



Halfway, Three Quarter & Sober Living Houses

Updated March 24, 2015

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Standards

The Michigan Association of Recovery Homes, (MARH), have developed and implemented standards to consider when assessing the strengths of a recovery home. Contact Kevin O'Hare at commdrkev@yahoo.com for more information on the MARH.

These minimum standards include, but are not limited to:

Safety

- Smoke detectors in all sleeping rooms
- Carbon monoxide detectors on all levels
- Fire extinguishers on all levels and in kitchens and laundry areas
- Minimum two signed exits
- Property address prominently posted in front, and back, if alley is present
- Smoking is prohibited inside the home and in hazardous areas (permitted in attached garage)
- Approved safety disposal containers for cigarettes
- No extension cords or electrical outlets posing a hazard, (surge protectors are encouraged)
- No piles of newspapers, clothes or other stored materials which create a fire hazard
- Building meets local building and safety codes

Health

- No signs of roach or pest infestations
- Kitchen and appliances are clean and well maintained
- Minimum 1 refrigerator for every 6 residents
- Refrigerators temperature reads 36 to 44 degrees and freezers at approximately 0
- Adequate and clean food storage space
- Bathrooms are clean and orderly
- Minimum 1 bathroom for every 6 residents
- Furniture and furnishings are clean and of reasonable quality
- Sleeping rooms provide all residents with adequate space

Home Management

- All homes carry General Liability Insurance coverage of at least \$1,000,000
- Management has completed recovery home seminar
- Understandable admission criteria for all applicants
- Personal information sheet is kept for all residents
- All residents sign an occupancy agreement
- Rules are in place for key issues
- Case management is provided and documented
- Random drug and alcohol testing of all residents and staff with documentation
- Residents with appropriate lengths of stay and continuous sobriety, (a minimum of six months), have a significant role in the management of the home
- Management does not provide clinical recovery or treatment services as defined by state licensing
- Management, staff, volunteers and peer supports have signed a code of ethics agreement
- Management, staff, volunteers and peer supports are certified as Recovery Coaches, (where available), or Peer Support Specialists
- Building and grounds are well kept and consistent with the neighborhood standards



OF SOUTHEASTERN MICHIGAN

CARE of Southeastern Michigan

3/4 & 1/2 Way Houses

Facility Information Survey

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.

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Facility Name: Co-Ed Recovery - Live Rite Properties

Location: 13676 Marshall, Warren

Telephone: 586-770-4619

Email: bmaks@remaxmetropolitan.com

1. Residents are	
Male_____	Female_____ Both__X_____

RESIDENTS:	Yes	No
2. Need to be in treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Need to have completed treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Need to be drug free? <i>If yes, how long? 90 days</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Need to be in a 12-Step program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Need to have a sponsor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Need to be employed? <i>If yes, how many hours? 20 plus or attending school</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Need proof of residency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FACILITY Has:	Yes	No
9. Drug/alcohol testing done on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking? Outside only	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Provides transportation for clients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$125.00/weekly \$25.00 security deposit

17. Minimum/maximum length of stay?

18. Re-admission requirements?
Must have 90 days.



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Facility Name: Daryl Rogers
Location: Multiple Locations in Detroit
Telephone: 313.575.7821
Email: rdaryl@earthlink.net

1. Residents are
Male_____ Female_____ Both____X_____

Table with 2 columns: Question, Yes, No. Rows include: 2. Need to be in treatment?, 3. Need to have completed treatment?, 4. Need to be drug free? If yes, how long? 3 months Functioning, 5. Need to be in a 12-Step program?, 6. Need to have a sponsor?, 7. Need to be employed? If yes, how many hours?, 8. Need proof of residency?

FACILITY Has:

Table with 2 columns: Question, Yes, No. Rows include: 9. Drug/alcohol testing done on site?, 10. Accept self-referrals?, 11. Allows cigarette smoking?, 12. Allows Antabuse?, 13. Has individual bedrooms? Locks on Doors, 14. Provides transportation for clients?, 15. Has re-admission requirements?

