

# Recovery Housing Program Agreement

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I have made the personal choice to live in a Recovery Residence provided by the Hancock County Alcohol, Drug Addiction, and Mental Health Services Board. I am seeking this type of housing so I may become a sober, productive member of the community. I understand that this housing is designed to promote and support healthy recovery, therefore:

- a.** I understand that living in a Recovery Residence provides me with a safe, sober home environment, free from drugs and alcohol. I also understand that I will be provided with recovery supports and guidance that may come from peers and treatment providers.
  - 1.** Positive social interaction, opportunities for meaningful activities, and assistance in locating and securing employment opportunities will also be provided so I can create a positive recovery lifestyle.
  - 2.** I understand that there are many pathways to recovery and that I will receive support in the pathway of my choosing, as long as it is positive and supports a transition to long-term recovery.
  - 3.** I understand that by choosing to live in a Recovery Residence as part of my pathway to recovery, I am obligated to uphold this Recovery Housing Program Agreement. This includes paying a regular program fee, actively engaging recovery supports, and striving for overall health and wellness.
- b.** I understand that because this is a Program, I have no rights of residency or occupancy. My written Program Agreement will serve as my housing agreement.
- c.** I understand that the Hancock County ADAMHS Board and Focus on Friends will not discriminate against me because of race, color, religion, sex, creed, age, ancestry, national origin, disability, sexual orientation, military status, or genetic information.
- d.** I understand that Program fee payments are due on or before the 1<sup>st</sup> of each month to the ADAMHS Board, or on the first day of the following week should the 1<sup>st</sup> of the month fall on a weekend.
  - 1.** If it is part of my Program agreement to pay on a weekly basis, I understand that payment is due on the first day of each week I live in the Recovery Residence.
  - 2.** I understand that I will be required to keep a record of what I earn, as I will be asked to show proof of income.
  - 3.** I understand that failure to pay may be cause for termination from the program. I understand that if I am unable to pay, I must discuss with the Resident Manager and the Recovery Support Supervisor at least one week in advance.

- i. I understand that for the first month of my residency, I may be given a payment grace period in the event that I enter the Recovery Residence and I am unable to pay the Program fee. I understand that this grace period will last no longer than the first month of my residency in the house and that upon securing income, I will be expected pay the first month's fee in installments until it is paid in full. I understand that this repayment is crucial so that just as I have been given this opportunity, someone else may have this opportunity in the future.
- 4. I understand that there will be no refund made for Program fees under any circumstances. My monthly fees are as follows: \$95.00 per week or \$380.00 per month. I understand that there is a \$50.00 late fee on late Program fees.
- 5. If my program fee is 48 hours late with no communication, or I have not been heard from, I understand that I may be immediately terminated from the Program.
- e. All residents must be employed, unless they are in school or have other extenuating circumstances that have been discussed with the Resident Manager and the Recovery Support Supervisor in advance.
  - 1. I understand that I will be asked for verification of my employment, schooling, or other extenuating circumstances and that this verification will be clearly explained to me so I understand what I need to provide.
- f. I will maintain a legal, drug-free lifestyle and will comply with my personal plan of recovery. If there is concern that I am not maintaining a legal drug-free lifestyle, I understand that my residency is subject to review and law enforcement may be involved, if necessary.
- g. I understand that I must be actively participating in my own recovery. This means that I will be involved in one-on-one relationship with a Recovery Guide, Peer Support Services, or other verifiable one-on-one relationship such as a sponsor, clergy member, etc. that is supportive to my recovery. I understand that I will be asked for verification of my participation in these services.
- h. I understand that I will be allowed to reside in this house as long as I choose to, so that I may achieve and maintain recovery goals that I have set for myself while upholding the recovery plan I have created.
- i. I understand that detoxification, residential treatment, and outpatient treatment services will not be conducted in the Recovery Residence at any time.
- j. I understand that I will be required to submit to random drug testing as requested by the Resident Manager, Focus on Friends Staff, or ADAMHS Board Staff. I also understand that any refusal to do so will be interpreted as an admission of guilt and/or relapse, and treated as such. I have been informed that drug testing will be performed at my expense.

