

# Halfway, Three Quarter & Sober Living Houses

Updated April 26, 2011

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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 <a href="mailto:commdrkev@yahoo.com">commdrkev@yahoo.com</a> 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



### 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.

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**Facility Name: Completion House** 

Address: 123 University City: Pontiac State: MI Zip: 48341

Telephone: (248) 334-2165

1.Residents are			
Male Female Both X			
RESIDENTS:	Yes	No	
2.Need to be in treatment? Out patien			
3.Need to have completed treatment?	X		
4.Need to be drug free? If yes, how long? 2 weeks	X		
5.Need to be in a 12-Step program?	X		
6.Need to have a sponsor?	X		
7. Need to be employed? or be attending school	_		
8.Need proof of residency?	X		
FACILITY Has:			
9.Drug/alcohol testing done on site?	X		
10.Accept self-referrals?	X		
11.Allows cigarette smoking? Outside onl	y X		
12.Allows Antabuse?	X		
13. Has individual bedrooms?		X	
14.Provides transportation for clients?		X	
15. Has re-admission requirements?	X		
16. Cost? Funding sources?			
Men - \$440 a month			
Women - \$400 a month			
Funding - MDOC & MPRI			
17. Minimum/maximum length of stay?			
None			
18. Re-admission requirements?			
The individual must be clean and sober with no prior incidents of violence			



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**Facility Name: Conscience House** 

Location: 22710 Blackburn, St. Clair Shores, 48080

Telephone: 517-505-3803 Email: lisakwayne@yahoo.com

1.Resident	s are					
		_x	Female	Both		
RESIDENTS:					Yes	No
2.Need to	be in tre	atmen	t?			X
3.Need to	have con	nplete	d treatment?			X
4.Need to	be drug	free? /j	f yes, how long?_	0-1 year review case by case	X	
5.Need to	be in a 1	2-Step	program?		X	
6.Need to	have a sp	onsor	?		X	
7.Need to	be emplo	oyed? /	f yes, how many	hours?		X
8.Need pro	of of res	sidency	y?			X
FACILITY Has						
9.Drug/alc	ohol test	ing do	ne on site?		X	
10.Accept	self-refe	rrals?			X	
11.Allows			ing?		X	
12.Allows					X	
13.Has ind						X
	•		n for clients?		X	
15.Has re-	admissio	n requ	irements?			X
16. Cost?	<u>Funding</u>	source	es?			
\$325 per mon	th includes	s: laundr	y facilities, cable	and internet, smoke/CO2 detectors, parking in	drivewa	ay.
Need to supp	ly own foo	d and ot	her living needs.			
17. Minimu	ım/maxiı	mum le	ength of stay?			
6 month mini	mum					
18. Re-adn	nission re	equire	ments?			



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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					
RESIDENTS:				Yes	ı	No	
2.Need to be in treatment?						Χ	
3.Need to have completed treatment?						X	
4. Need to be drug free? If yes, how long?	_3 months			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 he	ours?					X	
8.Need proof of residency?						X	
FACILITY Has:							
9.Drug/alcohol testing done on site?						Χ	
10.Accept self-referrals?				Χ			
11.Allows cigarette smoking?				Χ			
12.Allows Antabuse?						X	
13.Has individual bedrooms?				Χ			
14. Provides transportation for clients?						Χ	
15. Has re-admission requirements?						X	
16. Cost? Funding sources?							
\$250.00 a month, basic cable and utilities included.	There is an	additional fee if	you want a cable	box (	(\$25.	.00) t	hat
would give you more channels.							
17. Minimum/maximum length of stay?							
Month to Month.							
18. Re-admission requirements?							



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**Facility Name: The Doorway to Recovery** 

