

Whatcom Sober Living Application

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



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

Thank you for your interest in Whatcom Sober Living!

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

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 them to **info@contactcounseling.com**. Alternatively, you can fax the documents to **360-733-9499**.

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

- Dawn at **360-483-1709**
- Melissa at **360-393-7970**

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.

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Today's Date: ___ / ___ / _____ **Anticipated Move-In Date:** ___ / ___ / _____

Whatcom Sober Living LLC oversees multiple residences, including Helen House and Jim's Place in Bellingham, WA, and Art Bergh House in Ferndale, WA. Whatcom Sober Living Management will determine which house is most suitable for each individual applicant. Additional information may be required prior to approval.

Whatcom Sober Living's Program Fee is \$600 per month, due by the 1st of each month, payable by Cash, Check, or Money Order to Whatcom Sober Living LLC at 316 E. McLeod Rd, Suite 102B, Bellingham WA 98226. We will prorate per night for the first month. Any rent not paid by the 5th of every month will be considered late and will be charged a \$50 late fee. If full rental amounts are not paid within 30 days, you may be asked to leave the program. A one-time Non-Refundable Program Admission Fee of \$200 is due upon the applicant's acceptance into the program, prior to, or on the move-in date. Do not attach payment until approved. I agree to give notice of no less than 14 days to Whatcom Sober Living staff should I decide to leave the program. I understand not giving this notice will most likely result in not receiving any refunds on already paid program fees towards Whatcom Sober Living.

Every resident is responsible for a *monthly \$5 contribution* that is matched by Whatcom Sober Living Management which funds household essentials used by all residents. The applicant understands and agrees that if this application is accepted and the applicant fails to complete all required paperwork or pay the required fees, the Admission Fee will be forfeited.

By signing below I understand the following: *That this application does not constitute an acceptance to the program or guaranteed placement in the program. Any dishonesty before, during, or after this application process may result in immediate disqualification and/or expulsion from the program. 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. I understand if I am discharged from this program for violating the zero-tolerance policies regarding alcohol or drug use, illegal activity, aggressive or violent behavior, or sexual activity between residents, I will have 15 minutes to gather my belongings and leave the property. If I fail to do so, law enforcement may be called to remove me. I understand that after completion of this application, another screening and interview process will be required for acceptance. I understand that the 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 use.*

I also understand that signing and completing this application acts as a general release of information to Whatcom Sober Living and Contact Counseling Recovery staff to communicate directly with my medication prescribers, doctors, case managers, housing/funding payees, or specialists, treatment & program/facilities, recovery-court staff, Department of Corrections and other law enforcement agencies.

Printed Name : _____ **Date:** ___ / ___ / _____

Signature: _____

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Confidential Applicant Information

Full Legal Name: _____

Preferred Name, if different: _____ **Pronouns:** _____

Date of Birth: ____/____/____ **Sobriety/Clean Date:** ____/____/____

Cell Phone: (____) ____ - ____ **Home Phone:** (____) ____ - ____

Which Sober Living are you applying for? MEN'S [] WOMEN'S []

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 housing program. (For example, some points of contact may include a treatment center you're in and their number, an assigned counselor and the number they can be reached at, an assigned probation officer or community corrections facility, etc...):

Current Residential Address (If none say none. If a treatment center, please give the address and phone number for that center. If it is a corrections center, please give the name and address for that as well):

Mailing Address, if different than above: _____

Length of Stay and current residence: _____ **Landlord's Name:** _____

Current Monthly Rent: _____

Employment Information

Are you currently employed? Yes / No Occupation: _____

Employer's Name: _____

Phone Number: (____) ____ - ____ **Email:** _____

Next of Kin

Name: _____

Address: _____

Email: _____

Cell Phone: (____) ____ - ____ **Home Phone:** (____) ____ - ____

Relationship to Applicant: _____

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Emergency Contacts

Please provide at least 2 contacts (different than above) with as much info as possible:

1. Name: _____

Address: _____

Email: _____

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Relationship to Applicant: _____

2. Name: _____

Address: _____

Email: _____

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Relationship to Applicant: _____

Legal Information and Legal Contact Information

History of arson or burning charges? Yes / No

History of Sex Offenses? Yes / No

Are you legally involved? Yes / No **If yes, which county/State:** _____

If you answered yes to the above questions, please list current charges: _____

Please list all legal contacts (DOC Officers, Probation Officers, Counselors, Lawyers, etc.):

Name and Title: _____

Phone Number: (_____) _____ - _____ **Email:** _____

Name and Title: _____

Phone Number: (_____) _____ - _____ **Email:** _____

Name and Title: _____

Phone Number: (_____) _____ - _____ **Email:** _____

Please attach a copy of your Defendant Case History (DCH) to this application.

