

Recovery for Life



Sober Living Men's Homes

Assessment and Application

Recovery for Life Sober Living Men's Homes

Providing Hope, Help, and Healing.

INTAKE & SCREENING – MILESTONE-BASED ASSESSMENT



Section 1 – Basic Information

Today's date: _____ Intake clinician: _____

Name: _____ DOB: _____ Age: _____

Street Address: _____

City, State, Zip: _____

Phone # _____ Email address _____

Emergency Contact _____ Phone _____

Employer _____ Phone _____

Referral source (check all that apply): ☐ VASAP ☐ Self ☐ Family ☐ Court / Probation

☐ Attorney ☐ SOBER LIVING MEN'S HOME ☐ Employer ☐ Other: _____

Name of the Referral: _____ Phone _____

Sexual Orientation: __ male __ female __ other _____

Are you a Veteran? __ yes, __ no Active Duty? __ yes, __ no

Educational History: __ completed high school, __ GED, __ trade certification

Marital Status: __ single __ separated __ divorced

Employment

I am currently employed by: _____

Labor/skills I possess: _____

Section 2 - Primary reason for coming now (your own words):

Please explain the problem, issue, or complaint that brought you in to see us.

List up to 3 starting milestones (goals) you would like to achieve:

1. _____
2. _____
3. _____

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Section 3: Key criteria for acceptance or rejection

1. Are you currently required to register as a sex offender, or do you have any prior convictions for sex-related offenses?	☐ no	☐ yes	WE ARE NOT ABLE TO HOUSE SEX OFFENDERS OR VIOLENT OFFENDERS. Explain:
2. Do you have any prior convictions for violent crimes? (Optional addition: If yes, please provide a brief explanation.)	☐ no	☐ yes	Explain:
3. Are you currently prescribed any controlled substances, including medications for pain, anxiety, ADHD, or sleep?	☐ no	☐ yes	Explain:
4. Are you fully committed to actively pursuing a sober lifestyle and participating in the recovery process?	☐ no	☐ yes	Explain:
5. All of our residences are two-story homes. Do you have any mobility limitations that would prevent you from safely navigating stairs daily?	☐	☐	
6. Do you have any chronic medical conditions or require any specific medical accommodations, that our staff should be aware of?	☐	☐	
7. Are you willing to agree to, and comply with, all guidelines and requirements outlined in the program contract?	☐ no	☐ yes	Explain:
8. This is a faith-based program. Are you willing and able to participate in required faith-based activities, including church attendance and Bible study?	☐ no	☐ yes	Explain:
9. I understand the cost is \$1000 a month (at times, there are partial scholarships). You must have the first month's fees at the time of entering the program.	☐ no	☐ yes	

Section 4 - Mental Health Struggles (Diagnosis)

Diagnosis

Explanation

☐ Anxiety:

☐ Depression:

☐ ADHD:

☐ Adjustment Issues:

☐ PTSD:

Behavioral Health Struggles (check and describe any that apply)

Concern

Explanation

☐ Anger Management:

☐ Grief/bereavement:

☐ Gambling:

☐ Gaming:

☐ Pornography:

☐ Social media/internet:

☐ Overeating/food:

☐ Other:

Current medications:

Name of Medication	Reason	Dose

Prior hospitalizations (psych/substance use):

Section 5 – Legal/Court Status

Charges / case #: _____ BAC _____

Probation/parole officer: _____ Phone # _____

Attorney Name: _____ Phone # _____

Next court date: _____ Mandated sessions: _____

Arrest History:

Date	Reason	Outcome

Section 6 – Substance Use Snapshot History

A. Substance Use (in the past 12 months. Note: If you received a DUI, describe your use at the time you received it).

- ☐ **Alcohol:** Use pattern (how often/how much): _____
Age of First use: _____ Last use (date/amount): _____
- ☐ **Cannabis:** Use pattern: _____
Age of First use: _____ Last use (date/amount): _____
- ☐ **Stimulants** (e.g., cocaine, meth): Use pattern: _____
Age of First use: _____ Last use (date/amount): _____
- ☐ **Opioids** (pills, heroin, fentanyl): Use pattern: _____
Age of First use: _____ Last use (date/amount): _____
- ☐ **Benzodiazepines/sedatives:** Use pattern: _____
Age of First use: _____ Last use (date/amount): _____
- ☐ **Other substances** (specify): _____
Age of First use: _____ Last use (date/amount): _____

B. Onset and pattern – Drug of Choice

- Age at first use of **main substance:** Age: _____ Main Substance: _____
- Right now, on a typical week, I use/engage about _____ days of the week.

