



Integrity House

MISSION STATEMENT

To provide addicted individuals with a stable, safe, and supportive living environment. We provide the tools needed to be a successful sober member of society.

OUR VISION

Our vision is to provide a stepping stone to individuals in order to help them have and maintain a sober and successful lifestyle. We want to provide individuals suffering with addiction a home and a new way of life free from addiction.

OUR FOCUS

Make sure residents have a sense of awareness, open communication, accountability, and personal responsibility so they can continue to grow beyond our facility.

OUR COMMITMENT

We value honesty, trust, and determination. Integrity is committed to the recovery, safety, and overall, wellbeing of the residents.



Applicant Demographic

I, _____ am submitting this demographic information to Integrity House on, _____. I confirm all things to be true to the best of my recollection and ability.

Date Housing Needed: _____ TOMIS: _____

D.O.B: _____ Age: _____ Gender: Male Female

Phone Number(s): _____

Email: _____

Graduated Highschool : Y N GED: Y N College Degree: Y N

Current Address: _____

Where are you currently residing? (Incarcerated, treatment, shelter, etc.) _____

Amount of clean time/sobriety: _____ Drug of Choice: _____

Do you have prior recovery experience _____

Medical History

Have you had any past surgeries resulting in metal in your body, artificial limbs, etc.? If so, please describe: _____

Do you have any allergies? Animals, bleach, grass, bees, etc.? If so, please describe: _____

Do you have medical insurance? _____

Do you currently receive any state or federal benefits? Y N

If so, please describe? _____





Do you suffer from any mental illnesses or physical handicaps? If so, please describe:

Do you receive disability? Y N Describe: _____ Amount: _____

Do you receive food stamps? Y N

Do you have a continuing care plan from a mental Health Agency? Y N

If so, please describe recommendations: _____

Are you currently participating in any kind of mental health treatment such as IOP or individual therapy?

If so, please describe: _____

Current Marital Status: Single Married Divorced
Do you have any Children? Y N If so, how many? _____

Are your children in a safe environment? Y N

Are you currently employed? If so, where? _____

Please give a brief job description if applicable: _____

Have you ever served in the Military? Y N Branch: _____

Dates of service: _____ Discharge Date: _____

Driver's License: Y N DL#: _____

Issue Date: _____ Exp. Date: _____

Have you ever been convicted of a DUI, DWI, or any other related crime? Y N





Have you ever been convicted of a felony? Y N

Please list your charge(s) below:

Are you on probation or parole? Y N

I, _____ give integrity House permission to discuss my program status with my supervision.

Contact information for probation officer, case manager, etc. _____

Please describe any current on-going legal issues such as having an open case with DCS, any future court dates, or possibly having an open warrant, etc.





EMERGENCY CONTACT INFORMATION

In the event of an emergency I, _____ give
Integrity House permission to contact the person(s) listed below.

Emergency Contact: _____

Relationship to You: _____

Phone Number: _____

Address: _____

Emergency Contact: _____

Relationship to You: _____

Phone Number: _____

Address: _____

Emergency Contact: _____

Relationship to You: _____

Phone Number: _____

Address: _____

Emergency Contact: _____

Relationship to You: _____

Phone Number: _____

Address: _____





MEMPHIS, TN

RESIDENT CULTURE

Integrity House wants to maintain the confidentiality of recovering persons living in our supportive living environments and protect residents from anyone outside of the program having knowledge of their participation in the program without that resident's specific permission. No information regarding a resident of Integrity Recovery may be released to anyone outside of the program unless:

1. The resident has signed a consent form to that person/agency.
2. A court order is issued to_____ information on a specific person.
3. Medical personnel require the information in a medical emergency.
4. The resident threatens to harm themselves or someone else.

I, _____, agree to not reveal to anyone outside of the program the name, identity, or description of another resident. I also agree to not discuss any personal or sensitive content of conversations or groups with anyone outside of the residence.

