

Full Name:
Address1:
Apt # or c/o name:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

**Mail this form to the address at left.
Be sure to complete and sign, below!**

Dear Waitlist Administrator:

Fold on this line ———

I'm requesting an application for the following waitlist:

- ☐ My household size is _____ and my gross annual income is \$ _____ .00
- ☐ I am _____ years of age. ☐ I have a permanent mobile rental voucher.
- ☐ I have enclosed a self-addressed, stamped envelope to make it easier for you to mail the application.
- ☐ I am requesting a reasonable accommodation – I need to have the application emailed or mailed to me because of a disability. /
have included written verification of my disability.
- ☐ My signature below affirms that I am truly interested in living in your development.

Thank you, **Signature of Applicant:** _____

THIS SECTION FOR WAITLIST ADMINISTRATOR:



**Please email or mail your application or
response to HousingWorks (info at right).**

**We will forward it to the applicant. Kindly include this page so we know
who the response is for! Your response will reach thousands of other
applicants/housing advocates and boost your ADA/Fair Housing
compliance exponentially!**

**support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax**

- ☐ This waitlist is closed. The only waitlists open at present are:

- _____
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
- ☐ We require you to pick up the application in person unless you sent verification of disability.

To pick up application in person, come during these office hours: _____

How to get here: ☐ onsite parking ☐ bus or subway: _____

☐ commuter rail stop: _____

☐ other transportation options available: _____

Name of Waitlist Administrator *optional*: _____

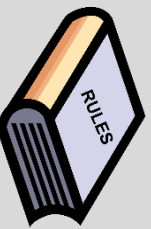
Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Our Philosophy

We believe that through the inherent self worth, dignity, and mutual respect each recovering person possesses, success in recovery and freedom from addiction are fully attainable goals.

Residents agree to:

- Attend AA/NA and/or self-help groups while residing at the Dr. Robert Smith House.
- Agree to random drug screenings.
- Participate in the maintenance and cleaning of the Dr. Robert Smith House.
- Attend a weekly house meeting and a weekly relapse prevention group.
- Participate in regular outpatient psychotherapy.
- Pay a \$100 per week program service fee, which includes lodging and utilities.
- Follow all house guidelines.



REFERRAL AND ADMISSION

For more information, a confidential interview, or to make a referral to the Dr. Robert Smith House Transitional Housing Program with Supportive Case Management, please call:

508-822-6524

Or fax referrals to:

508-386-3066

Smith House staff will arrange an interview with the applicant to screen for admission to the program. Once admitted, the resident will be formally oriented to the philosophy and functioning of the house by staff and other residents.

Program staff will contact the referring party and other collateral providers utilized by the resident in order to facilitate the admission process.

**The Dr. Robert Smith House
Supportive Housing Program
314 Somerset Avenue
Taunton, MA 02780**

A program of
Community Counseling of Bristol County, Inc.
One Washington St., Taunton, MA 02780
Tel: 508.828.9116 / Fax: 508.828.9146
www.comcounseling.org

THE DR. ROBERT SMITH HOUSE TRANSITIONAL HOUSING PROGRAM WITH SUPPORTIVE CASE MANAGEMENT



**A unique and innovative
transitional housing program
with supportive case
management for individuals
who have made the decision
to live in recovery from
addiction.**



ABOUT THE PROGRAM

CCBC's Transitional Housing Program with Supportive Case Management provides a safe, stable environment on a short-term basis for adult men with a history of substance abuse. The program serves Southeastern Massachusetts and has a capacity of 12 beds.

The model is based on the creation of a caring therapeutic community of recovery which emphasizes resident Empowerment, individual responsibility, and the provision of a continuum of professional supports.



The essential goal of the program is for individuals to progress in their recovery as well as in their vocational and social functioning. As a result, they may transition to a more independent living situation.

PROFESSIONAL SERVICES

Dr. Robert Smith House staff are experienced in the field of addictions, have a positive and enthusiastic view of life in recovery, and are available to residents 24 hours a day, 7 days a week. Staff members assist each resident in developing a recovery plan, selected from a network of agency and community services.

CCBC offers a full range of substance abuse and mental health services, including diagnostic evaluation, individual therapy, group therapy, day treatment, HIV testing and counseling, and medication services.



The recovery plan then becomes the blueprint for each individual's quest to maintain sobriety and to live a life of recovery. Each aspect of house life offers the individual the opportunity and encouragement necessary to begin a process of lifelong accomplishments as opposed to simple abstinence.

TRANSITIONAL/ AFTERCARE PLANNING

As each resident proceeds in his recovery by demonstrating the skills and confidence necessary to lead a clean and sober lifestyle, staff offer assistance in planning the best steps towards independent living. This is accomplished by assisting the resident in setting achievable goals and developing the network of supports necessary for the transition out of the program. Staff offer guidance in locating housing and linking with community services.

Smith House graduates often remain involved with the house residents, providing them with the power of example and the inspiration that recovery and the fulfillment of dreams are attainable goals.