Address: P.O Box 1033 City: Dearborn State: MI Zip: 48127

Telephone: (877) 751-7925

1.Residents are		
Male Female Both X		
RESIDENTS:	Yes	No
2.Need to be in treatment?	X	
3.Need to have completed treatment?	X	
4.Need to be drug free? If yes, how long? 0 - 1 year	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:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11. Allows cigarette smoking?	Outside only X	
12.Allows Antabuse?	X	
13. Has individual bedrooms?	vo per room	X
13. Has individual bedrooms? IV  14. Provides transportation for clients?	vo per room X	X
14.Provides transportation for clients?	X	X
14.Provides transportation for clients? 15.Has re-admission requirements?	X	
14. Provides transportation for clients? 15. Has re-admission requirements? 16. Cost? Funding sources?	X	
14. Provides transportation for clients?  15. Has re-admission requirements?  16. Cost? Funding sources?  \$100 per 7 days - Self/Family Funding	X	
14. Provides transportation for clients?  15. Has re-admission requirements?  16. Cost? Funding sources?  \$100 per 7 days - Self/Family Funding	X	
14.Provides transportation for clients?  15.Has re-admission requirements?  16. Cost? Funding sources?  \$100 per 7 days - Self/Family Funding Referral from Agency or Court	X	
14.Provides transportation for clients?  15.Has re-admission requirements?  16. Cost? Funding sources?  \$100 per 7 days - Self/Family Funding Referral from Agency or Court  17. Minimum/maximum length of stay?	X	
14.Provides transportation for clients?  15.Has re-admission requirements?  16. Cost? Funding sources?  \$100 per 7 days - Self/Family Funding Referral from Agency or Court  17. Minimum/maximum length of stay?	X	
14.Provides transportation for clients?  15.Has re-admission requirements?  16. Cost? Funding sources?  \$100 per 7 days - Self/Family Funding Referral from Agency or Court  17. Minimum/maximum length of stay?	X	
14.Provides transportation for clients?  15.Has re-admission requirements?  16. Cost? Funding sources?  \$100 per 7 days - Self/Family Funding Referral from Agency or Court  17. Minimum/maximum length of stay?  None	X	
14.Provides transportation for clients?  15.Has re-admission requirements?  16. Cost? Funding sources?  \$100 per 7 days - Self/Family Funding Referral from Agency or Court  17. Minimum/maximum length of stay?  None  18. Re-admission requirements?	X	



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Facility Name: Duce Housing

Location: 21729 Firwood, Eastpointe

1.Residents are			
Male FemaleX Both			
RESIDENTS:	Yes	No	
2.Need to be in treatment?		X	
3.Need to have completed treatment?		X	
4.Need to be drug free? If yes, how long?Drop clean	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? actively looking		X	
8.Need proof of residency?		X	
FACILITY Has:			
9.Drug/alcohol testing done on site?	X		
10.Accept self-referrals?	X		
11.Allows cigarette smoking?	X		
12.Allows Antabuse?	X		
13. Has individual bedrooms? Sometimes		X	
<b>14.Provides transportation for clients?</b> also close to bus line		X	
15. Has re-admission requirements?	X		
16. Cost? Funding sources?			
\$100.00 per week. Includes all utilities and bed. Must provide your own food.			
17. Minimum/maximum length of stay?			
17. Minimum/maximum length of stay? Minimum 1 week.			
Minimum 1 week.			
Minimum 1 week.  18. Re-admission requirements?			
Minimum 1 week.			



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Facility Name: Duce Housing

Location: 26500 Oakland, Roseville, 48044

1.Residents are			
Male FemaleX Both			
RESIDENTS:	Yes	No	
2.Need to be in treatment?		X	
3.Need to have completed treatment?		X	
4.Need to be drug free? If yes, how long?Drop clean	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? actively looking		X	
8.Need proof of residency?		X	
FACILITY Has:			
9.Drug/alcohol testing done on site?	X		
10.Accept self-referrals?	X		
11.Allows cigarette smoking?	X		
12.Allows Antabuse?	X		
13. Has individual bedrooms? Sometimes		X	
14.Provides transportation for clients? also close to bus line		X	
15. Has re-admission requirements?	X		
16. Cost? Funding sources?			
16. Cost? Funding sources? \$100.00 per week. Includes all utilities and bed. Must provide your own food.			
\$100.00 per week. Includes all utilities and bed. Must provide your own food.			
\$100.00 per week. Includes all utilities and bed. Must provide your own food.  17. Minimum/maximum length of stay?			
\$100.00 per week. Includes all utilities and bed. Must provide your own food.  17. Minimum/maximum length of stay?			
\$100.00 per week. Includes all utilities and bed. Must provide your own food.  17. Minimum/maximum length of stay?  Minimum 1 week.			
\$100.00 per week. Includes all utilities and bed. Must provide your own food.  17. Minimum/maximum length of stay?			
\$100.00 per week. Includes all utilities and bed. Must provide your own food.  17. Minimum/maximum length of stay?  Minimum 1 week.  18. Re-admission requirements?			