- k.** I will not bring any alcoholic beverages, illegal drugs or controlled substances onto the premises, nor will I have them in my possession while I am off the premises. I will not use alcohol or illegal drugs on or off the premises during my residency.
- l.** I understand that if I have any guests over to the house, I am responsible for their conduct and state of mind as I am responsible for my own. This means that I will not invite or allow my guests to be using drugs or alcohol on the premises, and if I have knowledge that they have been using drugs or alcohol prior to visiting the premises, I will choose not to invite them over or ask them to leave.
- m.** I understand that former Residents are not allowed in the Recovery Residence unless the Resident Manager approves and is present.
- n.** I understand that staff reserves the right to inspect and/or search my room and belongings for cleanliness and/or contraband at any time without notice to maintain the health and safety of myself and others living in the residence. I understand that staff and the ADAMHS Board have a key to my room and I will permit them access if they request it.
- o.** I understand that I have full responsibility for my medication while living in this Recovery Residence. All prescription medications are to be registered with the Resident Manager. I have been informed that the Resident Manager is in no way responsible for dispensing my medication, whether prescribed or over-the-counter. I understand that I will manage all of my medication and this may be subject to oversight by the resident manager.
- p.** I understand that no adults, other than house residents, will be allowed in the upstairs/sleeping room areas of the house. I also understand that if I break this rule, my residency will be reviewed and this may be grounds for termination.
- q.** I understand that if I am leaving for any reason on an overnight stay, I must communicate this to the Resident Manager and the Recovery Support Supervisor prior to leaving the property. I understand that curfew is 10:00pm and may be only modified with permission by my Resident Manager. I understand that any violation of this rule may result in termination from the Program unless reasons are verifiable – such as through employer or staff on a case-by-case basis.
- r.** I understand that Absences Without Leave (AWOL) may result in my removal from the Program. In the event that I leave the Program without notice, I understand that the Resident Manager will contact me within 48 hours to determine that I have indeed left the program. I also understand that my belongings will only be held for 15 days, and will then be disposed of at the staff's discretion.
- s.** I will attend weekly house meetings. I understand that these meetings are mandatory and that my attendance at these meetings is crucial for the Residence to function.

- t. I will respect health and safety standards and be considerate of the rights of others. I agree to uphold the following expectations:
1. I agree to maintain good personal hygiene which includes regular showers, daily brushing of teeth, and wearing clean, appropriate clothing at all times. If I have questions about what is considered appropriate, I will consult the Resident Handbook I was given upon move-in. I will wash my clothes and bedding regularly.
  2. I will be responsible for the clean and orderly maintenance of my room, and will participate in daily chores as assigned to ensure the general care and orderliness of the common space. I will not hang anything on lamps, doors, doorknobs, furniture, or wall fixtures.
  3. I will not smoke inside the property. I understand that I may smoke in designated areas, as a privilege, and will dispose of cigarette butts in proper receptacles. If butts are discovered outside of designated smoking areas, I understand that all residents may lose smoking privileges on the property.
  4. I will refrain from playing loud music or making excessive noise, particularly after 9:00 PM.
  5. I will not steal. I understand that this will not be permitted at any time while living in this Recovery Residence.
  6. I will not enter other residents' rooms without permission.
  7. Pets or any type of animals are prohibited. Exceptions will only be made for service animals with accompanying documentation.
  8. I will not prop open any exterior door that would allow public access to the residence.
  9. I understand that physical or verbal abuse of other residents or staff is never permitted. If at any time, I display violent or aggressive behaviors, I understand that law enforcement may be called upon to intervene. I understand that making these choices will result in review of my residency, and may result in my termination from the Program.
  10. I will refrain from public displays of sexual behavior.
  11. I understand that weapons are not permitted on the premises at any time, under any circumstances.
  12. I understand that illegal activities are strictly prohibited.
  13. I understand that if there is concern for my safety, the Resident Manager and other assigned staff may enter my room to ensure my well-being.