If you do not have a copy, one can be acquired for free, from the 4th floor clerk of the Whatcom County District Court, your attorney, your Probation Officer, or your DOC Officer.

I acknowledge that all the above legal information is true and that I have disclosed all legal information as requested above. Not doing so may result in me being declined from the program and from future attempts to apply:

Printed Name: _____

Signature: _____

Date: _____

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Treatment, Medical Information and Medication Policy

(Please complete all sections completely and circle all that apply)

Treatment Information

Are you currently in an inpatient treatment facility? Yes / No

If yes, please provide the name of the treatment facility: _____

Estimated Graduation Date: ____ / ____ / ____

Are you enrolled in, or graduated from Outpatient Treatment? If so, explain (where, when, status):

Medical Information

Do you have a Medical/Primary Care Provider? Yes / No **Name of Provider:** _____

Doctor's Name: _____ **Phone Number:** (_____) _____ - _____

Do you have medical insurance? Yes / No **If yes, which provider?:** _____

Have you ever been screened for Tuberculosis? Yes / No

Do you have any mental health or co-occurring diagnoses that we need to be aware of? This will not prohibit you from living with us, it is just helpful in determining who you may room with. (This may include, but is not limited to; depression, general anxiety disorder, PTSD, etc.):

If you do have any mental health or co-occurring diagnoses, how are you addressing them? For example; are you actively seeking therapy or counseling to address any challenges with your diagnosis?

Do you have any physical disabilities? If yes, please explain:

Do you need any special accommodations? (Wheelchair access, in-home aids, etc.)

Do you sleep at night?: Yes / No

Explain your sleep patterns: _____

Are there any other medical concerns we should know about? If yes, please explain:

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Whatcom Sober Living Medication Policy

Whatcom Sober Living accepts Medically Assisted Treatment (MAT), which includes medications such as Suboxone, Subutex, Methadone, Vivitrol, and Sublocade, among others. We strongly suggest that all MAT clients work with their prescribers on an eventual tapering plan. We put a strong emphasis on encouraging Methadone clients to transition towards Suboxone, Subutex, Sublocade, or Vivitrol when feasible.

Methadone clients must follow a daily dosing plan and meet all clinic requirements for being on the Methadone program. Weekend and holiday clinic visits should align with clinic schedules; for example, if your clinic is open on Saturdays, only a Sunday carry would be needed. Your carry box must be locked in the local safe and you will be given access to it at scheduled dosing times.

Upon entering our program, all residents are required to sign a Release of Information (ROI) with their medical providers and prescribers to facilitate effective communication and coordination of care. Residents entering our facilities must fully discuss any proposed changes with staff and their prescribers before making any changes to Medication-Assisted Treatment (MAT) prescriptions or scheduled controlled substances. Scheduled controlled substances include, but are not limited to, opiates, barbiturates, amphetamine-based ADHD medications, benzodiazepines, psilocybin, sedatives, sleep aids, gabapentin, alcohol-based cough suppressants, and other psychosomatic medications. Medications that do not need to be discussed with staff include those such as blood pressure medication, antibiotics, laxatives, standard antidepressants, ibuprofen, etc. However, all medications, regardless of type, must be added to your medication records

Dosage and Storage

All medication dosing must occur in a private area or space, not in common areas. Dispose of all medication packaging in appropriate receptacles. All prescribed medications must be securely locked within the provided space in their original packaging. Medications that staff deem necessary to track for compliance and are self-administered must be tracked using the provided documentation. Staff may conduct medication counts at any time to ensure compliance with proper administration. Refusal of medication counts may result in a behavioral contract and/or termination from the house.

Changes to Medication

Residents must discuss any medication changes with staff and their prescriber in an open conversation before any changes are made. Staff and management must be promptly notified of any changes, whether they involve new or existing prescriptions. Changes should be implemented as directed and taken exactly as prescribed; failure to do so may be considered misuse. Non-compliance may result in disciplinary action, up to and including termination from the program.