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Facility Name: Duce Housing

Location: 16304 10 Mile Rd., Eastpointe

-		
1.Residents are		
Male FemaleX Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?		X
3.Need to have completed treatment?		X
4.Need to be drug free? If yes, how long?Drop clean	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? actively looking		X
8.Need proof of residency?		X
FACILITY Has:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?	X	
13. Has individual bedrooms? Sometimes		X
14.Provides transportation for clients? also close to bus line		X
14.Provides transportation for clients? also close to bus line 15.Has re-admission requirements?	X	X
-		X
15.Has re-admission requirements?		X
15. Has re-admission requirements?  16. Cost? Funding sources?		X
15. Has re-admission requirements?  16. Cost? Funding sources?		X
15. Has re-admission requirements?  16. Cost? Funding sources?		X
15. Has re-admission requirements?  16. Cost? Funding sources?  \$100.00 per week. Includes all utilities and bed. Must provide your own food.		X
15. Has re-admission requirements?  16. Cost? Funding sources?  \$100.00 per week. Includes all utilities and bed. Must provide your own food.  17. Minimum/maximum length of stay?		X
15. Has re-admission requirements?  16. Cost? Funding sources?  \$100.00 per week. Includes all utilities and bed. Must provide your own food.  17. Minimum/maximum length of stay?		X
15.Has re-admission requirements?  16. Cost? Funding sources?  \$100.00 per week. Includes all utilities and bed. Must provide your own food.  17. Minimum/maximum length of stay?  Minimum 1 week.		X
15. Has re-admission requirements?  16. Cost? Funding sources?  \$100.00 per week. Includes all utilities and bed. Must provide your own food.  17. Minimum/maximum length of stay?		X
15.Has re-admission requirements?  16. Cost? Funding sources?  \$100.00 per week. Includes all utilities and bed. Must provide your own food.  17. Minimum/maximum length of stay?  Minimum 1 week.  18. Re-admission requirements?		



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Facility Name: Duce Housing

Location: 22613 Raymond, St. Clair Shores

1.Resident	s are						
	Male	_X	Female	Both			
RESIDENTS:					Yes	No	
2.Need to	be in tre	atmen	t?			X	
3.Need to	have cor	nplete	d treatment?			X	
4.Need to	be drug	free? //	yes, how long?	Drop clean_	X		
5.Need to	be in a 1	2-Step	program?		X		
6.Need to	have a s <sub>l</sub>	ponsor	?		X		
7.Need to	be emplo	oyed? /	f yes, how many h	ours? actively looking		X	
8.Need pro	of of re	sidency	/?			X	
FACILITY Has	s:						
9.Drug/alco	ohol test	ing do	ne on site?		X		
10.Accept	self-refe	errals?			X		
11.Allows	cigarette	smoki	ing?		X		
12.Allows	Antabuse	e?			X		
13.Has ind	<u>ividual b</u>	edroo	ms?	Sometimes		X	
14.Provide	s transp	ortatio	n for clients?	also close to bus line		X	
15.Has re-	admissio	n requ	irements?		X		
16. Cost?	Funding	source	s?				
\$100.00 per v	veek. Inclu	des all u	tilities and bed. Mu	ust provide your own food.			
17. Minimu	ım/maxi	mum le	ength of stay?				
Minimum 1 w							
18. Re-adn	nission r	equire	ments?				
Stay clean.	11133101111	cquire	incites.				



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Facility Name: Duce Housing

Location: 19209 12 Mile Rd., Roseville, 48066

4 Danidant							
1.Resident		x	_ Female	Both			
RESIDENTS:					Yes	No	
2.Need to	he in tre	atment	7		162	X	
			treatment?			X	
			yes, how long?	Drop clean		X	
5.Need to					X		
6.Need to					X		
7.Need to	be emplo	oyed? If	yes, how many h	ours? actively looking		X	
8.Need pro	of of res	sidency	?			X	
FACILITY Has	s:						
9.Drug/alco	ohol test	ing dor	e on site?		X		]
10.Accept	self-refe	rrals?			X		]
11.Allows	cigarette	smoki	ng?		X		
12.Allows	Antabuse	?			X		
13.Has ind	<u>ividual b</u>	edroon	ns?	Sometimes		X	<u>]                                    </u>
14.Provide	s transp	ortatio	n for clients?	also close to bus line	X		
15.Has re-	admissio	n requi	rements?		X		
16. Cost?	Funding	source	s?				
\$100.00 per v	veek. Inclu	des all ut	ilities and bed. Mu	ust provide your own food.			
17. Minimu	ım/maxiı	mum le	ngth of stay?				
Minimum 1 w	veek.						
18. Re-adn	nission re	equiren	nents?				
Stay clean.							



