



CARE of Southeastern Michigan
3/4 & 1/2 Way Houses
Facility Information Survey

OF SOUTHEASTERN MICHIGAN

CARE provides access and authorizes substance abuse treatment services for those Macomb County residents meeting public funding eligibility guidelines.

CARE also provides support for the Greater Macomb Project Vox (voice of recovery), a grass root collaborative focused on advocating for services utilized by the recovering community.

Neither CARE or Project Vox are responsible for the accuracy or authenticity of the information submitted by these facilities.

Neither CARE or Project Vox endorse or recommend any particular organization. It is at the discretion of the person seeking housing to find the appropriate fit for their needs.

Facility Name:

Location:

Telephone:

Email:

1. Residents are		
Male _____	Female _____	Both _____

<i>RESIDENTS:</i>	Yes	No
2. Need to be in treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Need to have completed treatment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Need to be drug free? <i>If yes, how long?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Need to be in a 12-Step program?	<input type="checkbox"/>	<input type="checkbox"/>
6. Need to have a sponsor?	<input type="checkbox"/>	<input type="checkbox"/>
7. Need to be employed? <i>If yes, how many hours?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Need proof of residency?	<input type="checkbox"/>	<input type="checkbox"/>

<i>FACILITY Has:</i>		
9. Drug/alcohol testing done on site? <i>Every Monday</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking?	<input type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?	<input type="checkbox"/>	<input type="checkbox"/>
14. Provides transportation for clients?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has re-admission requirements?	<input type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?

17. Minimum/maximum length of stay?

18. Re-admission requirements?

Please mail or fax completed form to
CARE of Southeastern Michigan, 31900 Utica Rd., MI 48026
586-541-0034 (Fax) ATTN: Heather B.