Medication Sharing, Misuse and Drug-Seeking Behavior

Misuse of medication or engaging in drug-seeking behavior is strictly prohibited. Residents found misusing medications or engaging in drug-seeking behavior may receive a strict behavioral contract or termination from the program. **There is ABSOLUTELY no sharing of prescription medications between residents.**

Disposal of Medications

Any medications left behind by residents will be disposed of in a safe and appropriate manner to prevent diversion and environmental harm. Medications deemed no longer necessary by your prescriber must also be disposed of in a similar fashion. We recommend using the medication drop-off service at your local pharmacy; in our area, this is the local Walgreens.

Printed Name: _____ **Date:** ____/____/____

Signature: _____

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Please list all current prescriptions with an explanation of dosage and medical necessity

| Medication Type | Dose | Frequency of Use | Necessity (What is the medication for) |
|------------------------|-------------|-------------------------|---|
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Whatcom Sober Living Program Agreement

As a participant in the Recovery Living Program operated by Whatcom Sober Living and Contact Counseling Recovery Services, you are required to read and agree to the following terms. By signing below, you acknowledge that you have read, understood, and agreed to the terms of this agreement. Violations of this agreement will result in immediate discharge from the program, and depending on severity, may lead to a permanent ban from participation.

There is a Zero-Tolerance Policy for the following behaviors:

- **Substance Use and Illegal Activity:** The use, possession, distribution, or manufacturing of alcohol or drugs, either on or off the premises, is strictly prohibited. Any illegal activity will be reported to law enforcement. Distribution or selling of drugs to fellow program participants will result in a lifetime ban from the program.
- **Theft:** Taking food, supplies, or property belonging to other participants, the recovery house, or any outside businesses is strictly forbidden.
- **Property Damage:** Intentional destruction or damage to the property of the recovery house or fellow participants will not be tolerated and will likely result in law enforcement involvement.
- **Violence and Aggressive Behavior:** Any form of physical or verbal confrontation, including threats, violence, or aggressive behavior directed at fellow participants or staff members, is grounds for immediate removal from the program and may result in law enforcement involvement. Physical harm towards staff or participants will result in a lifetime ban from the program.
- **Sexual relations between program participants:** Our program enforces a strict zero-tolerance policy regarding sexual relationships between participants. This policy is in place to maintain a safe, professional, and supportive environment for all residents. Any form of sexual activity between program participants is strictly prohibited. Violating this policy may result in immediate discharge from the program.

If you are discharged, you will have 15 minutes to gather your items and leave, otherwise you may be removed by law enforcement. If you are discharged for any reason we will hold your belongings for 30 days and then dispose of them. You may be billed for disposal fees. Persons who are being discharged for relapse must have completed an inpatient treatment program or have a minimum of 30 days of abstinence as evidenced by weekly Urine Drug Screens, before being reconsidered for re-admission to the program.

I have read and agree with 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.

Printed Name: _____

Signature: _____

Date _____

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Whatcom Sober Living Program Agreement

Recovery Requirements: Participation in the Whatcom Sober 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 maintaining their recovery long-term. By initiating the following stipulations, I agree to be a responsible participant in creating a harmonious and supportive recovery environment.

