



# RECOVERY FOR LIFE RESIDENTIAL CONTRACT

*Rescuing and empowering adults who seek freedom from addictions and compulsive behaviors.*

\_\_\_\_ (Initial) R4L Men's Homes are 12-Step, faith-based sober-living halfway houses. We ask that you be aware that we are 12-step based and that you be comfortable with discussions about God and your recovery

**All clients must be brought directly from jail to the residence by an approved person without stops for any reason WITHOUT EXCEPTION.**

**Payment for the first 30-days must be made before entry.**

**30-Day Residential "Lockdown" - \$3,000**

**60-Day Residential Work Release - \$1,500 per month**

**The first 30-days are a lockdown and clients may not leave the property unless with an employee approved by the Director with NO EXCEPTIONS. This is an extension of jail.**

## GENERAL INFORMATION

<b>NAME</b>		<b>DATE:</b>	
LAST 4 of SSN:		DOB:	
STREET		CITY	
STATE	ZIP		
CELL PHONE			
EMAIL			
EMERGENCY	PHONE		
If incarcerated, when is your release date?		Date:	

## REPORTING AGENCY – WE MUST HAVE THIS INFORMATION FROM ENTRY.

I REPORT TO	__ Probations __ Pretrial __ Federal	BECAUSE	
NAME		PHONE	
FAX		EMAIL	

## INFORMED CONSENT

### AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

**We must have your consent to communicate with any legal authorities and your family.**

I give permission for Recovery for Life Men's Homes to share information with the following agencies and individuals for the purpose of providing assistance to me. This may include confidential health, disability, treatment, and progress-related information. ASAT/Recovery for Life/R4L Men's Homes is an educational program which implies supervision at all levels. I understand and consent to my information being shared via telephone, facsimile, mail, and e-mail.

	NAME	PHONE / FAX
<input type="checkbox"/> PRETRIAL, PROBATION OFFICER. REQUIRED		
<input type="checkbox"/> ASAP CASE MANAGER – REQUIRED.		
<input type="checkbox"/> MY ATTORNEY IS		
<input type="checkbox"/> FAMILY MEMBER - REQUIRED		
<input type="checkbox"/> EMPLOYER		
<input type="checkbox"/> PASTOR/MINISTER		
<input checked="" type="checkbox"/> CASE MANAGEMENT	R4L Men's Homes Staff	
<input type="checkbox"/> OTHER		

INITIAL: \_\_\_\_\_

## KEY CRITERIA FOR ACCEPTANCE OF REJECTION

<ol style="list-style-type: none"> <li>1. Are you a convicted sex offender?</li> <li>2. Are you a convicted violent offender?</li> <li>3. Are you prescribed any narcotic medications?</li> <li>4. Do you sincerely want to live a sober life?</li> <li>5. Will you follow the requirements of this contract completely?</li> <li>6. Do you understand and agree that this program is faith- based includes church/ bible study?</li> <li>7. I understand the cost is <b>\$3,000</b> the first 30-days lockdown and <b>\$1,500</b> per month for the 60-Day work release.</li> </ol>	<ol style="list-style-type: none"> <li>1. __ no __ yes</li> <li>2. __ no __ yes</li> <li>3. __ no __ yes</li> <li>4. __ no __ yes</li> <li>5. __ no __ yes</li> <li>6. __ no __ yes</li> <li>7. __ no __ yes</li> </ol> <p style="text-align: center;"><b>WE ARE NOT ABLE TO HOUSE SEX OFFENDERS</b></p>	<ol style="list-style-type: none"> <li>1. Explain:</li> <li>2. Explain:</li> <li>3. Explain:</li> <li>4. Explain:</li> <li>5. Explain:</li> <li>6. Explain:</li> <li>7. Explain:</li> </ol> <p style="text-align: center;"><b>VIOLENT OFFENDERS OR NARCOTIC MEDS PATIENTS.</b></p>
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### Please complete the following:

Name and phone number of Physician \_\_\_\_\_

Date of last visit: \_\_\_\_\_ Results \_\_\_\_\_

Name and phone number of Dentist: \_\_\_\_\_

Date of last visit: \_\_\_\_\_ Results \_\_\_\_\_

Please list any food allergies:

\_\_\_\_\_

Please list any medication allergies:

\_\_\_\_\_

Please list any surgeries and the date(s) the surgery was/were performed:

\_\_\_\_\_

\_\_\_\_\_

Any additional information that may be helpful in the case of an emergency

\_\_\_\_\_

\_\_\_\_\_

INITIAL: \_\_\_\_\_

Please check any recurring physical symptoms and explain below:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Heart attack           | <input type="checkbox"/> Chest pains                   | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Cancer                 | <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Thyroid disease     |
| <input type="checkbox"/> Stroke                 | <input type="checkbox"/> Seizures                      | <input type="checkbox"/> Ulcer               |
| <input type="checkbox"/> Lactose intolerance    | <input type="checkbox"/> Glaucoma                      | <input type="checkbox"/> Kidney disease      |
| <input type="checkbox"/> Migraine               | <input type="checkbox"/> Hepatitis                     | <input type="checkbox"/> Gout                |
| <input type="checkbox"/> Chronic rashes         | <input type="checkbox"/> Mental illness                | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Chronic abdominal pain | <input type="checkbox"/> Anemia                        | <input type="checkbox"/> Heart disease       |
| <input type="checkbox"/> Arthritis/rheumatism   | <input type="checkbox"/> Numbness/ tingling sensations | <input type="checkbox"/> Recurrent back pain |
| <input type="checkbox"/> Gall bladder disease   | <input type="checkbox"/> Hands tremor                  |  |
| <input type="checkbox"/> Other _____            |  |  |

## STATEMENT OF UNDERSTANDING AND CONSENT (please check the boxes and sign)

**The RECOVERY FOR LIFE / R4L MEN'S HOMES / AFFORDABLE SUBSTANCE ABUSE TREATMENT STAFF** seeks to help facilitate the resolution of the problem that brought you here. While information that you share is confidential, legal and/or medical intervention and/or sharing of information may occur in the following situations:

- If you have a pretrial, probation, or other official officer of the court you are giving consent to share information with that entity.
- If you direct Recovery for Life/ R4L Men's Homes/Affordable Substance Abuse Treatment to inform someone.
- If Recovery for Life, etc. determines you are a danger to yourself and/or others.
- It is always mandatory to report child abuse or endangerment, (under the age of 18) or of an elder (over the age of 65).
- If ordered by a court to disclose information.
- If someone is paying your way to be in the program, information and updates will be shared with that person.

"I am not depending on any recommendations to seek professional or licensed counselors, therapists, medical or psychology practitioners. I understand that I am not being advised to alter any prescription medications."

"I understand that I am free to leave at any time and that I am under no financial obligation. I understand that the Team/Staff are at liberty to discuss my case. I am also aware of my right to ask for clarification of any part of this 'Statement of Understanding.'" If I choose to leave the program, this will be reported immediately to any and all authorities to whom I am responsible."

Recovery for Life prohibits discrimination against its clients on the bases of race, color, national origin, age, disability, religion, and where applicable, political beliefs, marital status, familial or parental status, or all or part of an individual's income is derived from any public assistance program or protected genetic information. Because of the nature of this being a "Men's Home" sexual orientation and sexual identity may be an issue for entry.

If at any time you become extremely emotionally distressed or are in danger of hurting yourself or someone **else**, please call 911, or we will call for you for assistance. Your signature below indicates consent.

"I understand that by typing my name and continuing this assessment evaluation, I am electronically signing this document."