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Facility Name: Eastland House

Location: 17841 Eastland Street, Roseville, MI 48066

Telephone: (586) 943-6034

Email: seammcgraw6@yahoo.com

1.Residents							
	Male	X	Female	Both			
RESIDENTS:					Yes	No	
2.Need to I	be in tre	atment?				X	
3.Need to I	have con	npleted	treatment?			X	
4.Need to l	be drug f	ree? If y	es, how long? Pas	ss drug test	X		
5.Need to I	be in a 1	2-Step p	orogram?		X		
6.Need to I	have a sp	onsor?		Strongly suggested		X	
7.Need to I	be emplo	yed? If	yes, how many hou	urs? Looking for work or full time school		X	
8.Need pro	of of res	idency?				X	
FACILITY Has	:						
9.Drug/alco	ohol test	ing done	e on site?		X		l
10.Accept	self-refe	rrals?			X		
11.Allows	igarette	smokin	g?		X		
12.Allows	Antabuse	?			X		
13.Has indi	ividual b	<u>edroom</u>	<u>s?</u>	1-2 people per room		X	
14.Provide	s transpo	ortation	for clients?	To meetings, not to work	X		
15.Has re-a	admissio	n requir	ements?		X		L
16. Cost? I	Funding:	sources	?				
Rent—\$100/v	veek						
Pay for own for	ood						
17. Minimu	ım/maxir	num ler	ngth of stay?				
None							
18. Re-adm	nission re	auirem	ents?				
Pass drug test							
		-					



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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 FemaleX Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?	X	
3.Need to have completed treatment?	X	
4.Need to be drug free? If yes, how long?	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?or family funding	X	
8.Need proof of residency?		X
FACILITY Has:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?	X	
13.Has individual bedrooms?	X	
14. Provides transportation for clients?		X
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$100.00 a week		
Covers all utilities.		
Cable is extra.		
17. Minimum/maximum length of stay?		
Minimum - 90 days		
Maximum - 2 years		
18. Re-admission requirements?		
Case by case basis after reassessment.		



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Facility Name: Gateway to Glory Ministries, Inc. (Sober Living/Transition Living)

Location: P.O. Box 863, Sterling Heights, MI 48311

Telephone: 586.978.7022

Email: contact@gateway2glory.org

1.Residents are		
MaleXFemale Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?		X
3.Need to have completed treatment?		X
4.Need to be drug free? If yes, how long? 1 week	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?10-40	X	
8.Need proof of residency?		X
FACILITY Has:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking? Outside only	Χ	
12.Allows Antabuse?		
13.Has individual bedrooms?	X	
14. Provides transportation for clients? Limited to Property Manager's descretion	X	
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$100 per week program fee - structured sober living environment with required meetings.		
17. Minimum/maximum length of stay?		
Maximum 1 year; unless approved by property manager.		
18. Re-admission requirements?		
\$100 plus \$100 security - must be clean and sober.	· · ·	



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**Facility Name: Grand Traverse Houses** 

Location: 504 and 712 N. Grand Traverse, Flint, MI 48503

Telephone: (810) 249-9924, (810) 348-1444

1.Residents are			
MaleX Female Both			
RESIDENTS:	Yes	No	
2.Need to be in treatment? Encouraged		X	
3.Need to have completed treatment?		X	
4. Need to be drug free? If yes, how long? At least 7 days	X		
5. Need to be in a 12-Step program? And/or church attendance	X		
6.Need to have a sponsor? Encouraged		X	
7.Need to be employed? If yes, how many hours?		X	
8. Need proof of residency?		X	
FACILITY Has:			
9.Drug/alcohol testing done on site?	X		
10.Accept self-referrals?	X		
11.Allows cigarette smoking? Outside		X	
12.Allows Antabuse?	X		
13. Has individual bedrooms? Some	X		
14. Provides transportation for clients?		X	
15. Has re-admission requirements?	X		
16. Cost? Funding sources?			
\$90.00			
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: Harbor Hall