C. Impacts on life (check all that apply and briefly describe)

- ☐ Work/school problems: _____

- ☐ Relationship conflict: _____
- ☐ Legal trouble: _____
- ☐ Money/debt: _____
- ☐ Health problems: _____
- ☐ Spiritual/emotional distress: _____
- ☐ Other Consequences: _____

D. Previous attempts to cut down or stop

- “What have you tried before?” _____
- “What helped, even a little?” _____
- “What didn’t work for you?” _____

Section 7 – Risk, Safety, and Support

A. Safety

- Any current thoughts of harming yourself? ☐ No ☐ Yes → Please Explain:

- Any current thoughts of harming someone else? ☐ No ☐ Yes → Please Explain:

- History of suicide attempts or self-harm? ☐ No ☐ Yes → When / what happened:

- Overdose history (substances, approximate dates): _____

- Serious withdrawal history (seizures, delirium, etc.): _____

B. Family History of Substance Use / Mental Health Issues

- ___ Parents? ___ Grandparents?
- Diagnoses (physical or mental): _____

C. Any medical or mental health concerns?

- Please explain: _____

D. Support system

- “Who is on your side about you getting better?”

Name/role: _____

Name/role: _____

Name/role: _____

- Support sources (check all that apply):

☐ Family ☐ Friends ☐ Partner ☐ Church/faith community

☐ Sponsor/peer support ☐ Recovery group ☐ Other: _____

E. Living situation

- Where are you living right now? _____

- This environment is: ☐ Mostly helpful ☐ Neutral ☐ Mostly harmful to my recovery efforts.

Brief notes: _____

Section 8 – Readiness and Motivation

A. My Readiness Ruler

- “On a 0–10 scale, how ready are you to work on change right now?”

Circle: 0 1 2 3 4 5 6 7 8 9 10

Not ready

Somewhat

Very Much

- “Why that number?” _____

- “What would make it one point higher in the next month?”

- “What do you LIKE about using the substance / the behavior?”

- “What do you NOT LIKE about it?”

- “I __ confirm __ deny that I have a substance use problem with _____”

B. Personal ‘Why’

- “If Recovery for Life really works for you, what would you like to see better in 6–12 months?”
(Examples: court, driving, relationships, work/school, peace, faith.)

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Section 9 – Understanding Substance Use as a Mental Health Problem

Please read each and check mark all that apply.