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

### PERSONAL STATUS

SEPARATED     SINGLE     DIVORCED    OTHER

**I am currently employed at**

**I am out of work because**

**Labor/Skills I possess**

**Children and their ages**

INITIAL: \_\_\_\_\_

<b>PRESENTING SYMPTOMS/ISSUES</b>			
<input type="checkbox"/> MARRIAGE ISSUES	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> SEX	<input type="checkbox"/> INSOMNIA
<input type="checkbox"/> GAMBLING	<input type="checkbox"/> WORK	<input type="checkbox"/> FOOD	<input type="checkbox"/> PORNOGRAPHY
<input type="checkbox"/> ANGER ISSUES	<input type="checkbox"/> VIOLENCE	<input type="checkbox"/> DRUGS	<input type="checkbox"/> INTERNET      OTHER:
<b>LIFETIME CONVICTION - ARREST HISTORY</b>			
<b>EXPLAIN ALL ARRESTS (IF D.U.I. - LIST YOUR BLOOD ALCOHOL CONTENT (BAC) OR CHARGES)</b>			
reason:	(BAC)	Details:	
reason:	(BAC)	Details:	
reason:	(BAC)	Details:	
reason:	(BAC)	Details:	
reason:	(BAC)	Details:	
reason:	(BAC)	Details:	
reason:	(BAC)	Details:	
reason:	(BAC)	Details:	
reason:	(BAC)	Details:	
<b>FAMILY HISTORY MENTAL HEALTH (EXPLAIN)</b>			
<b>PLEASE EXPLAIN – PARENTS / GRANDPARENTS HAVE/HAD ISSUES WITH ANY OF THE FOLLOWING</b>			
<input type="checkbox"/> ALCOHOLISM		<input type="checkbox"/> DEPRESSION	
<input type="checkbox"/> SUBSTANCES		<input type="checkbox"/> SUICIDE	
<b>EDUCATIONAL BACKGROUND</b>			
<b>HIGHEST DEGREE EDUCATION</b>			
<b>CERTIFICATIONS</b>			
<b>MEDICAL HISTORY</b>			
<b>FORMER MENTAL/SUBSTANCE ABUSE TREATMENT</b>	Explain		
<input type="checkbox"/> I have been diagnosed with a disorder	Explain		
<input type="checkbox"/> I was in a psychiatric hospital for	Explain		
<input type="checkbox"/> I have gone to counseling for	Explain		
<input type="checkbox"/> I've had an increase or decrease in appetite.	Explain		
<input type="checkbox"/> I have unintentionally gained or lost weight . . .	Explain		
<input type="checkbox"/> Have you ever tried to hurt yourself or commit suicide?	Explain		
<input type="checkbox"/> Do you ever hear things that other people cannot hear?	Explain		
<input type="checkbox"/> Do you ever see things that other people cannot see?	Explain		
<input type="checkbox"/> Do you feel you have special gifts or powers?	Explain		
<input type="checkbox"/> Do you ever hear things that other people cannot hear?	Explain		
<input type="checkbox"/> Outside alcohol/drug use, has your behavior ever caused problems?	Explain		
<input type="checkbox"/> Have you stopped doing things you used to enjoy.	Explain		
<input type="checkbox"/> Do you have a history of trauma?	Explain		

INITIAL: \_\_\_\_\_

<input type="checkbox"/> Have you experienced significant deaths/losses?	Explain	
<input type="checkbox"/> How do you tend to express grief?	Explain	
My current physical health is. . .	Explain	<input type="checkbox"/> GOOD <input type="checkbox"/> POOR <input type="checkbox"/> BAD
My current sleep patterns . . .		How many hours a night do you sleep? _____
Current prescribed medications	<input type="checkbox"/> NONE	LIST:

### SUBSTANCE USE HISTORY

<input type="checkbox"/> My main substance of use has been: _____	<input type="checkbox"/> How much do you spend on it weekly? \$ _____
<input type="checkbox"/> My secondary drug of choice is: _____	<input type="checkbox"/> How much time do you spend obtaining it? _____
<input type="checkbox"/> When did you become aware of your abusive substance use? explain:	<input type="checkbox"/> Have you ever been completely abstinent from all drugs for a period of time? __ yes __ no explain:

### SUBSTANCE USE HISTORY

AGE WHEN YOU FIRST USED?	CHECK IF YES	AGE FIRST TIME / LAST TIME USED - DATE
<b>Alcohol</b> (liquor/ beer/wine)	<input type="checkbox"/>	age first use -                      last use -
<b>Marijuana</b> , hashish, pot, THC	<input type="checkbox"/>	age first use -                      last use -
<b>Cocaine</b> , crack cocaine	<input type="checkbox"/>	age first use -                      last use -
<b>Amphetamine</b> , meth, Adderall, speed, ice	<input type="checkbox"/>	age first use -                      last use -
<b>Designer drugs</b> , extasy, mdma	<input type="checkbox"/>	age first use -                      last use -
<b>Benzodiazepine</b> , Xanax, Ativan, klonopin, valium	<input type="checkbox"/>	age first use -                      last use -
<b>Barbiturates</b> , amytal, pentobarbital, seconal	<input type="checkbox"/>	age first use -                      last use -
<b>Ambien</b> , sleep aids, lunesta, sonata	<input type="checkbox"/>	age first use -                      last use -
<b>Kratom</b> , or other plant-based substance	<input type="checkbox"/>	age first use -                      last use -
<b>Opiates</b> , heroin, codeine, fentayl, hydrocodone, vicodin, morphine, methadone, suboxone	<input type="checkbox"/>	age first use -                      last use -
<b>Hallucinogens</b> , mushrooms, others	<input type="checkbox"/>	age first use -                      last use -
Any other substance	<input type="checkbox"/>	age first use -                      last use -

### ETHNICITY

White    Black    Asian    OTHER

### DEVELOPMENTAL HISTORY

#### WHAT WAS IT LIKE GROWING UP IN YOUR HOME?

How and by whom were you disciplined as a child? \_\_\_\_\_

Were you Spanked/Hit/Slapped/Punched/Kicked? \_\_\_\_\_

Was a Belt/Whip/Cord/Utensil/Flyswatter/Guns/Knives used for discipline? \_\_\_\_\_

