

WELCOME! We are happy that you are considering coming to the Unity Houses for services and to help you overcome your struggles. "We are asking you to honestly take a look at your neighborhood and the impact this environment has had with your struggles. We also ask you to think about your neighborhood as your mind and how your current thinking has affected your situation". Mike Tyson. We want to do everything we can to help you get yourself established and out of your current situation. Please keep in mind that you must take the initiative to work hard to help yourself. Only you can make this happen. We want to help you become successful not only in sobriety but also in life!!!!!

This packet is a guide of expectations and boundaries that we believe will help you learn how to live a sober and fruitful life in Recovery! Upon completion of the commitment in the house AND successful completion of the treatment program some expectations and boundaries may be looked at on an individual basis. The Unity Houses are not a Therapeutic Community or an Adult HalfWay House. The Unity Houses are a sober living environment that creates an environment where you will develop long lasting relationships with peers who are learning how to live within a new lifestyle. You are responsible to provide any of your personal belongings, toiletries, food and laundry soap. We provide utilities, internet, phone, TV, refrigerators, stoves, microwaves and laundry washers and dryers. We also provide bedding and towels, but you are welcome to bring your own if you wish. The beds are twin sizes.

We have an agreement with the local YMCA and the YMCA pass is available to all Unity House clients. We also have an agreement with a local Chiropractor and a \$5 monthly session is available to all Unity House clients.

** CR-Celebrate Recovery, AA-Alcoholics Anonymous, NA-Narcotics Anonymous, CMA-Crystal Meth Anonymous** RECOVERY PROGRAM:

I agree to attend 30 CR/AA/NA/CMA meetings the first 30 days in the Unity House and obtain a CR/AA/NA/CMA sponsor in **HASTINGS**. I will see my sponsor weekly. I will provide a signature card for all CR/AA/NA/CMA meetings attended. After the first month, I agree to attend a minimum of 3 CR/AA/NA/CMA meetings per week. In order for me to continue to sustain a positive attitude during the job searching process I will attend weekly individual sessions until I secure full-time employment.

COUNSELING/TREATMENT:

I will comply with a treatment/recovery program that was determined by one of the counselors at Revive prior to coming to the Unity Houses. This program will be developed in consultation with probation/parole and primary treatment counselors. Your program may be longer than six months depending on the recommendations from your probation/parole and primary treatment counselors. I understand unexcused absences from groups and/or individuals may result in consequences and will be dealt with on an individual basis. I understand that I must meet with the Community Educator once a week for Life Skills. I may be required to continue the Life Skills program if my counselor feels I am struggling with normal life skills. We provide traditional treatment programs and a free Christian 12-Step study.

RELATIONSHIPS

There will be NO relationships for the first 90 days. The more you can deal with emotional problems before you begin a relationship, the happier, more God-honoring, and more fulfilling your future is going to be.

Start with yourself. Don't date unless your own emotional hurts are healed – or at least in the healing process. Do you struggle with bitterness or anger problems? Work through those before you start dating. Get rid of your own emotional baggage. If I'm in a relationship, I may be asked to take a break from this relationship and only have contact scheduled with a contract developed with you, staff and your loved one.

I will work honestly with my counselor on any relationship I may be involved in. We encourage all of our clients to focus on their recovery prior to becoming involved in any relationship whether physical or emotionally.

DRUG/ALCOHOL SCREENING:

I understand alcohol or other drug use or my possession of alcohol/drugs or mood altering substances of any kind are not acceptable for any resident of the Unity Houses. I understand if I'm aware of another resident's alcohol/drug or mood altering substances use I must tell this information to the House Manager. If I know and don't say anything, I'm just as guilty because **RECOVERY** is about learning how to be honest with staff and others. Plus, you may be saving a life, if you suspect someone is using/drinking. I understand I'm required to submit to a drug or alcohol screening upon request. If I refuse to submit it will be considered a positive result and I will be asked to vacate the premises immediately.

