

Things you should know before applying to Hope Restored Recovery Home

Hope Restored Recovery Home (HRRH) is more than a group home or shelter. It is a post-treatment/recovery program that concentrates on helping you regain an independent, substance-free lifestyle. Our focus is to help you become established in your recovery process and maintain sobriety through rehabilitative programming and recovery support in a loving, structured environment. During your participation in the 180 day to two year program, you will be required to strive to become self-sufficient and to actively cooperate with the HRRH program in all ways, including:

Rent is a minimum of \$200.00 per week and is due on Monday, by 10:00 A.M. Two weeks rent is due at intake.

You will be required to review and accept the rules and regulations of the house.

Substance abuse of any kind will not be tolerated while you are a resident of HRRH.

HRRH is a faith-based recovery home. You will be required to participate in all programming at HRRH including devotions, Bible study, and other faith-based activities.

You must sign legal consent to the release of information about you, between HRRH and other agencies, doctors, and therapists, with which you are involved.

Your personal living area will be subject to inspection and searched at staff's discretion.

You will be subject to random drug screenings at staff's discretion.

You will continue to take as prescribed any prescription medication and cooperate with dosing protocol as described in the house rules and regulations.

You will deal responsibly with your legal, financial, family and health issues.

You will be expected to find and maintain a job, or if legally disabled, volunteer your time in some way. You will not be permitted to work a night shift job.

You will be required to show proof of insurance, registration and a valid driver's license for any vehicle you use while a resident.

You will attend mandatory self-help meetings, house meetings, and recovery groups, and will be required to complete a mental health and/or substance abuse evaluation through a licensed facility and follow any and all recommendations.

You will share household chores, including some meal preparation.

Your progress toward your program goals will be evaluated weekly by the resident staff or director.

We operate on a demerit system. If rules are not followed termination of residency can result.

We take recovery very seriously and you will be required to do the same. We believe this is an opportunity for individuals to find a new way of life. We place great emphasis on responsibility and encourage you to commit yourself – mind, body and spirit – to the Hope Restored Recovery Home program. We believe that by doing this, you will learn to maintain your sobriety and live contently in recovery.



APPLICATION FOR RESIDENCY

Date: _____

Name: _____ Age: _____

Street Address (Pre-treatment): _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Referred By: _____

Counselor: _____ Phone: _____

DOB: _____ Soc. Sec. # _____

I, _____, agree to allow the Hope Restored Recovery Home Board of Directors, Director, and Resident Staff to discuss my background and treatment with other professionals and agencies. I understand for the protection of myself and others there may be a need for the Board of Directors or the staff of HRRH to check on my legal standing and criminal background. I also understand that I am giving permission for the staff of HRRH to contact any and/or all names and facilities on this application.

I also agree to waive, release, and not to sue Hope Restored Recovery Home, Inc., d/b/a Hope Restored Recovery Home its Directors, officers, or staff for any and all damages of any kind whatsoever suffered as a result of living at Hope Restored Recovery Home. I further specifically release Hope Restored Recovery Home for any and all losses, thefts, damages, or injuries incurred while living at Hope Restored Recovery Home.

Printed Name _____

Signature _____ Date: _____

A. Present Status

What was happening that prompted you to seek recovery/treatment?

Whose idea was it for you to apply to Hope Restored Recovery Home?

Describe your emotional state and feelings about being here.

What problems do you want to work on while here?

Describe any long-term goals.

Where and with whom were you living before treatment or coming here?

Where would you live now if not accepted here?

Do you have any health problems that require special care on your part? If yes, please explain.

Are you to your knowledge medically stable at the time? If no, please explain.

Are you able to take care of yourself and able to respond to life threatening conditions? If no, please explain.

Have you been chemically free for 10 days? _____

Last date you used any mood or mind altering drugs, including alcohol? Date: _____

Do you feel that you struggle with addiction? What makes you think that? (Give your own definition)

B. Treatment History

1. Medical/Psychiatric Hospitalization

Facility	Date	Diagnosis

Have you attempted suicide? _____ If so, when? _____

Have you experienced suicidal ideation? If so, please describe

2. Chemical Dependency Treatment (detox, inpatient, residential)

Facility	Date	Diagnosis

3. Outpatient Counseling (Social Worker-psychologist-clergy)

Facility/Counselor	Date	Diagnosis

List Facility that was a successful program for you: _____

Have you used chemical, including alcohol, to overcome pain or depression? If so, list drugs of choice.