16. Cost? Funding sources?
\$275.00 a month, basic cable and utilities included. There is an additional fee if you want a cable box (\$25.00) that would give you more channels.

17. Minimum/maximum length of stay?
None

18. Re-admission requirements?
None



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Facility Name: David House
Location: 23132 David St., Eastpointe
Telephone: 586-770-4619
Email: bmaks@remaxmetropolitan.com

1. Residents are	
Male_____	Female___X___ Both_____

RESIDENTS:	Yes	No
2. Need to be in treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Need to have completed treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Need to be drug free? <i>If yes, how long? drop clean</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Need to be in a 12-Step program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Need to have a sponsor? within 10 days	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Need to be employed? Employable or attending school	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Need proof of residency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FACILITY Has:	Yes	No
9. Drug/alcohol testing done on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking? Outside only	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms? Some rooms Available	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients? Some. On bus route	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$135.00 per week. \$25.00 deposit. Security deposit is reimbursed at 90 days.

17. Minimum/maximum length of stay?

18. Re-admission requirements?
Clean Urinalysis (some type of treatment program; IOP, detox, inpatient, etc.)



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Facility Name: Eastland House
Location: 17841 Eastland Street, Roseville, MI 48066
Telephone: (586) 943-6034
Email: Deanna.mcgraw@sbcglobal.net

1. Residents are
Male X Female Both

Table with 2 columns: Question, Yes, No. Rows include: 2. Need to be in treatment?, 3. Need to have completed treatment?, 4. Need to be drug free?, 5. Need to be in a 12-Step program?, 6. Need to have a sponsor?, 7. Need to be employed?, 8. Need proof of residency?

Table with 2 columns: Question, Yes, No. Rows include: 9. Drug/alcohol testing done on site?, 10. Accept self-referrals?, 11. Allows cigarette smoking?, 12. Allows Antabuse?, 13. Has individual bedrooms?, 14. Provides transportation for clients?, 15. Has re-admission requirements?

16. Cost? Funding sources?
Rent—\$105/week
\$100 security deposit
Pay for own food
Accepts MCOSA funding

17. Minimum/maximum length of stay?
Recommended 6 to 12 months

18. Re-admission requirements?
Sober for at least one week
Detoxed if needed
Motivation to try again



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Facility Name: Elise House
Location: 26660 Lehner, Roseville MI 48066
Telephone: 586.634.7838
Email: templininvestments@yahoo.com

1. Residents are
Male ___X___ Female ___ ___ Both ___ ___

Table with 2 columns: Question, Yes, No. Rows include: 2. Need to be in treatment?, 3. Need to have completed treatment?, 4. Need to be drug free?, 5. Need to be in a 12-Step program?, 6. Need to have a sponsor?, 7. Need to be employed?, 8. Need proof of residency?

Table with 2 columns: Question, Yes, No. Rows include: 9. Drug/alcohol testing done on site?, 10. Accept self-referrals?, 11. Allows cigarette smoking?, 12. Allows Antabuse?, 13. Has individual bedrooms?, 14. Provides transportation for clients?, 15. Has re-admission requirements?

16. Cost? Funding sources?
\$105.00 a week
Covers all utilities.
Cable is extra.

17. Minimum/maximum length of stay?
None

18. Re-admission requirements?
Case by case basis after reassessment
3 Days sober, retested and \$50 fee



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3/4 & 1/2 Way Houses
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Facility Name: Grand Traverse Houses
Location: 504 and 712 N. Grand Traverse, Flint, MI 48503
Telephone: (810) 249-9924, (810) 391-3638, (810) 391-2295
Email-stubatef76@yahoo.com

1. Residents are
Male Female Both

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

FACILITY Has:

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

16. Cost? Funding sources?
\$90.00 Have to pay a week in advance. \$180 move in cost
Multiple funding sources, self pay, Commercial insurance, local coordinating agency, MPRI

17. Minimum/maximum length of stay?
Minimum—90 days
Maximum—1 year

18. Re-admission requirements?
Requirements vary depending on type of o/c.



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Facility Name: Henderson House—1/2 way house