- 14.** I understand that all property and furnishings that are supplied in my room are to remain on-site when I move-out.
- 15.** I agree to consult with and obtain approval from the Resident Manager before I bring any personal furnishings/belongings into the house. I also understand that the ADAMHS Board's insurance policy does not insure my personal belongings, nor are they responsible for any loss or theft of personal property.
- 16.** I understand that personal property is brought into the Recovery Residence is at my own risk. I understand that lending or borrowing from other Residents is to be avoided. Personal property left at the house seven (7) days after vacating will become property of the ADAMHS Board. Property may be held up to fifteen (15) days maximum, if approval is given by the Resident Manager and the Recovery Support Supervisor.
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*A signed copy of this document will be kept in the resident's file, to be updated annually. If at any time, the resident has questions or concerns about any aspect of this document, they may choose to discuss it with their Resident Manager and with the Recovery Support Supervisor.*

# Program Agreement Signature Page

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I understand that these rules are not all-inclusive and may be added to or changed at the discretion of the Focus on Friends Staff or the ADAMHS Board Staff. I understand that I have personal responsibility for my choices and will respect and adhere to all the policies, procedures and rules set forth by the Focus on Friends Staff and the ADAMHS Board Staff to help me succeed in my recovery plan.

I understand that if I fail to comply with any of these rules, I may be immediately removed from the Program. I understand that if necessary, prosecution and other legal proceedings may be considered.

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Tenant Signature

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Date

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Resident Manager

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Date

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ADAMHS Board Representative

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Date

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Focus on Friends Representative

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Date

# Recovery Residence House Rules

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These rules may be amended or modified in writing at the weekly house meeting. If that occurs, each resident will receive a new, typed copy of the rules for their personal use.

1. I will familiarize myself with and ensure my compliance with the following House Rules.
2. I understand that the house must be kept as an alcohol and drug free place to live. I will not use or possess drugs or alcohol, either on or off the premises. All Residents are subject to random drug and alcohol testing and a property search at any time. If I refuse a search or test, or if drugs or alcohol are found or detected, automatic termination from the program and residence will result.
3. I will work on my recovery plan daily, and will work in coordination with the Resident Manager and/or other supports to modify and update my recovery plan as necessary.
4. I understand that keeping the house clean starts with keeping myself clean. I will shower daily and keep my personal living area clean and orderly, and will be considerate of my housemates. I understand that laundry hours are from 10:00AM to 9:00PM.
5. I agree that the house will be kept clean and tidy. I understand that this is done by the assignment of daily chores; all residents will be assigned chores on a weekly rotation basis. I understand that my chores must be done daily to the best of my ability, and that every effort must be made to complete my chores as early as possible in the day. I agree to ask the Resident Manager or other Residents for instruction in chores I am unsure of how to complete. If I have a 24-hour pass, my assigned chores must be done before leaving. If I do not comply with these requirements, I may be asked to leave.
6. I understand that I must clean up after myself in all areas of the house – interior and exterior. I will not leave dishes in the sink or any other area of the house, but will instead clean them and put them away in the allocated space. I will clean any area I use, including wiping the counters and stove clean after using them.
7. I understand that I may be allowed a maximum 24-hour pass upon request, provided I am in good standing within the Program. I must give 24 hours notice to be considered for a pass. If after 48 hours of absence from the residence, I have not made any contact with staff, or if I have not been seen or heard from, I may be terminated from the Program immediately.
8. I understand that I have been issued keys for a \$20 refundable deposit. I understand I must lock doors and windows when I am leaving in the morning and evening. I understand that the front door is to be locked at all times. I will not unlock the door to anyone I do not know, which includes neighbors. In the event someone comes by, I will always notify the House Manager.
9. Former Residents are not allowed in the Recovery Residence unless the Resident Manager approves and is present.