C. Vocational History

What is your usual occupation? _____

Are you employed? _____ Occupation? _____ How Long? _____

Do you like your job? _____ Do you get along with co-workers? _____

List any special training, qualifications, or licensing.

List any Military Service:

List your employment history for the last five years

Occupation	Company	Start date	End date	How Long	Reason for leaving

Please describe the effects of drinking or drug use on your job:

D. Legal (use separate sheet of paper if necessary)

Arrests /Convictions/Lawsuits

Date

Status/Attorney/Probation Officer

Were any of these legal issues alcohol/drug related? _____

Any court cases pending? _____ Explain either/both _____

E. Chemical History

ALCOHOL:

How old were you when you had your first drink? _____

How old were you when you were first intoxicated? _____

How old were you when you first thought you might have a problem? _____

Drink of preference? _____

Quantity? _____ How often? _____

Where and when did you usually drink?

Did you drink alone? _____ How often? _____

When and how long was your longest dry period?

Why/how did you return to drinking?

Do you think you can control your drinking?

When was your last drink? _____

Have you been involved with any Self-Help programming? _____ Which Program(s)?

—

Describe your present self-help involvement (meetings, sponsor, home group, etc.)

see

DRUGS:

List all drugs used.

Age of first drug use: _____ Age when you first had problems: _____

Quantity: _____ Frequency: _____

Have you been prescribed any addictive substances in the past or currently? If so, please specify which substance: _____

Have you ever been addicted to prescription medication? _____ If so, please specify which substance: _____

Have you experienced any accidental or intentional overdoses? If so, when:

Usual place or places of use:

Longest clean period: _____ Date of last use: _____

Have you ever gone to N.A.? If so, when: _____

F. Nutritional Assessment

Do you have hypoglycemia, anorexia, bulimia, sickle-cell anemia? Please list:

Are you an over eater? If so, how long has this been going on?

List your binge foods: _____

G. Leisure Activities – Special Interests

List your favorite hobbies or forms of recreation: _____

How do you spend your free time? _____

Do you exercise? _____ If yes, how? _____

Do you have any limitation or physical handicaps? If yes, please explain. _____

H. Financial Status

Sources and amount of income: _____

Are you in debt? _____ How much? _____

To whom? _____

Problem areas: (Behind in payments, bankruptcy, other) _____

Please estimate the amount of money spent on alcohol and drugs: _____

Alcohol: _____ Drugs: _____

Estimate the amount spent on the consequences of alcohol and drug use in the past two years: _____

I. Cultural Background

Where were you born? _____ Raised? _____

Who raised you? _____

Religious preference: _____ Do you attend services? _____

Describe family attitudes toward drinking and drug use: _____

J. Family of Origin – Assessment

	NAME	AGE	If deceased, age at death	Your age when parent passed	OCCUPATION
Mother					
Father					

Please describe your parents and their relationship. If divorced, when?

Describe your relationship with your parents

List sister, brothers (Including deceased, step or foster)

Name	Age	Sex	Relationship/feelings toward each other

Did/do any of the above family members use alcohol or drugs? When and with what effect?

Do you feel accepted, loved, and cared for by your family?

Who in particular were/are you close to?

Was there respect for family member's privacy at home?

What recreation or leisure activities did your family share? (Describe in full)

Have you lost love or support due to your drinking or drug use at any time? (Describe)

K. Relationship Status

Married_____ Divorced_____ Single_____ Separated_____

Widowed_____ Relationship w/ Significant Other_____

How long have you been in this relationship status? _____

Are you satisfied with this situation? Yes _____ No _____

If no, explain:

Do you have any children? Yes _____ No _____

If yes, please list below:

Name of Child	Age	Where living	With Whom
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How would you describe your relationship with your significant other and children?

L. General Social Data

Any family deaths that affected you?

Were you a victim of sexual abuse? Describe

Were you a victim of any other abuse? (Physical, Emotional, or Neglect) Describe

Any other life crises, traumatic events, or losses? (Witnessed violence/tragedy, death of a pet)

Did you get help, use chemicals, or just survive these crises?

Please make any other statements or comments you would like to add to help us get to know you better.

HOPE RESTORED RECOVERY HOME

Client Guidelines and Conditions of Acceptance

HOPE RESTORED RECOVERY HOME

CLIENT GUIDELINES **& CONDITIONS OF ACCEPTANCE**

The Hope Restored Recovery Home program is based within a framework of Jesus-centered and Biblical teaching and support. In order to remain successful in the Hope Restored Recovery Home program you must be honest about your actions and behaviors, open-minded towards the principles of recovery, and willing to change your way of life.