I, _____, agree to inform staff if any of my peers reveal any information about themselves or another resident that may be a cause for concern.

Staff Signature

Date



Office: (865) 393-4806
integrityrecovery1@gmail.com



RECOVERY

RESIDENT FINANCIAL COMMITMENT

Integrity House strives to be financially honest, transparent, and forthright. Residents are responsible for their own personal finances. We consider this an essential part of everyday life. We encourage residents to have their own bank account or have funds they either bring with them or are supplied by a third party (e.g., family or friend). Residents can access their funds at their own discretion to pay Integrity fees, or for personal use. Any member of staff will not involve themselves in residents' financial affairs. This includes but is not limited to lending money to or borrowing money from residents, or any transactions involving property or services.

I, _____ understand I am entering a recovery

residence located at, _____ on _____

I understand there is an Admission Fee of \$ _____

I further understand that the Admission Fee is non-refundable.

I, _____ acknowledge my weekly program fees are \$ _____ per week and those fees include housing, utilities, and wi-fi. Additional charges for excessive utility use maintenance service charges, or property damages may apply and will be prorated as applicable. I understand I may pay fees on a weekly, bi-weekly, or monthly basis. If paying on a weekly basis, I understand that I must pay fees a week ahead. ***I further understand there are no refunds issued for program fees.*** All fees should be turned in by the house meeting each week.

I, _____ understand that a money order is the **preferred** method of payment for program fees. All accounts are charged each week on Sundays for the week ahead. Payments can be accepted in various forms including money order, cash app, check (with restrictions), or cash. All payments are given a receipt and recorded on individual accounts. Balance sheets can be provided upon request.

Staff: _____ Date: _____





RESIDENTS MEDICATION

Medications prescribed and/or over the counter, are subject to approval by Integrity House.

Nutritional supplements, Vitamins, performance enhancing drugs, energy drinks or other prescribed supplements are considered on an individual basis.

As a resident with Integrity House I, _____ agree I will not consume or be under the influence of any mood- or mind-altering medications. I also agree to notify staff if any medical or medication information changes at any time. I acknowledge it is my responsibility to keep this information updated and as current as possible.

I, _____ agree to keep my medications in a secured lockbox which I supply, and not out on display in bedrooms, bathrooms, dresser tops, side tables, etc. I agree to not share my lockbox keys or combinations with other residents. I realize sharing medication, altering dosage, or not taking my medication as prescribed can result in a change to my living environment.

Staff Signature

Date





MAT PARTICIPATION

Residents agree to disclose prescribed medications, doses, and a medication schedule.

I, _____ understand, if applicable upon entry, Integrity House staff will observe a count of my medication, log this information on my medication log form, and this entry will be validated by myself and staff.

I, _____ acknowledge I am aware my medications log must be updated each day after consumption and will be validated by myself and the observing Integrity House staff member.

I, _____, further understand my medication will go into a safe upon intake, that safe is only opened once a day at a specific time, I agree to take my daily prescribed dose of medication in its entirety at this specific time, I agree to consume my daily dose under staff observation, and I agree I will not take more medication from the safe than my prescribed daily dose.

Integrity House residents participating in Medication Assisted Treatment agree to provide a release of information for their prescribing health care provider, provide documentation of a clear start and stop date plan, presuming a stop date exists, by that health care provider, any current taper plans, and provide a current treatment plan including counseling, case management, or monitoring, etc. Residents are responsible for self-administration of their medication and updating Integrity House staff if there are any changes in dosage, duration, or frequency of prescribed medications. Residents understand certain behaviors could result in recommendations for a change in living environment, which include physical side effects on display such as: nodding, slurred speech, and lack of normal balance, any inappropriate behavior, any criminal behavior, or any use of medication in a manner that is not prescribed.

I acknowledge that I understand my behavioral expectations, which include the willingness to participate in a predetermined recovery program, agreed upon between myself and Integrity House.