- ☐ **“I kept using _____ even when it was clearly causing serious trouble.”** (Losing a license, job, or relationships and still continuing to drink or use can signal impaired judgment, denial, or deep emotional pain that needs assessment).
- ☐ **“I took big risks that don’t fit my usual personality.”** (i.e., driving after drinking or using an altering substance often means ignoring the dangers, which can be tied to depression, impulse-control issues, grieving a loss, or other mental health conditions).
- ☐ **“I was trying to 'feel normal' or 'calm down.'”** (Many people drink or use drugs to ____ sleep, ____ to quiet racing thoughts, or ____ to numb sadness or anxiety, which points to untreated mental health symptoms rather than just “partying.”)
- ☐ **“I used a substance to cope with stress, not to celebrate.”** (Reaching for alcohol or drugs whenever life gets stressful suggests they may not have healthy coping skills and could be battling anxiety, trauma, or mood swings).
- ☐ **“I felt out of control and couldn’t stop when I wanted to.”** (Telling people, “I didn’t mean for it to go this far,” or “I keep saying I’ll cut back, but I don’t,” is a strong sign that something deeper than willpower is going on).
- ☐ **“I have changed in mood, sleep, and energy over time.”** (New patterns like ____ irritability, ____ isolation, ____ hopelessness, or ____ staying up all night and ____ sleeping all day often point to depression, anxiety, or bipolar-type issues under the surface).
- ☐ **“My substance use doesn’t match the size of the problem I was trying to solve.”** (Using heavily to solve life problems (a breakup, criticism, minor financial stress) shows an outsized reaction that often comes from untreated emotional disorders).
- ☐ **“The law got involved before I talked to a counselor or doctor for help.”**
(When the first “intervention” comes from police instead of a therapist, it usually means the emotional struggles have been ignored or hidden for a long time).
- ☐ **“I have a history of ____ trauma, ____ grief, or ____ abuse.”** (Many people with a DUI or drug charge are carrying old wounds, and drugs/alcohol become a way to block memories or feelings—an understandable but harmful mental health response).
- ☐ **“At times I feel ashamed and confused by my own behavior.”** (Saying “That’s not me” or “I don’t know why I did that” reflects a split between who they want to be and what they did—exactly the kind of inner conflict mental health treatment is designed to address).

Total Number of Boxes Checked _____

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Section 10 – Responsibility and Privilege Agreement

I understand and agree to the following: (please check each box unless you disagree)

- ☐ Participating in ASAT / Recovery for Life is a **privilege**, even when it is required by the court or involves a fee.
- ☐ Privileges with the court (such as driving and staying out of jail) are **not guaranteed** and must be **earned** through my choices and follow-through.
- ☐ I will **never drive a vehicle** after drinking alcohol or using any mind-altering or mood-altering substance.
- ☐ I must give a 24-hour notice if I will not be attending a group or individual appointment, or I may be charged for it.
- ☐ I will arrive on time.
- ☐ I will participate in the group.
- ☐ I will complete the weekly half sheet.
- ☐ I will do the weekly follow-up work to receive credit for my attendance.
- ☐ Recovery for Life is not a religious program, but that it does teach the basics of the original steps of Alcoholics Anonymous, so I ____ am, ____ am not comfortable with talking about God in my recovery.

Signature _____ Date _____

Printed Name _____

Relationship to Client _____

Section 11 – Alcohol Use Disorders Identification Test

Questions about your ALCOHOL use in the last year or when you were drinking. If you have not gone to treatment when you were expected to, then answer for the time when you were drinking (at the time of your arrest). Place your answer's number under "score."

12 fl oz of regular beer = 8-9 fl oz of malt liquor (shown in a 12 oz glass) = 5 fl oz of table wine = 1.5 fl oz shot of 80-proof distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)  about 5% alcohol  about 7% alcohol  about 12% alcohol  40% alcohol Remember, ONE serving is .02 in the bloodstream 12 oz. beer = 5 oz. glass of wine = 1.5 ounces of liquor						
Place the number that best describes your alcohol use in the gray column at the right	0	1	2	3	4	SCORE 0-4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
How many drinks do you have on a typical day when you're drinking? (12 oz. beer = 4 oz wine = 1.5 ounces liquor)	1 or 2	3 or 4	5 or 6	7,8 or 9	10 or more	
How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session the night before? (eye opener)	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, in the last year	
Has a relative, friend, doctor (or any other health worker) been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year	
TOTAL						