Location: 704 Emmet Street, Petoskey, MI 49770

Telephone: 888-880-5511

Email: terryn@harborhall.com

1.Residents are							
-	x	Female	Both_				
RESIDENTS:						Yes	No
2.Need to be in treat	ment?					X	
3.Need to have comp	oleted t	reatment?	)			X	
4. Need to be drug from	ee? If y	es, how long?_	_Min. 90 day:	S		X	
5.Need to be in a 12-	-Step p	rogram?				X	
6.Need to have a spo	nsor?					X	
7. Need to be employ	ed? If y	es, how many	y hours? <u>Up</u>	to 40 hours		X	
8.Need proof of resid	dency?						X
FACILITY Has:							
9.Drug/alcohol testin	g done	on site?				X	
10.Accept self-referr	als?						X
11.Allows cigarette s	moking	g?		not indoor	S	X	
12.Allows Antabuse?						X	
13.Has individual bed	drooms	?	2	to a room			X
14.Provides transpor	tation	for clients?	?				X
15. Has re-admission	require	ements?				X	
16. Cost? Funding so	urces?						
\$425.00 per month self pag	y.						
17. Minimum/maxim	um len	gth of stay	?				
Minimum length is 6 mont							
-							
18. Re-admission red	uirem	ents?					
Yes; interview with Direct			visor				
,		·· · · · ·					



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Facility Name: Henderson House—I/2 way house

Location: Brighton Hospital Telephone: (810) 227-1211

Email: jfurey@brightonhospital.org

Email: Julicy@brightoninospical.org			
1.Residents are			
MaleX Female Both			
RESIDENTS:	Yes	No	
2.Need to be in treatment?	X		
3.Need to have completed treatment?	X		
4. Need to be drug free? If yes, how long? 2 weeks	X		
5.Need to be in a 12-Step program?	X		
6.Need to have a sponsor? Obtain a sponsor in 30 days		X	
7.Need to be employed? If yes, how many hours?		X	
8.Need proof of residency?		X	
FACILITY Has:			
9.Drug/alcohol testing done on site?	X		
10.Accept self-referrals?	X		
11.Allows cigarette smoking?	X		
12.Allows Antabuse?	X		
13.Has individual bedrooms?		X	
14. Provides transportation for clients?		X	
15. Has re-admission requirements?	X		
16. Cost? Funding sources?			
\$1650.00/month plus \$25.00/week for food. Covered by some insurances: Connecticut General,	Magel	lan.	
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.			



**Location: Eastpointe** 

Facility Name: Keith's Serenity House

### Community Assessment Referral & Education 3/4 & 1/2 Way Houses Facility Information Survey

Website: Keithsserenityhouse.com

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Telephone: (586) 822-5829 Email: JoeSilva44@yahoo.com 1. Residents are Male **Both** Female **RESIDENTS:** Yes No 2. Need to be in treatment? 3. Need to have completed treatment? **4.Need to be drug free?** If yes, how long? **7 days** 5. Need to be in a 12-Step program? 6. Need to have a sponsor? 30 days 7. Need to be employed? If yes, how many hours? 30-40 hours 8. Need proof of residency? **FACILITY Has:** 9.Drug/alcohol testing done on site? 10. Accept self-referrals? 11. Allows cigarette smoking? 12. Allows Antabuse? 13. Has individual bedrooms? 2 per room 14. Provides transportation for clients? To meetings 15. Has re-admission requirements? 16. Cost? Funding sources? Drug courts to pay— ok \$110.00 per week Cable/phone 17. Minimum/maximum length of stay? 90 days minimum 18 months maximum 18. Re-admission requirements? To be clear



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Facility Name: Kim K's Just for Today Stay

**Location: Eastpointe Telephone:** (586) 563-5360

Email: info@recoveryandlivingspirtual.com

1.Residents are		
Male FemaleX Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?		X
3.Need to have completed treatment?		X
4.Need to be drug free? If yes, how long?Drop clean	X	
5.Need to be in a 12-Step program?	X	
6.Need to have a sponsor? At least be working toward having one.	X	
7.Need to be employed? If yes, how many hours? employable		X
8.Need proof of residency?		X
FACILITY Has:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?	X	
13.Has individual bedrooms?		X
14.Provides transportation for clients? Close to Bus Line		X
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$100.00 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	gh detox.	