Location: Brighton Hospital

Telephone: (810) 227-1211

Email: jfurey@brightonhospital.org

1. Residents are
Male X Female Both

Table with 2 columns: Question, Yes, No. Rows include: 2. Need to be in treatment? (Yes: X), 3. Need to have completed treatment? (Yes: X), 4. Need to be drug free? (Yes: X), 5. Need to be in a 12-Step program? (Yes: X), 6. Need to have a sponsor? (No: Obtain a sponsor in 30 days, Yes: X), 7. Need to be employed? (Yes: X), 8. Need proof of residency? (Yes: X)

Table with 2 columns: Question, Yes, No. Rows include: 9. Drug/alcohol testing done on site? (Yes: X), 10. Accept self-referrals? (Yes: X), 11. Allows cigarette smoking? (No: X), 12. Allows Antabuse? (Yes: X), 13. Has individual bedrooms? (No: X), 14. Provides transportation for clients? (No: X), 15. Has re-admission requirements? (Yes: X)

16. Cost? Funding sources?
\$1750.00/month plus \$25.00/week for food. Covered by some insurances: Connecticut General, Magellan. Includes in-house therapy, daily group and weekly one on one.

17. Minimum/maximum length of stay?
Minimum—1 month
Maximum—Individual, usually 6-9 months

18. Re-admission requirements?
Case by case basis after re-assessment.



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Facility Name: Hollywood House
Location: 26675 Hollywood St. Roseville, MI., 48066
Telephone: Michelle (586) 298-4204
Email: mike@qualitycomfort.net

1. Residents are
Male_____ Female_____ Both____X_____

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

FACILITY Has:

9. Drug/alcohol testing done on site? <i>Every Monday</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms? <i>2-3 people per room</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients? <i>Located near bus line</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$110 per week No security deposit
\$50 move in fee

17. Minimum/maximum length of stay?
No

18. Re-admission requirements?
Treatment not limited to detox and must have a clean urinalysis. Follow new recovery plan
\$50 move in fee

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



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Facility Name: Kim K's Just for Today Stay

Location: Eastpointe

Telephone: (586) 563-5360

Email: info@recoveryandlivingspiritual.com kimkacruiser@yahoo.com

1. Residents are	
Male _____	Female X _____
Both _____	

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

FACILITY Has:	Yes	No
9. Drug/alcohol testing done on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking? Outside only	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients? Close to Bus Line	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$105.00 per week and \$100.00 security deposit

17. Minimum/maximum length of stay?
6 month lease; security deposit returned when lease completed. No maximum

18. Re-admission requirements?
Drop clean If a relapse occurs when living in house or upon returning to the house then they must go through detox.



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Facility Name: Kyle's House
Location: 32221 Utica Rd., Fraser, MI 48026
Telephone: 586-944-9400
Email: transitwilliam@yahoo.com

1. Residents are
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/>

RESIDENTS:	Yes	No
2. Need to be in treatment? <i>or move from another 3/4 house</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Need to have completed treatment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Need to be drug free? <i>If yes, how long?</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Need to be in a 12-Step program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Need to have a sponsor? <i>14 days</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Need to be employed? <i>or contribute to house clean-up/up-keep</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Need proof of residency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FACILITY Has:	Yes	No
9. Drug/alcohol testing done on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals? <i>depends, must interview with Manager</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking? <i>Outside only</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Has individual bedrooms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements? <i>treatment. At the least Detox</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$100.00 per week.
\$100.00 deposit (non-refundable)

17. Minimum/maximum length of stay?
90 days Minimum
18 month maximum

18. Re-admission requirements?
At least detox, house vote.



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Facility Name: Live Rite
Location: 21836 Normandy
Telephone: 586-770-4619
Email: bmaks@remaxmetropolitan.com

1. Residents are	
Male_____	Female____x____ Both_____

RESIDENTS:	Yes	No
2. Need to be in treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Need to have completed treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Need to be drug free? <i>If yes, how long?</i> _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Need to be in a 12-Step program? within 30 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Need to have a sponsor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Need to be employed? <i>If yes, how many hours?</i> _____ <i>or attending school</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Need proof of residency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FACILITY Has:	Yes	No
9. Drug/alcohol testing done on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking? Outside only	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$135.00/weekly \$25.00 security . Security is reimbursed at 90 days.