| Requirement | Initials |
|---|----------|
| <i>I will attend 90 meetings in 90 days, after that a minimum of 4 per week if employed or in school, otherwise 7 per week (Online meetings are OK but at least 4 meetings per week must be in person) and obtain proof of attendance via signed meeting slip.</i> | |
| <i>I will attend at least one of the on-site 12-step meetings per week which may be counted towards the mandatory meeting quota.</i> | |
| <i>I will attend the weekly Sunday House Management Meetings and emergency house meetings when necessary. If I miss a house meeting for any reason, I must notify the appropriate staff for approval in advance. This meeting is mandatory.</i> | |
| <i>I will participate in Urine Drug Screens (UA). I will submit UAs within 1 hour of the request. A refusal to UA will be treated as a positive UA and result in expulsion from the program.</i> | |
| <i>In the first 30 days, I will obtain and maintain a relationship with a 12-step program sponsor and start working the 12-step with them. In the interim of finding a sponsor, I agree to read and work out of one of the 12-step-program books or literature. I will also seek a homegroup and service position in recovery within the first 30 days. If unable to obtain a position due to clean time, I will do service in appropriate ways for the 12-step community.</i> | |
| <i>I will enroll in an outpatient program immediately unless I have completed IOP and OP since last use and can provide completion of treatment. If coming from an Inpatient, IOP followed by OP is required. All participants should be appropriate for this level of care, or may not be suitable for this program. I will attend consistent mental health counseling if mental health concerns are present. I will also attend all medical appointments and follow doctor recommendations concerning medical care.</i> | |
| <i>I will facilitate open communication, through a Release of Information (ROI), among staff for any treatment, counseling, and medication prescriptions, as well as with my primary care physician.</i> | |
| <i>We strongly suggest not getting into a new romantic relationship while in early recovery. I understand that if a relationship becomes disruptive to others in the house or my recovery, it will be addressed by staff, on a case by case instance.</i> | |
| <i>I understand that I am a member of a recovery community, and on the principles of trust, honesty, and participation in a safe and clean environment, I will report any behavior or rule-breaking to house management and not participate in any collusion with other program participants.</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 also agree to follow the medication policy for Whatcom Sober Living</i> | |
| <i>I understand that if my behavior is not conducive to a recovery environment, or I have been violating rules, I may be asked to sign a separate behavior contract. If in the event that I decline, I may be asked to leave.</i> | |
| <i>I understand that there are to be no illegal activities whatsoever while in the program. This includes petty or major crimes (i.e. driving without a license or insurance, shoplifting, buying stolen goods, etc..)</i> | |
| <i>I will not engage in activities not conducive to my recovery, on or off Whatcom Sober Living premises.</i> | |

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Whatcom Sober Living Program Agreement

House Rules and Requirements: While these rules may seem overly stringent it is to ensure the living environment is peaceful and conflicts are avoided. These rules are subject to change and may be modified at any time per staff. Program participant safety and health are a top priority for all. By initialing below, I agree to these requirements.

| Requirements | Initials |
|---|----------|
| <i>For the first 30 days, I agree to adhere to a 10 PM curfew with no overnight privileges. After the initial 30 days, I may be granted overnight privileges for a maximum of two nights per week, and the curfew will be extended to 10:30 PM on weekdays and midnight on weekends and holidays. After six months of good standing and residency, I will be allowed up to three nights out per week. Nights out must be communicated no later than 6 PM on the day of the intended outing.</i> | |
| <i>I understand all guests must not 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 only allowed in common areas and not allowed in bedrooms, no intimate physical contact is allowed in the residence, parked cars, or any space on the property. I understand that there are no overnight guests permitted unless approved by staff. Guest visitation times are between 9 am and 9 pm.</i> | |
| <i>I will not engage in any sexual activities between housemates or with others on the property</i> | |
| <i>I understand that there is ABSOLUTELY no sharing of prescription medications between residents or guests. Doing so will result in immediate consequences.</i> | |
| <i>I understand that no debt shall be incurred between residents such as loans or sales. I also understand that there is no gambling, sports betting, or frequenting casinos allowed while in the housing program, this includes scratch or lottery tickets.</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 safely in the provided receptacles.</i> | |
| <i>I understand that no alteration, changes, improvements, repairs, or decorating of the residence or room I am assigned to, including but not limited to changing locks, moving furniture, painting, placing pins, nails, or tape on walls, or removing the property from the residence is permitted unless prior approval is given by staff.</i> | |
| <i>I will not change or switch to other bedrooms, beds, dressers, safes, cupboard spaces, or refrigerators without prior approval from staff.</i> | |
| <i>I understand that there are no TVs or large-screen devices allowed in my bedroom at any time. Reasonably sized tablets, laptops, and cellphone devices are allowed and must be used in moderation. I will not disturb others with these devices and agree to the use of headphones when appropriate and to foster anonymity</i> | |
| <i>I agree to have only 3 enclosed twenty-gallon totes or suitcases maximum of belongings in the storage space that is provided for me within my personal bedroom space (such as dressers, nightstands, and closet areas). This includes not storing extra items and belongings in common spaces. If I exceed this limit I may be asked to dispose of or donate the extra belongings by staff.</i> | |
| <i>I will not bring any large or bulky items to Whatcom Sober Living properties. I understand I am allowed to have one functioning bicycle or transportation device on the property and to store it in the space provided and nowhere else.</i> | |
| <i>I will keep my bed made unless I am using it. I will wash my bedding every week. I will keep my room clean at all times and deep clean my room weekly. I will keep all of my dirty clothes in a hamper. I WILL NOT EAT OR KEEP FOOD IN MY ROOM! I also understand that room checks are done randomly, and I will receive a fine should I not comply with room cleanliness guidelines.</i> | |