Hope Restored Recovery Home requires each member to participate in our faith-based components. However, we do not require that you are or become a Christian or believe the principles taught. Hope Restored Recovery Home will respect each member's right to their own belief system and religion.

- It is the responsibility of each client to read and understand these guidelines. Ignorance will not be an excuse for any violations.
- All guidelines must be followed and arguing with the staff about any of the guidelines will not be tolerated.
- Repetitive violations of the guidelines will not be tolerated and will lead to discharge.

Mission Statement: Restoring hope for individuals suffering from drug and alcohol abuse by providing a loving, structured environment along with rehabilitative programming and recovery support.

Vision Statement: Restoring hope for the future.

OFFENSES RESULTING IN AUTOMATIC TERMINATION

The breaking of any of these rules will result in automatic termination from the Hope Restored Recovery Home.

DEMERIT SYSTEM:

- 1 demerit - warning
- 2nd demerit - written essay to be turned in before curfew the following day (word count determined by House Director)
- If essay is not completed by given time, word count is doubled
- 3rd demerit - house restriction (only leaving for work, meetings, or legal obligations)
- 4th demerit within a month's time results in termination

1. UNAUTHORIZED OVERNIGHTS No unauthorized overnight stays are permitted.

2. FALSIFICATION Falsification of any Hope Restored Recovery Home document or any false statement to Hope Restored Recovery Home staff or officers. Any resident caught signing the log for another resident will result in the termination of both residents.

3. USE OR POSSESSION OF ILLICIT DRUGS OR ALCOHOL No client, visitor, or staff member may be in possession or under the influence of any mind or mood-altering chemical. Prescription medications must be submitted to, controlled by, and dispensed by Hope Restored Recovery Home staff.

It is against the recommendation of Hope Restored Recovery Home for individuals with a substance use disorder to utilize opioid therapy for pain. Therefore, the use of opioids and/or any other narcotic will not be allowed. If an individual is entering Hope Restored Recovery Home and is currently taking opioids for pain management, the client will be required/encouraged to discuss discontinuation of these medications with their doctor and determine alternative pain management strategies.

4. INSUBORDINATION TO STAFF The integrity and functionality of Hope Restored Recovery Home are more important than any one client. Clients and guests are expected to show respect to staff and to obey staff.

5. FIGHTING Any type of physical fighting is strictly prohibited.

6. **WEAPONS** Knives and other weapons of a threatening nature are prohibited from the house.
7. **THEFT** Any type of theft of Hope Restored Recovery Home property, another client's property, or within the community is prohibited.
8. **GAMBLING** Any gambling on Hope Restored Recovery Home property is prohibited
9. **ENDANGERMENT** Any action taken by a client that would endanger the health, safety, or well-being of other clients or staff members is prohibited. Endangerment includes, but is not limited to: All clients must observe the State Fire Marshal's regulations forbidding smoking in the building. Clients are prohibited from removing or disconnecting batteries from smoke detectors to make smoke detection inoperable.
10. **WARRANTS, ARREST, OR INCARCERATION:** Failure to provide at intake knowledge of any outstanding warrants, or arrest and incarceration while a resident. Hope Restored Recovery Home recognizes that Drug Court Clients may periodically be incarcerated for periods of time, and will consider those instances on a case by case basis.
11. **SMOKING:** All residents are to observe the state Fire Marshall's regulation of not smoking in bed, smoking in any undesignated area, or smoking in any bathroom. Hope Restored Recovery Home is a smoke-free facility, and any smoking will be in a designated area outside. Residents can smoke cigarettes in the designated area of the House under the covered pavilion or on the back deck. Residents are allowed to smoke outside between the hours of 6:00 a.m. and curfew. Each resident is required to clean up after themselves throughout the day: ashtrays, cigarette butts, coffee cups, etc.; failure to maintain these areas will result in discipline. **1 Demerit for each infraction**
12. **TEST SAMPLES:** Failure to provide a urinalysis sample and/or breathalyzer test sample upon request by staff members.
13. **RESULTS OF TESTING:** Positive results from any urinalysis and/or breath testing by a staff member.
14. **PROGRAMMING FEES:** Unwillingness to assume financial responsibility for program fees.
15. **PROBATION:** Failure to provide staff with information and conditions of probation during intake or if placed on probation while a resident.
16. **DESTRUCTION OF PROPERTY:** Willful destruction of property - at the house, a fellow resident's property, or within the community.

