

THE ZONE

PATHWAYS HOME NORTHEAST

APPLICATION FOR SERVICES

Supervised recovery housing and peer support for women.
A program of the ZONE at Northeast Community Center

WAQRR Level III · NARR 3.0 Aligned

Pathways Home Northeast · SOP Manual 1.0 · 2406 & 2408 East Garland St. Spokane WA 99207

Form APP-01 — Individual Application for Services

§ 07 · 1.0 · HIPAA Protected — 42 CFR Part 2 · Retain 7 years from denial or exit

About This Application

PHN is a recovery residence for women reentering from incarceration, transitioning from treatment, or in recovery and needing structured housing. We are pursuing certification as a WAQRR Level III recovery residence. This application is the first step. It is not an offer of admission, and you do not have to answer every question to be considered.

Who can apply. You may apply if you (1) identify as a woman, (2) are 18 or older, (3) are in active recovery — not currently using alcohol or non-prescribed drugs, with no minimum clean time required, (4) are reentering from incarceration, leaving treatment, or in recovery with a need for structured housing, and (5) are willing to follow program rules and sign the Program Participation & Occupancy Agreement.

Who we do not turn away. PHN does not deny admission because of offense type alone (except a sex offense conviction, because our home is close to a school), number or length of incarcerations, past program failures, source of income (including public benefits), immigration or citizenship status, or use MOUD or other prescribed medications.

Who can fill this out. You, your CCO/P.O., a case manager, or a treatment or reentry staff member can help. If someone helps you, they sign Section 9 as well.

How to submit. Email, mail, or hand-deliver to Lavonnie McManus, Housing Coordinator · lmcmanus@necommunitycenter.com · 509-617-6825 · 2406 & 2408 East Garland St. Spokane WA 99207.

What happens next

STEP	WHAT HAPPENS	TIMELINE
1. We receive your application	The Housing Coordinator or designee contacts you or your referral contact	Within 2 business days
2. Pre-admission interview	A relaxed conversation about the program, house rules, fees, and your rights. Can happen in person, by phone, by video, or at your facility before release	Scheduled with you
3. Decision	You receive our decision: approved, waitlisted, or denied	Within 5 business days of the interview
4. If denied	Notice with the reason, your right to appeal, and at least two other resources	Within 3 business days of the decision
5. If waitlisted	Your spot is held 30 days (can be extended). When a bed opens, you have 48 hours to confirm	30 days
6. Move-in day	Full intake in a private setting	Scheduled date

About Our Program

PHN is a sober, supervised home for up to seven women in recovery, in a brand new duplex at 2406 & 2408 East Garland St in northeast Spokane. It is run by The ZONE at Northeast Community Center. We are getting certified by the Washington Alliance for Quality Recovery Residences (WAQRR) at Level III, which means trained staff are on site, every woman has a written recovery plan, and we partner with behavioral health providers.

Our model is peer-driven: women in recovery supporting each other, with staff who have walked a similar road. Our goal is to help you build a stable life — housing, income, health, family, and a recovery community — that lasts after you leave.

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What you receive as a participant

SERVICE	WHAT IT LOOKS LIKE
A safe, sober home	A shared room, shared kitchen and living space, and a community of women in recovery
Your own Peer Support Specialist	A Washington State Certified Peer Support Specialist who meets with you at least once a week
Individualized Reentry & Recovery Plan (IRP)	A plan you write with your Peer Support Specialist within 30 days, covering housing, work, school, health, legal needs, family, and recovery. It is reviewed at 30, 60, and 90 days, then every 90 days
Weekly programming	A house meeting, a life skills or recovery education group, and a community or social activity each week
Help with the basics	ID and documents, Apple Health enrollment, benefits, jobs, transportation, and connections to Spokane resources
Behavioral health, your choice	Counseling and treatment are available through Lifebond Behavioral Health or any provider you choose.
Support before and after release	Staff can meet with you before release, and we help plan your next home and make warm handoffs when you leave

Our commitments to you. Relapse is treated as part of recovery, not an automatic discharge. MOUD taken as prescribed is always welcome. You choose your own recovery pathway — AA, NA, SMART, Celebrate Recovery, faith-based, or another. If you leave, we hold your belongings for at least 45 days, and getting them back never depends on paying a balance. You may file a grievance or contact WAQRR at any time without fear of retaliation.