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

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Facility Name Address: Telephone:		ellington	City: Warre	en	State: MI	<b>Z</b> ip: 480	089		
1.Residents ar	re								
MaleX Female Both(No longer open to women as of 12/4/10)									
RESIDENTS:						Υ	'es	No	
2.Need to be	in treatme	ent?						X	
3.Need to hav	e complet	ted treatme	nt?				X		
4.Need to be	drug free?	? If yes, how lo	ng? <b>2 weeks</b>				X		
5.Need to be	in a 12-St	ep program?	)				X		
6.Need to hav	e a spons	or?					X		
7.Need to be	employed	? If yes, how m	nany hours?				X		
8.Need proof	of resider	ncy?						X	
FACILITY Has:									
9.Drug/alcoho	l testing o	done on site	?				X		
10.Accept sel	f-referrals	s?						X	
11.Allows ciga	arette smo	oking?					X		
12.Allows Ant	abuse?						X		
13.Has individ	dual bedro	ooms?					X		
14.Provides to	ransportat	tion for clier	nts?					X	
15.Has re-adn	nission red	quirements?					X		
16. Cost? Fur	nding sour	ces?							
\$50 per week									
Owned by St. Ter	resa of Avila	- Self funding							
We have capacity	for 30 men								
17. Minimum/	maximum	length of st	ay?						
Initial lease is 6 n	nonths but ca	an be extended	for up to 1 year						
			-						
18. Re-admiss	sion requi	rements?							
			have made a sincer	e attempt	at sobriety. Li	mit is 3 stay	ys		



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Facility Name: Nancy's Serenity House

Location: 26034 Groveland, Madison Heights, 48071

Telephone: 586-419-0927 or 586-419-7632 Email: support@nancysserenityhouse.com

1.Residents are		
Male FemaleX Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?		X
3.Need to have completed treatment?		X
4.Need to be drug free? If yes, how long?		X
5.Need to be in a 12-Step program? Required after admitted		X
6.Need to have a sponsor? Required after admitted		X
7.Need to be employed? If yes, how many hours? Required after admitted		X
8. Need proof of residency? Need valid state ID or License		X
FACILITY Has:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11. Allows cigarette smoking? Outside only	X	
12.Allows Antabuse?		X
13.Has individual bedrooms?		X
14. Provides transportation for clients?		X
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$100 nonrefundable security deposit. \$110 weekly rent.		
Visit www.nancyserenityhouse.com for more information.		
17. Minimum/maximum length of stay?		
No minimum or maximum stay, but we strongly encourage residents to consult with the house m	anager	
before leaving.		
18. Re-admission requirements?		
Client must show proof of attendance to recovery programs such as AA. Re-admission is approved	ved on a	case by
case basis.		



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**Facility Name: Pathway to Freedom** 

Address: 33 Northbound Gratiot City: Mt. Clemens State: MI Zip: 48043

Telephone: (586) 405-2368 / (586) 872-8215

1.Residents are		
Male X Female Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?		X
3.Need to have completed treatment?		X
4. Need to be drug free? If yes, how long? Upon entry	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:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?	X	
13. Has individual bedrooms?		X
14.Provides transportation for clients?		X
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$135.00 per week—includes meals		
We are self sustaining and operate solely on client participation fees		
17. Minimum/maximum length of stay?		
We require a one year commitment		
18. Re-admission requirements?		
Full time employment		
Participation fees upfront		
Personal interview with director and administrator		



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**Facility Name: Safe Step** 

Address: 917 S. Merriman Rd City: Westland State: MI Zip: 48186

Telephone: (734) 641-1141

1.Residents are				
Male Female Both X				
RESIDENTS:	Υ	⁄es	No	
2.Need to be in treatment?		X		
3.Need to have completed treatment?			X	
4. Need to be drug free? If yes, how long? 4-7 Days		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:				
9.Drug/alcohol testing done on site?		X		
10.Accept self-referrals?		X		
11.Allows cigarette smoking?	Out side only	X		
12.Allows Antabuse?		X		
13. Has individual bedrooms?		X		
14.Provides transportation for clients?		X		
15. Has re-admission requirements?		X		
16. Cost? Funding sources?				
\$95.00 per week for housing - Self pay				
Medicare/Medicaid will pay for counseling				
17. Minimum/maximum length of stay?				
None				
18. Re-admission requirements?				
Varies				
Must be 4 - 7 days clean				
No prior balance				



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Facility Name: Saginaw Odyssey House, Inc.