Staff Signature: _____

Date: _____





SEARCH FOR HAZARDOUS ITEMS

Integrity House seeks to ensure the safety of all residents and to provide a safe environment conducive to recovery from addiction. Staff will randomly search residents' belongings for illegal substances and/or hazardous material; **this includes during initial entry.**

If a resident is found to be in possession of an illegal substance and/or inappropriate or hazardous item(s) there will be a change in living environment.

Hazardous and/or inappropriate items can include but are **not limited to:**

- Illegal drugs (cocaine or derivative, heroin, methamphetamine, marijuana, etc.)
- Prescription medication (opiates, morphine, adderall, xanax, gabapentin, etc.)
- Gas station performance enhancements (zaza's, tianeptine, delta8, bath salts, kratom, etc.)
- Alcohol
- Paraphernalia
- Weapons or anything that can used as a weapon (sharp, blunt/heavy item)

I, _____, have read the above and I recognize being in possession of these items at any time will result in a change of living environment.

Staff Signature

Date





Audio/Video Recording Consent

I, _____ am aware
while residing at INTEGRITY HOUSE, I will be under audio/video surveillance and recording of the
common areas inside and outside of each house for the safety of myself and my peers.

I consent to audio/video recording during my stay: _____ yes _____ no

I understand audio/video records will be held confidential and only specific INTEGRITY HOUSE staff will have full access to these recordings unless such situation arises that a particular recording(s) is needed for legal purposes as it pertains to a specific situation involving a resident(s) or is required by resident's supervision.

Staff

Date





Release of Information

I, _____ hereby authorize **Integrity House** to release information to or receive information from the following:

Address: _____

Phone: _____ Email: _____

The following type(s) of information from my records (and any specific portion thereof):

_____ Notification of admission and discharge; discharge summary

_____ Verbal exchange of information; weekly updates, progress reports

_____ Correspondence of information including letters, emails, reports

_____ Emergency contact information; other personal information

_____ Other(specific): _____

I, _____ am aware this communication will reveal my participation in the transitional sober living program with Integrity House I can revoke this consent to release/receive information at any time upon my written request. In any event, upon fulfillment of this release, this consent will automatically expire 1 year from the signed date.

Staff Signature

Date





Resident Guidelines

We value first and foremost that you have a spirit of gratitude. Take care of each other.

*To be early is to be on time, to be on time is to be late.
Leave it better for the next man.*

1. **Weekly/ Monthly Community meeting:** will be held every Sunday at 6:00pm. Attendance for this meeting is mandatory.
2. **General House Cleaning:** The first and third Sunday of the month is general house cleaning from 8am until completed (or at designated time). General house cleaning on the third Sunday is mandatory for all residents unless prior arrangements have been approved by staff. Do not make plans or pass requests during these hours
3. **USE OF ALCOHOL OR DRUGS IS STRICTLY PROHIBITED:** This will result in automatic discharge. No refunds will be issued in the event of this offense. At a residents' expense, each resident will be subject to random drug screens from staff
4. **PROGRAM OF RECOVERY:** Each resident will be required to have a sponsor, have regular 12 step meeting attendance and participate in his own recovery. **Residents will be required to attend four 12 step meetings a week on phase one and two.** Each resident will obtain a sponsor and meet with them at least one hour a week and have them sign off. Each guest will be required to actively participate in a home group and for a minimum of 2 hours service work in that home group. Anything that presents as a distraction from these things will be addressed and discussed with staff.
5. **Shadows:** Each guest will be required to have a shadow for at least the first two weeks. No shadow will be needed if going on a job interview or any legal matters. Proof of these appointments will need to be presented.
6. **Disruptive Behavior:** is not tolerated. Any behavior which is deemed by staff to be detrimental to the serenity and recovery of any resident is strictly forbidden. These acts include, but are not limited to: verbal threats, sexual harassment, physical violence, destruction of property/ and or intimidation of any manner. Any such acts are grounds for discharge
7. **VISITATION:** Following a residents first full week at Integrity House, visitation will be Sundays from 2:00pm to 5:00pm for approved visitors. Outside of this approved visitation time, visitors are not allowed, with the exception of Probation Officers and sponsors.





