



RECOVERY HOUSING

Welcome to Wilson Housing Alliance

We are honored to walk alongside you on your journey of recovery. Wilson Housing Alliance was founded by individuals who have personally experienced the challenges of addiction and the transformative power of recovery. Our mission is to provide stable, supportive housing to individuals in recovery while empowering each resident to pursue lasting change with dignity, accountability, and hope.

This application packet outlines everything you need to know about becoming part of our recovery home. Please read it carefully and honestly. Our program is designed to support you but success depends on your willingness to engage, grow, and commit.

We offer structure, support, and a clean and sober living environment rooted in compassion, community, and personal responsibility. Our staff and volunteers are here to help, but your journey is your own.

☐ I have read and understood the "Welcome" section.

Program Structure Overview

Phase 1: Initial Residency

The Initial Residency phase lasts approximately three months, depending on individual progress and completion of required workforce-readiness programming.

During this time, residents are welcomed into a structured and supportive recovery environment where they can stabilize, reconnect with purpose, and begin rebuilding their lives. Residents receive enhanced accountability and staff support as they focus on developing consistent routines, maintaining sobriety, and engaging in meaningful recovery-based activities.

Phase 1 emphasizes structure, cooperation, and readiness for long-term recovery. Residents are expected to:

- Complete any required outpatient or treatment programs
- Participate in recovery meetings and community activities
- Uphold house rules and maintain accountability
- Complete the "Recovery Employment Journey – for Job Seekers" course through Recovery and Career Services, a workforce-readiness program that prepares participants for meaningful employment and long-term self-sufficiency.



- **Monthly Contribution: \$800**
- **One-Time Intake Fee: \$300 (due at intake)**
- Increased accountability and staff engagement

Phase 2: Full Residency

After successfully completing Phase 1 requirements, residents may transition to Full Residency. This phase offers increased autonomy and individualized support as residents continue strengthening their recovery foundation and work toward personal goals.

Residents in Phase 2:

- Must be employed or enrolled in an accredited educational or training program within 30 days
- Serve as positive role models within the household
- Contribute to household leadership, mentoring, and accountability
- **May receive visitors and overnight passes approved on a case-by-case basis to support family restoration and reintegration**
- Monthly Contribution: \$800
- Increased autonomy and individualized program support
- Ongoing goal setting and mentorship

☐ I have read and understood the Program Structure Overview.

Living in a Wilson Housing Alliance Home

Wilson Housing Alliance is a recovery-based supportive living program.

All residents are expected to uphold our core values: dignity, accountability, mutual respect, and personal growth.

To foster safety, structure, and stability, all residents agree to follow the program's community standards outlined below.

LANDLORD TENANT RULES DO NOT APPLY TO TEMPORARY HOUSING

Please read the following community standards carefully. You will be asked to acknowledge them at the end.

Program Expectations

Productive Engagement



Residents must be employed, volunteering, or participating in an educational or training program within 30 days of entering Phase 2. Staff are available to assist residents in finding suitable opportunities. Idle time is discouraged, as purposeful engagement supports long-term recovery.

Recovery Participation

Residents must attend at least one (1) approved recovery meeting per week, such as AA, NA, or Celebrate Recovery. Participation in formal outpatient treatment may count toward this requirement. Verification may be requested.

Attendance and Absences

- Residents must inform staff if they plan to be away for more than 24 hours and receive approval beforehand.
- No-call/no-show absences over 48 hours are grounds for dismissal.
- DOC-supervised residents must obtain approval for overnight absences directly from their CCO.
- Curfew violations or unexplained absences will result in staff and CCO notification.

Cleanliness and Shared Responsibility

- Bedrooms: Beds must be made daily; no food in rooms. Shared spaces must remain clean and orderly.
- Chores: Assigned weekly or monthly. Residents are responsible for ensuring completion, including finding coverage when absent.
- Inspections: Weekly inspections with graded report cards; the house must maintain at least a "B-" rating.

Privacy, Conduct & Substance Use

Search and Accountability

Rooms and belongings may be searched at any time for prohibited items. Staff and DOC personnel may access the property as needed. Cooperation with staff inquiries is mandatory.

Behavior and Conduct

- Treat others with respect; no romantic or sexual relationships between residents.
- No pets or animals of any kind (including service or emotional support animals).
- No guests or visitors unless pre-approved in writing by staff.
- No individuals under 18 allowed on-site without formal approval.
- **No outside romantic partners allowed on the property.**

Substance Use Policy



Wilson Housing Alliance maintains a zero-tolerance policy for drugs, alcohol, or marijuana (including prescribed or recreational use).

- Baseline and random testing is conducted.
- Refusal, failure, or tampering will result in immediate discharge.
- All medications must be disclosed and approved.
- Providing substances or paraphernalia to others will result in permanent removal.

Property, Safety & Community Standards

Personal Property and Finances

- Do not lend or borrow money.
- Avoid bringing valuables over \$50 in value.
- Abandoned items (after 10 days) may be donated or discarded.
- Resident vehicles must be legal, insured, and operable.
- Wilson Housing Alliance is not responsible for lost or damaged property.

Safety and House Behavior

Smoking and vaping are allowed only in designated outdoor areas — never indoors or on porches.

- Theft of any kind, including food or personal items, results in immediate termination.
- No open flames (candles, incense, etc.).
- Property damage may result in shared financial liability.
- Door codes are confidential — sharing them may lead to dismissal.

Curfew:

- Sunday-Thursday: 10:00 PM
- Friday-Saturday: 12:00 AM

All exceptions require staff approval. DOC-supervised residents must comply with additional monitoring.