17. Minimum/maximum length of stay?
90 minimum

18. Re-admission requirements?
Clean Urinalysis



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Facility Name: Passages of Hope House 2
 Location: 22807 Melrose, Eastpointe, MI., 48021
 Telephone: (313)258-7188
 Email: gppmcgraws@comcast.net

1. Residents are
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/>

<i>RESIDENTS:</i>	Yes	No
2. Need to be in treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Need to have completed treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Need to be drug free? If yes, how long? At least 3 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Need to be in a 12-Step program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Need to have a sponsor? Within one week of moving in	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Need to be employed? If yes, how many hours? 20 hours/week or volunteer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Need proof of residency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<i>FACILITY Has:</i>	Yes	No
9. Drug/alcohol testing done on site? Random	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking? Outside only	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse? Under doctor's care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Provides transportation for clients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$120 per week

17. Minimum/maximum length of stay?
None Must give 2 week notice of leaving

18. Re-admission requirements?
Detox—Pass drug test—90 meetings in 90 days—Earlier curfew—Disassociate with using individuals

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



OF SOUTHEASTERN MICHIGAN

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

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Facility Name: Passages to Hope
Location: 19373 Woodside Harper Woods, MI 48225
Telephone: 313-258-7188
Email: gppmcgraws@comcast.net

1. Residents are
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/>

RESIDENTS:	Yes	No
2. Need to be in treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Need to have completed treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Need to be drug free? If yes, how long? 3 days test clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Need to be in a 12-Step program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Need to have a sponsor? Within one week of moving in	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Need to be employed? If yes, how many hours? 20 hours or volunteering	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Need proof of residency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FACILITY Has:	Yes	No
9. Drug/alcohol testing done on site? Random	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking? Outside	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Allows Antabuse? Under a doctor's care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Provides transportation for clients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements? must be drug-free	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$120 per week shared room

17. Minimum/maximum length of stay?
None Must give 2 week notice of leaving

18. Re-admission requirements?
Detox and pass drug test, 90 meetings in 90 days Earlier Curfew, disassociate with using individuals



OF SOUTHEASTERN MICHIGAN

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3/4 & 1/2 Way Houses
Facility Information Survey

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Facility Name: Personalized Nursing Light House
Location: 575 South Main St., suite 6, Plymouth MI 48170
Telephone: 734-451-7800
Email: pnlh@pnlh.org

1. Residents are
Male_____ Female_____ Both___X_____

Table with 2 columns: Question, Yes, No. Rows include: 2. Need to be in treatment? (Yes: X), 3. Need to have completed treatment? (No: X), 4. Need to be drug free? (No: X), 5. Need to be in a 12-Step program? (No: X), 6. Need to have a sponsor? (No: X), 7. Need to be employed? (No: X), 8. Need proof of residency? (No: X)

FACILITY Has:

Table with 2 columns: Question, Yes, No. Rows include: 9. Drug/alcohol testing done on site? (Yes: X), 10. Accept self-referrals? (Yes: X), 11. Allows cigarette smoking? (Yes: X), 12. Allows Antabuse? (Yes: X), 13. Has individual bedrooms? (Yes: X), 14. Provides transportation for clients? (Yes: X), 15. Has re-admission requirements? (Yes: X)

16. Cost? Funding sources?
\$100.00 per week for recovery supportive services (includes housing).
State funding may pay for counseling and housing, depending on client.
State funding or value options pays for 1/2 way house if applicable.

