

Legacy Recovery
Cindi's House Program Application

Today's Date: _____

Incomplete applications will not be considered:

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Date of Birth: _____ **Age:** _____ **Marital Status:** _____

Current Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Cell Number:** _____ **Other Phone:** _____

If applicable, name of the treatment center, institution or facility released from: _____

Financial Information:

Are you capable of paying program fees?: Yes No **How will program fees be paid?** Self Friend / Family

Currently employed? Yes No **Capable of working/volunteering?** Yes No

Chemical Use History / Legal Involvement

Sober Date: _____ **Drug Of Choice?** _____ **Can you pass a drug test today?** Yes No

List types of drugs used/abused in the past 12 months _____

Number of lifetime DWI's: _____ **Number of lifetime possessions :** _____ **Number of lifetime assaults :** _____

Check one: None Probation Parole Pre Trial **State & County:** _____

Arson Convictions?

Criminal Sexual Conduct Convictions?

Parole/Probation Name: _____ **Parole or Probation Agent Phone:** _____

Physical & Mental Health

Are you under physician's care? Yes No **Doctor's Name:** _____ **Telephone #:** _____

Under care of? Psychologist Psychiatrist Therapist **Name:** _____ **Telephone #:** _____

Psychiatric diagnosis: _____ **Ever attempted suicide?** Yes No

Prescribed medications: _____ **Ever planned suicide?** Yes No

Emergency Contact Information MUST be provided

Name: _____ **Relationship:** _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Legacy Recovery
Cindi's House Program Application

All boxes must be initialed by the participant for application to be accepted

- I understand I am entering into a drug/alcohol free facility as a program participant and not a resident:
- I will complete all household chores assigned each week by house manager staff:
- I will only smoke in the single outdoor designated smoking area:
- Any personal property left at the home after I vacate will be donated or disposed of:
- I understand the Legacy Recovery Corp is not liable for loss or theft of my personal property:

I will treat everyone in the facility, neighbors and staff with courtesy and respect:

By signing or typing your full name below you agree that all information provided is true and accurate to the best of your knowledge.

You also agree that you have a clear understanding each above initialed box.

Signature: _____ **Date:** _____

Legacy Recovery
Cindi's House Program Policies & Program Agreement

Today's Date: _____

The undersigned understands and acknowledges that the above marked facility is an alcohol and drug free property managed by Legacy Recovery. The undersigned resides in the capacity of a participant sharing facility space and not as a tenant with rights or possession of space exclusively. Additionally, the participant understands that he/she waives any landlord/tenants' rights and may be discharged at any time for violation of this agreement. The undersigned agrees to pay a sober/security deposit of \$150.00 due at the time of intake or when a spot is being held. Participant is responsible for all program fees during the course of participation.

The undersigned participant agrees to be a part of and abide by the policies and rules set by Legacy Recovery. The undersigned agrees to vacate the shared accommodation when cardinal rules are violated. The following program policies are to be observed by all participants. These policies have been set forth by Legacy Recovery to maintain a clean, safe, and healthy living environment for those in recovery and to those who are willing and ready to change their lives and transition back into society. Any infraction of these program policies could result in disciplinary action and automatic removal from the facility. The decision to remain a participant is based on each participant's behavior, and our goals are to help each participant attain their goal of self-sufficiency by staying clean and sober and finding employment.

1. All program fees are due weekly on each Friday, and there is no grace period. If a legitimate emergency occurs, the director shall be informed and may consent to an extension. If a participant moves from the facility under emergency circumstances prepaid service fees remaining shall be refunded on a pro-rated basis. Any failure by participant to pay fee's when due, or failure to comply with any other of the conditions of this agreement allows Legacy Recovery to immediately void this agreement. Any infraction of the program rules may result in the immediate termination of the program agreement and expulsion from the house, and forfeiture of any program fees.

2. Standard Curfew: All participants who are working will be expected to return to the house by 11p.m. Sunday - Thursday and 12:30 a.m. Friday & Saturday unless a weekend pass is granted. Participants needs specific permission to leave any earlier than 5:00 am. Curfews are designed to help our participants change behaviors and learn new skills.