Were you ever restrained against your will? \_\_\_\_\_

Was there yelling/screaming/name-calling/ in your home? Between whom? \_\_\_\_\_

\_\_\_\_\_

Did arguments between the adults ever become physical? \_\_\_\_\_

INITIAL: \_\_\_\_\_

Have you ever been sexually abused (i.e. coerced or forced into sexual activities) as a child or an adult? \_\_\_\_\_

Ever been a victim of violence? When and by whom? \_\_\_\_\_

Have you ever witnessed anyone being seriously hurt or killed? \_\_\_\_\_

Have you ever been in a situation where you were afraid for your life? \_\_\_\_\_

Is there anything else about your childhood that is important for us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SPIRITUAL/RELIGIOUS AFFILIATION

RELIGION/DENOMINATION

LEVEL OF ACTIVITY

High

Moderate

Low

Inactive

Do you feel your religious beliefs will have an impact on your treatment here?  No  Yes (explain)

Would you identify yourself as:  Protestant  Catholic  Jewish  Other

ARE YOU COMFORTABLE WITH THE 12 STEPS OF AA AND TALKING ABOUT SPIRITUALITY, GOD IN YOUR RECOVERY?

YES

SOMEWHAT

NO

### PSYCHOSOCIAL HISTORY

FATHER'S NAME

DESCRIBE RELATIONSHIP

MOTHER'S NAME

DESCRIBE RELATIONSHIP

PARENTS ARE

MARRIED  SEPARATED  DIVORCED

HAVE YOU EVER BEEN IN A HOMOSEXUAL RELATIONSHIP?

NO  YES, EXPLAIN

ARE YOU CURRENTLY SEXUALLY ACTIVE?

NO  YES, EXPLAIN

INITIAL: \_\_\_\_\_

My greatest struggle is with: \_\_\_\_\_

## **DEPRESSION SCALE**

### **Section A – Please circle “yes” or “no” for each question.**

- Yes No 1. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks?
- Yes No 2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time.
- Yes No 3. Have you felt sad, low, or depressed most of the time for the last two years?
- Yes No 4. In the past month, did you think that you would be better off dead or wish you were dead?
- Yes No 5. Have you ever had a period of time when you were feeling up, hyper, or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)
- Yes No 6. Have you ever been so irritable, grouchy, or annoyed for several days, that you had arguments, had verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way?

### **Section B – Please circle “yes” or “no” for each question.**

- Yes No 7. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable, or uneasy, even when most people would not feel that way? Did these intense feelings get to be their worst within ten minutes? (If the answer to both questions is “yes,” circle “yes”; otherwise circle “no.”)
- Yes No 8. Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about? Or do you feel anxious or uneasy in situations where help might not be available or escape might be difficult? Examples: ● being in a crowd, ● standing in a line, ● being alone away from home or alone at home, ● crossing a bridge, ● traveling in a bus, train, or car?
- Yes No 9. Have you worried excessively or been anxious about several things over the past six months? (If you answer “no” to this question, answer “no” to Question 10 and proceed to Question 11.)
- Yes No 10. Are these worries present most days?
- Yes No 11. In the past month, were you afraid or embarrassed when others were watching you or when you were the focus of attention? Were you afraid of being humiliated? Examples: ● speaking in public, ● eating in public or with others, ● writing while someone watches, ● being in social situations.

INITIAL: \_\_\_\_\_

# PRELIMINARY R4L MEN'S HOMES ADMISSIONS APPLICATION

[www.recoveryforlife.com](http://www.recoveryforlife.com) 757-456-0093

R4L Men's Homes is a faith-based program that provides a short-term transitional housing for men who have been recently incarcerated or for those who need to get their lives back on track from a life of bad choices. The goal for these individuals will be to regain their independence and this will be accomplished through mentoring, life skills classes and other training opportunities. **R4L Men's Homes does not accept anyone convicted of certain violent crimes, sex offenders, or anyone who is not highly motivated to live a life of sobriety. Prescription medications are dealt with on a case-by-case basis.**

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Address: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship (*friend, relative, counselor, etc.*): \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Weight: \_\_\_\_ Height: \_\_\_\_

- Are you an American citizen? \_\_\_ Yes \_\_\_ No
- Have you ever been in other residential rehab programs? \_\_\_ Yes \_\_\_ No