GENERAL CONDUCT

1. **GENERAL OVERVIEW OF REGULATIONS AND RULES** The rules and regulations governing client behavior are enforced by the House Director and Assistant House Directors on duty. Clients are forbidden to be insubordinate to staff. Rules and regulations may be amended or updated as needed by the Executive Committee/Board. It is the responsibility of the client to understand and adhere to the rules and regulations. It is also the responsibility of each client to inform staff of any situation beyond the client's control that could cause an infraction of these rules.
2. **GENERAL CONDUCT** Hope Restored Halfway House staff will not repeatedly warn or request any resident to follow the rules and regulations. We will only ask one time that a task be done or a rule followed. Insubordination will not be tolerated. If you are unwilling to abide by these rules, other living arrangements must be made as you will not be allowed to live at Hope Restored Halfway House. Repetitive rule violations will not be tolerated, and are grounds for immediate dismissal. There are no exceptions.
3. **ADMISSION REQUIREMENTS** A non-refundable, non-transferable screening fee is due prior to the screening appointment for admission into Hope Restored Halfway House. The \$40 screening fee does not count toward program service fees. Cash or local check payable to Hope Restored Recovery Home may be used to pay the screening fee.
4. **PROGRAM FEES** (Prior to the initial acceptance of any funds, the operator will inform clients of all fees and charges for which they will be, or could potentially be, responsible. This information needs to be in writing and signed by the applicant.) Clients are responsible for all program fees associated with their stay at Hope Restored Halfway House. Program service fees are a minimum of \$200.00 per week, assessed on a sliding scale considering the client's financial resources. 2 weeks of rent are due upon intake before a resident can enter the home. Program fees are due no later than 10 a.m. each Monday.

On entering Hope Restored Recovery Home the resident is required to pay two weeks Fees (\$400.00), The weekly fee is \$200.00 and due no later than 10:00 a.m. Monday of the current week of residence. If rent is not paid by 10:00 a.m. on Monday for the current week then the resident will be discharged immediately. Fees will be prorated at intake only if entering the house once the week has begun. Residents are responsible for all program fees associated with their stay at Hope Restored Recovery Home. Refunds will not be issued at time of involuntary discharge. A refund will be made upon voluntary discharge only if advance Fees were tendered.

- a. Refunds will not be issued at the time of discharge. Any warranted refund due will be submitted to the Treasurer of the Board, and the Treasurer will issue a check.

Termination for any reason once the week has begun will result in forfeiture of all fees paid for that week. Refund of fees will be made only for any weeks paid in advance.

- b. Shared household expenses: Clients are not responsible to pay for food unless they desire to purchase extra food for themselves. There will be no other required extra household expenses.

5. **LENGTH OF STAY** The recommended length of stay is a minimum of 180 days and will be determined on a case-by-case basis. Client stays beyond 180 days may be permitted, based on the client's individual circumstances. Discussion regarding the client's length of stay will be driven by the client in conjunction with the Director. For the first seventy-two (72) hours in the house there are no visitors allowed with the exception of an approved sponsor. Within the first seven days of participation, an essay, consisting of at least 100 words will be written and handed into the house director; "How I feel my experience of entering Hope Restored Recovery Home has or will affect my personal growth"
6. **EVALUATIONS** Each resident will meet weekly with the director or assigned staff for evaluation concerning his progress at Hope Restored Recovery Home. A tally is kept concerning any demerits given. Any four (4) demerits given in a thirty-day period is cause for termination of the resident within twenty-four (24) hours upon approval of the house committee. Automatic termination offenses are immediate. The director or assistants can issue demerits. An infraction of any rule must be reported to the staff. If the resident feels the demerit was issued unfairly and without merit he can present his case to the house committee
7. **MENTORS/SPONSORS** A client is required to have one approved, local AA or NA Sponsor OR a Mentor who is actively involved in a recovery program. This Mentor or Sponsor must be in place within four weeks of admission, or termination of stay may be affected. All conversations between a client and his Mentor/Sponsor are confidential. Staff will not be concerned with the details of what the client and Mentor/Sponsor talk about - only the fact that they talked. Guidelines for mentorship/sponsorship will be given to each client by staff. If a client cannot get along with his Mentor/Sponsor and needs to change, he may do so with the approval of staff. You must provide staff with your sponsor's name. Residents are expected to be working on the 12 Steps or another approved recovery program and should choose a Sponsor accordingly.
8. **PROBLEMS AND GRIEVANCES** If any type of problem arises between clients, or should a dispute arise concerning Hope Restored Halfway House itself, it is the responsibility of the client(s) to bring it to the attention of the Director. If a client is uncomfortable addressing grievances with the Director, grievance should be taken to the Board Chair. Grievance forms and contact information will be made available to clients.

