

THIS IS NOT A LETTER OF ACCEPTANCE TO BUTTERFLY MOMENTS INC WOMENS RECOVERY CENTER

SEND APPLICATION TO: 865 GRACEY AVENUE CLARKSVILLE TN 37040 OR BUTTERFLYMOMENTSINC@HOTMAIL.COM (EMAIL)

*** Application must be filled out completely to be considered and be legible, please print ***

***A \$250 nonrefundable admin fee is required to hold space until release unless RHP approved (attach copy of RHP approval).**

Upon admission amount due \$850.00 (administration fee of \$250.00- and one-month fees of \$600.00.

All payments are nonrefundable. The program participation fees are (\$150.00 weekly or \$600.00 monthly)

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

Other names/aliases, etc..... _____ Height _____ Weight _____ Birth Date: _____

Referred by: _____ Military Service; Yes, ___ No ___ Date of enlistment _____

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? Yes ___ No ___

Where _____ Did you complete the program? Yes ___ No ___

Where _____ Did you complete the program? 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 ___ (Probation/parole 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 or planning on receiving (SSI) or disability income: Yes ___ NO ___

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:

MUST PROVIDE REFERENCES (We will contact the listed persons)

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

Requested move-in date: _____

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 rent. I understand all payments are nonrefundable. I agree that I will in no way hold the staff/volunteers or occupants of Butterfly Moments Inc 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

Financial Responsibility

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Upon admission amount due is \$850.00 (administration fee of \$250.00- and one-month fees of \$600.00.

All payments are nonrefundable. The program participation fees are (\$150.00 weekly or \$600.00 monthly)

1. There are no fees to submit application.
2. If accepted, your final approval will begin upon receipt of nonrefundable \$250.00 program administration deposit.
3. Fees are due every Friday in the amount of \$150.00 per week.
4. Fees can be paid up to four weeks in advance at \$600.00 monthly. Fees are non-refundable.
5. Fees paid in advance will be forfeited if you move or violate rule resulting in moving out.
6. If an individual becomes two weeks late on payments, she will be required to meet with the director for purposes of evaluating employment efforts and other pertinent financial matters.
7. Any fees paid in advance will be forfeited if you move or violate rule resulting in moving out.
8. Program participants with prior payment arrangements with other agencies (e.g., Parole) will be required to abide by both program rules.

Signed: _____ Date: ____/____/____

Butterfly Moments Inc Women's Recovery Center

First 30 Days Resident Rules

NEGATIVE COVID TEST RESULT AND 30-DAY MEDICATION REFILL REQUIRED

1. Participants will have a 30-day period strictly on campus while completing 12 step coursework.
2. Curfew is imposed until employed and then considered on written case by case basis after employed.
3. Participants will attend 12 meetings three times weekly while in program. One in home meeting, and AA, NA, and I.O.P. will count toward this goal. Meeting sheets must be signed and verified.
4. Participants must have an approved 12 step sponsor and start written step work prior to outside visits.
5. Cell phones are NOT allowed first 30 days. House phone use for business and scheduled family contact.
6. No overnight passes or stays will be considered on a case-by-case basis.
7. Until employed, participant must turn in 3 applications for employment daily and volunteer at approved agencies for minimum 20 hours week. Application verification is to be used and reviewed with house director. *If disabled find volunteer opportunity for at least 20 hours per week.
8. Zero tolerance drug use. Use of medication as prescribed at time of last medical visit.
9. Participants agree to participate in randomized drug and alcohol screenings. All participants will be subject to alcohol and drug test on move in date and anytime thereafter.
10. All Participants will be assigned cleaning and maintenance responsibilities to be inspected by staff.
11. Participants must respect other housemates and home staff.
12. All Participants must sign in and out. (Parole & Probation may request copies while in residence).
13. Visitors are not allowed on premises without prior written approval of staff.
14. Participants must pay their appropriate expenses to live in the home.
15. Participants must participate in household activities, like weekly meetings and regular chores.
16. Participants have completed detox, rehabilitation, and plan to go to therapy if recommended.
17. Participants are accountable for their whereabouts/ adhere to the house's curfew when away from property.

Signed: _____ Date: _____