- 3. New Arrival Curfew:** All new participants will abide by the Standard curfew; however weekend passes are not applicable until two weeks of tenure at the house.
 - 4. Medication:** Our facilities do not dispense medication. Our policy prohibits taking mind-altering medications including but not limited to; scheduled drugs, controlled substances, and narcotic medications however we understand that circumstances may arise that require such medications. Should this occur, participants may be discharged with a full explanation to any supervisory agencies. Any participant sharing or receiving medication will be terminated without question. Participants that are found to be abusing medications such as, ingesting dosages other than what is written on the prescription label will be discharged. New prescribed medications must be disclosed to resident manager immediately.
 - 5. Drug and Alcohol Use:** Participation is made available on the strict understanding that the house is to be, at all times, drug and alcohol free. Should a participant use any illicit drug, consume alcohol, or ingest prohibited prescription drugs the participant will be discharged immediately from the program. In addition, guests or visitors of a participant who are under the influence of any type of mind-altering substances are not permitted, at any time, in the house or on the grounds. Protecting and/or knowing a fellow participant is drinking or using may be cause for immediate dismissal. Reporting all suspicions to house manager is an expectation of every participant.
 - 6. House Liability:** Legacy Recovery is not liable for any personal property during or after the participant's discharge from the house. Legacy Recovery will dispose of all personal property 24 hours after discharge. Legacy Recovery assumes no responsibility for the personal property of the participant.
 - 7. Payment Plans:** Payment plans will be written for all participants that are \$200.00 or more in arrears in program fees. They will be written by Legacy Recovery Staff and client together. Once participant agrees to plan and signs the document, the document will be enforced. Participants in arrears will be required to provide all pay stubs from their employer.
 - 8. No loud music.** Only headphone type radios allowed. Loud and excessive noise disturbs other participants and will not be tolerated. The TV's will only be played at reasonable volume levels and violation of these rules will be considered disruptive behavior.
-

Legacy Recovery
Cindi's House Program Policies & Program Agreement

Today's Date: _____

-
- 9. Without director's written permission no participant will:**
 - ◆ Install paneling, flooring, built in decorations, partitions or railings
 - ◆ Drill or attach anything to the floors, walls, or ceiling of the house
 - ◆ Bring in any dish washing, heating, ventilating, or air conditioning units, or any water filled furniture
 - ◆ All personal property not belonging to Legacy Recovery is subject to insurance at participant's expense
 - ◆ Hang any shades, blinds and/or window guards in or outside of the premises
 - ◆ Permit the accumulation of refuse in the facility.
 - 10. Visitation:** No visitors except for same sex sponsors/spiritual advisors. opposite sex visitors and others are only allowed at the property if they are a family member. Supervised Children are allowed on site for no more than 6 hours and may be asked to leave if any one resident reports disruption(s). Visitors are only allowed for one hour and subject to resident manager approval.
 - 11. Intimidation and/or violence.** Any open or subtle hints of intimidation, violence or profanity towards participants or staff are grounds for immediate termination.
 - 12. No smoking** in the house. Smoking in designated outside areas only.
 - 13. No sexual activity** in the facility or on the facilities property.
 - 14. Housekeeping:** Each participant is responsible for washing dishes immediately after eating. Sleeping areas are to be always clean. Participants are responsible for cleaning of all community living areas. Participant will keep the premises clean at all times, and upon termination will leave the premises in as good of a condition as it was when this agreement was entered. All participants are assigned weekly house chores.
 - 16. Excessive Utilities:** Be aware of abusing free utilities. Turn off all lights in rooms not being used. Washers and dryers are available for your use. Westside Sober Living will pay all water, gas, heat, light, local telephone service, cable, and power to the house. The last person out of each facility should turn off all lights. Participants are not allowed to have hot plates, heaters, air conditioners, microwaves, small appliances, or large appliances in participant rooms.
 - 17. Out of Bounds:** Participants may not enter another person's room without permission.
 - 18. No Food Areas:** Food will be eaten in the dining and living area only. No food in bedrooms.
 - 19. Passes:** Participants are required to fill out a pass request form with a minimum of 48 hours' notice. A minimum of 2 weeks in the house is required. The staff will approve all passes based on performance in the house. All program fees must be current to be approved.

