

# Full Contact Recovery Living Program Application

<i>Full Name (First, Middle Initial Last Name)</i>	Today's Date (month/day/year)			
	Clean Date (month/day/year)			
<i>Current Mailing/Residence Address</i>				
<i>City/State/Zip</i>				
<i>Your Cell Number</i>				
<i>If recently completed Inpatient Where?</i>				
<i>Are you currently employed?</i>	Occupation			
<i>Employer Name and Phone Number (or N/A)</i>				
<i>Emergency Contact Name and Phone Number</i>				
<i>DOC Officer Name and Phone Number</i>				

***Please attach a copy of your DCH (Defendant Case History) Copy available on 4<sup>th</sup> Floor Court House***

<b><i>Doctor's Name and Contact Number</i></b>	
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*Current List of prescribed medications*

Our rules for medication are as follows: Suboxone is only allowed if prescribed and administered by a State licensed CD agency. Subutex is only permissible for pregnant women. Methadone is only allowed under specific circumstances and generally residents would be required to transition to Suboxone.

I understand that this application does not constitute an acceptance to the program or guaranteed placement in the program. I understand that any dishonesty before, during or after this application process will result in immediate disqualification and expulsion from the program. I understand that after acceptance into the program there is a non-refundable \$200 program fee that is due prior to my admission into the house. I understand that the participants in this program reside together as a family and under the Fair Housing Act, I am making a conscious choice to participate in this program. If I am discharged from this program due to the zero tolerance rules of alcohol or drug use, illegal activity including stealing, destruction of property or aggressive or violent behavior, or sexual activity between residents I will have exactly 15 minutes to gather my belongings and leave unless removed from the property by law enforcement, then my property will be held for 24 hours then disposed of. I understand that after this interview, that another screening may be required for acceptance, possibly at the house by staff and other program participants. I understand that these stipulations and rules of the program are designed to protect program participants, including myself and increase the recovering person's chance for long-term recovery from substance abuse. I understand the program participation fee is \$500 per month, prorated based on date of acceptance. I also sign this as a release of information the Recovery Home staff to communicate directly with my doctors, treatment program, drug-court staff or Department of Corrections CCO.

<i>Signed:</i>	Print Name:	Date:

Office Use for Interview:

# Full Contact Recovery Living Program Participant Agreement

<i>Full Name (First, Middle Initial Last Name)</i>	Today's Date (month/day/year)			
	Clean Date (month/day/year)			

Zero Tolerance Requirement: This agreement is required of all program participants in the Recovery Living Program run by Full Contact Recovery Support Services (FCRSS). By signing and initialing below this constitutes your acceptance into the program and the agreement that you are making to participate in the program. This program has a zero tolerance for the following behavior and will result in immediate discharge from the program and a possible lifetime ban from the program:

- Alcohol or Drug Use, possession, distribution or manufacturing either on site or off and illegal activity will be reported to the police.
- Stealing: Taking food, supplies or property from other participants, recovery house or property, or outside businesses.
- Destruction of Property: destroying the recovery house or other participants property
- Physical or Verbal Confrontation or Violence including threatening, violent or aggressive behavior.

If you are discharged you will have 15 minutes to gather your items and leave. If you are removed by law enforcement, we will hold your belongings for 24 hours then dispose of them.

Persons who are being discharged for relapse must have gone through or be in treatment with a minimum of 30 days clean before being re-considered for re-admission to the program.

I have read and agree to the paragraph above. I understand that if discharged for these things no refunds or reimbursements will be given. I realize that if I have relapsed and want re-admission, I agree to the paragraph above, will notify staff immediately, and understand that my program monthly fee may be credited in advance but if I do not comply it is forfeited.

<i>Signature:</i>	<i>Staff Signature:</i>

**Recovery Requirements:** Participation in the Recovery Living Program is designed to ensure a clean, positive, safe and comfortable environment for all program participants. Our experience has shown that these requirements will increase a participant's chance of staying in recovery. By initialing the following stipulations, I am agreeing to be a responsible participant in creating a harmonious and supportive recovery environment.

<i>Requirement</i>	Initials
<i>I am willing to submit to a drug/alcohol urine screen upon request of the manager or staff within 1 hour of request.</i>	
<i>I will attend 90 NA/AA meetings in 90 days, after that I will agree to 4 meetings per week.</i>	
<i>In the first 30 days I will obtain and maintain a relationship with a 12-step program sponsor by calling and working the 12 steps with them, enroll in an outpatient treatment program, and be employed or enroll in school. I will also participate in the 7am Daily Meditation and Reflections, attend all house recovery meetings and attend the weekly 7pm Sunday House Meeting. Meeting Verification Sheets are to be turned in at the House Meeting on Sunday. If it is determined that I am to focus on staying clean, a separate contract outlining my program will be signed. If I have to miss a House meeting due to work, I have to notify the House Manager immediately for approval.</i>	
<i>Program participants are discouraged to start a new romantic relationship until emotional stability has occurred and doing so may hinder their recovery. I understand that doing this may also take away from the community and result in my being discharged early from the program.</i>	
<i>I understand that I am a member of a recovering community and on the principles of trust, honesty and participating in a safe and clean environment, I will report any behavior or rule-breaking to house-management.</i>	
<i>I understand that if I am prescribed any new or have changes to my existing medication, I will notify the House Manager or Staff immediately for approval and all medication must be taken as prescribed.</i>	
<i>I understand that if my behavior is not conducive to a recovery environment and I have been violating rules, engaging in behavior not conducive to recovery, that I may be asked to sign a separate behavior contract. If in the event I decline, I may be asked to leave.</i>	