17. Minimum/maximum length of stay?
None.

18. Re-admission requirements?
Varies case by case basis
Must be 4-7 days clean.
Complete relapse questions (if relapse)



CARE of Southeastern Michigan
3/4 & 1/2 Way Houses
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Facility Name: Safe Step
Location: 917 South Merriman, Westland, MI., 48186
Telephone: (734) 641-1141
Email: scott@safesteprecovery.com

1. Residents are	
Male_____	Female_____ Both___X_____

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

<i>FACILITY Has:</i>	Yes	No
9. Drug/alcohol testing done on site? <i>Every Monday</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Provides transportation for clients?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
Medicaid— Medicare—Self Pay—Veteran’s Administration

17. Minimum/maximum length of stay?
None

18. Re-admission requirements?
Call intake coordinator

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



CARE of Southeastern Michigan
3/4 & 1/2 Way Houses
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Facility Name: Skye House
Location: 18030 Homer St. Roseville, MI 48066 & 26445 Pattow St. Roseville, MI 48066
Telephone: 586-298-4094
Email: skye_house@yahoo.com

1. Residents are	
Male_____	Female_____ Both___X in different locations_____

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

<i>FACILITY Has:</i>	Yes	No
9. Drug/alcohol testing done on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking? Designated areas only	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Has individual bedrooms? A few for men-none for women	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$100.00 DEPOSIT AND \$105.00 PER WEEK. \$125 per week for single in men's house

17. Minimum/maximum length of stay?
NO MINIMUM OR MAXIMUM STAY. 2 weeks notice to leave and can use deposit for last week's rent

18. Re-admission requirements?
RESIDENT MUST BE ABLE TO TEST CLEAN OF ALL DRUGS, AND MUST SUBMIT A DEPOSIT.



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3/4 & 1/2 Way Houses
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Facility Name: Surrender House

Location: Southgate, MI.

Telephone: (313) 673-6347

Email: nalizzi@aol.com

There is a dog in the house

1. Residents are	
Male_____	Female__X___ Both_____

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

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

16. Cost? Funding sources?
\$105 a week/ \$420 A month Entry fee \$100

17. Minimum/maximum length of stay?
90 day minimum Maximum, as long as rules are followed.

18. Re-admission requirements?
Must attend outpatient, detox or treatment, write a gratitude list, a goal list and a trigger list within 5 days of returning to house for board review, write essay on what they will do differently, placed on 30 day restriction, can return once within 30 day period after relapse, re-entry fees determined on a case to case basis.



CARE of Southeastern Michigan
3/4 & 1/2 Way Houses
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Facility Name: Surrender House
Location: Southgate, MI
Telephone: (313) 673-6347
Email: nalizzi@aol.com

1. Residents are	
Male_____X___	Female_____ Both_____

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

FACILITY Has:		Yes	No
9. Drug/alcohol testing done on site?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking?	Basement Only	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients?	Some	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Has re-admission requirements?		<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$105 a week/ \$420 a month Entry fee \$100

17. Minimum/maximum length of stay?
90 day minimum Maximum as long as rules are followed

18. Re-admission requirements?
Must attend outpatient, detox or treatment, write a gratitude list, a goal list and a trigger list within 5 days of returning to the house for board review, write an essay on what they will do differently, placed on 30 day restriction, can return once within 30 day period after a relapse, re-entry fees determined on a case to case basis.



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

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Facility Name: Surrender House, Inc.
Location: Detroit and Dearborn Heights
Telephone: (313) 673-6347 or (734) 282-6420
Email: nalizzi@aol.com Website: www.surrenderhouse.com

1. Residents are
Male_____ Female___X___ Both_____

Table with 2 columns: Question, Yes, No. Rows include: 2. Need to be in treatment? Will access [] [X]; 3. Need to have completed treatment? Will access [] [X]; 4. Need to be drug free? If yes, how long? Will access [X] []; 5. Need to be in a 12-Step program? [X] []; 6. Need to have a sponsor? [X] []; 7. Need to be employed? If yes, how many hours? [] [X]; 8. Need proof of residency? [] [X]

FACILITY Has:

Table with 2 columns: Question, Yes, No. Rows include: 9. Drug/alcohol testing done on site? [X] []; 10. Accept self-referrals? [X] []; 11. Allows cigarette smoking? Basement only [X] []; 12. Allows Antabuse? [X] []; 13. Has individual bedrooms? [] [X]; 14. Provides transportation for clients? Some [X] []; 15. Has re-admission requirements? [X] []

16. Cost? Funding sources?
\$105 a week or \$420 month
Entry fee \$100.00

17. Minimum/maximum length of stay?
90 day minimum
Maximum, as long as rules are followed.

18. Re-admission requirements?
Must attend outpatient, detox or treatment, write a gratitude list, a goal list and a trigger list within 5 days of returning to the house for board review, write an essay on what they will do differently, placed on a 30 day restriction, can return once within a thirty day period after a relapse, re-entry fees determined on a case to case basis.



