

Hastings Nebraska  
**Unity Houses**



MEN'S RESIDENCE



WOMEN'S RESIDENCE

**Providing a safe and affordable living environment  
for adults recovering from addiction.**

**For admission information contact:**

**Horizon Recovery & Counseling  
835 South Burlington Ave  
Suite 115  
Hastings, Ne 68901**

**Phone 402-462-2066  
Fax: 402-462-2045**

**Hastings Unity Houses**  
**Sober Living Environment Expectations & Boundaries:**

**WELCOME!** We are happy that you are considering to come 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 Half Way 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 a monthly \$5 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 Horizon Recovery & Counseling Center 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 group 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 OR SEXUAL ACTIVITIES:**

**I will not have contact of any kind with the opposite sex or same sex, in a relationship, sexual or romantic while living in the Unity Houses unless other arrangements are made in writing and approved by the Director. Upon completion of the commitment AND successful completion of the treatment program contact will be looked at on an individual basis. If I fail to follow these expectations or boundaries this may result in my eviction from The Unity Houses program.**

**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. Failure to do so **WILL** result in **MY** eviction from the house. 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 dismissal from the Unity House. 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, and 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. I understand that I'm required to pay the first month's rent of \$325 and the first month's treatment cost 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 \$25 per session. I understand I will pay \$5 per week for Unity House dues. These dues purchase paper products and cleaning supplies. \$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 Horizon Recovery & Counseling Center and I have complied with all exit procedures.

## **BUDGET/FINANCES:**

I understand prior to entering the Unity House I must pay the first month's rent in advance, \$325. 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 5<sup>th</sup> 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 Horizon Recovery & Counseling Center. Not paying my rent may result in my dismissal from the house. 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 11pm Sunday-Thursday and 1am on Friday and Saturday nights. This change in curfew must be an unanimous vote by all residents at the weekly Unity House meeting

## **GUESTS:**

I understand I must have a visitors list pre-approved by the Unity House Manager. My visitors list will include sponsors, probation/parole officers, law enforcement and family. **Approved and Invited** guests are allowed Saturday **OR** Sunday afternoon from 1:00 pm to 5:00 pm and, must be accompanied by the resident. Guest 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 5 minutes. 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 arrangement 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 will come into the Horizon Recovery and Counseling Center's office at 835 South Burlington, Ste. 115 no earlier than 8:00 AM or no later than 8:30 AM Monday – Friday to check in until I'm employed full-time. I understand I'm required to obtain full-time day employment or a school/work equivalent to full-time employment (**40 HOURS PER WEEK**) within my first two weeks. If I don't obtain full-time employment, (**40 HOURS PER WEEK**) I will be required to volunteer for the balance of hours to equal 20 hours per week in the community as approved by the Unity House Manager. I understand that if I am working part time I may be required to show proof of my work schedule. I also understand I must complete 5 applications per day until fulltime employment is obtained. I understand until I find full-time employment I will come into the Horizon Recovery and Counseling Center's office at 835 South Burlington, Ste. 115 no earlier than 8:00 AM or no later than 8:30 AM Monday – Friday and provide my job search form and my community service form for inspection. I understand that if I don't accomplish these requirements, consequences will be put in place immediately.

## **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 pass, bring into office and office staff will sign for verification that my payments are current. 2. Present to Unity House manger 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 pass is approved a copy will be given to the resident.

#### **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:**

Keeping the Unity House clean and tidy is one of my responsibilities. This includes keeping my dishes, laundry, and etc. done, my personal room clean and organized and my bed made appropriately. I also understand that the Unity House peers are responsible for lawn mowing, snow removal and purchasing ice melt. I understand The Unity House peers are responsible for any expenses that occur for these tasks

#### **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. **Space heaters are not allowed.** We will allow electric mattress pads or electric blankets.

#### **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 phone is provided. I understand I'm allowed to have a personal cell phone as long as I remain current with my rent and treatment financial obligations and I'm complying with other Expectations & Boundaries.

#### **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.

#### **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 an evaluation of the program 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 10-27-20

# 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 STATUS \_\_\_\_\_ DO 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 YOUR PROB/PAROLE OFFICER? \_\_\_\_\_ PHONE \_\_\_\_\_

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

IF SO, IN WHAT COUNTY? \_\_\_\_\_

EMERGENCY CONTACT PERSON #1 \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMERGENCY CONTACT PERSON #2 \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

I have answered the questions honestly on this application. I have also read the house expectations and boundaries and I understand that violation of the house expectations and boundaries could result in my expulsion from the house. 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. I agree to follow all the rules and conditions as outlined.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_Approved\_\_\_ Not Approved Signature of interviewing counselor \_\_\_\_\_

Date \_\_\_\_\_

**REVISED 4-11-17**