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**House and Safety Requirements:** While these rules may seem overtly stringent it is to ensure the living environment is peaceful and conflicts are avoided. Program participant safety and health are a top priority for all. By initialing below I am agreeing to these requirements.

Requirements	Initials
<i>In the first 30 days, I agree to the curfew time of 10pm with no overnight privileges. Once employed, this may be amended if in good standing by Staff. I understand overnight passes are only given after the first 30 days for a maximum of 2 nights per week by Staff.</i>	
<i>I understand that any guest I have on the property must be approved by staff. I understand all guests are not allowed to be under the influence of any mind- or mood-altering substance and may be asked to leave if suspected of being intoxicated. I understand that guests are not allowed in bedrooms, no intimate physical contact is allowed in the residence or in parked cars or any space on the property. I understand that there are no overnight guests permitted and all guests must leave by 9:00pm unless approved by staff.</i>	
<i>I understand that no debt shall be incurred between any resident such as a loan or sales.</i>	
<i>I understand that no vaping or smoking is allowed inside the residence and that smoking or vaping is only allowed in designated areas on the property. I agree to dispose of my cigarette butts in a safe manner. I understand there are to be no candles or inflammatory products used in or outside of the residence on the property.</i>	
<i>I understand that no alteration, changes, improvements, repairs or decorating of the room I am assigned or the Residence itself is allowed. This includes hanging pictures or posters or moving furniture unless approved by Staff. I agree to keep the room clean and the bed I occupy made unless I am sleeping in it. I also agree to wash my bedding once per week and to not sleep in my bed without bedding. I understand that food is not allowed in the room and I may not store food in my room. I understand I am limited to 3 enclosed twenty-gallon plastic totes or suitcases of possessions and that my possessions should be limited and I should not bring valuable items to the Property. I understand lost or stolen property is not the responsibility of Full-Contact Recovery Support Services.</i>	
<i>Cleaning: I agree to do my part to keep the residence spotlessly clean and refer to the Residence Handbook for further clarification. I agree to participate in ongoing mandatory house chores and understand I may incur financial fees for not complying.</i>	
<i>Laundry: I agree to having an enclosed laundry hamper to keep dirty laundry in and a portable laundry basket marked with my name to organize laundry duties. I understand no new loads of laundry are to be started after 8pm</i>	
<i>Vehicles: I agree that I will have a valid driver's license and clear title to any vehicle I have at the residence. I agree to only having one car and that car is in running condition and no repairs or improvements are done on the property.</i>	
<i>Personal Hygiene: I agree to bring my own house slippers and leave my shoes at the door and not wear them inside the house. Guests must also leave their shoes at the door. I also agree to shower and change clothes daily. If I use a gym I will shower and change at that facility before returning to the residence.</i>	
<i>Quiet Time: I agree that from 9pm onward is a quiet time and I should limit my activity to relaxing, reflecting on the day's events, a 10<sup>th</sup> step inventory. I will not play music or engage in excessive noise.</i>	
<i>I agree that if I am feeling ill I will notify the House Manager immediately to determine if I need to quarantine for my safety and the safety of the other participants. Guidelines for the prevention of disease transmission will be implemented and I will comply with all guidelines, including, wearing a mask at all times and frequently washing my hands, even if it is determined I am not infected with COVID-19.</i>	

I have read all of the above, initialed where indicated and agree fully to participate. I understand I will be given a copy of this agreement for reference. I agree to give a notice of no less than twenty days if I choose to leave the program.

Signed:	Staff Signature:	Date:

# Liability Waiver

I hereby understand and acknowledge that the programs, wellness center access and equipment as well as training, programs and events held by the FULL CONTACT RECOVERY SERVICES may expose me to inherent risks, including accidents, injury, illness or even death.

I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

I understand that I am using the facilities at my own risk and that the Wellness Center will not be staffed during these hours. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and FULL CONTACT RECOVERY SERVICES furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE FULL CONTACT RECOVERY SERVICES, its officers, agents, employees, organizers, representatives and successors from any responsibility, liabilities, demands or claims of any kind arising out of my participation in FULL CONTACT RECOVERY SERVICES training, programs and/or events.

By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

PARTICIPANT'S NAME (Print) \_\_\_\_\_

PARTICIPANT'S SIGNATURE \_\_\_\_\_

Staff Signature: \_\_\_\_\_

DATE: \_\_\_\_\_