Address: 128 N. Warren City: Saginaw State: MI Zip: 48607

Telephone: (989) 754-8598

1.Residents are		
Male Female X Both		
RESIDENTS:	Yes	No
2.Need to be in treatment? Outpatier	nt x	
3.Need to have completed treatment? Saginaw Odyssey Res	s. X	
4. Need to be drug free? If yes, how long? Since competition of residential treatme	nt 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:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?		X
13.Has individual bedrooms?	X	
14. Provides transportation for clients? Limited use of va	n X	
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$240 per month		
Sliding scale fee		
17. Minimum/maximum length of stay?		
None		
18. Re-admission requirements?		
Must meet with other house members for approval		



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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.co	om			
1.Residents are				
Male Female BothX				
RESIDENTS:		Yes	No	
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:				
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?				
Self pay \$90-\$110 per week or \$375-\$450 per month depending on location				
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 an	d a trigger list within	n 5 day	s of retu	ırn-

ing 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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Facility Name: Connolly House - Touchstone Recovery

Location: 1090 Fort Park, Lincoln Park, MI

Telephone: 734.309.3091

1.Residents are		
MaleX Female Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?		X
3.Need to have completed treatment?		X
4.Need to be drug free? If yes, how long?23 hours	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:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?	X	
13.Has individual bedrooms?		X
14. Provides transportation for clients?	X	
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$100 per week		
17. Minimum/maximum length of stay?		
No minimum or maximum		
18. Re-admission requirements?		
72 hour detox.		



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Facility Name: Devine House - Touchstone Recovery Location: 13249 Pennsylvania Rd., Riverview, MI 48193

Telephone: 734.309.3091

1.Residents are		
MaleX Female Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?		X
3.Need to have completed treatment?		X
4.Need to be drug free? If yes, how long?Detox	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:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?	X	
13.Has individual bedrooms?		X
14.Provides transportation for clients?	X	
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$125 per week		
Co-Occuring Facility with 24 hour staff.		
17. Minimum/maximum length of stay?		
No minimum or maximum		
18. Re-admission requirements?		
72 hour detox.		



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Facility Name: Goddard House - Touchstone Recovery

Location: 1000 Goddard, Wyandotte, MI

Telephone: 734.309.3091

1.Residents are		
MaleX Female Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?		X
3.Need to have completed treatment?		X
4.Need to be drug free? If yes, how long?23 hours	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:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?	X	
13.Has individual bedrooms?		X
14.Provides transportation for clients?	X	
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$100 per week		
17. Minimum/maximum length of stay?		
No minimum or maximum		
18. Re-admission requirements?		
72 hour detox.		



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Facility Name: Harbor House - Touchstone Recovery

Location: 1409 Montie, Lincoln Park, MI

Telephone: 734.309.3091

1.Residents are		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	_x	Female		Both	 _			
RESIDENTS:						Yes	No	
2.Need to be in tre	atment	t?					X	
3.Need to have con	npleted	treatment?	?				X	
4.Need to be drug t	ree? If	yes, how long?	23	hours		X		
5.Need to be in a 1	2-Step	program?				X		
6.Need to have a sp	onsor	?					X	
7. Need to be emplo	yed? I	f yes, how man	y hou	ırs?			X	
8.Need proof of res	idency	ı?					X	
FACILITY Has:								
9.Drug/alcohol test	ing dor	ne on site?				X		
10.Accept self-refe	rrals?					X		
11.Allows cigarette	smoki	ng?				X		
12.Allows Antabuse	?					X		
13.Has individual b	edroor	ns?					X	
14.Provides transpo	ortatio	n for clients	?			X		
15.Has re-admission	n requi	irements?				X		
16. Cost? Funding	source	s?						
\$125 per week								
Co-Occuring facility, 24	hour sta	ıff.						
17. Minimum/maxir	num le	ength of stay	/?					
No minimum or maximu	ım							
18. Re-admission re	eguirer	ments?						
72 hour detox.								



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Facility Name: Monroe House - Touchstone Recovery

**Location: 57 Navarre, Monroe MI** 

Telephone: 734.309.3091

1.Residents are		
MaleX Female Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?		X
3.Need to have completed treatment?		X
4.Need to be drug free? If yes, how long?23 Hours	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:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?	X	
13. Has individual bedrooms?		Χ
14.Provides transportation for clients?	X	
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$100 per week		
17. Minimum/maximum length of stay?		
No minimum or maximum		
18. Re-admission requirements?		
72 hour detox.		