What We Expect From You

PHN works because everyone takes part. These expectations are explained in full at intake and written into your Program Participation & Occupancy Agreement.

Program participation

- **Stay sober.** No alcohol, illegal drugs, or non-prescribed controlled substances, on the property or in your system.
- Take drug and alcohol tests: at move-in, at least once a week, and at random. Not giving a sample within 60 minutes counts as a positive.
- Attend the full weekly House Meeting.
- Attend weekly life skills groups if you are not working. If you have a job, we will work with your schedule.
- Attend at least one recovery meeting or recovery activity each week. You pick the kind; you never have to sign attendance slips or share what was said, unless your supervision requires it.
- Meet with your Peer Support Specialist weekly and work on your IRP in good faith.
- Do your assigned chores on time and keep your room clean.
- Pay your program fee: **$800/month**, or **$700/month if paid on time** (full payment received by the 5th). It is due on the 1st, with a grace period through the 5th. The House Manager receives a $100 reduction ($700, or $600 if paid on time). If money is tight, talk to us early — hardship plans are available.
- Follow your probation or parole conditions and tell staff about any supervision issue.

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House rules

RULE	WHAT IT MEANS
Respect	No bullying, threats, harassment, or violence toward anyone
Honesty	Be truthful about your sobriety, where you are, and other program matters
Confidentiality	What housemates share stays in the house
Curfew	Set individually, not for everyone. When one applies, it is 10 p.m. on weeknights and 11 p.m. on weekends, and work schedules are considered
Overnights	Ask in writing at least 24 hours ahead. 72 hours gone without contacting staff is treated as leaving the program
Visitors	Approved in advance. No men inside the houses and no overnight guests. Children may visit during visiting hours
Prohibited items	No alcohol, drugs, paraphernalia, weapons, or pornography
Smoking and vaping	Only in the designated outdoor area, never inside
Money between housemates	No lending, borrowing, or financial deals with other participants
Door code	Yours alone — never share it
Good neighbor	Keep noise down, respect neighbors, and follow quiet hours

If something goes wrong. We respond step by step: first a private conversation, then a written warning, then a behavioral contract. Discharge is a last resort, except in a safety emergency. You can appeal any decision through the grievance procedure.

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Section 1 — About You

Please print clearly. You may leave any line blank and talk about it at your interview.

QUESTION	YOUR ANSWER
Legal name (Last, First, Middle)	
Name you go by	
Date of birth	
Do you identify as a woman?	☐ Yes ☐ I'd like to talk about this in the interview
Best phone number	
Other phone or message number	
Email (if you have one)	
Mailing address or facility address	
DOC # or booking # (if incarcerated)	
Best way to reach you	☐ Phone ☐ Text ☐ Email ☐ Through my case manager / CCO ☐ Facility legal mail
Is it OK to leave a message that says "Pathways Home"?	☐ Yes ☐ No — just say "PHN staff calling"

Section 2 — Referral & Where You Are Now

All referral sources are reviewed the same way. Self-referrals are welcome.

QUESTION	YOUR ANSWER
How did you hear about PHN?	☐ Self ☐ DOC / CCO ☐ Probation ☐ Court ☐ Treatment program ☐ Hospital ☐ Community organization ☐ Friend / family ☐ Other: _____
Referring person and organization	

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QUESTION	YOUR ANSWER
Referral contact phone and email	
Where are you staying right now?	☐ Jail ☐ Prison / DOC facility ☐ Work release ☐ Inpatient treatment ☐ Hospital ☐ Shelter ☐ With friends or family ☐ Unsheltered ☐ My own place ☐ Other: _____
Name of facility or program (if any)	
Expected release or exit date	
Date you hope to move in	
Is your current housing ending soon?	☐ No ☐ Yes — date: _____
Do you have children?	☐ No ☐ Yes Would you like help with family support, parenting programs, or reunification? ☐ Yes ☐ No (Children are welcome during visiting hours.)