Section 12 – American Society of Addiction Medicine criteria

ASAM CRITERIA STATEMENTS		YES = 10 points
“I realize I have an alcohol or other substance abuse problem . (Getting a DUI, or arrest, is a problem).”		
“I have had serious consequences from drinking/substance use.” (arrest, jail, health, losses, etc.)		
“My BAC was a 0.15 or higher.” (or I refused the breathalyzer)		
“I had an offense before this one within the last 6 years .” (DUI, drunk in public, etc.)		
“I <u>drank/used</u> while I was in treatment or on probation.” (i.e., since enrolling in the ASAP program)		
“I have been to a detox, treatment , or a medical program before.” (due to substance abuse).		
“I’ve had one or more non-driving conviction/offense.” (drunk in public, possession, or other substance-related).		
“I had an interlock violation , or positive reading on a breathalyzer device or drug screen during ASAP.”		
“I got another alcohol or other drug-related conviction/offense.” (during the ASAP probationary period).		
“I have been using a substance that can be addicting .” (has the potential to lead to dependence).		
“I didn’t complete my treatment assessment as instructed by VASAP.”		
“I didn’t complete treatment as required by a prior treatment provider.”		
“People around me at home drink/use.”		
“People around me at work drink/use while at work.”		
“My life seems dysfunctional (out of control) from drinking/using.”		
“I shouldn’t have to stop drinking/using. No one can tell me I can’t have a drink/use drugs.”		
“I get/feel defensive when confronted about my use.”		
“I have an emotional reason to use.” (loss of a family member, bad mood, bad day, etc.)		
“I began alcohol / altering drug use at ___ years of age.” (if under 21, write in a score of 10)		
“Drinking/using has created other health issues .”		
TOTAL		

IF YOU DO NOT USE MARIJUANA, SKIP THE NEXT PAGE

Section 13 – Cannabis Use Disorder Identification Test

Have you used any cannabis over the past six months? YES / NO

If YES, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use *over the past six months*

1.	How often do you use cannabis?				
	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
	0	1	2	3	4
2.	How many hours were you “stoned” on a typical day when you had been using cannabis?				
	Less than 1	1 or 2	3 or 4	5 or 6	7 or more
	0	1	2	3	4
3.	How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?				
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0	1	2	3	4
4.	How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?				
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0	1	2	3	4
5.	How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?				
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0	1	2	3	4
6.	How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?				
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0	1	2	3	4
7.	How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children:				
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0	1	2	3	4
8.	Have you ever thought about cutting down, or stopping, your use of cannabis?				
	Never	Yes, but not in the past 6 months			Yes, during the past 6 months
	0	2			4

CUDIT TOTAL _____

Note about cannabis use: While you are in the VASAP and ASAT program, you are on probation. No non-prescribed altering substances may be used. Marijuana may NOT be used unless prescribed by a true healthcare practitioner. It is both disrespectful and unacceptable for any participant to attend groups under the influence of any altering substances (at least 6 hours before group, medical marijuana use must cease).

Questions 1-7 = 0-4 point scale. 8 = 0, 2, 4 points

8 or -> 12 or ->

Section 14 – Drug Abuse Screening Test (DAST)

For Substance Use (other than alcohol).	CHECK IF YES
1. Have you used drugs other than those prescribed for medical reasons?	☐
2. Have you abused prescription drugs? (borrowed someone's prescription, bought someone's medication, taken more than the standard dose, etc.)	☐
3. Do you use more than one substance at a time? (alcohol plus marijuana, for example)	☐
4. Do you struggle with stopping drug use even if you want to?	☐
5. Have you had "blackouts" or "flashbacks" because of drug use?	☐
6. Do you ever feel bad about your drug abuse?	☐
7. Does your spouse/significant other (or parents) ever complain about your involvement with drugs?	☐
8. Has drug abuse ever created problems between you and your spouse/significant other (or parents)?	☐
9. Have you ever lost friends because of your use of drugs? (i.e. certain people no longer want to associate with you because you use).	☐
10. Have you ever neglected your family or missed work because of your use of drugs?	☐
11. Have you ever been in trouble at work because of drug abuse?	☐
12. Have you ever lost a job because of your drug abuse?	☐
13. Have you gotten into fights when under the influence of drugs?	☐
14. Have you engaged in illegal activities to obtain drugs? (bought, sold, distributed, or stolen for drugs, etc.)	☐
15. Have you ever been arrested for possession of illegal drugs?	☐
16. Have you ever experienced withdrawal symptoms because of drug use?	☐
17. Have you had medical or mental health problems because of use (memory loss, lack of focus, depression, hepatitis, convulsions, or bleeding, etc.)?	☐
18. Have you ever gone to anyone for help for a drug problem?	☐
19. Have you ever been involved in a treatment program specifically related to drug use?	☐
TOTAL BOXES CHECKED	

COMPLETE ABSTINENCE AGREEMENT

I (The Client), acknowledge that I must completely abstain from alcohol and any mind or mood-altering substances (unless prescribed) while in treatment.