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Facility Name: Montie House - Touchstone Recovery

Location: 1308, Lincoln Park, MI

Telephone: 734.309.3091

Email: Revingtouchstonerecoverynomes.com		
1.Residents are		
MaleX Female Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?		X
3.Need to have completed treatment?		X
4.Need to be drug free? If yes, how long?23 hours	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:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?	X	
13.Has individual bedrooms?		X
14. Provides transportation for clients?	X	
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$100 per week		
17. Minimum/maximum length of stay?		
No minimum or maximum		
18. Re-admission requirements?		
72 hour detox.		



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Facility Name: Stepping Stones House - Touchstone Recovery

Location: Northline, Southgate, MI

Telephone: 734.309.3091

1.Residents are		
Male FemaleX Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?		X
3.Need to have completed treatment?		X
4.Need to be drug free? If yes, how long?23 hours	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:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?	X	
13.Has individual bedrooms?		X
14. Provides transportation for clients?	X	
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$110 per week		
17. Minimum/maximum length of stay?		
No minimum or maximum		
18. Re-admission requirements?		
72 hour detox.		



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Facility Name: Trans4mation

Location: 22 Michigan Mt. Clemens, MI 48043

Telephone: 810.580.9579

Email: oneprogram@comcast.net

Email: oneprogram@comeast.net		
1.Residents are		
Male_X_ Female Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?		X
3.Need to have completed treatment?		X
4.Need to be drug free? If yes, how long? 5 days	X	
5.Need to be in a 12-Step program? *But willing		X
6.Need to have a sponsor?		X
7.Need to be employed? If yes, how many hours? Within 8 weeks		X
8.Need proof of residency?	X	
FACILITY Has:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?	X	
13. Has individual bedrooms? 2 and 4 man rooms		X
14.Provides transportation for clients?		X
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$100— non refundable cleaning fee/deposit		
\$110 per week		
17. Minimum/maximum length of stay?		
30 day minimum/no maximum		
18. Re-admission requirements?		
Clean for 3 days, pass testing, approving by residents, have move-in fees		



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**Facility Name: Willard House** 

Location: 23278 Willard, Warren, MI 48089

Telephone: 810.459.6316

Email: templininvestments@yahoo.com

1.Residents are		
MaleX Female Both		
RESIDENTS:	Yes	No
2.Need to be in treatment?	X	
3.Need to have completed treatment?	X	
4. Need to be drug free? If yes, how long? 30 days	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?or family funding	X	
8.Need proof of residency?		X
FACILITY Has:		
9.Drug/alcohol testing done on site?	X	
10.Accept self-referrals?	X	
11.Allows cigarette smoking?	X	
12.Allows Antabuse?	X	
13. Has individual bedrooms?	X	
14. Provides transportation for clients?		X
15. Has re-admission requirements?	X	
16. Cost? Funding sources?		
\$100.00 a week		
Covers all utilities.		
Cable is extra.		
17. Minimum/maximum length of stay?		
Minimum - 90 days		
Maximum - 2 years		
18. Re-admission requirements?		
Case by case basis after reassessment.		



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Facility Name: Women's Halfway House

Location: Brighton Hospital Telephone: (810) 227-1211

Email: jfurey@brightonhospital.org

1.Residents are			
Male FemaleX_ Both			
RESIDENTS:	Yes	No	
2.Need to be in treatment?	X		
3.Need to have completed treatment?	X		
4. Need to be drug free? If yes, how long? 2 weeks	X		
5.Need to be in a 12-Step program?	X		
6.Need to have a sponsor? Obtain a sponsor in 30 days		X	
7.Need to be employed? If yes, how many hours?		X	
8.Need proof of residency?		X	
FACILITY Has:			
9.Drug/alcohol testing done on site?	X		
10.Accept self-referrals?	X		
11.Allows cigarette smoking?	X		
12.Allows Antabuse?	X		
13. Has individual bedrooms?	Щ	X	
14. Provides transportation for clients?		X	
15. Has re-admission requirements?	X		
16. Cost? Funding sources?			
\$1650.00/month plus \$25.00/week for food. Covered by some insurances: Connecticut General,	Mage	llan.	
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.			