- 9. PROGRAM CONDUCT** Clients are not to fraternize or socialize where alcohol and/or drugs are being served or used. Clients are not to enter bars, taverns, or liquor stores at any time, for any reason.
- 10. OVERNIGHT EMERGENCIES** If a client must leave the house to handle an overnight emergency, he must provide the House Director an address and phone number where he can be reached.
- 11. DATING** If you are in a relationship upon entry to Hope Restored Recovery Home it may continue, as long as it does not interfere with your recovery. If you are not in a relationship at the time of admission you may not enter into a relationship.
- 12. TRANSPORTATION** Residents who have a car at Hope Restored Halfway House must have a valid driver's license, valid license plates, current registration number, plate number, and proof of insurance. Residents are not permitted to allow other residents to drive their vehicle. **1 Demerit for each Infraction**
- 13. VISITORS/WEEKEND DAY PASS/WEEKEND OVERNIGHT PASS STEP-UP POLICY**
Clients are eligible to earn visitor passes, weekend day passes, and weekend overnight passes as they progress. Below is the approved schedule clients may adhere to. ALL PASSES ARE TENTATIVE AND SUBJECT TO APPROVAL/DENIAL BY THE DIRECTOR OR BOARD OF DIRECTORS ON A CASE-BY-CASE BASIS.

In order to be approved for any visitors/passes, the resident must apply for their visitor/pass, meet with the Director, be approved by the Director and Board, and create a safety plan with a Board member

- a. After 30 days: Clients are eligible to have visitors to the home or spend time with their family at a public place within Starke County.
- b. After 30 days: Clients are eligible to receive one weekend day pass per week, which can be used on either a Saturday OR Sunday.
- c. After 60 days: Clients are eligible to receive a weekend overnight pass

Below are the policies regarding visitors, day passes and weekend passes:

- **VISITORS** Visiting hours are from 12:00 pm to 5:00 pm, Monday through Friday. Clients are not allowed to have visitors until their 30 day house restriction period has passed. Guests are allowed in by resident's invitation only and remain in common room areas (common room, dining room, deck) at all times. All guests must sign a confidentiality agreement and be logged and approved by staff for entry. Guests will be asked to leave during meal times, house functions and groups. No visiting of a romantic

nature is allowed on the premises. A staff member or volunteer must be present while visitors are on the premises. **4 Demerits each infraction for romantic visitation. 1 Demerit each infraction of visiting hours.**

- **WEEKEND DAY PASSES** Weekend day passes are not available until the client has completed and passed his 30-day evaluation. Clients can receive one weekend day pass per week which can be used on either a Saturday OR Sunday for that week. While on a weekend day pass, residents are permitted to leave the county. All day passes will begin on the chosen day at 10:00 a.m. after the weekly chore has been completed and inspected. Passes will end at 9:00 p.m. on the chosen day. Written requests for a day pass must be presented to staff for approval on Wednesdays by 2:00 p.m. Eligibility for a weekend day pass is based on the resident's behavior in the prior week and the plans during the pass. When signing out on a pass, the client must provide to staff a phone/contact number as well as their plans and who they will be spending time with; failure to provide a phone number may result in the pass being withdrawn. Residents who have been granted a weekend day pass are encouraged to use it; however, residents who choose to remain at Hope Restored Halfway House are welcome to do so and will adhere to all house rules and regulations including curfew and chores. Program fees must be paid prior to any weekend pass being effective.
- **WEEKEND OVERNIGHT PASSES** Weekend overnight passes are not available until the client has completed and passed his 60-day evaluation. All weekend overnight passes will begin on Saturday at 10:00 a.m., after the weekend chore has been completed and inspected. Passes will end at 9:00 p.m. on Sunday. Written requests for a weekend overnight pass must be presented to staff for approval on Wednesdays by 2:00 p.m. Eligibility for a weekend overnight pass is based on the resident's behavior in the prior week and the plans during the pass. Residents working on any shift on a Saturday must return from work before signing out on pass. When signing out on a pass, the client must provide to staff a phone/contact number as well as plans for the pass and who they will be spending time with; failure to provide a number may result in the pass being withdrawn. Residents who have been granted weekend overnight passes are encouraged to use them; however, residents who choose to remain at Hope Restored Halfway House are welcome to do so and will adhere to all house rules and regulations including curfew and chores. Program fees must be paid prior to any weekend pass being effective.