Section 3 — Legal & Supervision Status

We ask this so we can coordinate with your supervision and help you stay in compliance. Your offense type alone will not be the reason you are denied. The one exception is a sexual offense conviction, because our home is close to a school. PHN makes its own admission decisions; a supervising officer can share input but cannot veto an eligible applicant for reasons unrelated to supervision conditions.

QUESTION	YOUR ANSWER
Are you under supervision now?	☐ No ☐ DOC / Community Custody ☐ Probation ☐ Court-ordered ☐ Drug / therapeutic court ☐ Other: _____
CCO or P.O. name	
Agency, phone, and email	
Does your CCO/P.O. know you are applying to PHN?	☐ Yes ☐ No ☐ Not sure
Supervision end date (approximate)	

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QUESTION	YOUR ANSWER
Any conditions that affect where you can live, curfew, travel, or contact with others?	☐ No ☐ Yes — please describe:
Upcoming court dates	
Any active warrants, holds, or detainers?	☐ No ☐ Yes ☐ Not sure — we can help you look into it

Section 4 — Your Recovery

There are no wrong answers here. Details of your substance use history are collected privately at intake, not on this form. You may write "prefer to discuss in interview" for any question.

QUESTION	YOUR ANSWER
Are you currently in active recovery (not using alcohol or non-prescribed drugs)?	☐ Yes ☐ Prefer to discuss in interview
About how long have you been in recovery this time? (No minimum is required.)	
Are you finishing or have you recently finished treatment?	☐ No ☐ Yes — program name and dates:
Are you prescribed MOUD (buprenorphine/Suboxone, methadone, naltrexone/Vivitrol)?	☐ No ☐ Yes ☐ Prefer not to say. **MOUD is fully accepted at PHN and is never a rule violation.**
If yes, who is your prescriber or clinic? (so we can help with continuity of care)	
What supports your recovery right now?	☐ 12-step / mutual aid ☐ Faith community ☐ Counseling ☐ Peer support ☐ Sponsor ☐ Family ☐ Other: _____
Have you lived in recovery or transitional housing before?	☐ No ☐ Yes — where and how it went (past programs do not disqualify you):
Are you willing to follow house rules, take part in weekly programming and house meetings, and do drug and alcohol testing?	☐ Yes ☐ I have questions

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In your own words

Why do you want to live at PHN, and what would you like to be different for you 6 months from now?

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Section 5 — Services You Are Requesting

Every participant receives structured recovery housing, peer support from a Washington State Certified Peer Support Specialist, and an Individualized Reentry & Recovery Plan (IRP) that you build with your Peer Support Specialist. Check anything else you want help with. This helps us start your IRP; nothing here is required.

AREA	I WANT HELP WITH THIS	NOTES
Pre-release planning and move-in coordination	☐	
Getting ID, Social Security card, or birth certificate	☐	
Apple Health (Medicaid) enrollment or reactivation	☐	
Mental health or substance use counseling (voluntary — through Lifebond Behavioral Health or a provider you choose)	☐	
Medical, dental, or vision care	☐	
Keeping my MOUD prescription going	☐	
Employment, resume, or job search	☐	
School, GED, or job training	☐	
Benefits (SNAP, TANF, SSI/SSDI)	☐	
Legal obligations, LFOs, or court requirements	☐	
Family reunification or parenting support	☐	
Transportation	☐	
Budgeting and saving for permanent housing	☐	
Building recovery community and connections	☐	
Something else: _____	☐	

Section 6 — Health Coverage & Program Fees

The program fee is **$800.00/month**, or **$700.00/month if paid on time** (full payment received by the 5th). A participant who volunteers as House Manager receives a $100.00/month reduction ($700.00, or $600.00 if paid on time).