Signed

Date

RECOVERY FOR LIFE SOBER LIVING MEN'S HOMES

STATEMENT OF UNDERSTANDING AND CONSENT

(Please check the boxes and sign)

Section 15 – Informed Consent, Payment Agreement & Authorizations

I understand that the Team/Staff are at liberty to discuss my case. I am also aware of my right to ask.

We seek 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 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."
- ☐ For clarification of any part of this 'Statement of Understanding.'" If I choose to leave the program, this will be reported immediately to any authorities to whom I am responsible."
- ☐ Recovery for Life prohibits discrimination against its clients based on 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 _____

RECOVERY FOR LIFE SOBER LIVING MEN'S HOMES

Section 16 – Informed Consent, Payment Agreement & Authorizations

This document establishes an approved payment plan per ASAT policy. Please check all boxes that apply and complete all sections.

Financial Responsibilities

- ☐ I am financially responsible for copayments, coinsurance, deductibles, non-covered services, or coverage lapses determined by my insurance. Benefits may vary by service.
- ☐ Copayments are due at the time of service.
- ☐ If my plan requires a referral or authorization, I must provide it prior to my visit.
- ☐ If my health plan deems a service "not payable" or non-covered, I agree to pay the full charge for all services rendered.
- ☐ If uninsured or self-pay, full payment is due at the time of service.
- ☐ A \$75 fee applies for no-shows or missed appointments.
- ☐ Delinquent accounts sent to collections will incur all related costs, including agency fees and attorney fees up to 33⅓% of the balance.

Insurance Authorizations

- ☐ I authorize Recovery for Life to release medical information necessary to process claims and direct insurance benefits to ASAT.

Assignment of Benefits

- ☐ I authorize and direct payment of my medical benefits to Affordable Substance Abuse Treatment of Virginia Beach for services provided.

Medicare Authorization (if applicable)

- ☐ I request payment of authorized Medicare benefits to ASAT for services furnished. I authorize release of medical information to Medicare and its agents.

Communication Permissions

Voice Messages

- ☐ Yes ☐ No – Permission to leave messages about test results or appointments on home/mobile voicemail.

Household Discussions

- ☐ Yes ☐ No – Permission to discuss medical conditions, treatments, or leave messages with household members.

Designated Contacts (for treatment, attendance, urine screens, appointments via voicemail/email/text)

- ☐ Yes ☐ No – Permission to share with: _____

Signature _____ Date _____

Printed Name _____

Relationship to Client _____

RECOVERY FOR LIFE SOBER LIVING MEN'S HOMES

Section 17 - Consent to Report to Agencies and Individuals Medical Release of Information

AUTHORIZATION TO RELEASE ALL RECORDS

(Please check all boxes that apply)

- ☐ I hereby authorize the Affordable Substance Abuse Treatment of Virginia Beach to release all of my records to my insurer, governmental agencies, or any other entity, all information, including diagnosis and the records of any treatment or examination rendered to me needed to substantiate payment for such medical services as well as information required for probation, court services, judges, precertification, authorization or referral to other medical provider.

	NAME	PHONE NUMBER
☐ PRETRIAL ☐ PROBATION OFFICER		
☐ ASAP CASE MANAGER		
☐ ATTORNEY		
☐ FAMILY MEMBER		
☐ EMPLOYER		
☐ ASAT CASE MANAGEMENT	ASAT Team	757-456-0093
☐ OTHER		

Signature _____ Date _____

Printed Name _____

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Section 18 - Insurance Information

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

Insurance & Appointment Policy Acknowledgment

Due to frequent insurance policy changes, we cannot always track every plan's details. **You, the patient, are responsible** for verifying your coverage, referrals, and our participation status with your insurer.