Reason for entry: \_\_\_\_\_

Reason for exit: \_\_\_\_\_

- Are you or will you be on probation? \_\_\_ Yes \_\_\_ No

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

- If you are presently in jail/prison, what was your offense and length of time served and when is your approximate release date? \_\_\_\_\_

- Do you have any outstanding warrants or upcoming court dates? \_\_\_ Yes \_\_\_ No

Please explain if yes \_\_\_\_\_

- Lawyer: \_\_\_\_\_ Phone: \_\_\_\_\_

- Do you take psychotropic drugs? (*anti-depressants, anti-anxiety, etc.*) \_\_\_ Yes \_\_\_ No

Please explain if yes \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

- Are you presently clean and sober from illegal drugs and/or alcohol? \_\_\_ Yes \_\_\_ No

If yes, how long? \_\_\_\_\_

INITIAL: \_\_\_\_\_



# STATEMENT OF UNDERSTANDING – CONTRACT

Are you willing TO DO WHATEVER IT TAKES to work toward a changed life and becoming physically, emotionally and spiritually healthy? \_\_\_ yes \_\_\_ not yet at this time

## PLEASE INITIAL EACH STATEMENT IF YOU DO NOT AGREE, PLEASE LEAVE BLANK

1. \_\_\_ I understand that I will be required to:
  - Come straight to the Recovery for Life Residence directly from jail with no stops on the way.
  - Be on lockdown status for the first 30 days.
  - After the first 30 days, I may be considered for work release if approved by Recovery for Life.
  - Do my part with all daily chores and/or tasks as required.
  - Participate in all training and groups provided by the program.
  - Work through my personal mental health issues and the reasons why I am here.
  
2. \_\_\_ I understand that I must provide TRUTHFUL INFORMATION to the best of my ability on all paperwork submitted to R4L Men's Homes. Falsification of any information is reason for non-acceptance or dismissal from the program. I understand that the paperwork I am submitting is an application; the final decision will be made by the R4L Men's Homes Staff. I give my permission for R4L Men's Homes to conduct a background check.
  
3. \_\_\_ I understand that any and all of the information in my file will be available to R4L Men's Homes staff, House Director, Pretrial, Probation and/or any other official person necessary. I understand that this contract is a release of ALL my information.
  
4. \_\_\_ I am completely detoxed from all NARCOTIC SUBSTANCES and ALCOHOL.
  
5. \_\_\_ I am not a violent offender (violent offenses are taken on a case-by-case basis) or \_\_\_ sex offender.
  
6. \_\_\_ I understand that I am a guest in the home and will follow all house rules, respect the staffs' authority, and participate in ALL activities with a good attitude. (this includes cook outs, house meetings, Bible studies and Sunday Church services, etc.).
  
7. \_\_\_ I understand that if I have not had TB, AIDS and Hepatitis screening within in the past year, that I must get one as soon as possible.
  
8. \_\_\_ I understand that I must be CLEAN AND SOBER to obtain acceptance into the program. I understand that I must maintain that sobriety while in the program. THIS INCLUDES ANY SUBSTANCES that might not show on a urine screen, but still provide euphoria, (i.e. spice, kratom, or any other mind-altering substance). A drug test will be administered upon entrance into the program, and random drug testing will take place while here. A positive drug or alcohol test will be reason for non-acceptance or IMMEDIATE DISMISSAL from the program. (In the case of marijuana, even if it is a prescription, use must cease and you will be given 30-45 days for it to clear the urine screen).
  
9. If there is a positive drug screen and a resident objects, a hair follicle test will be done at the resident's expense.
  
10. \_\_\_ I understand that we keep the home neat and clean at all times, I will do my household chores.