MEDICATIONS:

I understand if I'm taking prescribed medications I'm required to take them **as prescribed.** Any misuse of my prescriptions may result in a consequence. All approved medications must be stored in my lock box. Medications that are **unacceptable** in the Unity House are: Opiates, Barbiturates, Sed/Hyp/Tranq (Benzos) Methadone, Adderall,

Suboxon and any over the counter or prescribed medication that will allow me to fail a urine 6- panel dip test.

FEES:

I will make a **MINIMUM** of a six month commitment to the Unity House and a commitment to successfully complete treatment programs in order to complete the housing program and vis-verses. Rent is \$375 per month. I understand that I'm required to pay the prorated amount for the month upon admission. I understand that I'm required to have weekly one-on-one counseling sessions, at the recommendation of my counselor, and I understand I will be charged an additional \$50 per session. \$25 of my rent per month will be returned to me after I have completed my commitment to the Unity Houses, I have completed my treatment program at Revive and I have complied with all exit procedures.

BUDGET/FINANCES:

Any rent I have paid will not be returned upon me leaving the Unity House. I understand I'm required to be responsible with my finances and pay all bills on time. I may be asked to provide proof of my income with my most recent paystubs anytime while I'm living in the Unity Houses. Rent is to be paid by the 5th of each month. Being late on rent may result in my loss of either/or overnight passes, cell phone privileges, an early curfew or a late fee charge of \$25. In order to maintain my Unity House privileges, treatment payments must be kept current at Revive. Not paying my rent may result in a consequence up to and including dismissal from the Unity Houses. I understand loaning money to other residents is not allowed.

CURFEW:

When I enter the Unity House curfew will be 10 pm every night. When I obtain full-time employment, a CR/AA/NA/CMA sponsor and if I have no Unity House violations, my curfew will be moved to 10pm Sunday-Thursday and 11pm on Friday and Saturday nights.

GUESTS:

I understand I must have a visitors list pre-approved by Revive. My visitors list will include sponsors, probation/parole officers, law enforcement and family. **Approved** and **Invited** guests are allowed Saturday <u>OR</u> Sunday afternoon from 1:00 pm to 5:00 pm and must be accompanied by the resident. Guests are allowed **ONLY** in the common area on the main floor. Family visitation is also allowed after a unanimous vote at the weekly house meeting.

EVICTION:

I understand if I'm asked to leave the Unity House because of a Unity House violation I must do so within 1hour. If I'm asked to leave the Unity House my personal items will be boxed up and stored. I understand I will have 72 hours to contact the Unity House

Manager and make arrangements to get my personal belongings. I understand if my items are not picked up within 7 days they will be given to a charitable organization. I understand leaving the Unity House without proper notice; I will lose the remainder of the month's rent. If I'm evicted from the Unity House, I must maintain daily contact with the Unity House Manager and I must make an appointment with the Unity House Manager to attend a Unity House meeting. During this Unity House meeting, consequences and a plan will be written for me to reenter the Unity House if the Unity House residents agree to allow me to reenter. If the Unity House residents agree for me NOT to reenter, I will NOT be allowed to reenter the Unity House. If I'm evicted from the Unity House a second time, I will NOT be allowed to reenter the Unity House unless I graduate from an inpatient program.

EMPLOYMENT:

I understand I must become employed full-time 40 hours per week within the first two weeks of moving into the Unity Houses. I understand I must be off work by 11:00pm and may not work overnights. Until full-time employment is obtained I will check into Revive's office at 835 South Burlington, Ste. 115 no earlier than 8:00 AM or no later than 8:30 AM Monday – Friday. After two weeks, if I don't have full-time employment I will complete five applications per day and four hours per day of service to the community. I will provide proof of these requirements on the forms provided. I understand that if I don't accomplish these requirements, consequences will be put in place immediately. If I work part-time I will continue to check into the office.

HOUSE MEETING:

I will attend the mandatory weekly Unity House meeting. This meeting will take place at a time designated by the Unity House residents and Unity House Manager.