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House Rules and Requirements Continued.....

| Requirements | Initials |
|---|----------|
| <p><i>It is recommended that I should not bring valuable items to the property that can not be safely stored and I understand that should I choose to bring any such items to the property, Whatcom Sober Living is not responsible for any lost or stolen items.</i></p> | |
| <p>CLEANING: <i>I agree to do my part in keeping the residence clean and this includes weekly assigned chores and weekly assigned deep cleans. I also understand that this means deep cleaning my room and personal space weekly. I agree to participate in all ongoing and mandatory house chores and that I may incur a fine, behavioral contract, or termination from the program for non-compliance or non-completion of this program requirement.</i></p> | |
| <p>LAUNDRY: <i>I agree to have an enclosed laundry hamper in which I will keep dirty clothes and that I will maintain a consistent laundry schedule to ensure cleanliness and hygiene. I will also agree to adhere to the designated times for doing laundry in the house where I am living.</i></p> | |
| <p>PERSONAL HYGIENE: <i>I agree to maintain good hygiene, which includes showering daily, and changing my clothes daily. I will not wear work boots and or overly dirty shoes into the house in which I am residing. I also agree to respectfully remind others to maintain good hygiene if it is becoming problematic to me or others in the house.</i></p> | |
| <p>Quiet Time: <i>I agree that 9 pm to 9 am is a quiet time and that I should limit my activity to relaxing and reflecting. I will not play music or use any devices such as laptops, phones, or other electrical devices in my room that will be disturbing to my room or housemates. I agree to be respectful of others and keep from making excessive noise during this time.</i></p> | |
| <p><i>I agree to notify the House Manager immediately if I feel ill to assess whether I need to quarantine for my safety and the safety of others. I will follow all guidelines to prevent disease transmission, including wearing a mask at all times and frequently washing my hands, even if I am not infected with COVID-19. I understand that failure to comply with quarantine protocols may result in removal from the recovery residence. Additionally, during contagious disease outbreaks, no guests will be allowed on the property, except for transportation to and from the residence</i></p> | |
| <p><i>I agree to pay a fine, accept restriction of privileges, and enter into a behavioral contract if deemed necessary by staff for any violations of rules set forth by the Whatcom Sober Living Program. I also understand that should I decide not to do this it may result in my termination from the program.</i></p> | |
| <p><i>I agree to give notice of no less than 14 days to Whatcom Sober Living staff should I decide to leave the program. I understand not giving this notice will most likely result in not receiving any refunds on already paid program fees towards Whatcom Sober Living.</i></p> | |
| <p><i>I will pack and leave within 15 minutes if asked to, due to rule violations or disturbances.</i></p> | |

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Rights and Responsibilities

Rights

1. I have the right to live in an environment free of alcohol, other drugs, and illegal activity.
2. I have the right to live in a supportive environment where caring, compassion, kindness, and understanding are directed toward me throughout my stay.
3. I have the right to stay in this respectful, comfortable, safe, and welcoming environment, which is free of judgment, bigotry, racism, belittling, bullying, hostility, or hate.
4. I have the right to reside in an environment where recovery is the model for living.
5. I have the right to live in an orderly, sanitary, clean, and healthy environment; which also includes having fellow residents who maintain good hygiene.
6. I have the right to live in an environment where each and every resident I live with does their part to respect the above-listed rights of others and to meet their responsibilities.

Responsibilities

1. It is my responsibility to abstain from all mood, and mind-altering substances, and to not be involved in illegal activities while living in Sober Living.
2. It is my responsibility to treat others with kindness, compassion, and care. It is my responsibility to try and gain an understanding of the people I share the recovery journey with and to care about the path my fellow residents are on. It is my responsibility to always be respectful toward housemates and to refrain from judging, bullying, belittling or being hostile toward others.
3. It is my responsibility to do my best to work a program of recovery.
4. It is my responsibility to maintain good hygiene, keep my room clean and orderly at all times, complete all assigned chores, and keep all common areas clean to avoid infringing on the rights of housemates, as well as staff, administrators, or owners.
5. It is my responsibility to do my part in every area, to follow all rules, and to contribute to a functional home.