INITIAL: \_\_\_\_\_

11. \_\_\_ I understand that R4L Men's Homes reserves the right to perform routine, random drug tests; house and personal searches at any time during participation in the program (including search dogs). My room may be inspected at any time; I surrender my right to search and seizure.
12. \_\_\_ I understand that I am required to abstain from all forms of sexual activity and/or sexual harassment. Sexual activity or sexual harassment between residents is strictly prohibited and will result in termination from the program.
13. \_\_\_ I understand that I must focus on my recovery and am not allowed to begin a relationship or maintain a relationship (boyfriend/girlfriend). The only exception to this rule is in the case the participant is legally married and the spouse is deemed safe (not using alcohol or substances, etc.), and is dependent on the resident for income.
14. \_\_\_ Treatment Program Cost:
  - a. **30-day Residential "Lockdown"** program cost is **\$3,000 for the month**. The first 30-day treatment is considered to be an extension of jail in that it is a lock down. You will not be allowed to leave the premises unless accompanied by someone who is approved by the Director. We must know where you are at all times and you are not to go anywhere that we do not pre-approve as long as you are in the Program. There are NO VISITORS.
  - b. **60-day Residential "Work Release"** program cost is **\$1,500 per month** (per month for the 2 months). This includes residence and every program meeting. Monday, In-house AA Meeting.
    - a. Tuesday, Peer Recovery
    - b. Wednesday, In-house AA meeting
    - c. Thursday, In-house Mentoring
    - d. Friday, Treatment Group
    - e. Saturday (optional) Movie Night
  - c. **90-Day Aftercare** program costs **\$250 per month** for 3 months requires attendance of Tuesday R4L Peer Recovery and Friday Treatment Group.
15. \_\_\_ My family is aware that I will need help with the program fees until I am able to work and help pay them.
16. \_\_\_ All program fees and costs paid that are associated with the program are non-refundable. If I do not complete the program or any part of it, any payments made are still non-refundable.
17. \_\_\_ I understand that R4L Men's Homes are a smoke free environment. Smoking is not allowed inside any of the homes, bathrooms, etc. (only on back porches in the open air).
18. \_\_\_ I understand that I am not allowed to have houseguests or sleep-overs.
19. \_\_\_ I understand that I must submit to a curfew of 7:00 pm. In the 60-Day Residential and 90-Day Residential programs unless otherwise approved by the Director.
20. \_\_\_ My program fees must be paid without fail. Not to do so can be grounds for immediate and automatic expulsion. (Individual payments may be arranged)
21. \_\_\_ Non-payment or late program payments will incur an infraction of **\$25** and may cause reporting to the courts as "non-compliance." Late payment creates an immediate "lock down," forfeiture of all visitation rights and or leaving the premises other than work and recovery. I understand that if I do not pay for my program on time, any and all belongings in the R4L Men's Home become the property of R4L Men's Homes to be disposed of as they see fit. The homes are not storage units.

INITIAL: \_\_\_\_\_

22. \_\_\_ I understand that I must follow the individual program (treatment plan) outlined by the R4L Men's Homes staff. R4L Men's Homes is not a clinic or medical facility and we do not solve medical or legal issues. I will hold harmless the R4L Men's Homes program, its employees and/or volunteers from any medical and/or legal responsibilities for my life or person.
23. \_\_\_ I understand that I must cooperate with staff and other participants by communicating openly and being respectful at all times. Physical and/or verbal aggression is strictly prohibited. If a participant threatens, strikes or harms staff, other participants, or volunteers, the participant will be terminated immediately. Any resident observed or reported as behaving in a verbally aggressive manner (i.e., shouting, profanity, slurs, put-downs and threats) will receive a violation and subsequent infractions could lead to termination.
24. \_\_\_ Trust is a major factor in living situations, I acknowledge that I must respect the property and privacy of others living in the house (i.e., other participants or housing coordinator). Any participant who disturbs or touches property of anyone else in the house (without explicit agreed upon permission from said person) will be immediately terminated from the program. I understand that I may have a roommate and I will respect the rights of my roommates.
25. \_\_\_ R4L Men's Homes may have me be participate in community service as part of my program (office, yard work, and housing tasks, etc.) I will seek employment when approved to do so. (Your full-time job will be to get a full-time job).
26. \_\_\_ Appropriate attire is expected at all times. Staff reserves the right to determine the appropriateness of a participant's attire.
27. \_\_\_ I understand that if I engage in any type of criminal activity and/or damage, misuse or theft of property belonging to R4L Men's Homes or anyone associated with R4L Men's Homes, I will be reported to the proper authorities and terminated immediately from the program and residence as "non-compliant."
28. \_\_\_ R4L Men's Homes are a substance-free environment. Therefore it is each resident's responsibility to immediately report any drug use to the Housing Coordinator. Failure to do so can result in an expulsion from the program.
29. \_\_\_ I understand that The R4L Men's Homes leadership has my consent to have a trained drug-scenting dog on the premises.

## **GROUNDS FOR VIOLATIONS**

- Failing breathalyzer or drug test
- Initiating conflict with participants or staff
- Failure to pay program costs
- Poor room inspection
- Failure to attend mandatory meetings
- Smoking in undesignated area
- Failure to complete chores
- Disrespect toward staff or participant (cursing, insults, or bad attitude)
- Disruptions to the program (behavioral disruptions, refusal to comply with directives)
- Curfew violation (late or failed to receive permission)
- Any other violation the Housing Coordinator may deem problematic.