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3/4 & 1/2 Way Houses
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Facility Name: Sweet Surrender, LLC
 Location: 274 W. Walled Lake Dr., Walled Lake 48300
 Telephone: 248 891-5101
 Email: sweetsurrender90@yahoo.com

1. Residents are
 Male_____ Female__X____ Both_____

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

FACILITY Has:

9. Drug/alcohol testing done on site? Random	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms? 2 people per room	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients? Meetings/Doctor & Court appts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Has re-admission requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

16. Cost? Funding sources?
 Private pay \$1500.00 per month

17. Minimum/maximum length of stay?
 30 days minimum/ No maximum
 Recommended 3-6 months

18. Re-admission requirements?



CARE of Southeastern Michigan
3/4 & 1/2 Way Houses
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Facility Name: Tepper House
Location: Eastpointe, MI., 48021
Telephone: Butch (810)459-6316 or Kathy (586)634-7838
Email:

1. Residents are	
Male_____	Female___X___ Both_____

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

<i>FACILITY Has:</i>	Yes	No
9. Drug/alcohol testing done on site? <i>Every Monday</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$105 per week MCOSA funding when available

17. Minimum/maximum length of stay?
None

18. Re-admission requirements?
3 days sober-retested- \$50 fee



CARE of Southeastern Michigan
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Facility Name: The 8th Street House
Location: 418 8th Street, Monroe, MI., 48160
Telephone: (734)585-4104 or (734)250-8056
Email: roxie1328@yahoo.com

A Certified Member of NARR
The National Alliance of Recovery Residences

1. Residents are	
Male_____X_____	Female_____ Both_____

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

	Yes	No
<i>FACILITY Has:</i>		
9. Drug/alcohol testing done on site? <i>Every Monday</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$115 per week or \$400 per month Funding for indigent individuals in Wayne, Monroe, and Kent Counties up to 60 days with mandatory job search following strict job search guidelines

17. Minimum/maximum length of stay?
There is no minimum or maximum length of stay. Residents are encouraged to make a long-term effort at providing a good solid base of recovery from which to start from prior to leaving

18. Re-admission requirements?
Prior to readmission a discussion and identification of goals with a Recovery Coach is required



CARE of Southeastern Michigan
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Facility Name: The Butler House
Location: 524 Butler, Lansing, MI., 48160
Telephone: (616)558-4958 or (734)250-8056
Email: roxie1328@yahoo.com

A Certified member of NARR
The National Alliance of Recovery Residences

1. Residents are	
Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/> Both <input type="checkbox"/>

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

FACILITY Has:	Yes	No
9. Drug/alcohol testing done on site? <i>Every Monday</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$115 per week or \$400 per month Funding for indigent individuals in Wayne, Monroe, and Kent Counties up to 60 days mandatory job search following strict job search guidelines

17. Minimum/maximum length of stay?
There is no minimum or maximum length of stay. Residents are encouraged to make a long-term effort at providing a good solid base of recovery from which to start prior to leaving.

18. Re-admission requirements?
Prior to readmission a discussion and identification of goals with a Recovery Coach is required.



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

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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.

