is prohibited and could result in disciplinary action up to and including discharge from the program. Furthermore, I understand that urinalysis drug screens are performed by PacTox and agree to remain in compliance with all program requirements.

CLIENT SIGNATURE X _____ DATE _____

STAFF SIGNATURE X _____ DATE _____



RELAPSE POLICY

I, _____, understand that as a resident of Newness of Life I am expected to remain drug and/or alcohol free. I also understand that I am subject to a random observed urinalysis drug screen (PacTox) at any time that I may be suspected of using illicit substances. In the event of a relapse, I must notify Newness of Life staff immediately. Using illicit substances while in the program can be a dischargeable offense and/or subject to a full program restart as deemed necessary by staff. In the event that you are deemed to be a better fit for a different level of care, Newness of Life will do the referral to assist in the warm transfer to another facility.

CLIENT SIGNATURE X _____ DATE _____

STAFF SIGNATURE X _____ DATE _____



PRESCRIPTION MEDICATION POLICY

I, _____, understand that as a client of Newness of Life am required to adhere to the Prescription Medication Policy as outlined. I understand that any prescription medications (non-narcotic) will be kept on my person and taken as directed by the prescribing doctor. Furthermore, I understand that I am responsible for my medication, follow up appointments, refills, etc. Newness of Life is not responsible or liable for any medications that are lost or stolen. Do not leave medications out in the open or unprotected. If you are found to be abusing medication's you will be considered to be in non-compliance with program policy and subject to discharge.

CLIENT SIGNATURE X _____ DATE _____

STAFF SIGNATURE X _____ DATE _____



NON-PRESCRIPTION MEDICATION POLICY

I, _____, understand that as a client of Newness of Life you are permitted to keep non-prescription medications on your person. Examples of such medications include ibuprofen, Tylenol, non-alcohol based cough and cold, etc. In the event that you may have a question regarding what medications can be taken, please contact Newness of Life. Do not leave medications out in the open or unprotected. If you are found to be abusing medication's you will be considered to be in non-compliance with program policy and subject to discharge.

CLIENT SIGNATURE X _____ DATE _____

STAFF SIGNATURE X _____ DATE _____



MEDICALLY ASSISTED TREATMENT

I, _____, understand that as a resident of Newness of Life I have the right to medically assisted treatment. If I am a Medically Assisted Treatment (MAT) participant and prescribed to scheduled narcotics, I understand that such prescriptions are kept and administered at Newness of Life's main office. Furthermore, I understand that such medications must be signed and accounted for. If I am a Medically Assisted Treatment (MAT) participant I am subject to random counts to ensure I remain in compliance with program guidelines. In the event that I leave the program on my own accord (LOA) or discharged from the program I have 24 hours to pick up any prescriptions or they will be disposed of with the pharmacy delivery service (Assured Care LLC). Medications will be administered at the following location at scheduled times:

Newness of Life

2210 9th Avenue

Huntington, WV 25701

Monday – Sunday 9am and 9pm

CLIENT SIGNATURE X _____ DATE _____

STAFF SIGNATURE X _____ DATE _____



SAFE MEDICATIONS

As a resident of Newness of Life, you are subject to random observed urinalysis drug screens to be in compliance with program guidelines as outlined upon intake and in the "Resident Manual". The following is a list of approved medications that are permitted to be kept on your person while in the program:

NON-SCHEDULED (PRESCRIBED MEDICATIONS)

OVER THE COUNTER MEDICATIONS (i.e. TYLENOL, IBPROPHEN, ETC.)

NON-ALCOHOL BASED COUGH AND COLD

If at anytime you have questions regarding a medication, please contact program staff immediately.

CLIENT SIGNATURE X _____ DATE _____

STAFF SIGNATURE X _____ DATE _____



GRIEVANCE POLICY

I, _____, understand that as a resident of Newness of Life I have the right to verbally express all grievances at any time and to attempt to deal with the issue/complaint amongst the resident community. If the issue is not resolved within the community, I understand that I have the right to express my concern in writing regarding problems that I am having within the program without being subject to any adverse action. Furthermore, I understand that the grievance process shall not interfere in any way with my status in the program. Grievances must be transmitted without alteration, interference, or delay to the Executive Director (Justin Ponton) and responded to within 72 hours of submission. Grievance forms will be available to me and located in the common living area of Newness of Life Property.

CLIENT SIGNATURE X _____ DATE _____

STAFF SIGNATURE X _____ DATE _____



EBT/SNAP

I, _____, understand that as a client of Newness of Life I am required to provide my own food while in the program. It is my responsibility to apply for EBT/SNAP benefits and stay in compliance with Division of Health and Human Resources as outlined per state and federal law. Newness of Life will assist the resident in connecting with the appropriate resources for the resident to obtain EBT/SNAP benefits.

CLIENT SIGNATURE X _____ DATE _____

STAFF SIGNATURE X _____ DATE _____



SOCIAL MEDIA/PHOTO/VIDEO RELEASE POLICY

I, _____, hereby give Newness of Life my permission to utilize social media, or photos of me for marketing/media purposes. Newness of Life will keep Social Media/Photo/Video release in my file for individual reference. Furthermore, I understand that I can withdraw my consent at anytime by contacting the Executive Director (Justin Ponton).

Client Signature _____ Date _____

Staff Signature _____ Date _____