**Empowered Recovery Solutions**

**Life After Men's Sober Home**

**12714 Fremont Ave**

**Zimmerman, MN 55398**

**Application for Admission**

**Resident Information**

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age:** \_\_\_\_\_\_\_\_\_**SSN#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Marital Status:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:** \_\_\_\_**Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If applicable, name of the treatment center, institution, or facility released from:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A release of information with the above facility must be signed by you, has this been completed?** Yes / No

**Personal Information**

**Emergency Contact Information**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:** \_\_\_\_\_**Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment and Financial Information**

**Current Employment Status:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Income:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you capable of paying rent?** Yes / No

**How will the rent be paid?** Self / Assistance Program/Family or Friend

**Currently employed?** Yes / No **Capable of working/volunteering?** Yes / No

**Insurance Information**

**Provider Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Policy Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**

**Relevant Medical Conditions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment History:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chemical Use History / Legal Involvement**

**Sober Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_**Drug of Choice?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can you pass a drug test today?** Yes / No

**List types of drugs used/abused in the past 12 months:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lifetime Number of DWIs:** \_\_\_\_\_\_**Lifetime number of possession charges:** \_\_\_\_\_

**Lifetime number of assaults:** \_\_\_\_\_\_\_

**Have you ever been charged with a sex crime?** Yes / No

**If yes, what crime and when?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been convicted of arson?** Yes / No

**If yes, what crime and when?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check one:** None / Probation / Parole / Pre-Trial

**State & County:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parole/Probation Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parole or Probation Agent Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical & Mental Health**

**Are you under a physician's care?** Yes / No **Doctor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Under Care of?** Psychologist / Psychiatrist / Therapist

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psychiatric diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Lodging Agreement**

Please initial each line to confirm your understanding and agreement:

* \_\_\_\_\_\_ I have a clear understanding of all expectations outlined in the lodging agreement.
* \_\_\_\_\_\_ I agree to actively work with a sponsor on a weekly basis.
* \_\_\_\_\_\_ I will attend a minimum of three published 12-step meetings per week and provide signature cards.
* \_\_\_\_\_\_ I will not enter establishments that predominantly serve alcohol.
* \_\_\_\_\_\_ I will not enter casinos or gambling establishments without prior written consent.
* \_\_\_\_\_\_ I will not gamble online, in establishments, with lottery tickets, at private parties, or in the home.
* \_\_\_\_\_\_ I will abide by all house policies outlined in the lodging agreement which I have signed.
* \_\_\_\_\_\_ I will not use drugs, alcohol, or any other mind-altering substances.
* \_\_\_\_\_\_ I will attend the mandatory weekly house meeting.
* \_\_\_\_\_\_ I will complete all household chores assigned each week by the resident assistant.
* \_\_\_\_\_\_ I will only smoke in the single outdoor designated smoking area.
* \_\_\_\_\_\_ I understand any personal property left at the home after I vacate will be disposed of or donated.
* \_\_\_\_\_\_ I understand that Empowered Recovery Solutions is not liable for loss or theft of my personal property.
* \_\_\_\_\_\_ I will treat everyone in the facility, neighbors, and staff with courtesy and respect.
* \_\_\_\_\_\_ I will be law-abiding and may be discharged for any legal violation.
* \_\_\_\_\_\_ I understand only family members, PO's, caseworkers, and same-sex sponsors are permitted on site, for a max of 2 hours.

**Additional Participant Policies**

The undersigned understands and acknowledges that the facility is an alcohol and drug-free property managed by Empowered Recovery Solutions. The undersigned resides as a participant sharing facility space and not as a tenant with exclusive rights to any space. Additionally, the participant waives any landlord/tenant rights as outlined under Minnesota Chapters 504B.0001 - 5048.471 and may be discharged at any time for violation of this agreement. The undersigned is responsible for all residential fees during participation and agrees to abide by the policies and rules set by Empowered Recovery Solutions.

By signing, you agree that all information provided is true and accurate to the best of your knowledge. You also agree that you have a clear understanding of each initial box above.