QUESTION	YOUR ANSWER
Do you have Washington Apple Health (Medicaid)?	☐ Yes, active ☐ Suspended or ended ☐ Pending ☐ No ☐ Not sure
Other health coverage	☐ None ☐ Medicare ☐ Private ☐ Tribal / IHS ☐ VA ☐ Other: _____

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QUESTION	YOUR ANSWER
How do you expect to pay the program fee?	☐ Myself (work or savings) ☐ DOC housing voucher ☐ DSHS / other agency ☐ Family ☐ Payment plan needed ☐ I need help figuring this out
Name and contact of any agency paying for you	
Current or expected income sources (check all)	☐ Employment ☐ SSI/SSDI ☐ TANF ☐ Unemployment ☐ None right now ☐ Other: _____

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Section 7 — Language, Access & Accommodations

You have the right to an interpreter or translated documents at no cost. PHN will not ask a family member, friend, or housemate to interpret for you. You may also ask for a reasonable accommodation at any time; you do not need to share a diagnosis to ask.

QUESTION	YOUR ANSWER
Preferred language	
Do you need an interpreter?	☐ No ☐ Yes — language: _____
How would you like to receive written information?	☐ Standard print ☐ Large print ☐ Read aloud to me ☐ Spanish ☐ Other: _____
Do you need any changes to how we interview you or to the house (for example, a ground-floor room, mobility access, extra time with paperwork, a service animal)?	☐ No ☐ Yes — please describe:
PHN does not allow pets. Do you have a service animal or an emotional support animal? (ESAs are reviewed individually.)	☐ No ☐ Service animal ☐ Emotional support animal

Section 8 — What You Should Know Before You Sign

Please initial each line.

INITIALS	STATEMENT
	I have read (or had read to me) “About Our Program” and “What We Expect From You,” and I am willing to follow these expectations if admitted. I understand that applying does not guarantee admission, and that a waitlist spot is not an offer of a bed.
	I understand my information is protected under HIPAA and 42 CFR Part 2. PHN will not share it with anyone — including my CCO/P.O. or referral source — without my written consent (Form ROI-01), except where the law requires (such as a medical emergency or mandatory abuse reporting).
	I understand signing a Release of Information is voluntary and never affects my admission or services. I can revoke it in writing at any time.
	I understand that if I am admitted, I will have a drug and alcohol test at intake before getting my room, and that MOUD taken as prescribed is never a violation.
	I understand PHN is a program residence under a Program Participation & Occupancy Agreement, not a lease.
	I understand that if I am denied, I will get the reason, verbally or in writing, and can appeal through the PHN grievance procedure.

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INITIALS	STATEMENT
	I understand I can contact WAQRR directly at any time, without telling PHN first: info@waqrr.org · 360-485-1920 · www.waqrr.org.

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Section 9 — Signatures

I certify that the information I gave is true and complete to the best of my knowledge. I may leave questions blank and discuss them at my interview.

	SIGNATURE	PRINTED NAME	DATE
Applicant			
Person who helped complete this form (if any)			
Helper's organization and phone			

For Office Use Only

Staff completes this section. Do not write below this line if you are the applicant.

ITEM	ENTRY
Date received / received by	
First contact made (due within 2 business days)	
Pre-admission interview date / format	Date: _____ ☐ In person ☐ Phone ☐ Video ☐ At facility
Interpreter or accommodation arranged	☐ N/A ☐ Yes: _____
Eligibility determination date (due within 5 business days of interview)	
Decision	☐ Approved ☐ Waitlisted ☐ Denied
If approved: move-in date / unit	☐ 2406 ☐ 2408 · Date: _____
If waitlisted: placement date / 30-day hold ends	
If denied: criterion not met, notice given — verbal or written (due within 3 business days), two referrals given	
Priority consideration (imminent release or re-admission) and documented rationale	
CCO/P.O. input received (only with signed ROI)	

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ITEM	ENTRY
Housing Coordinator signature and date	

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