

THIS IS NOT A LETTER OF ACCEPTANCE

BUTTERFLY MOMENTS INC. WOMEN RECOVERY CENTER
SEND APPLICATION TO: 865 GRACEY AVENUE CLARKSVILLE TN 37040
OR EMAIL to APPLICATION@BUTTERFLYMOMENTSINC.ORG

Application must be filled out completely and be legible for consideration, Please print legibly

***A \$250 nonrefundable admin fee is required to hold space unless RHP approved (attach copy of RHP approval).
\$950.00 due upon admission (administration fee of \$250.00- and one-month fees of \$700.00.**

All payments are nonrefundable. The program participation fees are (\$175.00 weekly or \$700.00 monthly)

Full Legal Name _____ Sex: M ___ F ___ Date: _____

Address: _____ Phone number: _____

Height _____ Weight _____ Birth Date: _____ Referred by: _____ Military Service; Yes ___ No ___

How can we contact you or whom can we speak to on your behalf? _____

Please check all the following forms of identification (ID) which you have in your possession:

Social Security Card: in possession? Yes ___ No ___ Number: _____ Birth Certificate: in possession Yes ___ No ___ Driver's

License/ State Picture ID: in possession Yes ___ No ___ Number: _____ State _____

Have you ever participated in an alcohol and/or drug treatment program? Where _____ Did you complete? Yes ___ No ___

List all substances of abuse/addiction and the last date used for each: _____

Are you court ordered to live in a half-way house? Yes ___ No ___ Felony Convictions: Yes ___ No ___ list charge with date(s): _____

Do you have any legal charges pending now? Yes ___ No ___ if Yes list court date(s) and charge(s): _____

List all adult arrest records and dates: _____

Sex Offender: Yes ___ No ___ Registered: _____ State of Registry: _____ Are you

currently on probation or parole? Yes ___ No ___ Parole date: _____ (details must be provided) TOMIS # _____

Probation/Parole Officer (if known): _____ Phone: _____ Do you

give permission to Butterfly Moments Staff to contact your probation/parole officer? Yes ___ No ___ If incarcerated, what is your earliest projected

release date: _____ / _____ / _____ How long incarcerated _____

Communicable Diseases/ Other current illnesses: Include medical and mental health diagnosis: _____

Prescription medications: _____

Do you have medical insurance: Yes ___ No ___ Type: _____

Are you employed: Yes ___ No ___ Where: _____ (Participants are not employed first 30 days) Are you

currently on receiving (SSI) or disability income: Yes ___ NO ___ Are you planning on receiving (SSI) or disability income

Do you own a vehicle and have auto insurance: Yes___ No ___

Emergency Contact Name: _____ Phone: _____

Relationship to you: _____ Can we release information to this person/agency? Yes___ No ___ (initials) Nearest relative: _____ Phone: _____ In the space

provided, write a paragraph describing what you hope to achieve while at Butterfly Moments Inc:

REFERENCES REQUIRED

(Application will not be considered without reference. Note you are authorizing us to contact listed persons)

| Reference Name and relationship to you | Current Address with city, state, zip code & Phone Number |
|--|---|
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| | |
| | |

By signing below, I agree to abide by all house rules with the full knowledge that willful failure to comply will result in my expulsion with loss of all deposits and/or prepaid fees. I understand all payments are nonrefundable. If I violate program rules I will be asked to vacate the property immediately. BFM housing is contingent upon adherence to program rules (program discharge results in leaving housing immediately). I agree that I will in no way hold the staff/volunteers or occupants of BFM in any way responsible for any injuries or even death that may occur during my stay at said properties. I also give my consent for the staff/volunteers (or designate) to contact my family members, sponsor(s) and/or Probation/Parole Officer concerning my progress or welfare.

Signed: _____ Date: ____/____/____

Butterfly Moments Inc Women's Recovery Center

1. Participants will have a 30-day period strictly on campus while completing 12 step coursework.
2. Curfew of 8pm is imposed until employed, then considered on a case-by-case basis after employment. Employment will be either 1st or 2nd shift only.
3. Participants will attend 12 step meetings three times weekly while in the program. Meeting sheets must be signed and may be verified.
4. Participants must have an approved 12 step sponsor and start written step work prior to outside visits. No overnight passes prior to 90 days. You must be working the 12 steps with a sponsor and have employment prior to overnight visits. Overnight passes will be considered on a case-by-case basis.
5. Cell phones are NOT allowed for the first 30 days. House phone use for business and scheduled family contact. House phone is only used 15 minutes three times a week until completion of 30 days.
6. Zero tolerance drug use. No medications in home without prior approval. Use of medication as prescribed at time of last medical visit. Participants agree to participate in randomized drug and alcohol screenings. All participants will be subject to an alcohol and drug test on move-in date and anytime thereafter.
7. All Participants will be assigned daily and weekly cleaning and maintenance responsibilities to be inspected by staff.
8. Participants must respect other housemates and home staff. Bullying results in immediate discharge.
9. All Participants must sign in and out. (Parole & Probation may request copies while in residence). Participants are accountable for their whereabouts and adhering to the house's curfew and rules when away from property.
10. Visitors are not allowed on premises without prior written approval of staff.
11. Participants must pay their appropriate expenses to live in the home. Program participants with prior payment arrangements with other agencies (e.g., Parole) will be required to abide by both program rules.
12. Those who don't have food stamps will be required to pay \$50.00 weekly towards groceries.
13. Participants must participate in household activities, like weekly meetings and regular chores.
14. Participants have completed detox, rehabilitation, and plan to go to therapy if recommended.
15. The house will go offline one hour daily for all electronics.

Signed: _____ **Date:** ____/____/____

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Butterfly Moments Inc Women's Recovery Center (931)802-9133 www.butterflymomentsinc@hotmail.com Revised 6/2025