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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: The Doorway to Recovery website: www.thedoorwaytorecovery.com
Address: P.O Box 1033 City: Dearborn State: MI Zip: 48127
Telephone: (877) 751-7925 Office (248) 987-2696

1. Residents are	
Male _____	Female _____ Both X

RESIDENTS:	Yes	No
2. Need to be in treatment? Need to be in recovery	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Need to have completed treatment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Need to be drug free? If yes, how long? 0 - 1 year Pass screening on intake	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Need to be in a 12-Step program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Need to have a sponsor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Need to be employed? If yes, how many hours? looking for work or volunteering	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Need proof of residency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY Has:	Yes	No
9. Drug/alcohol testing done on site? Random and can do testing for court	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking? Outside only	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms? Rooms house from 1-3 residents	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$50 intake
\$115-135 week or \$440-\$520 month

17. Minimum/maximum length of stay?
None

18. Re-admission requirements?
Test negative for all drugs and alcohol
Detox 1 - 3 days (case by case)
Have to attend recovery coach meetings



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Facility Name: The Navarre House
Location: 57 Navarre, Monroe, MI., 48160
Telephone: (734)585-4104 or (734)250-8056
Email: roxie1328@yahoo.com

A certified member of NARR
The National Alliance of Recovery Residences

1. Residents are	
Male_____X_____	Female_____ Both_____

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

FACILITY Has:	Yes	No
9. Drug/alcohol testing done on site? <i>Every Monday</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$115 per week or \$400 per month Funding for indigent individuals in Wayne, Monroe, and Kent Counties up to 60 days with mandatory job search following strict job search guidelines

17. Minimum/maximum length of stay?
There is no minimum or maximum length of stay. Residents are encouraged to make long-term effort at providing a good solid base of recovery from which to start prior to leaving.

18. Re-admission requirements?
Prior to readmission a discussion and identification of goals with a recovery coach is required.



OF SOUTHEASTERN MICHIGAN

CARE of Southeastern Michigan

3/4 & 1/2 Way Houses

Facility Information Survey

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Facility Name: Willard House
Location: 23278 Willard, Warren, MI 48089
Telephone: 810.459.6316 Butch
Email: templininvestments@yahoo.com

1. Residents are
Male ___X___ Female _____ Both _____

Table with 3 columns: Question, Yes, No. Rows include: 2. Need to be in treatment?, 3. Need to have completed treatment?, 4. Need to be drug free? If yes, how long? 30 days, 5. Need to be in a 12-Step program?, 6. Need to have a sponsor?, 7. Need to be employed? If yes, how many hours? ___ or family funding, 8. Need proof of residency?

FACILITY Has:

Table with 3 columns: Question, Yes, No. Rows include: 9. Drug/alcohol testing done on site?, 10. Accept self-referrals?, 11. Allows cigarette smoking?, 12. Allows Antabuse?, 13. Has individual bedrooms?, 14. Provides transportation for clients?, 15. Has re-admission requirements?

16. Cost? Funding sources?
\$105.00 a week
Covers all utilities.
Cable is extra. MCOSA funding when available

17. Minimum/maximum length of stay?
Minimum - None
Maximum - None

18. Re-admission requirements?
3 days sober
Tested and \$50 fee



CARE of Southeastern Michigan
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Facility Name: Brighton Center for Recovery Women's Halfway House

Location: 12851 Grand River, Brighton, MI. 48116

Telephone: (810) 225-2591 Anna

Email: jfurey@brightonhospital.org

1. Residents are	
Male _____	Female X Both _____

RESIDENTS:	Yes	No
2. Need to be in treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Need to have completed treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Need to be drug free? <i>If yes, how long? 2 weeks</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Need to be in a 12-Step program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Need to have a sponsor? Obtain a sponsor in 30 days	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Need to be employed? <i>If yes, how many hours? _____</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Need proof of residency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FACILITY Has:	Yes	No
9. Drug/alcohol testing done on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Accept self-referrals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Allows cigarette smoking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Allows Antabuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Has individual bedrooms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Provides transportation for clients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Has re-admission requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Cost? Funding sources?
\$1750.00/month plus \$25.00/week for food. Covered by some insurances: Connecticut General, Magellan. Includes in-house therapy, daily group and weekly one on one.

17. Minimum/maximum length of stay?
Minimum—1 month No Maximum

18. Re-admission requirements?
2 weeks on Case by case basis after re-assessment.