INITIAL: \_\_\_\_\_

## PROCEDURE

- The violation will be discussed with the participant by the Housing Coordinator.
- The Housing Coordinator will report to the Director and may bring the resident with.
- The Housing Coordinator and Director will determine what consequences, if any, follow the violation.
- Violations could result in loss of privileges, restart or expulsion.
- The consequences will be reported to the participant with a time limit for completion.

## GROUNDS FOR TERMINATION

- Positive drug or alcohol screen
- Possession of drugs or alcohol or weapons on the premises.
- Failure to submit to drug or alcohol screen.
- Unauthorized guests
- Physical violence on the property
- Illegal activity
- Falsification of information during intake process
- Personal threats or threatening posture towards staff or participants
- Falsification of whereabouts for a pass or extension.
- Absent without a pass.
- Threatening statements or behavior toward staff, residents or any other person associated with Transition Homes for Hope.
- Failure to turn in program fee money.
- Continual disrespect or insubordination to staff or other residents.
- Criminal activity of any kind.
- Arriving late after curfew.
- Use of a legal substance without review or permission including, but not limited to "Kratom" CBD oil and other available substances.

**Any resident asked to leave for any reason may be asked to leave immediately regardless of the time of day or night. The former resident may make an appointment to pick up their belongings within 72 hours, due to limited storage space, of the exit date. After the 72 hours, the items will be donated to charity.**

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

**Printed Name:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Probation Officer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please initial each line section and sign and date indicating your agreement.**

**INITIAL:** \_\_\_\_\_



# RECOVERY FOR LIFE MEN'S HOMES

228 N. Lynnhaven Rd. Suite 118  
Virginia Beach, VA 23452

## Authorization of Photography/Film/Text

I certify that I am at least 18 years of age, my birth date being \_\_\_/\_\_\_/\_\_\_, and having the right to contract in my own name and to the extent herein set forth.

I hereby irrevocably grant to the **R4L Men's Homes**, its successors and assigns, its agents and those whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse disseminate, copyright, print, reproduce, publish and republish, for any and all trade purpose or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature, and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear. Additionally, permission is granted for any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations, or changes therein as you in your discretion may make, either separately or together with my name or fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare to use in connection therewith. I warrant that I have limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks or text by the **R4L Men's Homes** for use or purposes, as The **R4L Men's Homes** may deem appropriate.

I hereby release and discharge the **R4L Men's Homes**, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the forgoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

\_\_\_\_\_  
(Print Name) \_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Full Address) City State Zip

***The Person of Contact to receive an Acceptance Letter into the R4L Men's Homes is:  
Dr. Paul Hardy – cell number (757) 575-0952***

INITIAL: \_\_\_\_\_

**\*\*No Suit Cases or Luggage of Any Kind\*\***



# RECOVERY FOR LIFE MEN'S HOMES

228 N. Lynnhaven Rd. Suite 118  
Virginia Beach, VA 23452

## INFORMED CONSENT FORM AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

My Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

This document is to act as a set agreement for an approved payment plan based upon policy set by to Recovery For Life / Affordable Substance Abuse Treatment.

I understand that I am financially responsible for any copayment, cost share and/or deductible determined by my insurance carrier. In addition, I am responsible for any services deemed to be a non-covered benefit or if there is a lapse of coverage at the time medical services are rendered. Your benefits may vary based on the services provided. Should your account become delinquent and collection actions occur, you will be responsible for payment of all charges incurred as well as all collection agency costs and attorney fees up to 33 1/3%.

I authorize the release of any medical information necessary for the processing of my medical claims. I hereby authorize my insurance company to pay benefits directly to Recovery For Life (R4L) /Affordable Substance Abuse Treatment (ASAT).

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

Printed Name \_\_\_\_\_  
(PLEASE NOTE: WE ARE REQUIRED TO HAVE YOUR SIGNATURE)

Do we have your permission to leave a message regarding any test results or appointments on a voice machine at your home or mobile phone? \_\_\_ Yes \_\_\_ No

Do we have your permission to discuss any medical conditions or treatments and or leave a message with any household members? \_\_\_ Yes \_\_\_ No

Do we have your permission to share information regarding any treatment, attendance, urine screen results or appointments on a voice machine, email or text with the following individuals you may choose? \_\_\_ Yes \_\_\_ No

I understand that by writing in or typing my name, I am electronically signing this document.