LEGAL VIOLATIONS:

I understand I must comply with all orders of probation, parole and drug court. If I'm involved in a law violation, while living in the Unity House, I must report the violation immediately to my Counselor.

OVERNIGHT PASSES:

I understand the first 30 days I'm **not** allowed to leave the city limits of Hastings unless I have approval from my Unity House Manager. After the first 30 days, and if my rent and treatment bills are current I may request, **in writing**, an overnight pass to visit my family or my selected friends. Overnight passes may be granted by the group at the weekly Unity House meeting. My request for an overnight pass must be submitted at least **48 hours** in advance of the weekly Unity House meeting and must comply with any travel restrictions or requirements by my probation or parole officer. Approval of this pass depends on the other residents believing this visit is supportive of my recovery and a relapse prevention plan for the trip has been submitted to the group. Travel passes for court appearances are a separate issue and will be dealt with on an individual basis but

must also be requested in advance and a travel plan approved by my Unity House peers. These are the steps to request a pass. 1. Fill out the pass, bring it into office and the office staff will sign for verification that my payments are current. 2. Present to Unity House manager 48 hours prior to the weekly Unity House meeting. 3. Unity House manager presents the pass to the group at the Unity Houses weekly meeting and all resident's vote on approval and if approved will all sign. 4. Bring pass into the office and the Director signs if he approves. 5. If a pass is approved a copy will be given to the resident. If I'm leaving Hastings for any reason, I must contact Revive's office 24 hours in advance. This includes Day trips.

HOUSE CHORES/RESPONSIBILITIES:

I understand I'm required to participate in keeping my Unity House clean, sanitary and organized. Unity House chores will be assigned at the weekly house meeting.

PERSONAL HYGIENE:

Personal Hygiene is very important. I understand I must Shower with soap daily while at the Unity House. I also must have clean clothes every day. I must clean my room and do my chores every day. I must also wash my laundry and bedding at least once per week. **SPECIAL CONTRACTS:**

My violation of Unity House Expectations and Boundaries may result in me being placed on a special contract at the weekly house meeting.

PERSONAL SPACE:

I understand my room is considered my personal space; other residents are not to be in another resident's room without the resident of that room present. Residents are also not to be in a Unity House that they are not a resident of unless a resident of that Unity House is present and has invited them to visit.

AUTOMOBILES:

I understand I'm allowed one automobile. My vehicle must be operable, insured, tags must be current and the resident must have a valid driver's license. We require copies of all the above to be put in my file. Vehicles must be parked in designated areas only. Auto repairs are not allowed on the premises.

PHONE CALLS:

I understand a house phone is provided. I understand having a phone is a privilege.

PORNOGRAPHIC MATERIALS:

I understand pornographic material is not allowed in the Unity House or on computers and cell phones on the property. I understand I may be asked to remove other questionable material at the discretion of the organization.

POSSESSION OF WEAPONS:

I understand weapons of any kind are not allowed on the premises.

SMOKING:

I understand tobacco use is allowed outside the Unity House only (this includes chewing tobacco & electronic cigarettes). Burning candles, incense, or any other material in the Unity House is a safety issue and is not allowed.

THREATENING/AGGRESSIVE OR VIOLENT BEHAVIOR:

I understand threatening, aggressive, or violent behavior WILL NOT BE TOLERATED.

GAMBLING/LOCATIONS WHO DISTRIBUTE ALCOHOL:

I understand gambling of any kind is not allowed. This includes but isn't limited to scratch tickets, Keno, skilled games/Bank Shot, Casinos. I also understand that I may not go to a bar for any reason including to eat.

EXIT PROCEDURES:

I understand I must provide written notice of leaving to the Unity House manager at least 30 days in advance of my departure. I also understand that I must meet with the Office Manager to complete exit paperwork and present a forwarding address. Prior to leaving the Unity House my room must be cleaned, my bedding or my Unity House belongings must be washed, and my Unity House key must be checked in with the house manager.

