



Director: Shea Phillips

Business Address and phone: P.O Box 461 Cochran, GA 31014 678)953-4343

OFFICE HOURS MONDAY- FRIDAY ONLY 9:00 a.m.- 4:30 p.m.

RESIDENT PHONE NUMBER:

478-300-6392

RESIDENT MAILING ADDRESS:

P.O. Box 461, Cochran Ga. 31014

PACKAGE DELIVERY ADDRESS:

139 Starling Rd., Cochran Ga. 31014

sheaphillips@bettishouse.org

MISSION STATEMENT

MISSION Our mission is to support the successful reintegration of returning citizens into society, empowering them to overcome the cycle of addiction and incarceration.

Vision

To support returning citizens and reduce recidivism by providing a comprehensive range of resources, including housing, transportation, vocational training, employment assistance, individual and family therapy, and connections to the recovery community through AA and NA meetings. Our goal is to empower women as they reenter the workforce, helping them build independence, develop social skills, and successfully reintegrate into society. By providing these essential services, we break the cycle of addiction and incarceration. Additionally, all clients actively participate in maintaining Betti's House through repairs, basic cleaning, and gardening—fostering responsibility, teamwork, and a sense of community.

Non- Discrimination policy

BH INC. does not discriminate in its admissions based on race, color, national or ethnic origin, ancestry, age, religion or religious creed, or any other characteristic protected under applicable federal, state, or local law. Retaliation is also prohibited.

BETTI'S HOUSE PROGRAM PHASES

I. PHASE 1: Foundations (Day 1-60)

- a. Attendance at all group sessions Monday to Wednesday, 9 AM – 12 PM or 5:30 PM – 8:30 PM, is mandatory. Exceptions will only be granted with Director's approval, typically requiring a doctor's note or visible symptoms such as a fever.
- b. During free time Resident may leave with **to approved destinations only- must call house supervisor/ director first, and then follow sign in/out procedures any changes MUST BE SENT VIA TEXT or CALL to the Director or Assistant Director.**
- c. Must obtain gainful employment/ or volunteer work if disabled, within two weeks of entering PHASE 2.
- d. Sponsor attained within 2 weeks of coming into program
- e. Day passes are for **business** that must be attended. Can only be 8:00 a.m.-5:00 p.m.
- f. Sponsor Passes only allowed when sponsor contacts House Supervisor or Director 678)953-4343 – must be submitted by Monday Morning at 10 am for the current week (must follow sign in and out and have someone cover your duties while your away.)
- g. Must be saving a minimum of \$50 (\$100 preferably) to go towards vehicle purchased per Resident in Phase 3
- h. Must have signed meeting sheet for (4) outside meetings a week no exceptions. For a total of (6) meetings including (2) house meetings.
- i. You must have COMPLETED STEP THREE in WORKBOOK TO PHASE UP TO PHASE 2
- j. YOU MUST BE CURRENT ON MEETINGS AND WEEKLY RENT FOR ANY PASSES TO BE GRANTED.

2. PHASE 2: Employment Seeking (Days 61-90)

- a. During free time Resident may leave **to approved destinations only- must call house supervisor/ director first, and then follow sign in/out procedures any changes MUST BE SENT VIA TEXT or CALL to the Director or Assistant Director.**
- b. **DAY PASSES FOR BUSINESS PURPOSES MAY BE USED ONLY UNTIL YOUR REGULAR PASSES OCCUR.**
- c. 24-hour weekend pass must be submitted by Monday morning at 10 am for the current week (must follow sign in / out procedures).
- d. Must be saving a minimum of \$50 (\$100 preferably) to go towards vehicle purchased per Resident in Phase 3
- e. Must continue to have signed meeting sheets for 4 outside and 2 in-house meetings a week, no exceptions.
- f. Must have COMPLETED STEP FIVE in WORKBOOK TO PHASE UP TO PHASE 3
- g. Must be meeting regularly with Therapist.
- h. **MUST BE CURRENT ON MEETINGS AND WEEKLY RENT FOR ANY PASSES TO BE GRANTED.**

3. PHASE 3: Service Work (Days 91-140)

- a. During free time Resident may leave with **accountability to be approved destinations only- must call house supervisor/ director first, and then follow sign in/out procedures any changes MUST BE SENT VIA TEXT or CALL to the Director or Assistant Director.**
- b. Two 48-hour passes will be granted in this phase per calendar Month pass must be submitted by Monday morning at 10 am

- c. Must have signed meeting sheet for 4 outside meetings (1) of which **YOU MUST BE LEADING** and (2) house meeting weekly (must lead at least one house meeting per calendar month), no exceptions.
- d. Must have completed step twelve in workbook and **BEGAN TO SPONSOR OTHERS TO PHASE UP TO PHASE 4**
- e. **MUST BE CURRENT ON MEETINGS AND WEEKLY RENT FOR ANY PASSES TO BE GRANTED**
- f. Must have savings, be current on meetings and rent, and be working with others following all suggestions of the 12 step program to be eligible for purchasing a vehicle at a very low cost.

4. PHASE 4: Preparing for Reentry (Days 141-up to 270) Betti's House offers a structured program lasting between 180 and 270 days. The duration of participation is determined based on the individual's needs and progress, in consultation with the Director's recommendations and professional assessment.

- a. During free time Resident may leave with **accountability to be approved destinations only-must call house supervisor/ director first, and then follow sign in/out procedures any changes MUST BE SENT VIA TEXT or CALL to the Director or Assistant Director.**
- b. 48 Hour passes will be granted every three weeks; **pass must be submitted by Monday morning at 10 am**
- c. Must have signed meeting sheet for 4 meetings weekly (1) of which **YOU MUST BE LEADING**, no exceptions.
- d. You must be seeking employment in the area you plan to return to after program completion.
- e. Must attend at least one community recovery meeting in your area while on pass to be included in your 4 required weekly meetings.
- f. Must have been consistent with all program requirements in order to be approved for passes.

CLIENT SIGNATURE_____

Date_____

INTAKE STAFF Shea Phillips Founder/ Executive Director _____

Date_____