14. **RESIDENTS/STAFF ROOMS** Residents are not permitted in other residents' rooms. Residents are not permitted in staff rooms. Residents are not allowed in their rooms between the hours of 10:00am to 4:00pm. Residents are not to close any bedroom doors until bedtime. No burning of anything is allowed at Hope Restored Recovery Home (candles, incense, simmering pots, etc.). Clients are able to voice their opinion in regards to whom they share a

room with. These sentiments can be brought to the House Director. **3 Demerits for each infraction.**

- 15. MEDICATION** Any medication in your possession, prescription or otherwise, must be turned over to the house director to be stored in a secure area. Prescribed medication will be made available to you at scheduled times. **3 Demerits for each infraction.**
- 16. DOCTORS** A client should have his own doctor and dentist or be willing to accept one who is suggested by Hope Restored Recovery Home.
- 17. CURFEW** Curfew Hours are at 10:00 p.m. Sunday through Thursday, and from 11:00 p.m. Friday and Saturday. "Lights Out" will be one hour after curfew. Lights Out includes turning off and/or disconnecting all electrical equipment. Residents are required to be in bed at this time - Not preparing for bed. Clients are not to leave the house after curfew or before Morning Meditation except to go to work. Clients may not leave the house on Saturday before the end of morning meditation and chore completion except to go to work. Clients "On Pass" may return after curfew for explainable emergency circumstances - provided that they notify the staff person immediately. **3 Demerits for each infraction - Leaving the house after curfew. 1 Demerit for each infraction - Not making curfew.**
- 18. APPOINTMENTS** All appointments must be listed on the Appointment Form in the Daily Logbook. Missing appointments without notification is not allowed. **3 Demerits each infraction.**
- 19. SIGNING IN/OUT** Clients must sign in and out in the Daily Logbook each time they enter or exit the Hope Restored Halfway House. **1 Demerit each infraction.**
- 20. REQUIRED MEETINGS** Every client is required to make a minimum of 4 support groups/meetings per week. The meeting chairperson and the client must both sign Verification of Attendance sheets. The sheets must be turned in at the time of the Progress Report. Residents must attend any scheduled programming groups unless they have been previously scheduled to work at their job. There are no exceptions. Clients will also be required to attend a weekly house meeting where house topics will be addressed and any conflicts resolved. **3 Demerits each infraction - miss group/meeting. 1 Demerit each infraction - late to group/meeting. 1 Demerit each infraction.**
- 21. HOUSEHOLD DUTIES** A client will have assigned household duties, and will be expected to: 1. Do them each and every day. And 2. Have the chore inspected by staff and signed off. When more than one client is assigned to a chore, all clients involved are responsible for the completion of the chore. **1 Demerit each infraction.**

- 22. PERSONAL APPEARANCE AND DRESS CODE** A client must keep his personal appearance neat and be dressed in normal street attire throughout the waking hours. Apparel with drug, alcohol, nicotine, or bar advertising or any demeaning slogans is not permitted. No inappropriate clothing may be worn in or out of the house. Shoes, slippers or sandals must be worn at all times. Personal hygiene is expected, and if necessary, will be addressed by staff. **1 Demerit each infraction.**
- 23. ELECTRICITY AND ELECTRONIC DEVICES** Clients must turn off all lights, fans, radios, water, and appliances when finished using them or when leaving a room for an extended period of time. Watching television is allowed only between 5:00 p.m. and curfew on Monday through Friday, and between the end of Morning Meditation and curfew on Saturday and Sunday. Recovery-related videos may be viewed during the day with permission from the House Director. Watching television is not allowed while meetings are being held at the house. Clients are not permitted personal television sets, computers, DVD Players, or other electronic devices in their rooms. **1 Demerit each infraction.**
- 24. MEALS** Residents are to prepare their own breakfast and lunch from house items. Donated or house groceries are provided for all residents and are not to be set aside for individual residents. A family style sit down dinner will be served; all residents are required to be at dinner unless the director has approved other arrangements. Food and/or snacks are not permitted in resident's rooms. Each resident is responsible for his own breakfast and lunch preparation and clean up.
- a.** Meal procedures: Residents will be assigned for weekly dinner preparation. Dinners will be prepared for all residents of the house so that any resident who is excused from dinner time attendance can prepare leftovers. Excused residents must clean the dinner area and dishes before evenings end. The Director will plan a menu for assigned meals based on food available in the house at the time of menu planning. Do not serve food that is not on the menu. Kitchen closes at 10:00 pm. **1 Demerit for each infraction**
- 25. CLEANUP** Clients are required to clean up after themselves after meals. No food can be taken out of the kitchen or designated dining areas. **1 Demerit each infraction.**
- 26. WAKING UP/SLEEPING** Clients must be awake by 8:00 a.m. on Monday through Saturday and by 9:00 a.m. on Sunday for morning meditation. Clients must be dressed in normal street attire, not in the bedclothes in which they slept. Sleeping during the day is not allowed unless approved by staff on duty for compelling reasons. All reading, journaling and so forth must be done in the common living room area or conference room. **1 Demerit each infraction.**
- 27. EMPLOYMENT** Clients are expected to find and hold a job outside of Hope Restored Recovery Home within 30 days of arrival. Unemployed clients must make honest and repeated attempts to find employment. This activity will be logged and reviewed with the House