20. **Work:** We require all participants to volunteer, actively seek employment or work in a full or part time capacity.
 21. **Sleeping:** All participants must be awake, dressed, areas cleaned by 9:00 am on weekdays. Participants will not sleep in the living rooms.
 22. **House Activities:** All participants will participate in all house activities including business meetings, group sessions, and weekly housekeeping duties. Additional activities such as speaker meetings, occupational groups and/or housing network meetings. Mandatory workdays for all participants may be assigned for GI duties each month if the house becomes unsanitary.
 23. **Mandatory House Meeting Attendance:** All participants must attend weekly house meetings. This is an important meeting that must be attended by all participants unless prior arrangement with staff has been made.
 24. **Twelve Step Meeting Attendance:** All participants must attend five outside published 12 step meetings per week (A.A./N.A.). The meeting attendance slips are to be turned in to the house manager prior to weekly house meetings.
 25. **Loitering** in cars by visitors and/or residents outside the facility is not permitted at any time and could be construed as mischievous behavior resulting in discharge.
 26. **Sponsorship:** All participants will be required to obtain a 12-step sponsor within 14 days of program participation. We will verify with your sponsor.
 27. **Outpatient Treatment Programs:** All participants must attend all court, parole/probation, social services referred treatment plans. Furthermore, clients must follow all discharge recommendations from their treatment programs. Legacy Recovery may request that participants provide discharge/assessment documentation.
-

Legacy Recovery
Cindi's House Program Policies & Program Agreement

_____ Today's Date: _____

28. **Dress Code:** All participants must be properly attired in the community areas.
 29. **Pornography:** No pornography and sexual aides in the facility.
 30. **No pets:** Participants are not permitted to have any pets on the property.
 31. **Telephones:** Legacy Recovery provides free in-house Wi-Fi, and cable.
 32. **Weapons:** No weapons of any kind are allowed on facility property.
 33. **Notice to vacate:** A written thirty (30) day notice of intention to discontinue participation is requested from all participants.
 34. **Grievances:** If a participant feels that another participant is not doing their share of the chores, or has any other grievances towards another participant, they may call a meeting with the house manager/staff with all participants to discuss the grievance. If a participant's action or behavior is found unsatisfactory by a majority of the participants at such meeting, the participant will be given the opportunity and reasonable time to change their behavior. If after two meetings the offending participant fails to make the necessary changes, staff will be advised, and subject to their discretion, may terminate the program agreement.
 35. **Consequences:** The staff of Legacy Recovery reserves the right to enforce the following consequences for infractions of any, or all, of the above house policies. The consequences may include extra chores, restriction to the house, no passes, or discharge from the program.
 36. **Vehicles:** To operate and/or park a motor vehicle while residing at the facility, a valid driver's license, proof of insurance and registration are required. Copies need to be in file at the main office. They will be towed at your expense. If you own a vehicle and can't legally drive it, park it elsewhere.
 37. **Room inspections:** Room inspections may be carried out at any time by designated House Manager or other staff, which is subject to approval of the Director of Operations or Managing Director. Staff may search participant rooms at any time.
 38. **No excessive belongings and personal items.** This is a transitional program and participants should be able to fit all their belongings into one or two suitcases. This means no televisions, personal desktop computers (Laptops are permitted) and home stereo.
-

Please type or print the following: **I HAVE READ AND UNDERSTAND PROGRAM POLICIES AND PROGRAM AGREEMENT.**

By signing or typing your full name below you agree that all information provided is true and accurate to the best of your knowledge. In addition, you agree you understand and will abide by all program policies and may be subject to program discharge for violation of any program policies.

Signature: _____

Date: _____

This form may be:

- Electronically completed and emailed back to Legacy.Recovery@outlook.com
- Printed, completed, and mailed to 1218 Charlestown-Memphis Rd. Charlestown, IN 47111
- **Please note incomplete applications will not be considered. In addition, to be placed on waiting lists a complete program application must be submitted.**