



Thank you for your interest in Whatcom Sober Living

We are committed to offering a supportive and structured environment for individuals in recovery from substance use disorders. This document will guide you through the application process for admission into our program.

Our Mission

At Whatcom Sober Living, our mission is to provide a safe, structured, and supportive environment where individuals in recovery can rebuild their lives with dignity, accountability, and purpose.

Our Vision

Rooted in trauma-informed care and 12-Step immersion, our program is designed to address the whole person—mind, body, and spirit—while fostering healing from the inside out. We believe that every person deserves a chance to recover, grow, and thrive. Our homes promote personal responsibility, peer connection, and mutual respect, empowering our program residents to develop the skills they need for lasting recovery and long-term independence.

Completing Your Application:

To begin, please print the application and fill it out **legibly**, using a pen if possible. All sections of the application must be completed, including the Release of Information (ROI) forms. These forms allow us to coordinate with your case managers and counselors, ensuring effective communication and a smooth interview and review process.

Please ensure that the contact information provided is accurate and up to date, as this is essential for us to schedule an interview and move forward with your acceptance into our program.

Submitting Your Application:

After completing the application and ROI forms, please scan them into PDF format and

email the completed application to info@contactcounseling.com

or

fax to (360) 733-9499

If you have any questions, need assistance with the application process, or would like to inquire about program availability, please don't hesitate to reach out to:

Dawn at (360) 296-1779

or

Mike at (360) 389-8856

If you are unable to reach either Mike or Dawn, please contact the office at (360) 671-3277 to leave a message

Thank you for considering Whatcom Sober Living. We look forward to receiving your application and supporting you on your journey to recovery!

Note to Case Managers, Housing Specialists, and Counselors:

We encourage you to review the application with your clients before submission to ensure that it is filled out **completely** and **accurately**. This will help expedite the review process and avoid any delays. Please include your contact information in the applications so that we can contact you regarding our mutual client.

~~~~~Keep this page for your information~~~~~

# Whatcom Sober Living



316 E. McLeod Rd. Suite 102 B  
Bellingham WA 98226

Phone: (360) 671-3277  
Fax: (360) 733-9499

## Confidential Applicant Information

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Date of Birth Age Cell Phone # Email Address

### Gender

- ☐ Male  
☐ Female  
☐ Transgender  
☐ Non-Binary  
☐ Other \_\_\_\_\_

### Pronouns

- ☐ He, Him, His  
☐ She, Her, Hers  
☐ They, Them, Theirs  
☐ Other \_\_\_\_\_

### Marital Status

- ☐ Married  
☐ Separated  
☐ Divorced  
☐ Single  
☐ Widowed

### Veteran Status

- ☐ Yes, Protected Veteran  
☐ Not a Protected Veteran

### Disability Status

- ☐ Yes, I have a disability  
☐ No, I don't have a disability

### Race

- ☐ Native American/ Alaskan Native  
☐ Black/African American  
☐ Asian  
☐ Hispanic/Latino  
☐ Native Hawaiian/ Other Pacific Islander  
☐ White

### Ethnicity

- ☐ Hispanic/ Latino  
☐ Not Hispanic/ Latino  
☐ Unknown

employed? ☐ Yes ☐ No

Where: \_\_\_\_\_

Funding Source \_\_\_\_\_ Funding Contact Information: \_\_\_\_\_

Do you currently have medical insurance? [ ] YES [ ] NO *(please provide a copy of your card if possible)*

\_\_\_\_\_  
Provider Name Policy Number

## Treatment Information

Are you currently in a facility? ☐ Yes ☐ No Estimated Exit Date: \_\_\_\_\_

If yes, name of the facility: \_\_\_\_\_ Facility Phone # \_\_\_\_\_

Case Manager/Counselor: \_\_\_\_\_ Contact Email \_\_\_\_\_

Please list current points of contact or the best way to get ahold of you to set up an interview. If we have no way to contact you, then we won't be able to interview or accept you into the recovery program. (For example, some points of contact may include a treatment center you're in and any contact numbers, an assigned counselor and the number they can be reached at, an assigned probation officer or community corrections facility, etc....)

\_\_\_\_\_

Your best contact number \_\_\_\_\_  
Case manager/Counselor contact number \_\_\_\_\_



## Program Overview and Applicant Agreement

Whatcom Sober Living LLC provides supportive, structured housing across multiple recovery residences, including **Helen House** and **Jim's Place** in Bellingham, WA, and **Art Bergh House** in Ferndale, WA. Placement in a specific residence is determined by Whatcom Sober Living Management based on suitability for each applicant. Additional documentation may be requested prior to final approval.

### Program Fees and Payment Terms

- The monthly program fee is **\$600**, due on the **1st of each month**, and may be paid by **Cash, Check, or Money Order** made payable to *Whatcom Sober Living LLC* and mailed or delivered to: 316 E. McLeod Rd, Suite 102B, Bellingham, WA 98226
- For applicants moving in mid-month, fees will be **prorated per night** for the first month.
- Payments received after the **5th** of the month will be assessed a **\$50 late fee**.
- If full payment is not received within **30 days**, you may be **asked to leave the program**.
- A **one-time, non-refundable \$200 Program Admission Fee** is due upon acceptance into the program and must be paid **prior to or on the move-in date**. *Do not send payment with your application; payment is only required upon approval.*

### Refund Policy and Notice Requirements

Applicants agree to provide at least **14 days' notice** before exiting the program. Failure to provide this notice may result in **forfeiture of any prepaid program fees**.

### Household Contribution

All residents contribute **\$5 monthly**, which is then matched by Whatcom Sober Living, to support shared household cleaning products and essentials. This is paid in cash and is managed by the elected house Secretary and Treasurer.

### Agreement and Disclaimers

- Submission of this application does **not guarantee acceptance** or placement.
- **Dishonesty** at any stage of the application or program may result in **disqualification or dismissal**.
- This is a **family-style recovery environment**, and your participation is voluntary.
- Violations of **zero-tolerance policies** (including alcohol or drug use, illegal activity, violence, or sexual behavior between residents) will result in **immediate discharge**. In such cases, you will have **15 minutes to vacate** the premises. If you fail to do so, law enforcement may be contacted.
- Acceptance into the program is contingent upon **additional screening and a formal interview**.
- Program rules are in place to **protect all residents** and support long-term recovery outcomes.

By signing this form, you acknowledge that you have read, understand, and agree to comply with the treatment, medical, and medication policies outlined above.

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Signature

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Date



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## Treatment, Medical Information, and Medication Policy

### Treatment Participation

Clients are required to be actively engaged in their recovery. **In the first 30 days**, all residents are required to complete the following:

- Attending substance use disorder based outpatient treatment as recommended by a Bio-Pscho-Social assessment & ASAM criteria.
- Participate in mental health counseling and/or case management if appropriate
- **Seek out and establish a relationship with a 12-Step sponsor** and begin working the twelve steps under their guidance. While in the process of finding a sponsor, residents are to **read and work from approved 12-Step literature** to stay actively engaged in their recovery.
- Residents must also agree to identify a **home group** and make a sincere effort to obtain a **service position** within that group within the first 30 days. If they are unable to hold a formal position due to clean time requirements, they will find other appropriate ways to be of **service to the recovery community**.

*These commitments reflect my dedication to building a strong foundation for long-term sobriety through personal responsibility, community connection, and spiritual growth.*

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### Medical and Mental Health Information

It is important that we are aware of any medical or mental health diagnoses in order to support your stability and well-being. This information will be kept confidential in accordance with **HIPAA & CFR 42.2**. You will be asked to disclose:

- Diagnosed medical or psychiatric conditions
- Name and contact information for your primary care and/or psychiatric provider
- Any current physical limitations or special accommodations needed
- Recent or ongoing health concerns that may impact your stay in sober living

*This information will help us determine appropriate living arrangements and whether additional support is necessary.*

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### Medication Policy

For the safety of all residents, Whatcom Sober Living enforces the following medication policies:

- **Disclosure:** All prescription medications (including mental health, physical health, or MAT such as Suboxone) must be disclosed at intake.
- **Storage:** All medications must be stored securely. Depending on the medication and the individual's treatment plan, this may mean locked storage managed by staff or the resident.
- **Use:** Medications must be taken only as prescribed. Misuse, sharing, or selling of medications is grounds for immediate dismissal.