Patient/Client Responsibilities

- **Verify Coverage:** Call the customer service number on your insurance card to confirm benefits, referrals, and Recovery for Life's participation status before services.
- **Obtain Referrals:** If required by your plan, secure referrals from your primary care physician/provider **prior to your visit**. Failure to do so may require rescheduling or full payment responsibility.
- **Understand Limitations:** Non-compliance may result in you being responsible for all service costs.

Appointment Policies

- **No-Show/Cancellation Fee:** \$25 fee for follow-up patients who cancel or miss appointments.
- **Three Strikes Policy:** After three no-call/no-show appointments, you will not be eligible to reschedule.
- **Past Due Balances:** All balances must be paid at time of service unless a payment plan is pre-arranged with our office.

Signature _____ Date _____

Printed Name _____

Relationship to Client _____

RECOVERY FOR LIFE SOBER LIVING MEN'S HOMES

Section 19 - HIPAA Notice of Privacy Practices & Consent

Federal law (HIPAA) requires your written consent for routine sharing of your protected health information (PHI) for treatment, payment, and healthcare operations. We respect your privacy and protect your records.

How We Use Your Information

We share PHI only as needed with:

- Other healthcare providers, labs, or facilities involved in your care
- Insurers or payment parties
- Family/concerned parties assisting with your care or payment
- Voicemail or callers identifying as relatives (home/cell phone)
- Probation, pretrial, court-mandated.

Your Rights Under HIPAA

- **Consent or Refuse:** You may consent or refuse these disclosures in writing
- **Revoke Consent:** You can revoke this consent anytime in writing (does not affect prior actions)
- **Access Records:** You have the right to access your health records
- **Denial of Treatment:** HIPAA allows denial of services if you refuse necessary information sharing

Additional Acknowledgments

☐ **Non-Discrimination:** Recovery for Life prohibits discrimination based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, political beliefs, marital/familial status, sexual orientation, public assistance income, or genetic information.

☐ **Emergency Protocol:** If you become extremely emotionally distressed or pose a danger to yourself/others, call 911. I consent to ASAT assisting me and/or family members in emergencies.

Signature _____ Date _____

Printed Name _____

Relationship to Client _____

RECOVERY FOR LIFE MEN'S HOMES ADMISSIONS APPLICATION

Section 20 – Admissions Application

R4L Men's Homes is a faith-based program that provides 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. 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: _____ - _____ - _____

Referred by: _____ Phone: _____

Emergency contact: _____ Phone # _____

Relationship (*friend, relative, counselor, etc.*): _____

Date of Birth: ____/____/____ Age: ____ Weight: ____ Height: ____

☐ Are you an American citizen? ____ Yes ____ No, explain: _____

☐ 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: _____

☐ Are you presently in jail/prison? ____ Yes ____ No, explain: _____

☐ What was your offense? _____

☐ Length of time served? _____ 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? _____



RECOVERY FOR LIFE MEN'S HOMES ADMISSIONS APPLICATION

Section 21 – Housing Contract

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

INITIAL EACH STATEMENT

acknowledging that you fully agree

___ I cannot move into the men's home unless full payment has been paid for the first month without exception. \$700. You will be required to pay the full amount each month on that date.

___ I must attend the following for the duration of your time in the residence without exception (unless work schedule interferes):

- ___ Weekly house meeting
- ___ Church services on Sundays
- ___ Weekly Peer Group on Tuesday nights
- ___ One treatment group (preferably at the R4L Treatment Center for your convenience) or at some other certified clinic.

___ I cannot get more than one week behind in rent (without exception). After one week without paying rent, you will need to find another program on your own to move into.

1. ___ I understand that I will be required to:

- ☐ Pay for my first month (\$700) in the home before entering and every month after on time.
- ☐ Come straight to the Recovery for Life Residence from jail or prison (unless given special permission)
- ☐ Do my part with all daily chores and/or tasks as required.
- ☐ Participate in all training and groups provided by the program.
- ☐ Attend Recovery for Life meetings on Tuesday evenings at 7:00 pm
- ☐ Attend one Treatment Group session per week at the Treatment Center.
- ☐ Attend weekly house meetings.
- ☐ Work through my personal mental health issues and the reasons why I am here.
- ☐ Report my location and attendance with my P.O. or Pretrial Officer.