Director weekly. If a client is on disability, he must find volunteer work to provide structure to his daily activities. **1 Demerit each infraction.**

28. CELL PHONES/PHONE CALLS Cell phone use will not be restricted or monitored while a resident is at Hope Restored. If a resident uses their cell phone for illegal purposes or to obtain substances, staff have the right to confiscate cell phone. **1 Demerit for each infraction or Confiscation of the device**

29. GENERAL BEHAVIOR Clients and visitors are to maintain a positive attitude and to show common courtesy to one another. **1 Demerit each infraction.**

30. LAUNDRY AND SHOWERS Residents are responsible for their own laundry. Laundry should be done in a full load. The washer and dryer are not to be used before 9:00 am or after curfew. Laundry is not to be left unattended, and machines are to be cleaned out after every use. The last load may start at 9:00 pm Sunday through Thursday and 10:00pm Friday and Saturday. House issue sheets and towels must be washed weekly. **1 Demerit for each infraction**

31. ROOM AND COMMON AREA INSPECTIONS Clients must make their bed by 8:00 a.m.. They must keep their room neat and clean. Clients are not permitted to hang anything on the walls and are not allowed to use nails or tacks on the walls or ceilings. Staff members will make daily inspections at their discretion. If it is deemed that there is an infraction of the rules as a whole, or if the house as a whole is found to be dirty, all weekend passes will be suspended.. **1 Demerit each infraction for all clients of that room, or suspension of all weekend passes.**

32. PROGRESS REPORTS/EVALUATIONS Clients will make themselves available to the House Director on their appointed day each week to complete their Evaluation and Progress Report. Clients must bring their Meeting-Verification sheets and their signed mentor/sponsor sheets and turn them in at the time of the report. **1 Demerit - each time missing a progress report/evaluation. 1 Demerit - each failure to present meeting sheet or mentor/sponsor sheet.**

33. RECOVERY PLANS Clients will also work with the House Director to develop a Personal Recovery Plan detailing goals, recovery support, employment or daily activities, future plans, and an exit plan/strategy for the individual. Progress on the Personal Recovery Plan will be discussed at weekly meetings with the House Director

34. RECOVERY PROGRAM Residents will be required to actively pursue a recovery program during their residency. Meeting attendance, in addition to in-house programming, will be mandatory. Residents are required to attend a minimum of five meetings a week, obtain a sponsor, mentor or recovery coach and be actively working a recovery Program

35. PARKING Clients will be allowed to park their personal vehicles in the Hope Restored Recovery Home parking lot, or on the street if no parking spaces are available. Residents driving a personal vehicle will be required to show proof of registration and proof of insurance as well as a valid driver's license.

36. 30-DAY RESTRICTION Upon entering Hope Restored Recovery Home, residents will be restricted to the home and will only be allowed to participate in activities related to recovery, jobs, health, etc. The following list details the reasons why residents may leave the Hope Restored building during their initial 30-day restriction:

- Work
- Looking for employment (going to an interview, going to fill out job applications, following up about employment)
- Volunteering
- Recovery-related activities (Self-help groups, support groups, meeting with a sponsor/mentor)
- Medical appointments (doctor's appointments)
- Mental Health appointments (psychiatry appointments, therapy appointments, IOP)
- Legal appointments (Problem-solving court requirements, meeting with a lawyer)
- Court hearings
- Education-related activities (attending classes, activities to obtain GED)
- To get necessary groceries
- Religious services/activities

Any other activities a resident would like to participate in within their 30 day restriction must be approved by the Director and Board.