- **Narcotic/Controlled Substances:** Narcotic medications are generally not permitted in the house unless deemed medically necessary and approved by the program director in advance. In most cases, **a consultation between the Program Director and the Prescribing Physician must take place before any new prescription is allowed. Documentation and safe storage protocols must be followed.**
- **Changes:** Any changes in **non-narcotic** prescriptions must be reported to house staff within 24 hours.
- **Over the Counter and Supplements:** Residents must also report OTC medications and supplements to ensure there are no contraindications with prescribed medications or risk to others in the house.

*Failure to follow medication policy may result in disciplinary action, up to and including discharge from the program.*

By signing this form, you acknowledge that you have read, understand, and agree to comply with the treatment, medical, and medication policies outlined above.

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Signature

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Date



## Program Requirements

### Meeting Attendance

As part of the commitment to recover, Recovery Program Residents are required to attend

- **90 meetings in 90 days** upon entering the program. (no exceptions for employment or clean time).
- After the initial 90 days:
  - A **minimum of 4 meetings per week** if employed or enrolled in school.
  - A **minimum of 7 meetings per week** if not currently working or attending school.

Online meetings are acceptable; however, **at least 4 meetings per week must be attended in person** to support accountability and connection in the recovery community. Residents must obtain **proof of attendance** for all meetings by logging into our sober living app or if no device, by collecting signed meeting slips and submitting them as required to house staff.

Failure to meet these attendance requirements may result in a review of participation in the program.

### House Meeting

All residents are required to attend the **weekly Sunday House Management Meetings** as well as any **emergency house meetings** called by staff or house leadership. These meetings are **mandatory** and serve as a space for communication, accountability, and community decision-making.

If residents are unable to attend a scheduled meeting for any reason, they are required to **notify the appropriate staff in advance** and obtain approval. Failure to attend without prior approval may result in a program violation and possible consequences under the house accountability policy.

### Drug Screening Policy

All residents are required to submit to **random Urine Drug Screens (UAs)** as a condition of participation in the recovery program. Residents are required to **submit a UA within one hour of being notified**. Refusal or failure to submit a UA within the required timeframe will be considered the same as a **positive result** and may lead to **immediate discharge from the program**.

This policy is in place to support accountability and maintain a safe, substance-free environment for all residents.

### Curfew and Overnight Privileges Policy

- For the first **30 days of residency**, residents are required to adhere to the **10:00 PM curfew** and understand that **overnight privileges are not permitted** during this time.
- After completing 30 days, in good standing:
  - Residents may be granted **up to two nights out per week**, with prior approval.
  - The curfew will be extended to 10:30 PM on weekdays and Midnight on weekends and recognized holidays
- After **six months of continuous residency, in good standing**
  - Recovery Program Residents may be eligible for **up to three nights out per week** with prior approval.

*All overnight pass requests must be **submitted no later than 6:00 PM** on the day of the intended outing. Failure to comply with curfew or overnight procedures may result in a loss of privileges or further disciplinary action.*

*By signing this form, you acknowledge that you have read, understand, and agree to comply with all Whatcom Sober Living Recovery Program rules and regulations.*

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Signature

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Date

# Whatcom Sober Living



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## RELEASE OF INFORMATION FORM (ROI)

### Compliance with Federal Regulations

This release is in compliance with Federal regulations (42 CFR Part 2) and all applicable state and local laws, rules, and regulations. Information disclosed under this release may not be re-disclosed without written permission from the client and may not be used to criminally investigate or prosecute any individual for a substance use-related issue.

### Voluntary Authorization

I understand that authorizing the disclosure of my health information is voluntary. I may refuse to sign this authorization and still receive treatment. I also understand that I have the right to inspect or obtain copies of the information disclosed, as outlined in 45 CFR 164.524.

I acknowledge that once information is disclosed, it may be subject to redisclosure by the recipient and may no longer be protected under federal confidentiality regulations. I also understand that the information in my health record may include sensitive details such as, but not limited to:

- Diagnosis or treatment of alcohol or drug use
- Mental health or behavioral health services
- Sexually transmitted diseases (STDs)
- HIV/AIDS status or related care

### Revocation

I understand that I have the right to **revoke this authorization at any time** by submitting a written request to the Medical Records Department. I acknowledge that any revocation will **not apply to information already released** prior to the receipt of my written revocation, provided such release was made in accordance with this authorization.

### Expiration Date

If I fail to specify an expiration date, event, or condition (specify below if so), this authorization expires automatically in 364 days from the signed date.

Expiration Date: \_\_\_\_\_

### Service Dates

From \_\_\_\_\_ To \_\_\_\_\_  
date date

Disclose Information From: **DO NOT LEAVE BLANK**

|                       |                      |                    |          |
|-----------------------|----------------------|--------------------|----------|
| Agency/Name           |                      | Contact Name       |          |
| Address               | City                 | State              | Zip Code |
| Contact Email Address | Contact Phone Number | Contact Fax Number |          |

### Disclose Information To:

Whatcom Sober Living & Contact Counseling Recovery Services

Info@contactcounseling.com

316 E. McLeod Suite 102B  
Bellingham WA 98226

Contact Number: (360) 671-3277  
Fax Number: (360) 733-9499

### Purpose of Disclosure:

Release or receive information for the purpose of communicating with, Contact Counseling Recovery Services & Whatcom Sober Living on the following:

- ☐ All items listed
- ☐ Emergency Contacts
- ☐ Medical Purposes
- ☐ Family Information
- ☐ Legal Matters
- ☐ Continuity of Treatment
- ☐ Program Requirements
- ☐ Case Management Services and Updates

### Information is Released Via the Following Methods

- ☐ All Items Listed
- ☐ In Person
- ☐ Phone
- ☐ Voicemail
- ☐ Fax
- ☐ Paper Record
- ☐ Email

### Information to be Disclosed

- ☐ All Items Listed
- ☐ Progress Notes
- ☐ Progress Updates
- ☐ Treatment Plans
- ☐ BPS
- ☐ Assessment
- ☐ Legal Status
- ☐ Medical History/Current Status
- ☐ Presence in Treatment
- ☐ Urine Analysis Results
- ☐ Laboratory test
- ☐ Results
- ☐ Family History
- ☐ Employment
- ☐ Medications
- ☐ Information
- ☐ Psychiatric History/Assessment
- ☐ Discharge Summary/Aftercare Recommendations
- ☐ Medical Progress Notes & Assessments
- ☐ other \_\_\_\_\_

Print Name

Date of Birth

Signature

Date