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

Printed Name \_\_\_\_\_



# RECOVERY FOR LIFE MEN'S HOMES

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## PATIENT FINANCIAL RESPONSIBILITY AND OBLIGATION FORM CONSENT TO REPORT TO INDIVIDUALS AND AGENCIES

DOB

Phone #

I agree that's this contract is legally binding and that I must pay all fees I am agreeing to in this contract.  
I will be held personally responsible for this financial obligation.

This also certifies that I am authorizing the release of my medical records. Please forward them to:

Office Name

Office Address

Office Contact #

Office Fax#

PRETRIAL, PROBATION OFFICER -  
REQUIRED

ASAP CASE MANAGER - REQUIRED

ATTORNEY - REQUIRED IF YOU  
HAVE ONE

FAMILY MEMBER - REQUIRED

EMPLOYER

ASAT CASE MANAGEMENT

ASAT/Recovery for Life Team

757-456-0093

OTHER

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

Printed Name \_\_\_\_\_



# RECOVERY FOR LIFE MEN'S HOMES

228 N. Lynnhaven Rd. Suite 118  
Virginia Beach, VA 23452

## INSURANCE INFORMATION

PRIMARY INSURANCE	SECONDARY INSURANCE
GROUP #	GROUP #
MEMBER #	MEMBER #
SUBSCRIBER	SUBSCRIBER
SS#	SS#
DOB	DOB

Due to the many changes in insurance policies, it is no longer an easy task to keep up with everyone's insurance policies. Although we tried to stay aware of these changes it is not always possible. Therefore, we urge you as the patient to check with your insurance company regarding your coverage and if you need a referral. It is your responsibility to know your individual coverage. Failure to comply could result in you, the patient, being responsible for all costs incurred.

To assist you in finding out if you have coverage, the insurance company has a customer support number on the back of your insurance card. Some insurance plans require referrals to see a specialist from your primary care physician or primary care manager. If your insurance company requires such a referral, it is your responsibility to obtain and provide the referral to our office prior to being seen. Failure to do so may result in your either having to reschedule your appointment or except full responsibility for payment. In addition, all insurance companies require you to see physicians that participate with that said company. It is you, the patient's, responsibility to verify with the insurance that we are a participating provider.

If you happen to cancel or don't show up to your scheduled appointment time you may be charged a \$25 no-show fee for follow-up patients. After three no-call, no-show appointments you will not be able to reschedule.

All past due balances must be paid at the time of service unless you have arranged a payment plan with the office.

I understand that by typing my name, I am electronically signing this document.

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

Printed Name \_\_\_\_\_



## HIPAA PRIVACY OF PATIENT HEALTH CARE INFORMATION

Because there can be questions of privacy when healthcare information is transmitted electronically the Congress has established an all-inclusive sweeping privacy law called the **Health Information Privacy and Portability Act (HIPPA)** to be administered by the Department of Health and Human Services the act establishes standards for health care providers in obtaining and disclosing your personal health information. Although such information exchange has been routine in the past and even though we have never had a problem, the law mandates that you must now give specific written consent to continue these traditional communications relating to your personal health information and to facilitate payment.

We fully respect the privacy of your records, and we will continue to do all we can to make them secure and to protect their confidentiality. In order to provide the best possible health care and or to help third parties involved with payment for your account, we routinely share and request pertinent health information only with your other medical caregivers and with other concerned parties such as relatives and others involved in account payment such as insurers. We may, from time to time, need to confirm or discuss appointments or to discuss care related concerns on your home answering machine or directly to those answering your home phone or to phone callers identifying themselves as a relative or concerned party. This may also occur by cell phone if it has been listed.

In the course of your treatment, we sometimes have to disclose or receive your personal health information from other treatment-related facilities such as labs, durable medical equipment companies, pathologists for radiologists that might not be required to obtain your consent to release to us reports relating to your personal health, drug screens, etc.

HIPPA allows you to consent or refuse to the use of or disclosure of your personal health information as described above but concept or refusal must be in writing. HIPPA does recognize the necessity of information exchange for the optimum patient care and it has provided for denial of treatment if you choose not to consent. If you choose to give consent by signing this document you have the future right to revoke or restrict part or all of this personal health care information agreement but you may not revoke or restrict actions that have already been taken that relied on this or a previously signed consent of course you personally have the right at any time to access any information we have in your personal health records. Your signature below indicates your consent.

Recovery for Life prohibits discrimination against its clients on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information.

If at any time you become extremely emotionally distressed or are in danger of hurting yourself or someone **else**, please call 911 for assistance. Your signature below indicates consent for us to help you and/or members your family.

I understand that by typing my name and continuing this assessment evaluation, I am electronically signing this document.

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

Printed Name \_\_\_\_\_