8. **Passes:** Each resident will be eligible for a 48 hour pass (with approved person) after 30 days at Integrity House, being gainfully employed, and must be current on Integrity House fees. Each resident that takes a pass is still responsible for their assigned chores.
9. **PROHIBITED:** Weapons; gambling; disruptive or violent behavior (verbal or physical); stealing; entering other residents rooms; and loaning or borrowing money, clothing, personal property or vehicle is strictly prohibited. **The owners and staff of Integrity House are not responsible for your personal possessions, valuables, or money.**
10. **RESIDENT LODGING FEE:** Lodging is \$165.00 .00 per week and is due every Sunday paid in money order and made out to Integrity House LLC. and is given to house manager. Lodging starts when you check in and is prorated at a per day rate if check in is any day other than Sunday. No credit line will be issued to cover lodging fees. Failure to maintain a lodging to current status may result in immediate discharge.
11. **Curfew:** is at 11:00pm on Sunday though Thursday and 12:00 Midnight on Friday and Saturday. **Curfew extensions are approved for work ONLY and must be submitted in advance to staff.** In an EMERGENCY situation, residents are to notify the house manager at least 30 minutes **BEFORE** curfew time. **If you call and get a voicemail, LEAVE A MESSAGE!**
12. **All guests are expected to be in their rooms:** by 12:00 (lights out) Sunday - Thursday. 1:00am on Friday and Saturday night (lights out). NO guests are to be in the common area after lights out. No lounging or stretching out across the sofas throughout the day. If you are sleepy, go to your bed. **RADIOS, IPADS/LAPTOPS in rooms must be turned low at all times.**
13. **NO VAPING OR SMOKING INSIDE INTEGRITY HOUSE:** Designated Smoking/ Vaping areas are available outdoors. These areas must be kept free of trash.
14. **PHONE CALLS:** Phone use needs to be cut down to a minimum so as not to disturb other residents. If it becomes an issue staff will take up phone until resident is deemed responsible. Remember Cell Phones are a privilege. Residents should not have a cell phone if he is behind on fees.
15. **CELL PHONES ARE ALLOWED WITH RESTRICTIONS:** No FaceTime calls or speaker phone calls in common areas, please do so in private. Ear buds are to be used for personal music choice. No blasting music from the bathroom please!





16. **DO NOT DISCLOSE:** any information about another Integrity House resident to anyone (within the house or outside to others). No pictures of the property or residents are to be shared on social media websites.
17. **MAIL:** Only Integrity House Staff will get the mail daily and give it to residents.
18. **MEDICATIONS:** Integrity house staff must approve all medications INCLUDING over the counter medications. Certain medications will be stored in a guest lock box in a safe in the office. Residents will get with staff and staff will monitor residents the limited amount. Staff will NOT dispense medication. **ABSOLUTELY NO MEDICATIONS WILL BE SHARED WITH OTHER RESIDENTS.**
19. **Cleanliness starts with self; shower daily, brush your teeth, and keep personal dorm area clean and orderly:** Each resident is responsible for keeping his sleep area clean and neat. Beds must be made each morning and garbage emptied each week **before garbage pickup day.** Hang all clothes or fold to put into drawers. No laundry is to be on beds. **Do not hang anything on the walls without approval.** No candles or incense can be burned.
20. **KITCHEN:** The kitchen must be kept neat and clean at all times. Clean up after yourself and put things back where they belong, Wash, dry and put away your dishes immediately and wipe down all surface areas. Do not store cooked/ prepared food in plates, cups and pots/pans. All food stored in the fridge must be in a Ziploc or Tupperware container.
21. **CONSERVE:** Please be conservative with water and electricity. Shut off lights when leaving rooms, turn off fans when not in use and check faucets for leaks. It increases our expenses and could lead to rent increases.
22. **DRESS CODE:** Resident will keep themselves presentable.
23. **CHORES:** Each resident is responsible for daily or weekly house chores as assigned on the chore list. This list is posted every week. Chores can be completed after 7:00am and are to be completed by 10:00pm each evening
24. **EMPLOYMENT:** All residents must find and maintain full time employment (32-40 hours a week)
 - **NO THIRD SHIFT JOBS**
 - Residents cannot quit a job unless they have already secured another one and have discussed the matter with the director.