- 10.** I understand that a good positive attitude is important. I recognize that if I continuously exhibit a poor attitude toward staff, or to my housemates, I may be terminated from the Program. I am expected to abide by any reasonable request made by staff.
- 11.** I will not go into the private space of others without that person's permission. I will keep window curtains drawn while dressing and in the evening. I will not leave my room unless I am fully dressed.
- 12.** I will respect others property at all times. Stealing will not be permitted at any time. Theft or damage to the property of others is cause for immediate termination from the Program and may result in legal proceedings.
- 13.** I know that the house must be a safe place to live. This means that threatening or dangerous behavior and/or deliberate abuse to house property may be cause for immediate termination from the Program and may result in legal proceedings.
- 14.** The Resident Manager is the only person allowed to bring mail in from the mailbox and will be the only person to distribute the mail. I understand that mail will be held for a maximum of 7 days, and will then be returned to the Postal Service.
- 15.** I understand that if I have a vehicle on the property, I must be licensed and insured, and my vehicle must have current registration. I understand that auto repair or general maintenance on the property or surrounding areas will not be permitted without permission from the Resident Manager.
- 16.** I understand that there will be no mail to the house from Jail or Prison, unless participating in an agency correspondence program.
- 17.** My relationships with others in the house will be respectful and supportive of recovery. I recognize that all Residents living in the Recovery Residence are here for the same goal – to establish a life in recovery. I understand that it is expected that friendships will form between Residents; however, I have been informed that relationships of any other nature between Residents will not be permitted. This stipulation includes, but is not limited to, romantic relationships or business partnerships.
- 18.** I understand that curfew is at 10:00PM every night of the week and weekends. I understand that curfew may be extended under certain circumstances and with the approval of the Resident Manager. I understand that when I am returning to the house, it is my responsibility to be considerate of my housemates.
- 19.** I understand that weekly house meetings are mandatory. I also understand that I will be required to provide documentation weekly of work that I have put toward my recovery plan, such as documentation from my sponsor, Recovery Guide, Peer Support, etc.
- 20.** Visitors are allowed during daytime hours, only with approval by Staff with prior notice of the intended visit. I understand that overnight visits, with the exception of my biological children, will not be permitted under any circumstances. I understand that the visiting areas are restricted to the living room, den, dining



room, and the back porch.

- 21.** I understand that the ADAMHS Board and Focus on Friends are NOT responsible for lost or stolen property. I understand that lending or borrowing from other Residents is to be avoided.
- 22.** I understand that smoking is permitted only in designated areas (the back porch and back yard). I understand that smoking is not allowed inside the house, in front of the house, or while walking up to the house. I will not leave burning cigarettes unattended. I will dispose of my ash and cigarette butts in the safe-disposal butt cans provided.
- 23.** Drinks will only be permitted in the bedrooms and living room/den/basement if they are in containers with a lid, or are capable of being sealed. Food will not be permitted in any areas other than eating areas.
- 24.** It is my responsibility to read and understand the posted information on Fire Safety and Fire Procedures, including familiarity with the designated escape routes, safe gathering locations and the need for a safe location head count.
- a.** I understand that fire drills will be conducted quarterly. I know that fire prevention is everyone's concern and responsibility.
  - b.** I understand that candles will not be permitted at any time.
  - c.** I will practice safe habits and smoke only in designated outside areas.
  - d.** I will be aware of the fire extinguisher locations and how to use them for small fires only.
  - e.** I know how and when to call 911.
  - f.** I have been informed that emergency information and a head-count in/out board are posted near the front door.
- 25.** Gambling in any form is not permitted. This includes poker, lotto and the loan of money or car to another resident.
- 26.** Profane or indecent language and/or pornography of any kind are not permitted.
- 27.** Pets or any type of animals are prohibited.
- 28.** I understand that physical or verbal abuse of other residents or staff is never permitted. If at any time, I display violent or aggressive behaviors, I understand that law enforcement may be called upon to intervene. I understand that making these choices will result in review of my residency, and may result in my termination from the Program.

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Tenant Signature

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Date

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Witness

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Date