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 the release of ALL my information.
4. ☐ **I am not a sex offender.**
5. ☐ **I am not a violent offender** (violent offenses are taken on a case-by-case basis).
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 cookouts, house meetings, Bible studies, and Sunday Church services, etc.).
7. ☐ **I understand that if I have not had TB, AIDS and Hepatitis screening within 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 my 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.
9. ☐ **A positive drug or alcohol test can be a 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**). R4L Homes does not accept the use of medical marijuana.
10. ☐ **If there is a positive drug screen and a resident objects,** a hair follicle test will be done at the resident's expense.
11. ☐ **I understand that we keep the home neat and clean at all times,** I will do my household chores.
12. ☐ **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.
13. ☐ **ALL rooms must be "inspection ready" at all times.** That is clean and organized in such a way that we could bring a visitor or possible resident in to see it.
14. ☐ **I understand that I am required to abstain from all forms of sexual activity and/or the sexual harassment of other residents.** Sexual activity or sexual harassment between residents is strictly prohibited and will result in termination from the program.
15. ☐ **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.
16. ☐ **My family is aware** that I may need help with the program fees until I am able to pay them.
17. ☐ **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.
18. ☐ **I understand that R4L Men's Homes are a smoke free environment.** Smoking is not allowed inside any of the homes, out the window, in bathrooms, etc. (only on porches in the open air).
19. ☐ **I understand that I am not allowed to have houseguests or sleepovers.**
20. ☐ **I understand that I must submit to a curfew of 10:00 pm.** Unless probation requires it to be earlier.

21. ___ **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)
22. ___ **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.
23. ___ **I understand that my recovery is my top priority, 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.
24. ___ **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.
25. ___ **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 the property of anyone 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.
26. ___ **R4L Men’s Homes may have me participate in community service as part of my program** (office, yard work, and housing tasks, etc.) I will seek employment when I am approved to do so. (Your full-time job will be to get a full-time job).
27. ___ **Appropriate attire is expected at all times.** Staff reserves the right to determine the appropriateness of a participant’s attire.
28. ___ **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.”
29. ___ **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 expulsion from the program.
30. ___ **I understand that The R4L Men’s Homes leadership has my consent to have a trained drug-scenting dog on the premises.**
31. ___ **I understand that I cannot leave the state of Virginia without authorized permission. If, for any reason,** I am not available, do not return texts or phone calls, do not check in unless with permission to be out; this will immediately be reported to any and all authorities, attorney, family members, etc.

GROUND'S FOR VIOLATIONS AND DISMISSAL

This is a contract that must be followed and will be enforced.

INTAKE INFORMATION:

- Falsification of information during the intake process.

SUBSTANCES:

- Failing a breathalyzer or drug test is grounds for immediate dismissal.
- Trying to cheat the screening system.
- Possession of drugs, alcohol, or weapons on the premises.
- Failure to submit to a drug or alcohol screen. (delayed urinating)
- Use of a legal substance without review or permission, including, but not limited to, "Kratom," CBD oil, and other available substances.

ENGAGEMENT IN THE PROGRAM:

- Failure to attend mandatory meetings
- Failure to engage in mandatory meetings

FINANCES:

- Getting behind in residential fees (\$700 monthly)
- Failure to pay program costs (must be paid promptly every month)

CONFLICTS:

- Initiating conflict with participants or staff, or any physical violence
- Personal threats or threatening posture towards staff or participants
- Continual disrespect or insubordination to staff or other residents.

PRESENCE:

- Unauthorized guests.
- Absent without a pass.
- Any Illegal/criminal activity of any kind.
- Falsification of whereabouts for a pass or extension.
- Curfew violation (late or failure to receive permission)
- Arriving late after curfew.