* **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Programming Lodging Agreement**

1. **Program Fee:** The program fee is 700.00 per month, a late fee of $5 per day accrues after the 10th.. Refunds are provided on a pro-rated basis for emergency moves. Non-payment or policy violation may result in immediate discharge and forfeiture of fees.
2. **Standard Curfew:** Participants must return by 11:00 p.m. Sunday-Thursday and midnight Friday-Saturday. Specific permission is required for exceptions.
3. **New Arrival Curfew:** New participants must return by 9:30 p.m. daily for the first 30 days.
4. **Medication:** Facilities do not dispense medication. Mood-altering medications are prohibited unless prescribed by a doctor and taken as prescribed. Medication abuse will lead to termination.
5. **Drug and Alcohol Use:** The house is strictly drug and alcohol-free. Violation results in immediate restructure of the program and or discharge. Reporting suspicions to the resident assistant is expected.
6. **House Liability:** Empowered Recovery Solutions is not liable for personal property during or after discharge. Property is disposed of after 60 days.
7. **Payment Plans:** Payment plans will be arranged for those $200 or more in arrears. Adherence is mandatory.
8. **No Loud Music:** Only headphones are allowed. Excessive noise is not tolerated.
9. **Property Modifications:** No modifications without director's permission.
10. **Visitation:** Only same-sex sponsors, family members (max 2 hour), and supervised children (max 6 hours) are allowed.
11. **Intimidation and Violence:** Any hint of intimidation or violence results in immediate termination.
12. **No Smoking:** Smoking in designated areas only.
13. **No Sexual Activity:** Not on the property.
14. **Housekeeping:** Participants must keep all areas clean and complete assigned chores.
15. **Excessive Utilities:** Abuse of utilities is not allowed. Turn off unused lights.
16. **Out of Bounds:** Do not enter another's room without permission.
17. **No Food Areas:** Food is only allowed in designated areas.
18. **Passes:** Five passes per month are allowed, subject to performance and approval.
19. **Work:** Participants must volunteer, attend treatment, attend school, or work at least 20 hours per week.
20. **Sleeping:** Participants must be awake, dressed, and have areas cleaned by 9:00 a.m. on weekdays. No sleeping in the living room.
21. **House Activities:** Participants must participate in house activities, including recovery meetings, skills group, and weekly housekeeping duties. Additional activities may be assigned if the house becomes unsanitary.
22. **Mandatory House Meeting Attendance:** Participants must attend weekly house meetings unless prior arrangement with staff has been made. If unable to attend, participants must leave their AA/NA meeting attendance card at the house, be current on rent, and call to check in with the housing coordinator within 24 hours.
23. **Sober Support Meeting Attendance:** Participants must attend three outside published 12-step meetings per week. Meeting attendance slips must be turned in to the resident assistant before weekly house meetings.
24. **Loitering:** Loitering in cars by visitors and/or residents outside the facility is prohibited and could result in discharge.
25. **Sponsorship:** Participants are required to obtain a 12-step sponsor within the AA, NA, SMART Recovery and/or faith-based recovery community.

By signing, you agree that all the information provided is true and accurate to the best of your knowledge. In Addition, you agree you understand and will abide by all program lodging policies and may be subject to program discharge for violation of any program policies.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bill of rights. An individual living in a sober home has the right to:**

(1) have access to an environment that supports recovery; Empowered Recovery Solutions LLC 12714 Fremont Ave Zimmerman, MN 56357

(2) have access to an environment that is safe and free from alcohol and other illicit drugs or substances.

(3) be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act, sections 626.557 to 626.5572.

(4) be treated with dignity and respect and to have personal property treated with respect; (5) have personal, financial, and medical information kept private and to be advised of the sober home policies and procedures regarding disclosure of such information.

(6) access, while living in the residence, to other community-based support services as needed.

(7) be referred to appropriate services upon leaving the residence, if necessary.

(8) retain personal property that does not jeopardize safety or health.

(9) assert these rights personally or have them asserted by the individual's representative or by anyone on behalf of the individual without retaliation.

(10) be provided with the name, address, and telephone number of the ombudsman for mental health, substance use disorder, and developmental disabilities and information about the right to file a complaint.

(11) be fully informed of these rights and responsibilities, as well as programming policies and procedures.

(12) not be required to perform services for the residence that are not included in the usual expectations for all residents.

(13) Client belongings with be kept for 60 days. (Clients must make an appointment to get their items and will be required to fill out an inventory sheet prior to leaving the house). Private right of action. In addition to pursuing other remedies, an individual may bring an action to recover damages caused by a violation of this section. Please type or print the following:

I HAVE READ AND UNDERSTAND HOUSE POLICIES AND PROGRAM AGREEMENT:

By signing or typing your full name below and the last four digits of your Social Security Number, you agree that all the information provided is true and accurate to the best of your knowledge. In Addition, you agree you understand and will abide by all program policies and may be subject to program discharge for violation of any program policies.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form may be: completed and emailed back to info@empowered-recovery-solutions.org