REVISED 01-08-2024

Hastings Unity Houses **Application for Membership** Are you currently on the Sex Offender Registry? Yes____ No____ Those who are on the sex offender registry will NOT be accepted due to liability insurance restrictions. NAME______GENDER_____ SOC. SEC #_____DATE OF BIRTH_____AGE_____ PRESENT ADDRESS CITY_____STATE____ZIP____MILITARY SERVICE Yes No HOME PHONE_____CELL____WORK_____ CONTACT NUMBER, (a number that we can call to get in touch with you today)._____ DATE OF YOUR LAST USE OF ALCOHOL OR OTHER DRUGS? WHAT IS YOUR DRUG OF CHOICE?

** CR-Celebrate Recovery, AA-Alcoholics Anonymous, NA-Narcotics Anonymous, CMA-Crystal Meth Anonymous**			
NUMBER OF CR/AA/NA/CMA MEETINGS ATTENDED IN THE PAST MONTH?			
HAVE YOU COMPLETED TREATMENT FOR ALCOHOL/DRUGS? Yes No			
IF SO, WHERE?WHEN			
WHO IS/WAS YOUR MOST RESENT COUNSELOR IN TREATMENT?			
MAY WE CONTACT THEM REGARDING YOUR APPLICATION? Yes No			
ARE YOU EMPLOYED? Yes No IF SO, WHERE?			
IF YOU ARE NOT EMPLOYED WHAT ARE YOUR PLANS TO GET A JOB?			
MARITAL STATUSDO YOU HAVE A MEDICAL DOCTOR? Yes No			
IF SO, WHO?ARE YOU TAKING ANY PRESCRIPTION			
MEDICATIONS?IF SO, WHAT?			

WHAT CONDITION ARE YOU TAKING THE MEDICATION FOR?			
ARE YOU WILLING TO COMPLY WITH THE EXPECTATIONS OR BOUNDARIES? Yes No			
ARE YOU WILLING TO MAKE A SIX MONTH OR LONGER COMMITMENT TO THE HOUSE? Yes No			
WHAT DATE WOULD YOU BE AVAILABLE TO MOVE IN?			
ARE YOU CURRENTLY ON PROBATION OR PAROLE? Yes No			
IF YES, WHO IS YOU PROB/PAROLE OFFICER?PHONEPHONE			
IF ON PAROLE WHEN IS YOUR ENDING PAROLE DATE?			
MAY WE CONTACT THEM REGARDING YOUR APPLICATION? Yes No			
DO YOU CURRENTLY HAVE ANY LEGAL ISSUES/CHARGES? Yes No			

ARE YOU UNDER A MENTAL HEALTH BOARD COMMITMENT? Yes No

COUNT	IF SO, IN WHAT	
	EMERGENCY CONTACT PERSO	
	RELATIONSHIP	
ADDRESS:		ZIP
HOME	PHONE # CELLWOR	K
	EMERGENCY CONTACT PERSO #2	
	RELATIONSHIP	
ADDRESS:		ZIP
HOME	PHONE # CELLWOR	к

I have answered the questions honestly on this application. <u>I have also read the house</u> <u>expectations and boundaries and I understand that violation of the house expectations and</u> <u>boundaries could result in my expulsion from the house</u>. I understand that the house for which I am applying for residency has been established in compliance with the Federal Anti-Drug Abuse Act which (A) Prohibits all residents from using any alcohol or illegal drugs, (B) Must expel any resident who violates such prohibition. In accepting these terms, I understand I am excluding myself from the normal due process afforded by local landlord-tenant laws.

I understand that my alcohol/drug testing will be sent in to Precision Toxicology. It will then be billed to insurance and if insurance doesn't pay for these services, I may be billed.

ADDITIONAL INFORMATION:

I have read all the material on this application form and would like to apply for residency in the Unity House. <u>I agree to follow all the rules and conditions as outlined.</u>

Signature of Applicant

Date

___Approved___Not Approved Sign counselor____

Signature of interviewing

Date_____

REVISED 02/15/2024