I have read the above recovery requirements, housing rules, and program requirements and initialed where indicated to and agree to full participation of these requirements should I be accepted into the program. I understand I will be given a copy of this agreement for reference if I choose to request one.

Printed Name: _____

Signature: _____

Date: _____

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LIABILITY WAIVER

I hereby understand and acknowledge that the program's wellness center access and equipment, trainings, programs, and events held by **Whatcom Sober Living** may expose me to inherent risks, including accidents, injury, illness, or even death.

I assume all risks 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 are known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activities. 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 residence will not be staffed during all hours. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and **Whatcom Sober Living** furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE, AND RELEASE **Whatcom Sober Living**, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands or claims of any kind arising out of my participation in **Whatcom Sober Living** trainings, 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 _____

DATE: _____

Staff Name (Print): _____

Staff Signature: _____

Date: _____

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Personal Questionnaire

Print legibly, fill out all sections completely, and circle all that apply.

Name _____

Clean Date: ___/___/_____

Drug(s)/Substance(s) of Choice: _____

Brief addiction history and timeline (For example when was onset of use, increase in use, first attempt at recovery, relapses, (if any), breakthroughs and achievements, etc.):

Program of choice: AA / NA / CA / Other: _____ Do you have a 12-Step Sponsor? Yes / No

Do you have a support network for your sobriety in Whatcom County or the surrounding area?
Please explain:

Have you ever lived in Sober Housing before? Yes / No

If so, explain where, when, and your experience while staying there. What did you like about it, what didn't you like about it, do you have any concerns about living in a sober living environment:

Have you ever been evicted from anywhere? Yes / No If yes, explain the circumstances:

On a scale of 1-10, 10 being excellent, please rate yourself in the following categories:

Personal hygiene: _____ Cleanliness: _____ Organization/Tidiness: _____

Do you have a vehicle? Yes / No

Do you need parking? Yes / No

If you have a vehicle, we will require records of your valid driver's license, vehicle registration, and insurance. You will not be permitted to bring your vehicle onto the property without these.

Vehicle Year, Make and Model: _____

Source of housing/program funding, if other than yourself (How do plan on paying for housing/programming fees?):

Do you have income for food or food stamps? Can you cook for yourself? Explain: _____

Do you have your own twin-size bedding and a laundry basket? Yes / No / Some, not all

List what items you need: _____

Whatcom Sober Living Application

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



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

Personal Questionnaire Continued.....

Holding others accountable for their actions in a sober living house is crucial for maintaining your own sobriety and the sobriety of the entire community. Addressing accountability issues can be challenging and uncomfortable, but it is a necessary part of our growth and recovery journey. Your courage in approaching these matters helps ensure the safety and well-being of everyone in the house, ultimately protecting your freedom and supporting your collective recovery. Remember, accountability is a fundamental aspect of our shared path to sobriety

How are you at holding others accountable?

If you are not able to approach others directly, are you willing to come to me privately If you observe these behaviors in the house?

Describe your social skills. _____

How are you at dealing with conflict? _____

Are you able to give and receive constructive criticism? _____

Is there anything that you need from us to help you transition into our program? Please Explain:

Is there anything else you would like to share with us that may be pertinent to your participation in our program?

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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 with all applicable state and local laws, rules, and regulations. Information may not be further disclosed without permission from the client and may not be used to criminally investigate or prosecute any substance misuse client.

Voluntary Authorization

I understand authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or obtain copies of the information to be used or disclosed, as provided in 45 CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. I understand the information in my health record may include information related to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), behavioral health or mental health services, or treatment for alcohol and drug abuse.

Revocation

I understand I have a right to revoke this authorization at any time by presenting a written revocation to the Medical Record Department. I understand the revocation will not apply to information already released in response to 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 (date): _____ To (date): _____

Disclose Information From:

Name/Agency: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Disclose Information To:

Name/Agency: Whatcom Sober Living & Contact Counseling Recovery Services Email: info@contactcounseling.com

Address: 316 E. McLeod Rd. Suite 102 City: Bellingham State: WA Zip: 98226

Phone 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 Medical Purposes Emergency Contacts 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 Medical History/Current Status Presence in Treatment Urine Analysis Results
 Laboratory Test Results Family History Legal Status
 Employment Information Psychiatric History & Assessment
 Medical Progress Notes & Assessments Discharge Summary/Aftercare Recommendations
 Medications Other: _____

Print Name: _____

Date of Birth: _____

Signature: _____

Date: _____