CONDITIONS OF ACCEPTANCE

In addition to following the above Client Guidelines, I agree to the following as conditions of acceptance into Hope Restored Recovery Home:

1. To be responsible for the payment of \$200.00 a week as a service fee, due and payable in advance each Monday for the current week. \$400 is due in order to be admitted to Hope Restored Recovery Home.
2. To meet with staff (**in person - not by phone**) if I am unable to make my service fee payment in full and to honor all conditions of any payment agreement. I understand that if I am discharged for any reason within my first week of service, I will not receive any reimbursement for fees paid.
3. To allow any staff member to inspect and search my living quarters and personal property at any time, and to remove any contraband (including alcohol, drugs, paraphernalia, weapons, medications, pornographic images or devices).
4. To authorize any medical, legal, social service, psychiatric care, or treatment agency to disclose any information pertinent to my recovery to authorized representatives of the Hope Restored Recovery Home in accordance with federal confidentiality laws.
5. To provide verification of employment hours worked and income by check stub when requested.
6. To disclose my discharge from Hope Restored Recovery Home to any court that may have legal jurisdiction over me, giving the reasons for such discharge.
7. To immediately submit to any staff request for urinalysis and/or breathalyzer tests and to follow all testing procedures, and to not use any supplements which act as masking agents for such testing. I understand that the use or possession of any illegal drugs *or* alcohol will be viewed as a positive result and will lead to immediate discharge. Any dilute drug screen results will be considered a positive result.
8. To accept full personal responsibility for any losses incurred from fire, theft, acts of God, or personal injury, and hold Hope Restored Recovery Home harmless and free from any liability for such losses.
9. If involuntarily discharged, to immediately vacate the premises and to stay away from Hope Restored Recovery Home for a **minimum** of thirty days following discharge. Arrangements must be made with staff to collect any personal belongings. Any items left on Hope Restored Recovery Home property more than **48 hours** following discharge will be donated to charitable organizations. All mail coming to Hope Restored Recovery Home will be returned to sender -Hope Restored Recovery Home will not hold or forward mail. Courts, probation, or other referral sources will be immediately notified of your discharge.
10. To fulfill any request for assistance made by staff or any other authorized agent of Hope Restored Recovery Home without pay other than reimbursement of any expenses.
11. When not working, to utilize the hour between **9:00 a.m. and 2:00 p.m. Monday through Friday** for personal improvement - this could include: active employment search, verifiable appointments, 12-step and sponsorship meetings, house/apartment chores, cleaning and maintenance, and 12-step literature study.

12. To participate in the Hope Restored Recovery Home community process by adhering to the following:

- A. Attend all mandatory meetings in a timely manner unless working or an emergency comes up;
- B. Inform the community of any violations of program guidelines at the appropriate community meeting;
- C. Obtain a support group sponsor or mentor within my first 30 days of residency. I will seek a NA or AA group member or mentor from another recovery program who **regularly attends and actively participates in the 12-step recovery program or another recovery program**, is someone I can relate to, have access to and confide in, and who is not a current client or staff of the Hope Restored Recovery Home. I will talk with my sponsor/mentor a minimum of twice a week to discuss my recovery and to work through my program of recovery. I will follow my sponsor's/mentor's suggestion for continued recovery;
- D. Obtain a home group within my first 30 days of residency. I will select one. meeting per week that does not interfere with my work schedule to which I will dedicate my time and assistance. I will inform the secretary or other trusted servant of that group of my willingness to be of assistance, including coffee making, meeting set-up and break-down, newcomer greeting, attendance slips signing and/or filling of a service position. I will faithfully attend this meeting weekly and will only miss in an emergency situation. This will be my home group.

By my signature below, I acknowledge that I have received an orientation to Hope Restored Recovery Home, have been given a copy of these Guidelines and Conditions of Acceptance, and provided a packet of information on Hope Restored Recovery Home.

I further acknowledge that I have read, I fully understand, and I agree to abide by all of the program rules and regulations during my stay at Hope Restored Recovery Home. I understand that violations of the Client Guidelines and/or Conditions of Acceptance will lead to consequences up to and including discharge from the program.

Client Signature _____ Date _____

Client Printed Name _____

I hereby acknowledge that I have conducted an orientation with the above-named client, reviewed the Client Guidelines and Conditions of Acceptance to Hope Restored Recovery Home, and provided the client with a copy of these documents and a packet of program information.

Staff Signature and Title _____

Staff Printed Name _____

Date _____