RESIDENCE APPEARANCES:

- Poor room inspection
- Failure to complete chores
- Smoking in an undesignated area

Any other violation the Housing Coordinator may deem problematic.

DISMISSAL PROCEDURES

- **DISCUSSION:** The violation will be discussed with the participant by the Housing Coordinator.
- **REPORTING:** The Housing Coordinator will report to the Director and may bring the resident along.
- **DETERMINATION:** The Housing Coordinator and Director will determine what consequences follow the violation.
- **CONSEQUENCES:** Violations could result in loss of privileges, a restart, or expulsion.
- **COMPLIANCE:** The consequences will be reported to the participant with a time limit for completion and compliance.

GROUND FOR TERMINATION

Upon discharge from the program, you may be required to vacate the premises immediately. You will have 72 hours from your departure to schedule an appointment and collect your belongings. Because storage is limited, any items left past this 72-hour window will be considered abandoned and 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.

RECOVERY FOR LIFE SOBER LIVING MEN'S HOMES

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

Section 22 – Authorization of Photography/Film/Text

I certify that I am at least 18 years of age (Date of Birth: //____) and am legally competent to sign this agreement in my own name.

I hereby grant R4L Men's Homes, its successors, and its agents the irrevocable and unrestricted right to use, reproduce, publish, and distribute my name, likeness, image, voice, and any written text or statements provided by me. This includes photographs, video recordings, and audio tracks. R4L Men's Homes may use these materials for any lawful purpose—including advertising, public relations, and promotional media—with or without my name, and may edit or alter them at its discretion. I confirm that I have **not** previously restricted the use of my name or likeness in a way that would conflict with this agreement.

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

(Print Name)

Date

(Signature)



MY DAILY CHECKLIST

These are things we should do every day to develop a new lifestyle.

- ☐ **Make plans to keep up on my rent.**
- ☐ **Make plans to attend** the following for the duration of your time in the residence without exception (unless work schedule interferes):
 - ☐ Weekly house meeting
 - ☐ Church services on Sundays
 - ☐ Weekly Peer Group on Tuesday nights
 - ☐ One treatment group (preferably at the R4L Treatment Center for your convenience) or at some other certified clinic.
- ☐ **Make sure I do not get more than one week behind in rent** (without exception). After one week without paying rent, you will need to find another program on your own to move into.
- ☐ **Make my bed and tidy my room.** This simple act sets a positive tone for the day and creates a clean, organized space.
- ☐ **Read 30 Days devotional and “Survive and Thrive” for spiritual reflection.** Use the workbooks provided to start your day off. This could be prayer, meditation, or quiet reflection for 5-10 minutes. This helps center your mind and set intentions.
- ☐ **Do a quick self-check.** Ask yourself, "How am I feeling today?" Be honest about your emotions, cravings, or any challenges you anticipate.
- ☐ **Complete a morning chore.** This could be a designated task like sweeping a common area, taking out the trash, or cleaning your room.
- ☐ **Attend a 12-step or support meeting.** Make this a priority. If not, listen to a speaker tape or read a chapter from a recovery book.

- ☐ **Complete employment or recovery-related tasks.** This includes going to work, looking for a job, attending a class, or volunteering.
- ☐ **Connect with sponsor/mentor.** Reach out to your sponsor/mentor or a trusted person in the recovery community. A quick text or phone call can strengthen your support network.
- ☐ **Eat healthy.** Proper nutrition is important for both physical and mental well-being.
- ☐ **Engage in a healthy activity.** This could be working out, going for a walk, or participating in a hobby. Physical activity is a great way to manage stress and improve your mood.

Ongoing: Stay Committed

- ☐ **Stay accountable.** Be honest about your actions and whereabouts.
- ☐ **Respect housemates.** Communicate openly and kindly.
- ☐ **Uphold house rules.** Follow all rules related to curfews, visitors, and guest conduct.
- ☐ **Practice self-care.** Get enough sleep, drink water, and take time for yourself.
- ☐ **Attend the Church of my choice.** Weekly worship is crucial to spiritual growth.