Technology Use

Computers and printers (if provided) must stay in common areas. Personal device use should never interfere with others or disrupt the peace of the household.

Community Conduct

Residents represent Wilson Housing Alliance within the community. Courtesy and respect toward neighbors are expected at all times.

Legal-Involvement Policy



Residents referred through court, diversion, or legal programs are reviewed individually if legal issues arise during residency.

Incarceration or program violations may result in bed forfeiture. Decisions regarding continued placement or reentry are made by Wilson Housing Alliance in consultation with CCOs, treatment providers, or legal representatives.

Wilson Housing Alliance operates under RCW 59.18.550 as a drug- and alcohol-free housing program committed to supporting recovery through structure and accountability.

Summary

Wilson Housing Alliance provides more than housing — it offers a structured path to rebuild lives through community, accountability, and purpose.

Our two-phase model balances structure with independence, helping residents move from stabilization to self-sufficiency with dignity and support.

☐ I have read and agree to follow all community standards and program expectations.



Client Intake Information

Name:

Date:

Email:

Phone:

Agency Affiliation:

Birth Date:

Age:

Veteran:

☐ Yes ☐ No

ID Card:

☐ Yes ☐ No

SS Card:

☐ Yes ☐ No

Income (Check all that apply)

- Working
- DOC Housing Voucher
- SSI
- SSDI
- Other: _____

Healthcare (Check all that apply)

- Medicaid
- Medicare
- Both
- Other: _____

Barriers to Housing

- Eviction
- Debt



• Other: _____

Mental Health History:

Mental Health Services:

Substance Use History:

Substance Use Services:

Pending Charges

Charge:

County:

Status:

Work History & Plans

Are you currently working or looking for work?

☐ Yes ☐ No

Type of work (or desired field): _____

Work History: _____

Highest Education Level: _____

Plan to enroll in school or job training?

☐ Yes ☐ No

Type of training or program: _____

What should we know about you?: _____

Emergency Contacts

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

By signing below, I affirm that all information provided in this application is true and accurate to the best of my knowledge.

_____ **Date:** _____
Resident Signature

Printed Name: _____



INVOLUNTARY TERMINATION OF RESIDENCY

Involuntary termination of residence shall include, but is not limited to:

1. Use or possession of alcohol, drugs, controlled substances, marijuana, and medications not prescribed to you; drug paraphernalia, guns, knives, or other weapons. _____
2. Dealing drugs on or off the property. _____
3. Abuse of over-the-counter or prescription medications. _____
4. Possession of stolen goods or any theft. _____
5. Non-residents on the property. _____
6. Physical violence or threats of any kind. _____
7. Violation of curfew. _____
8. Violation of house rules. _____
9. Failing to perform chores and in a timely manner. _____
10. Having a messy room or food in your room two (2) times. _____
11. Stuffing anything down the toilet except toilet paper. _____
12. Damaging the house intentionally. _____
13. Soliciting money from other residents. _____

Resident Signature

Date: _____



CLIENT TERMS AND CONDITIONS

1. I understand that this recovery house is in compliance with the Anti-Drug Act of 1988 Public Law #100-960, which exempts this house from the Landlord Tenant Act. _____

2. I agree to comply with the house rules and expectations at all times. _____

3. I understand that I must comply with the Department of Corrections and/or mental health counselor and Peer Mentor. _____

4. I will immediately report my own or any resident's use of alcohol, drugs, marijuana, or any controlled substance to staff. Failure to report will be cause for termination of residency. _____

5. I understand that cooperation and kindness are key values, and I will do my best to support the residents in the house. _____

6. I have identified any personal property with a value greater than \$50 to the intake team. I understand that the Wilson Housing Alliance is not responsible for my personal property. _____

7. I understand that if I have a conflict with anyone, the house manager, Peer Mentor, and WHA staff will help come to a resolution. _____

8. We will work together as a team to resolve any conflict. _____

Signed and Understood

Date: _____



Authorization For Release of Information

Name: _____

Date: _____

Person/Agency authorized to make the disclosure:

Wilson Housing Alliance
4920 Evergreen Way South #1106
Everett WA 98203

Person/Agency Receiving the Information:

Name: _____

Phone #: _____

Address: _____

E-mail: _____

Information to be disclosed (Check all that apply)

- ☐ Rental History
- ☐ Payment Records
- ☐ Discharge Summary
- ☐ Criminal History
- ☐ Progress Notes
- ☐ Test Results/Labs
- ☐ Treatment Plans
- ☐ Medications
- ☐ Psychotherapy Notes
- ☐ Psychiatric Assessments
- ☐ Intake Assessments
- ☐ Other

Dates of Records (From - To): _____

OR if no dates, 2 years will be released.



Signature of Applicant

Date: _____



HIPAA & Final Agreement

Authority for Release of PHI Under HIPAA

This section specifically allows for the release to Wilson Housing Alliance (WHA) of any information subject to HIPAA. The Principal authorizes any physician, health care professional, hospital, clinic, pharmacy or other covered health care provider to give, disclose, and release to the WHA all individually identifiable health information.

Principal Signature **Date:** _____

Printed Name: _____

Final Agreement

By signing below, I acknowledge that I have read, understood, and agree to follow all rules, policies, and procedures outlined in the Wilson Housing Alliance Resident Application Packet. I understand that failure to comply may result in disciplinary action, including possible termination of residency.

Resident Signature **Date:** _____

Printed Name: _____