25. **CARS:** Any resident with a motor vehicle must clear usage of said vehicle with the Director and present license and proof of insurance before bringing a vehicle onto Integrity House property. Not everyone with a vehicle will be approved to have it on site.
26. **CURRENT RESIDENTS:** are to report all visitors on the property to the Director on duty. The residence is off limits to protect your confidentiality and privacy.
27. **ELETRONIC DEVICES:** All electronic devices must be plugged into a surge protected power strip with NO extension cord. The following devices are the only pre-approved electronic devices allowed in residents rooms:
- Chargers for cell phones, laptop, tablet, clocks, small fans or white noise devices.
 - ANY other devices must be approved by the director prior to moving into the room. Failure to comply with this policy will result in the unapproved device being taken and returned upon discharge.
28. **FOOD:** No eating in the residents rooms. All food should be labeled with your name and the date written on the bag before placing into the refrigerator.
29. **Consequences:** Failure to adhere to the rules could result in consequences such as: loss of pass, phone restrictions, and possible discharge.
30. **DISCHARGE:** Upon discharge from the Integrity House, staff is not responsible for your personal valuables or money. When a guest departs Integrity House, that resident has **72 hours** to claim any personal property/possessions.

Resident Signature: _____

Date: _____





CORONAVIRUS/COVID-19 AND RELATED ILLNESSES LIABILITY WAIVER

Date: _____ Name: _____

_____ I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that this release includes Coronavirus/COVID-19 and all illnesses related to the Coronavirus/COVID-19 wherever the term Coronavirus/COVID-19 is utilized.

_____ I acknowledge that **Integrity House** has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19 but cannot guarantee that I will not become infected with the Coronavirus/COVID-19.

_____ I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others and that infection may occur even in the absence of any negligence on the part of anyone given the nature of Coronavirus/COVID-19.

_____ I voluntarily seek services and/or residency provided by **Integrity House** and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19 by the mere virtue of seeking services and/or residency provided by **Integrity House** even when all precautions are taken.

_____ I understand that I must comply with all set procedures in place to reduce the spread of Coronavirus/COVID-19 while residing at and/or receiving the services provided by **Integrity House**.

_____ I understand I have the right to refuse services and/or residency at **Integrity House** and seek services and/or residency elsewhere if I am uncomfortable with any portion of provision in this document.

I attest that: I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 in the last 21 days. I have not been diagnosed with Coronavirus/COVID-19 and not yet cleared as non-contagious by state or local public health authorities. I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.





I hereby release and agree to hold **Integrity House** harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of **Integrity House**, or that may otherwise arise in any way in connection with any services received from **Integrity House**.

Resident Signature

Date

I agree to waive the right to litigate in court or arbitrate any claims or dispute as a class action, either as a member of a class or as a representative. I understand that this release discharges **Integrity House** from any liability, claim and class claim that I, my heirs, or any personal representatives may have against **Integrity House** with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from Coronavirus/COVID-19 in connection to, any services received and/or residency at **Integrity House**.

Resident Signature

Date

This liability waiver and release extends to **Integrity House** together with all owners, partners, and staff of **Integrity House**.

Resident Signature

Date

Witness Signature

Date

